2026
Accommodations Tax Funds Request Application

Organization Name: Beach Cat Sailors of Hilton Head Island

Project/Event Name: Hilton Head Island Multi Hull Beach Regatta

Executive Summary

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

ATAX EFFECTIVENESS MEASUEMENT September, 2025

The Beach Cat Sailors of Hilton Head have not received ATAX Grant money in the past, so it is not yet possible to measure the effectiveness of Atax Grant money.

In two short years we have established an admirable and measurable track record with a very modest budget of 41,000 dollars in 2024.

Our goal is to establish Hilton Head as **a Premier Beach Catamaran Sailing Destination** by sponsoring regattas and promoting sailing on Hilton Head. We seek to improve the number of sailors and visitors to Hilton Head, while also improving the **prestige** of our events, and the **quality** of the participant sailors racing in Hilton Head Regattas.

In 1975, **The Hobie 16 Nationals** were held on the beaches of Hilton Head with 133 boats. Hobie Alter invented, produced and marketed the Hobie Cat, and was in attendance on Hilton Head in 1975. There were sailors from many countries on Hilton Head that year. We recognized and celebrated this event by creating the **Hilton Head 50th Anniversary Multi Hull Regatta** in 2025, a five day event with over 56 boats participating. The sailors registered are from significant distances including, Oregon, Utah, Arizona, Alabama, Mississippi, Georgia, Florida, North Carolina, Virginia, New York, New Jersey, Pennsylvania and Greece.

Our goal is to bring Hilton Head back as a recognized **World Class Sailing Destination** by promoting multiple sailing Regattas each year. In 2024, we ran our first highly successful Catamaran Regatta on Hilton Head with an impressive **27 boats**.

The 2024 Test n Tune Regatta was recorded and produced by a professional videographer. This video has now been viewed over 2000 times on the internet, highlighting and showcasing all that Hilton Head Island has to offer to the worldwide sailing community.

With an extensive social media presence and effort, the image of Hilton Head and our sailing community has been significantly improved on the National and World sailing stage. This has been demonstrated by increasing participation levels from 27 boats to over 56 boats in 2025. Hilton Head is currently being considered for numerous National and International sailing competitions.

Our **Regattas** seek to attract all levels of sailors, from the novice sailor just being introduced to catamaran sailing, to the casual competitive sailor willing to travel significant distances to regattas, and all the way up to the highly competitive sailors, including those young sailors with Olympic aspirations. Because our regattas are designed with numerous fleets or categories of sailboats, this allows sailors of greatly varying degrees of skill to compete in our regatta.

In 2025 we expanded our event from a two day weekend event, to a five day event, with a two day race training clinic, followed by a three day Regatta. Our Budget in 2024 of 41,000 dollars has now been increased to over 350,000 dollars and we would like to have two regattas in 2026.

Mr .Joe Bennett is an established international sailing figure, who will be conducting a **two day race clinic** on Hilton Head in 2025. Joe Bennett is a world recognized sailing expert and coach, who lives in Greece. Over the past twenty years he has produced thousands of YouTube videos, participated in international sailing competitions and has over forty thousand followers on his YouTube channel **JoyRiderTV** .

The Beach Cat Sailors of Hilton Head brought Joe Bennett to Hilton Head from Greece in 2025, after successfully executing our first two day Regatta in 2024 with 27 boats. We paid for his travel expenses and lodging which was approximately 5000 dollars.

Prior to his arrival**, JoyRiderTV** produced a **Promotional Video** for our 2025 Hilton Head 50th Anniversary Regatta. The cost was 2000 dollars. This video has been viewed almost 2000 times and the YouTube channel has 40,000 subscribers.

Red Gear Racing is an Olympic level catamaran race team from Clearwater Florida with a thirty year record of coaching and competing with sailors at the highest level of catamaran sailing and racing. In 2025, The Beach Cat Sailors brought Red Gear Racing to Hilton Head to compete and run a high performance catamaran racing clinic. This required covering their room and board expenses, the gasoline for their coaches boats, and sponsoring the entrance fee for one race team. This cost was approximately 2500 dollars. Red Gear Racing participation in our 2025 event has significantly raised the prestige of sailing on Hilton Head, and is attracting serious and competitive sailors to Hilton Head Island.

The F 18 Class of catamarans is a catamaran at the highest level of multi hull sailboat racing. This class of boats are used by young sailors hoping to enter into an Olympic sailboat racing campaign. In 2025, after our successful 2024 Regatta on Hilton Head, the United States F18 Class Association voted Hilton Head as their **number one choice** to hold the **F18 Nationals in 2026**. As of this writing, we are in the planning stages to host the US F18 National Competition in Hilton Head. These sailors are one level below Olympic Competition. The Olympics will be in 2028 in Los Angeles and International competitors will attend this event, The US F18 Nationals.

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Spectator Attendance and Engagement

While our events are running in the Atlantic Ocean, within view of all the people on the beach, our staff is monitoring the event and engaging with visitors, tourists, and locals on the beach. The reactions are overwhelmingly positive and our competitors easily engage with those on the beach when they return to the beach.

The long distance races are run from Coligny Circle, down to Sea Pines, up to the Westin, and back to Coligny. The boats are visible along the entire beach front coast of Hilton Head Island. This creates an esthetic for our island that is unmatched with beautiful sailboats floating in the tranquil waters of our Island. It conveys the message that is **Hilton Head**. Sailing is a fun, outdoor activity that is part of Hilton Head, helping to define our Island culture and inviting others to participate, and return to Hilton Head.

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. YouTube video content showing our events and Hilton Head Island are unparalleled marketing tools showing off all the qualities that define Hilton Head.. Our Videos have been seen over 2500 times and are promoted world wide by JoyRider TV with forty thousand subscribers.

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2026
Accommodations Tax Funds Request Application

Date Received: 09/05/2025	Time Received: 11:00 AM	By: Online Submittal

Applications will not be accepted if submitted after 4 pm on September 5, 2025

A. **SUMMARY OF GRANT REQUEST:**

ORGANIZATION NAME: Beach Cat Sailors of Hilton Head Island

Project/Event Name: Hilton Head Island Multi Hull Beach Regatta

Contact Name: Joseph Tobin Title: President

Address: 38 Cotesworth Place, Hilton Head Island, SC 29926

Email Address: josephptobin@gmail.com Contact Phone: 843-816-4990

Event Date(s): October 2026 Event Location(s): Coligny Beach

Total Budget: $350,000.00 **Grant Requested:** $100,000.00

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

The Grant would be used to help fund, promote and establish Hilton Head Island as a premiere ocean front sailing destination by funding Beach Catamaran Regattas on Hilton Head Island for tourists, visitors, and residents. In 1975 the Hobie 16 Nationals was held in Hilton Head with 133 boats. The Beach Cat Sailors of Hilton Head seeks to organizes and run Beach Regattas to establish Hilton Head Island as a premiere beach front ocean catamaran sailing destination, promoting the cultural experience of Hilton Head Island as an ecotourism destination creating active, outdoor, healthy sporting events and competitions.

How does the organization/project/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)*

Beach Catamaran Sailing Regattas attract participants, family members, friends, and spectators in the off peak, spring and fall seasons to Hilton Head Island for events that have a rich local history dating back to the early 1970's. Sailing Regattas enhance and broaden the island experience by creating events which enhance the culture, beauty, and experience of Island visitors and residents.. Beach front catamaran sailing is an atypical, sustainable, active, outdoor, healthy lifestyle activity, not currently widely associated with Hilton Head, such as tennis

or golf. Hotel, food and beverage revenue is measured. Social media impact is easily measured.

A. Total Number of Physical Tourists Served: 2800
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: 800
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: 400
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): 4000

How was the Number of visitors documented? *(250 words or less)*

The number of participant registrations recorded were 27 sail boats in 2024 and over 53 sail boats in 2025 via Regatta network online service. Surveys were taken to document participants home address and how many family members and friends attended. Host hotels recorded reservation nights booked and paid for over the course of these multiday events. Restaurants recorded food and beverage revenue with attendee numbers noted. Paid dinners were 75 per night in 2024 and over 150 dinners in 2025, per night. Beach attendance was recorded by live stream video and video drone footage and reviewed post event. Video footage from 9 am to 5 pm was reviewed for every day of the event. In 2024, approximately 100 spectators passed by the video footage every hour for 8 hours per day, giving a daily spectator attendance of 800 patrons. In 2025 the event is scheduled from Wednesday to Sunday over the course of 5 days. Daily attendance of 800 patrons per day for 5 days is 4000 patrons. From interviews and patron participation and conversations on the beach, tourists were estimated to be 70 percent of patrons, visitors were 20 % and residents were 10%. Because the long distance race takes place just off the beach all the way South to Sea Pines and up to the North End of the Island in front of the Westin it is very difficult to measure exactly how many visitors are impacted by the event that takes place over the entire length of the Island, with events taking place over 5 days. The visitors impacted includes participants, families of participants, vendors, spectators and casual observers along the entire beach front. We believe the numbers documented is a conservative estimate based upon our experience with the event and video and drone video observations. Social Media plays a big role in promoting The Beach Cat Sailors of Hilton Head Island. Our Facebook page members have steadily grown since its inception in 2024 to over 330 members. Facebook activity plays a huge role in promoting Hilton Head Island, and is easily measured and monitored. The Beach Cat Sailors of Hilton Head Island Facebook Page Posts are 149, up 600 percent, Comments are 115, up 27 %, and Reactions are 670, up 54 %, in just the last 60 days. YouTube video content showing our events and Hilton Head Island are easily monitored. Our Videos have been seen over 2500 times and are promoted world wide by JoyRider TV with forty thousand subscribers. Surveys were collected from participnats noting their home zip code, how the regatta influenced their decision to visit Hilton Head, where they

were staying, how many other people joined them, how many nights they were staying on Hilton Head, and if they had been to Hilton Head in the last year. Surveys were taken from regatta participants, vendors, spectators, and friends.

B. **DESCRIPTION OF OPERATIONS:**

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

The Beach Cat Sailors of Hilton Head Island is a not for profit organization that recognizes the deep past history of Beach Cat Sailing Regattas on Hilton Head Island. The Hilton Head Multi Hull Beach Regatta seeks to encourage, enhance, promote, develop, organize Beach Cat Sailing and Ocean Regattas on Hilton Head Island. Beach Cat Sailors and Regattas attract out of town tourists, visitors, and residents to Hilton Head to particpate in ocean sailing experiences through training, coaching, and running sailing events and regattas in our uniquely situated Atlantic Ocean beach front location. Guided by a passion for sailing and a love for the outdoor lifestyle of Hilton Head Island, the mission of Beach Cat Sailors of Hilton Head Island, LLC- is to support programs and events that inspire and educate sailors and promote this healthy outdoor activity for residents and visitors. We provide hands-on learning and exposure to the unique sport of multihull sailing.The Beach Cat Sailors provide unique opportunities for youth and adults, particularly those with limited access to sailing, to build confidence, teamwork, and a lifelong connection to the water. The Beach Cat Sailors of Hilton Head Island, LLC will promote Multihull Regattas which showcase Hilton Head Island as a premier beachfront sailing destination. Hilton Head relies heavily on tourism, fall regattas help to stabilize the local economy between peak summer months and holiday periods. Regattas will help provide steady work for hospitality, hotel, and service industry staff at a time when business might otherwise be slower.

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

The Grant would be used to help promote and re-establish Hilton Head Island as a Premiere ocean front sailing destination. Beach Catamaran Regattas on Hilton Head Island will help serve participants, tourists, visitors, and residents. The grant funding will assist the Beach Cat Sailors of Hilton Head to cover the expenses to organize, promote, and run Beach Regattas on Hilton Head Island. As a premiere beach front ocean catamaran sailing destination, the grant funding will assist in promoting the cultural experience of Hilton Head Island as an ecotourism destination creating active, outdoor, healthy sporting events and competitions. The grant would be used to fund social media efforts to promote Hilton Head as a premier sailing destination. The funding will help with promotion of regattas including video production, social media, shirts, koozies, bags,

lanyards, name tags, white board, funding awards, prizes, participant transportation, buses, banners, business cards, posters, professional race officers, coaches, DJs, videographers, photographers, video editing and production, and helping to cover expenses related to promoting and running the regatta including travel expenses and food for coaches and participants. Video production, photography, and social media expenses needed to promote Hilton Head Island and the Regattas. Provide provisions on the beach including lunches and water for the particpants, volunteers and US Marines and the Security costs for the boats overnight on the beach and the overnight trailer parking during the 5 days of the event. Marketing, outreach, and promotion with advertising in sailing publications and social media campaigns.

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

The goal of the regatta organizers is to create a first class events worthy of our world class destination, while keeping the participant registration fees as low as possible. As the cost of registration fees rises, the number of participants declines. Partial funding would increase registration fees and lower participation. Partial funding would drive down the number of particpants and visitors to the Island. The overall reputation and quality of the regattas is dependent upon full grant funding. The organizers would be forced to diminish quality of the regattas to account for partial funding and raise registration fees.

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

The economic impact includes indirect fees and direct fees paid into the local economy. The multiple yearly regattas direct impact is apprxomately 350,000 dollars. This includes food and beverage revenue, and revenue to local businesses and vendors. The known hotel reservation nights and condo rental nights are over 250 room nights times 5 nights with an average night of 200 dollars, equals 50,000 dollars, plus taxes and cleaning fees. The South Carolina Department of Parks, Recreation and Tourism Grant is 50,000 dollars in 2025. The economic impact and benefit to the Island's is estimated to be a 1/2 million dollars.

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

1 - Destination Advertising/Promotion
Advertising and promotion of tourism so as to develop and increase tourist attendence through the generation of publicity.

100 %

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

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)*

The Beach Cat Sailors of Hilton Head Island collaborates with many partners and organizations in creating, promoting, running and delivering Beach Front Catamaran Sailing Regattas on Hilton Head Island's Beachfront. Our Partners include The Island Rec Association, The South Carolina Yacht Club, The Beach House, The Tiki Hut, JoyRider TV, Shore Beach Services, The Town of Hilton Head Island, The Beaufort County Sheriff's Office, Hilton Head Fire and Rescue, The South Carolina Department of Parks Recreation and Tourism, The South Carolina Department of Natural Resources, Beaufort Water Search and Rescue, Hiton Head Plantation Yacht Club, and the Beaufort Sail and Power Squadron, the United States Coast Guard, and the United States Marines. The idea of bringing Regattas back to the Hilton Head Island Beachfront was conceived and executed in 2024 by the Beach Cat Sailors to create a Beach Front Regatta that has not been on Hilton Head for decades. The Beach Cat sailors organize and collaborate these Regattas drawing visitors and spectators to Hilton Head for this unique event. Beach Regattas on Hilton Head have a rich history dating back as one of the founding water sport activities on Hilton Head Island, utilizing the Atlantic ocean and our natural resources in sustainable events in the Spring and Fall seasons, improving our ecotourism while promoting wellness and outdoor activities with almost zero carbon footprint. The Beach Cat Sailors of Hilton Head Island are creating a sporting event like none other which enhances tourism and highlights and promotes the Island.

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

The Beach Cat Sailors of Hilton Head share a passion for Hilton Head Island and sailing catamarans. We share the core values and goals of our Island which include, Ecotourism, a reverence for the storied History of our Island, promoting a healthy outdoor lifestyle and overall personal wellness, sharing our recreational activities with others, promoting outdoor family activities suited for all ages, and promoting our Island culture. We seek to engage in a sustainable, recuurent activity that is enjoyed almost year round,while respecting our environment. We want more people sailing in Hilton Head. We want our youth to learn to enjoy and cherish our beaches, our wind, our water, and enjoy all that Hilton Head has to offer. To create memories with friends and family driving us to return to Hilton Head for generations to come. The majority of beach visitors love seeing the boats on the beach and comment how sailing enhances their visit to the Island and improves their impression and vision of Hilton Head. Sailors by nature have a passion for travel and adventure. Participants from 2024 returned in greater numbers in 2025 with family members and friends. From 2024 to 2025, in just two short years, we doubled participation in our event. The future for many National and World staged events are possible for Hilton Head. The F18 Nationals are planned for Hilton Head in 2026, and the F18 Worlds could be scheduled for Hilton Head in 2029.

C. **FUNDING:**

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

In 2024, registration fees, sponsorships, personal donations of Beach Cat members, sailing enthusiasts, staffing and resources from the Island Rec Association and donations from the South Carolina Yacht Club resulted in a balanced budget. In 2025, registration fees, sponsorships, partnership with the South Carolina Yacht Club, The Island Rec, a Grant from the SC Department of Parks, Recreation and Tourism resulted in a budget deficit which was covered by personal donations from members and sailing enthusiasts.

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

0	Government Sources	40	Private Contributions, Donations and Grants
40	Corporate Support, Sponsors	0	Membership, Dues, Subscriptions
20	Ticket Sales, or Sales and Services	0	Other

3. Has the organization requested other ATAX or any other funding from other public sources or organizations?
   Yes **X** No ___

   If so, please list top 3 sources and amounts.

   South Carolina Department of Parks, Recreation And Tourism $50,000.00

D. **FINANCIAL INFORMATION:**

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

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:

   2024- Previous FY 1
   2024-2025- Previous FY 1

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

   Current fiscal year Balance Sheet Provided: Yes

   Previous fiscal year Balanace Sheets Provided:

   2024 - Previous FY 1

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

   2022 - Previous FY 2

E. **FINANCIAL GUARANTEES AND PROCEDURES:**

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

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

2. Indicate whether your organiztion has procurement guidelines, which are utilized and followed in the expenditue of ATAX grant funds.
   - (●) Utilize and follow organization's own procurement guidelines
   - ( ) Our organization does not have or follow procurement guidelines

F. **MEASURING EFFECTIVENESS:**

If you received 2024 or 2025 HHI ATAX funds

1. List any ATAX award amounts received in 2024 and/or 2025.

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

   We did not receive any Hilton Head ATAX funds in the past.

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

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

   2024 was our first Catamaran Regatta on Hilton Head with **27 boats**. In 2025 this regatta participation levels more than doubled from 27 boats to over 56 boats. **JoyRiderTV** produced a **Promotional Video** for our 2025 Hilton Head 50th Anniversary Regatta now viewed over 2000 times with 40,000 subscribers on YouTube.

   Red Gear Racing is an Olympic level catamaran race team with sailors at the highest

level of catamaran sailing and racing. In 2025, The Beach Cat Sailors brought Red Gear Racing to Hilton Head to compete and run a high performance catamaran racing clinic. After our successful 2024 Regatta on Hilton Head Island, the United States F18 Class Association voted Hilton Head as their **number one choice** to hold the **F18 Nationals in 2026**.

In 2024 the Beach Cat Sailors of Hilton Head established a Facebook Page. This page has grown to 335 members. . The Beach Cat Sailors of Hilton Head Island Facebook Page Posts are 149 in the last 60 days, up **600 percent**. In 2025 we have doubled participation of sailors, and have more than doubled the duration of the event. Event participation and enthusiasm for catamaran sailing has surged since our successful Regatta in 2024.

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 you create 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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Signature: Joseph P. Tobin

Title/Position: President

Mailing Address: 38 Cotesworth Place, Hilton Head Island, SC 29926

Email Address: josephptobin@gmail.com

Office Phone Number: 843-816-4990

Home Phone Number: 843-342-9100

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In two short years we have established an admirable and measurable track record with a very modest budget of 25,000 dollars in 2024.

Our goal is to establish Hilton Head as **a Premier Beach Catamaran Sailing Destination** by sponsoring regattas and promoting sailing on Hilton Head. We seek to improve the number of sailors and visitors to Hilton Head, while also improving the **prestige** of our events, and the **quality** of the participant sailors racing in Hilton Head Regattas.

In 1975, **The Hobie 16 Nationals** were held on the beaches of Hilton Head with 133 boats. Hobie Alter invented, produced and marketed the Hobie Cat, and was in attendance on Hilton Head in 1975. There were sailors from many countries on Hilton Head that year. We recognized and celebrated this event by creating the **Hilton Head 50th Anniversary Multi Hull Regatta** in 2025, a five day event with over 56 boats participating. The sailors registered are from significant distances including, Oregon, Utah, Arizona, Alabama, Mississippi, Georgia, Florida, North Carolina, Virginia, New York, New Jersey, Pennsylvania and Greece.

Our goal is to bring Hilton Head back as a recognized **World Class Sailing Destination** by promoting multiple sailing Regattas each year. In 2024, we ran our first highly successful Catamaran Regatta on Hilton Head with an impressive **27 boats**.

The 2024 Test n Tune Regatta was recorded and produced by a professional videographer. This video has now been viewed over 2000 times on the internet, highlighting and showcasing all that Hilton Head Island has to offer to the worldwide sailing community.

With an extensive social media presence and effort, the image of Hilton Head and our sailing community has been significantly improved on the National and World sailing stage. This has been demonstrated by increasing participation levels from 27 boats to over 56 boats in 2025. Hilton Head is currently being considered for numerous National and International sailing competitions.

Our **Regattas** seek to attract all levels of sailors, from the novice sailor just being introduced to catamaran sailing, to the casual competitive sailor willing to travel significant distances to regattas, and all the way up to the highly competitive sailors, including those young sailors with Olympic aspirations. Because our regattas are designed with numerous

fleets or categories of sailboats, this allows sailors of greatly varying degrees of skill to compete in our regatta.

In 2025 we expanded our event from a two day weekend event, to a five day event, with a two day race training clinic, followed by a three day Regatta. Our Budget in 2024 of 25,000 has now been increased to over 125,000 dollars and we would like to have two regattas in 2026.

Mr .Joe Bennett is an established international sailing figure, who will be conducting a **two day race clinic** on Hilton Head in 2025. Joe Bennett is a world recognized sailing expert and coach, who lives in Greece. Over the past twenty years he has produced thousands of YouTube videos, participated in international sailing competitions and has over forty thousand followers on his YouTube channel **JoyRiderTV** .

The Beach Cat Sailors of Hilton Head brought Joe Bennett to Hilton Head from Greece in 2025, after successfully executing our first two day Regatta in 2024 with 27 boats. We paid for his travel expenses and lodging which was approximately 5000 dollars.

Prior to his arrival**, JoyRiderTV** produced a **Promotional Video** for our 2025 Hilton Head 50th Anniversary Regatta. The cost was 2000 dollars. This video has been viewed almost 2000 times and the YouTube channel has 40,000 subscribers.

Red Gear Racing is an Olympic level catamaran race team from Clearwater Florida with a thirty year record of coaching and competing with sailors at the highest level of catamaran sailing and racing. In 2025, The Beach Cat Sailors brought Red Gear Racing to Hilton Head to compete and run a high performance catamaran racing clinic. This required covering their room and board expenses, the gasoline for their coaches boats, and sponsoring the entrance fee for one race team. This cost was approximately 2500 dollars. Red Gear Racing participation in our 2025 event has significantly raised the prestige of sailing on Hilton Head, and is attracting serious and competitive sailors to Hilton Head Island.

The F 18 Class of catamarans is a catamaran at the highest level of multi hull sailboat racing. This class of boats are used by young sailors hoping to enter into an Olympic sailboat racing campaign. In 2025, after our successful 2024 Regatta on Hilton Head, the United States F18 Class Association voted Hilton Head as their **number one choice** to hold the **F18 Nationals in 2026**. As of this writing, we are in the planning stages to host the US F18 National Competition in Hilton Head. These sailors are one level below Olympic Competition. The Olympics will be in 2028 in Los Angeles and International competitors will attend this event, The US F18 Nationals.

The F18 Worlds is an International Sailing Competition held in 2025 in Europe with over 100 boats competing. The F18 Worlds Regatta is scheduled to be in the United States in

2029. The Beach Cat Sailors of Hilton Head are currently in early discussions to bring this event to Hilton Head. This Regatta will bring immeasurable international sailing exposure to Hilton Head, and further highlight and showcase Hilton Head as a **world class sailing destination.**

Spectator Attendance and Engagement

While our events are running in the Atlantic Ocean, within view of all the people on the beach, our staff is monitoring the event and engaging with visitors, tourists, and locals on the beach. The reactions are overwhelmingly positive and our competitors easily engage with those on the beach when they return to the beach.

The long distance races are run from Coligny Circle, down to Sea Pines, up to the Westin, and back to Coligny. The boats are visible along the entire beach front coast of Hilton Head Island. This creates an esthetic for our island that is unmatched with beautiful sailboats floating in the tranquil waters of our Island. It conveys the message that is **Hilton Head**. Sailing is a fun, outdoor activity that is part of Hilton Head, helping to define our Island culture and inviting others to participate, and return to Hilton Head.

Facebook Growth

In 2024 the Beach Cat Sailors of Hilton Head established a Facebook Page. This page has grown to 335 members. . Our Facebook page members have steadily grown since its inception in 2024 to over 335 members. Facebook activity plays a huge role in promoting Hilton Head Island,and is easily measured and monitored. The Beach Cat Sailors of Hilton Head Island Facebook Page Posts are 149, up **600 percent**, Comments are 115, **up 27 %,** and Reactions are 670, **up 54 %,** in just the last 60 days.

YouTube Videos and Results

. YouTube video content showing our events and Hilton Head Island are unparalleled marketing tools showing off all the qualities that define Hilton Head.. Our Videos have been seen over 2500 times and are promoted world wide by JoyRider TV with forty thousand subscribers.

Every event we do is covered by livestreaming video disseminated on the internet, and multiple videos with drone footage are published and widely disseminated on You Tube

Growth and Development

In 2024 event was a two day event with 27 boats.

From 2024 to 2025 we have doubled participation of sailors, and have more than doubled the duration of the event. Our plans are to add more events in 2026.

October 2024

PLEASE HELP US CONTINUE THIS HILTON HEAD MULTI- HULL REGATTA BY ANSWERING THESE QUESTIONS:

Name: Garth Ferguson

What State is your permanent home: North Carolina zip code: 27948

1. This regatta contributed to my decision to come to come to Tiki Beach today: circle: Agree or Disagree

2. If visiting the area, are you staying on Hilton Head? Circle : Yes or No
   If not, where are you staying? _____

3. If Yes, how many other people have joined you on your visit to Hilton Head? 1
   How many nights/days do you plan to stay on Hilton Head? 3

4. This regatta contributed to my decision to come to Hilton Head : Agree or Disagree

5. Have you been to Hilton Head before in the past year? Circle: Yes or No

Hilton Head Multi Hull Regatta

HILTON HEAD REGATTA

Board of Director Meeting Minutes

- Meeting Date: July 18, 2025

- Meeting Time: 6:00 pm

- Attendees:
  - Joe Tobin, President; Francine Tobin, CFO; Mary Hoover, Secretary; Jeb Burton; Mike Tappanier; Jeff Brown; Jim Buser

- Agenda
  a. Introduction, Opening Statement from President
  b. Hilton Head ATAX Grant Application

  - Finances
    a. Review 2024 Budget
    b. Review Proposed 2025 Budget

  - Old Business
    a. Review positive take-aways from 2024 Regatta
    b. How do we add more boats and improve on last year's experience

  - New Business
    a. Determine 2025 Dates, Schedule and Location for 50th Anniversary Regatta
    b. Addition of Sailing Clinic Dates to this year's Regatta Schedule
    c. How do we add more boats and improve on last year's experience
    d. How do we make this an annual event
    e. All members voted and approved unanimously submitting for Hilton Head ATAX Grant this year

- Next Meeting
  a. Next Meeting to be held mid August

- Adjournment
  a. Meeting was adjourned at 6:45 pm

Hilton Head Island
Beach Regatta & Clinic
2026 Budget for (2) Regattas

	Quantity	Unit Cost	Total	Regatta 51	F18 Regatta	Total 2026 Budget
Room Accommodations						
Beach House (Joe)	7	$194.35	$1,360.45	$1,360.45	$1,360.45	$2,720.90
Beach House (Staff - Mary/Jeanne)	7	$194.35	$1,360.45	$1,360.45	$1,360.45	$2,720.90
Beach House (Staff - Mary/Jeanne)	7	$194.35	$1,360.45	$1,360.45	$1,360.45	$2,720.90
2-Bed Condo 31 S. Forest Dr. #37	1	$2,012.50	$2,012.50	$2,012.50	$2,012.50	$4,025.00
3-Bed Condo 37 S. Forest Dr. #28	1	$3,018.75	$3,018.75	$3,018.75	$3,018.75	$6,037.50
3-Bed Condo Seashore Vacations	1	$1,944.21	$1,944.21	$1,944.21	$1,944.21	$3,888.43
Total Estimated Expenses				**$11,056.81**	**$11,056.81**	**$22,113.63**

Beach House						
Wed., Oct. 29 Breakfast Buffett	1	$1,206.47	$1,206.47	$1,206.47	$1,206.47	$2,412.93
Wed., Oct. 29 Taco Dinner	1	$2,549.84	$2,549.84	$2,549.84	$2,549.84	$5,099.68
Thurs., Oct. 30 Breakfast Buffett	1	$1,206.47	$1,206.47	$1,206.47	$1,206.47	$2,412.93
Thurs., Oct. 30 Italian Buffet	1	$10,278.99	$10,278.99	$10,278.99	$10,278.99	$20,557.98
Fri., Oct. 31 Breakfast Buffett	1	$4,021.55	$4,021.55	$4,021.55	$4,021.55	$8,043.10
Sat., Nov. 1 Breakfast Buffett	1	$4,021.55	$4,021.55	$4,021.55	$4,021.55	$8,043.10
Sat., Nov. 1 BBQ Buffett	1	$24,115.50	$24,115.50	$24,115.50	$24,115.50	$48,231.00
Sun., Nov. 2 Breakfast Buffett	1	$4,021.55	$4,021.55	$4,021.55	$4,021.55	$8,043.10
Sun., Nov. 2 Awards Buffett	1	$4,945.00	$4,945.00	$4,945.00	$4,945.00	$9,890.00
Open Bar (10 Tickets per Person)	1	$12,650.00	$12,650.00	$12,650.00	$12,650.00	$25,300.00
Total Estimated Expenses				**$69,016.91**	**$69,016.91**	**$138,033.81**

South Carolina Yacht Club						
Halloween Dinner (Friday)	200	$51.75	$10,350.00	$10,350.00	$10,350.00	$20,700.00
Open Bar (3 Hours)	150	$27.60	$4,140.00	$4,140.00	$4,140.00	$8,280.00
Misc. Taxes & Fees	1	$5,681.46	$5,681.46	$5,681.46	$5,681.46	$11,362.92
Total Estimated Expenses				**$20,171.46**	**$20,171.46**	**$40,342.92**

Fire & Pine						
1st Place Plaque (25.25" x 15")	11	$154.22	$1,696.37	$1,696.37	$1,696.37	$3,392.73
2nd Place Plaque (11.25" x 19")	11	$102.47	$1,127.12	$1,127.12	$1,127.12	$2,254.23
3rd Place Plaque (7.25" x 12")	11	$71.42	$785.57	$785.57	$785.57	$1,571.13
4th Place Plaque (7.25" x 12")	2	$71.42	$142.83	$142.83	$142.83	$285.66
5th Place Plaque (7.25" x 12")	2	$71.42	$142.83	$142.83	$142.83	$285.66
Candle	12	$37.26	$447.12	$447.12	$447.12	$894.24
Bamboo Wine Box	4	$103.50	$414.00	$414.00	$414.00	$828.00
Total Estimated Expenses				**$4,755.83**	**$4,755.83**	**$9,511.65**

Misc. Prizes						
Winner Prizes	37	$34.50	$1,276.50	$1,276.50	$1,276.50	$2,553.00
Various Regatta Prizes	40	$34.50	$1,380.00	$1,380.00	$1,380.00	$2,760.00
Total Estimated Expenses				**$2,656.50**	**$2,656.50**	**$5,313.00**

Just the Right Thing (Allison)						
Short Sleeve Shirt (Clinic)	30	$26.74	$802.13	$802.13	$802.13	$1,604.25
Short Sleeve Shirt (Regatta)	25	$26.74	$668.44	$668.44	$668.44	$1,336.88
Long Sleeve (No Hood)	75	$28.46	$2,134.69	$2,134.69	$2,134.69	$4,269.38
Long Sleeve (Hood)	35	$39.49	$1,382.19	$1,382.19	$1,382.19	$2,764.37
Bag	200	$19.90	$3,979.00	$3,979.00	$3,979.00	$7,958.00
Lanyard	150	$1.08	$162.15	$162.15	$162.15	$324.30
Set-up Charge (Lanyard)	1	$56.35	$56.35	$56.35	$56.35	$112.70
Set-up Charge (Shirts)	1	$124.20	$124.20	$124.20	$124.20	$248.40
Koozies	250	$1.60	$399.63	$399.63	$399.63	$799.25
Koozie Set-up Fee	1	$36.80	$36.80	$36.80	$36.80	$73.60
Volunteer Vests (Regatta Staff)	15	$12.83	$192.51	$192.51	$192.51	$385.02
Volunteer Vest (Beach Captain)	1	$15.12	$15.12	$15.12	$15.12	$30.25
Volunteer Vest (Regatta Chief)	1	$15.12	$15.12	$15.12	$15.12	$30.25
Screen Charge for Vests	2	$36.80	$73.60	$73.60	$73.60	$147.20
Suntan Lotion | Chapstick Combo (Bag)	250	$1.22	$304.75	$304.75	$304.75	$609.50
Set-up Fee for Suntan/Chapstick (Bag)	1	$41.40	$41.40	$41.40	$41.40	$82.80
Total Estimated Expenses				**$10,388.07**	**$10,388.07**	**$20,776.13**

Hilton Head Island
Beach Regatta & Clinic
2026 Budget for (2) Regattas

	Quantity	Unit Cost	Total	Regatta 51	F18 Regatta	Total 2026 Budget
Transportation Fees						
Trolley (Friday)	1	$2,357.50	$2,357.50	$2,357.50	$2,357.50	$4,715.00
Valet Parking	1	$345.00	$345.00	$345.00	$345.00	$690.00
Total Estimated Expenses				**$2,702.50**	**$2,702.50**	**$5,405.00**
Miscellaneous Expenses						
Whiteboard w/Markers (Clinic)	1	$138.00	$138.00	$138.00	$138.00	$276.00
Whiteboard Magnets	1	$16.10	$16.10	$16.10	$16.10	$32.20
Water (for Bag)	150	$0.38	$57.50	$57.50	$57.50	$115.00
Itinerary Sleeve (pkg. of 50)	3	$17.25	$51.75	$51.75	$51.75	$103.50
Itinerary|Nautical Map (lanyard)	150	$0.29	$43.13	$43.13	$43.13	$86.25
Case of Water (Marine Tent)	6	$5.75	$34.50	$34.50	$34.50	$69.00
Case of Gaterade (Marine Tent)	6	$17.25	$103.50	$103.50	$103.50	$207.00
Gala Apples 5 lb. Bag (Marine Tent)	8	$9.20	$73.60	$73.60	$73.60	$147.20
Bananas 3 lbs. (Marine Tent)	12	$2.30	$27.60	$27.60	$27.60	$55.20
Pgk. Snack Bars (Marine Tent)	2	$57.50	$115.00	$115.00	$115.00	$230.00
Bag Ice (Marine Tent)	8	$3.45	$27.60	$27.60	$27.60	$55.20
Costume Prizes	1	$345.00	$345.00	$345.00	$345.00	$690.00
Pkg. of 1000 Drink Tickets	1	$28.75	$28.75	$28.75	$28.75	$57.50
Name Tags	3	$23.00	$69.00	$69.00	$69.00	$138.00
Meals for Marines	24	$17.25	$414.00	$414.00	$414.00	$828.00
Signage - Boat Beach Locators	10	$5.75	$57.50	$57.50	$57.50	$115.00
Pkg. of 500 Raffle Tickets	1	$46.00	$46.00	$46.00	$46.00	$92.00
Pkg. of 250 70's DISCO Dinner Tickets	1	$46.00	$46.00	$46.00	$46.00	$92.00
DJ (Beach)	1	$1,725.00	$1,725.00	$1,725.00	$1,725.00	$3,450.00
Total Estimated Expenses				**$3,419.53**	**$3,419.53**	**$6,839.05**
Boats						
Boat Supplies|Parts	1	$4,600.00	$4,600.00	$4,600.00	$4,600.00	$9,200.00
Boat Maintenance	1	$1,150.00	$1,150.00	$1,150.00	$1,150.00	$2,300.00
Boat Transportaton	1	$2,875.00	$2,875.00	$2,875.00	$2,875.00	$5,750.00
Mexico Racer	1	$5,405.00	$5,405.00	$5,405.00	$5,405.00	$10,810.00
Mexico Racer Delivery	1	$2,530.00	$2,530.00	$2,530.00	$2,530.00	$5,060.00
2007 Hobie 16	1	$6,325.00	$6,325.00	$6,325.00	$6,325.00	$12,650.00
2007 Hobie 16 Delivery	1	$2,300.00	$2,300.00	$2,300.00	$2,300.00	$4,600.00
Total Estimated Expenses				**$25,185.00**	**$25,185.00**	**$50,370.00**
Promotional Fees						
Joe Bennett Promotional Fee	1	$4,600.00	$4,600.00	$4,600.00	$4,600.00	$9,200.00
Video Production	1	$4,600.00	$4,600.00	$4,600.00	$4,600.00	$9,200.00
Social Media Marketing	1	$10,000.00	$10,000.00	$10,000.00	$10,000.00	$20,000.00
Advertising	1	$10,000.00	$10,000.00	$10,000.00	$10,000.00	$20,000.00
Mark Newman (Social Media Influencer)	1	$3,000.00	$3,000.00	$3,000.00	$3,000.00	$6,000.00
Jeff Doyle (Social Media Influencer)	1	$3,000.00	$3,000.00	$3,000.00	$3,000.00	$6,000.00
Nate Skager (Social Media Influencer)	1	$3,000.00	$3,000.00	$3,000.00	$3,000.00	$6,000.00
Madison Hoover (Social Media Influencer)	1	$3,000.00	$3,000.00	$3,000.00	$3,000.00	$6,000.00
National Marketing	1	$7,500.00	$7,500.00	$7,500.00	$7,500.00	$15,000.00
Banner	1	$500.00	$500.00	$500.00	$500.00	$1,000.00
Joy Rider TV Banner	1	$500.00	$500.00	$500.00	$500.00	$1,000.00
Posters	44	$2.00	$88.00	$88.00	$88.00	$176.00
Custom Sponsor Sail	1	$2,415.00	$2,415.00	$2,415.00	$2,415.00	$4,830.00
Website Development	1	$2,000.00	$2,000.00	$2,000.00	$2,000.00	$4,000.00
Total Estimated Expenses				**$54,203.00**	**$54,203.00**	**$108,406.00**
Security						
Security	1	$2,000.00	$2,000.00	$2,000.00	$2,000.00	$4,000.00
Total Estimated Expenses				**$2,000.00**	**$2,000.00**	**$4,000.00**
Total Overall 2026 Estimated Expenses				**$205,555.59**	**$205,555.59**	**$411,111.19**

Regatta Hilton Head Multi Hull
Profit & Loss Detail
January 1 through December 1, 2025

Type	Date	Num	Name	Memo	Clr	Split	Amount	Balance
Ordinary Income/Expense								
Income								
Direct Public Support								
Corporate Contributions								
Deposit	02/19/2025	dep	Sponsor and sailor fe...	coligny cares ...		South State bank	500.00	500.00
Deposit	07/15/2025	dep	william verrillo - dentist	into paypal the...		TD Bank Beach...	5,000.00	5,500.00
Total Corporate Contributions							5,500.00	5,500.00
Individ, Business Contributions								
Deposit	08/18/2025	dep		joe capozzoli l...		Community Fou...	1,500.00	1,500.00
Deposit	08/18/2025	dep	Dan klupinsky	patient dan's c...		Community Fou...	1,000.00	2,500.00
Total Individ, Business Contributions							2,500.00	2,500.00
Direct Public Support - Other								
Deposit	04/10/2025	dep	A-Tax Paul Miller Fu...	Deposit		South State bank	9,744.34	9,744.34
Total Direct Public Support - Other							9,744.34	9,744.34
Total Direct Public Support							17,744.34	17,744.34
Grant funds								
Deposit	06/13/2025	dep	State of south Caroli...	Deposit		TD Bank Beach...	50,000.00	50,000.00
Total Grant funds							50,000.00	50,000.00
Program Income								
Program Service Fees								
Deposit	07/10/2025	dep	barry stevens	entry fees		TD Bank Beach...	200.00	200.00
Total Program Service Fees							200.00	200.00
Total Program Income							200.00	200.00
Total Income							67,944.34	67,944.34
Expense								
Bank Service fee								
Check	06/27/2025	debit	wire transfer fee	for joyrider tv i...		TD Bank Beach...	50.00	50.00
Check	08/20/2025	debit	td credit card	rewards state...		TD Bank Beach...	-400.00	-350.00
Check	08/31/2025			Service Charge		TD Bank Beach...	3.00	-347.00
Total Bank Service fee							-347.00	-347.00

Regatta Hilton Head Multi Hull
Profit & Loss Detail
January 1 through December 1, 2025

Type	Date	Num	Name	Memo	Clr	Split	Amount	Balance
Business Expenses								
Business Registration Fees								
Check	05/23/2025	DEBIT	STATE OF SC SEC...	FORM LLC O...		South State bank	145.50	145.50
Check	05/23/2025	debit	STATE OF SC SEC...	joe personal visa		South State bank	124.00	269.50
Check	05/24/2025	debit	STATE OF SC SEC...	joe personal visa		South State bank	21.50	291.00
Check	05/26/2025	DEBIT	TAX ID FILING COST	ON TOBIN C...		South State bank	339.00	630.00
Check	05/28/2025	debit	IRS	tax id number ...		South State bank	339.00	969.00
Total Business Registration Fees							969.00	969.00
Total Business Expenses							969.00	969.00
Facilities and Equipment								
Check	02/04/2025	3122	EAST COAST SALE...	h 16 SAILS O...		South State bank	1,529.21	1,529.21
Check	03/09/2025	3141	TREY SUTHERLAND	HOBIE FX		South State bank	3,500.00	5,029.21
Check	04/10/2025	3145	coastal containers	out of TD pers...		South State bank	1,675.00	6,704.21
Check	07/21/2025	debit	venmo	hobie 16 boat ...		TD Bank Beach...	4,700.00	11,404.21
Total Facilities and Equipment							11,404.21	11,404.21
Housing rental for regatta week								
Check	06/30/2025	debit	vrbo			TD Bank Beach...	183.70	183.70
Total Housing rental for regatta week							183.70	183.70
Operations								
Supplies								
Check	02/13/2025	debit	murray's	parts for wave ...		South State bank	331.00	331.00
Check	03/06/2025	debit	murray's	s224536 tiller ...		South State bank	108.99	439.99
Check	04/04/2025	debit	murray's	inv. 58 H20		South State bank	780.49	1,220.48
Check	04/16/2025	debit	west marine	on tobin visa		South State bank	87.97	1,308.45
Check	05/10/2025	debit	west marine	on joe persona...		South State bank	379.00	1,687.45
Check	05/12/2025	debit	west marine	on joe persona...		South State bank	115.00	1,802.45
Check	06/12/2025	debit	joe bill elwang	boat supplies t...		South State bank	500.00	2,302.45
Check	06/12/2025	3175	joe bill elwang	boat supplies ...		South State bank	500.00	2,802.45
Check	06/20/2025	debit	west marine			TD Bank Beach...	14.71	2,817.16
Check	06/23/2025	debit	west marine			TD Bank Beach...	91.14	2,908.30
Check	06/23/2025	debit	ace hardware			TD Bank Beach...	41.32	2,949.62
Check	06/26/2025	debit	amazon	attic fan for st...		TD Bank Beach...	307.29	3,256.91
Check	06/26/2025	debit	amazon	ceiling fan stor...		TD Bank Beach...	27.55	3,284.46
Check	06/27/2025	debit	amazon	deep water fis...		TD Bank Beach...	19.07	3,303.53
Check	07/14/2025	debit	west marine	fastener for boat		TD Bank Beach...	10.09	3,313.62
Check	08/20/2025	debit	td credit card	ace hardware		TD Bank Beach...	48.51	3,362.13
Check	08/20/2025	debit	td credit card	walmart		TD Bank Beach...	34.32	3,396.45
Check	08/20/2025	debit	td credit card	west marine		TD Bank Beach...	46.75	3,443.20
Total Supplies							3,443.20	3,443.20
Total Operations							3,443.20	3,443.20

Regatta Hilton Head Multi Hull
Profit & Loss Detail
January 1 through December 1, 2025

Type	Date	Num	Name	Memo	Clr	Split	Amount	Balance
promotion								
Check	06/27/2025	debit	joyrider TV	wire to joy ride...		TD Bank Beach...	4,000.00	4,000.00
Check	07/28/2025	debit	venmo	chris picknally ...		TD Bank Beach...	1,200.00	5,200.00
Total promotion							5,200.00	5,200.00
Regatta Network fees								
Check	05/10/2025	debit	regatta	on joe persona...		South State bank	125.00	125.00
Check	06/24/2025	debit	the regatta network	tappnier		TD Bank Beach...	200.00	325.00
Check	06/24/2025	debit	the regatta network			TD Bank Beach...	125.00	450.00
Check	06/25/2025	debit	the regatta network			TD Bank Beach...	340.00	790.00
Check	07/03/2025	debit	regatta network	herbkershman		TD Bank Beach...	200.00	990.00
Check	07/03/2025	debit	regatta network			TD Bank Beach...	200.00	1,190.00
Check	07/03/2025	debit	regatta network			TD Bank Beach...	200.00	1,390.00
Total Regatta Network fees							1,390.00	1,390.00
repairs of equipment								
Check	01/29/2025	3103	Jim castro	rudders nacra ...		South State bank	150.00	150.00
Check	05/05/2025	debit	home services and m...	shelving and fl...		South State bank	2,100.00	2,250.00
Total repairs of equipment							2,250.00	2,250.00
Travel and Meetings								
Conference, Convention, Meeting								
Check	07/14/2025	debit	street meet	meeting with ...		TD Bank Beach...	45.38	45.38
Check	08/20/2025	debit	td credit card	club seats me...		TD Bank Beach...	30.72	76.10
Total Conference, Convention, Meeting							76.10	76.10
Travel and Meetings - Other								
Check	08/20/2025	debit	td credit card	mixx on main ...		TD Bank Beach...	21.42	21.42
Check	08/20/2025	debit	td credit card	overnight for t...		TD Bank Beach...	562.13	583.55
Total Travel and Meetings - Other							583.55	583.55
Total Travel and Meetings							659.65	659.65
Total Expense							25,152.76	25,152.76
Net Ordinary Income							42,791.58	42,791.58
Net Income							**42,791.58**	**42,791.58**

Regatta Hilton Head Multi Hull
Balance Sheet Detail
As of October 1, 2025

Type	Date	Num	Name	Memo	Clr	Split	Amount	Balance
ASSETS								
Current Assets								0.00
Checking/Savings								0.00
Community Foundation Account								0.00
Deposit	08/18/2025	dep		joe capozzoli l...		Individ, Busines...	1,500.00	1,500.00
Deposit	08/18/2025	dep	Dan klupinsky	patient dan's c...		Individ, Busines...	1,000.00	2,500.00
Total Community Foundation Account							2,500.00	2,500.00
South State bank								0.00
Check	03/06/2024	debit	murray's	inv. 36 hobie ...		Supplies	-108.99	-108.99
Check	05/07/2024	debit	murray's	inv. 85 tires		Supplies	-255.00	-363.99
Check	05/28/2024	debit	murray's	inv. 15 Hobie ...		Supplies	-399.28	-763.27
Check	06/03/2024	debit	murray's	inv, 02 H14 t...		Supplies	-159.50	-922.77
Check	06/05/2024	debit	murray's	inv. 34 parts b...		Supplies	-430.12	-1,352.89
Check	07/26/2024	debit	murray's	inv. 22 5.7		Supplies	-135.00	-1,487.89
Check	07/26/2024	debit	murray's	on credit card		Supplies	-135.00	-1,622.89
Check	08/08/2024	debit	murray's	inv. 16 parts ...		Supplies	-49.99	-1,672.88
Check	08/21/2024	debit	murray's	inv. 88 5.7		Supplies	-703.50	-2,376.38
Check	08/29/2024	debit	murray's	inv. 79 parts f...		Supplies	-240.75	-2,617.13
Check	09/05/2024	debit	builders source	sailing supplies		Supplies	-55.50	-2,672.63
Check	10/08/2024	debit	murray's	inv. 24 parts ...		Supplies	-258.00	-2,930.63
Check	10/21/2024	debit	Ebay	hobie 16 tram...		Supplies	-330.00	-3,260.63
Check	10/21/2024	debit	salty dog marina	on tobin credit ...		Supplies	-35.90	-3,296.53
Check	10/22/2024	debit	murrays	sailing parts s...		Supplies	-44.00	-3,340.53
Check	10/22/2024	debit	murray's	shackle bow a...		Supplies	-174.00	-3,514.53
Check	10/26/2024	debit	beach house	staging room ...		Facilities and E...	-191.49	-3,706.02
Check	10/26/2024	debit	beach house	staging room ...		Facilities and E...	-191.49	-3,897.51
Check	10/27/2024	3068	mark newman	race committe...		race committee ...	-1,000.00	-4,897.51
Check	10/27/2024	debit	just the right thing LLC	paid tobin check		promotion	-3,818.87	-8,716.38
Check	10/30/2024	debit	west marine	reimburse fran...		Supplies	-203.30	-8,919.68
Deposit	11/05/2024	dep	Sponsor and sailor fe...	Deposit		Direct Public S...	13,555.40	4,635.72
Deposit	11/05/2024	dep	square account dinne...	dinner guests ...		Program Income	389.87	5,025.59
Check	11/06/2024	debit	joseph vicars	music at regatta		Other Costs	-1,000.00	4,025.59
Deposit	11/15/2024	dep	dinner tickets	cash collected...		Program Income	200.00	4,225.59
Check	11/15/2024	debit	the regatta network	francine credit...		Regatta Networ...	-100.00	4,125.59
Check	11/15/2024	debit	the great frame up	credit card rei...		promotional signs	-398.20	3,727.39
Check	11/15/2024	debit	fire and pine	reim francine ...		promotional signs	-1,262.25	2,465.14
Check	11/15/2024	debit	Randall Arts	reimburse fran...		promotional signs	-702.35	1,762.79
Check	11/15/2024	debit	The beach house	reimburse fran...		regatta weeken...	-9,639.57	-7,876.78
Check	11/16/2024	debit	amazon	amazon reim ...		Trophies and pr...	-737.18	-8,613.96
Check	11/16/2024	debit	amazon -Square cred...	reimburse fran...		Supplies	-9.63	-8,623.59
Check	11/18/2024	debt	just the right thing LLC	paid tobin pers...		promotion	-951.50	-9,575.09
Check	11/19/2024	debit	fire and pine	reimburse tobi...		promotional signs	-623.70	-10,198.79
Check	11/20/2024	3089	mary hoover	promotional ex...		gift bags for sail...	-517.76	-10,716.55
Deposit	12/09/2024	dep	ace hardware	sponsorship		Corporate Cont...	1,200.00	-9,516.55
Check	12/19/2024	3099	ringtail LLC	promotional vi...		promotion	-2,000.00	-11,516.55
Deposit	12/31/2024	dep	Jim buser	sponsorship		Corporate Cont...	500.00	-11,016.55
Check	01/29/2025	3103	Jim castro	rudders nacra ...		repairs of equip...	-150.00	-11,166.55

Regatta Hilton Head Multi Hull
Balance Sheet Detail
As of October 1, 2025

Type	Date	Num	Name	Memo	Clr	Split	Amount	Balance
Check	02/04/2025	3122	EAST COAST SALE...	h 16 SAILS O...		Facilities and E...	-1,529.21	-12,695.76
Check	02/13/2025	debit	murray's	parts for wave ...		Supplies	-331.00	-13,026.76
Deposit	02/19/2025	dep	Sponsor and sailor fe...	coligny cares ...		Corporate Cont...	500.00	-12,526.76
Check	03/06/2025	debit	murray's	s224536 tiller ...		Supplies	-108.99	-12,635.75
Check	03/09/2025	3141	TREY SUTHERLAND	HOBIE FX		Facilities and E...	-3,500.00	-16,135.75
Check	04/04/2025	debit	murray's	inv. 58 H20		Supplies	-780.49	-16,916.24
Deposit	04/10/2025	dep	A-Tax Paul Miller Fu...	Deposit		Direct Public S...	9,744.34	-7,171.90
Check	04/10/2025	3145	coastal containers	out of TD pers...		Facilities and E...	-1,675.00	-8,846.90
Check	04/16/2025	debit	west marine	on tobin visa		Supplies	-87.97	-8,934.87
Check	05/05/2025	debit	home services and m...	shelving and fl...		repairs of equip...	-2,100.00	-11,034.87
Check	05/10/2025	debit	regatta	on joe persona...		Regatta Networ...	-125.00	-11,159.87
Check	05/10/2025	debit	west marine	on joe persona...		Supplies	-379.00	-11,538.87
Check	05/12/2025	debit	west marine	on joe persona...		Supplies	-115.00	-11,653.87
Check	05/23/2025	DEBIT	STATE OF SC SEC...	FORM LLC O...		Business Regis...	-145.50	-11,799.37
Check	05/23/2025	debit	STATE OF SC SEC...	joe personal visa		Business Regis...	-124.00	-11,923.37
Check	05/24/2025	debit	STATE OF SC SEC...	joe personal visa		Business Regis...	-21.50	-11,944.87
Check	05/26/2025	DEBIT	TAX ID FILING COST	ON TOBIN C...		Business Regis...	-339.00	-12,283.87
Check	05/28/2025	debit	IRS	tax id number ...		Business Regis...	-339.00	-12,622.87
Check	06/12/2025	debit	joe bill elwang	boat supplies t...		Supplies	-500.00	-13,122.87
Check	06/12/2025	3175	joe bill elwang	boat supplies ...		Supplies	-500.00	-13,622.87
Total South State bank							-13,622.87	-13,622.87
TD Bank Beach Cat Sailorsx9766								0.00
Deposit	06/13/2025	dep	State of south Caroli...	Deposit	X	Grant funds	50,000.00	50,000.00
Check	06/20/2025	debit	west marine		X	Supplies	-14.71	49,985.29
Check	06/23/2025	debit	west marine		X	Supplies	-91.14	49,894.15
Check	06/23/2025	debit	ace hardware		X	Supplies	-41.32	49,852.83
Check	06/24/2025	debit	the regatta network	tappnier	X	Regatta Networ...	-200.00	49,652.83
Check	06/24/2025	debit	the regatta network		X	Regatta Networ...	-125.00	49,527.83
Check	06/25/2025	debit	the regatta network		X	Regatta Networ...	-340.00	49,187.83
Check	06/26/2025	debit	amazon	attic fan for st...	X	Supplies	-307.29	48,880.54
Check	06/26/2025	debit	amazon	ceiling fan stor...	X	Supplies	-27.55	48,852.99
Check	06/27/2025	debit	amazon	deep water fis...	X	Supplies	-19.07	48,833.92
Check	06/27/2025	debit	joyrider TV	wire to joy ride...	X	promotion	-4,000.00	44,833.92
Check	06/27/2025	debit	wire transfer fee	for joyrider tv i...	X	Bank Service fee	-50.00	44,783.92
Check	06/30/2025	debit	vrbo		X	Housing rental f...	-183.70	44,600.22
Check	07/03/2025	debit	regatta network	herbkershman	X	Regatta Networ...	-200.00	44,400.22
Check	07/03/2025	debit	regatta network		X	Regatta Networ...	-200.00	44,200.22
Check	07/03/2025	debit	regatta network		X	Regatta Networ...	-200.00	44,000.22
Deposit	07/10/2025	dep	barry stevens	entry fees	X	Program Servic...	200.00	44,200.22
Check	07/14/2025	debit	street meet	meeting with ...	X	Conference, Co...	-45.38	44,154.84
Check	07/14/2025	debit	west marine	fastener for boat	X	Supplies	-10.09	44,144.75
Deposit	07/15/2025	dep	william verrillo - dentist	into paypal the...		Corporate Cont...	5,000.00	49,144.75
Check	07/15/2025	debit	Scott Macdonald	boat purchase...		Furniture and E...	-5,000.00	44,144.75
Check	07/21/2025	debit	venmo	hobie 16 boat ...	X	Facilities and E...	-4,700.00	39,444.75
Check	07/21/2025	debit	u ship	delivery fee on...	X	Furniture and E...	-1,650.00	37,794.75
Check	07/28/2025	debit	venmo	chris picknally ...	X	promotion	-1,200.00	36,594.75
Check	08/20/2025	debit	td credit card			-SPLIT-	-3,043.85	33,550.90

Regatta Hilton Head Multi Hull
Balance Sheet Detail
As of October 1, 2025

Type	Date	Num	Name	Memo	Clr	Split	Amount	Balance
Check	08/31/2025			Service Charge	X	Bank Service fee	-3.00	33,547.90
Check	08/31/2025	106	joseph tobin	reimburse for ...		Furniture and E...	-230.00	33,317.90
Check	08/31/2025	107	joseph tobin	repair to boat t...		Furniture and E...	-300.00	33,017.90
Total TD Bank Beach Cat Sailorsx9766							33,017.90	33,017.90
Total Checking/Savings							21,895.03	21,895.03
Accounts Receivable								0.00
Total Accounts Receivable								0.00
Other Current Assets								0.00
Total Other Current Assets								0.00
Total Current Assets							21,895.03	21,895.03
Fixed Assets								0.00
Furniture and Equipment								0.00
STORAGE UNIT for EQUIPMENT								0.00
Total STORAGE UNIT for EQUIPMENT								0.00
Furniture and Equipment - Other								0.00
Check	07/15/2025	debit	Scott Macdonald	boat purchase...		TD Bank Beach...	5,000.00	5,000.00
Check	07/21/2025	debit	u ship	delivery fee on...		TD Bank Beach...	1,650.00	6,650.00
Check	08/20/2025	debit	td credit card	...		TD Bank Beach...	500.00	7,150.00
Check	08/20/2025	debit	td credit card	shipping for 2 ...		TD Bank Beach...	2,200.00	9,350.00
Check	08/31/2025	106	joseph tobin	reimburse for ...		TD Bank Beach...	230.00	9,580.00
Check	08/31/2025	107	joseph tobin	repair to boat t...		TD Bank Beach...	300.00	9,880.00
Total Furniture and Equipment - Other							9,880.00	9,880.00
Total Furniture and Equipment							9,880.00	9,880.00
Total Fixed Assets							9,880.00	9,880.00
Other Assets								0.00
Marketable Securities								0.00
Total Marketable Securities								0.00
Other Assets								0.00
Total Other Assets								0.00
Security Deposits Asset								0.00
Total Security Deposits Asset								0.00
Total Other Assets								0.00
TOTAL ASSETS							**31,775.03**	**31,775.03**

Regatta Hilton Head Multi Hull
Profit & Loss Detail
January 1, 2024 through December 1, 2025

Type	Date	Num	Name	Memo	Clr	Split	Amount	Balance
Ordinary Income/Expense								
Income								
Direct Public Support								
Corporate Contributions								
Deposit	12/09/2024	dep	ace hardware	sponsorship		South State bank	1,200.00	1,200.00
Deposit	12/31/2024	dep	Jim buser	sponsorship		South State bank	500.00	1,700.00
Deposit	02/19/2025	dep	Sponsor and sailor fe...	coligny cares ...		South State bank	500.00	2,200.00
Deposit	07/15/2025	dep	william verrillo - dentist	into paypal the...		TD Bank Beach...	5,000.00	7,200.00
Total Corporate Contributions							7,200.00	7,200.00
Individ, Business Contributions								
Deposit	08/18/2025	dep		joe capozzoli l...		Community Fou...	1,500.00	1,500.00
Deposit	08/18/2025	dep	Dan klupinsky	patient dan's c...		Community Fou...	1,000.00	2,500.00
Total Individ, Business Contributions							2,500.00	2,500.00
Direct Public Support - Other								
Deposit	11/05/2024	dep	Sponsor and sailor fe...	Deposit		South State bank	13,555.40	13,555.40
Deposit	04/10/2025	dep	A-Tax Paul Miller Fu...	Deposit		South State bank	9,744.34	23,299.74
Total Direct Public Support - Other							23,299.74	23,299.74
Total Direct Public Support							32,999.74	32,999.74
Grant funds								
Deposit	06/13/2025	dep	State of south Caroli...	Deposit		TD Bank Beach...	50,000.00	50,000.00
Total Grant funds							50,000.00	50,000.00
Program Income								
Program Service Fees								
Deposit	07/10/2025	dep	barry stevens	entry fees		TD Bank Beach...	200.00	200.00
Total Program Service Fees							200.00	200.00
Program Income - Other								
Deposit	11/05/2024	dep	square account dinne...	dinner guests ...		South State bank	389.87	389.87
Deposit	11/15/2024	dep	dinner tickets	cash collected...		South State bank	200.00	589.87
Total Program Income - Other							589.87	589.87
Total Program Income							789.87	789.87
Total Income							83,789.61	83,789.61

Regatta Hilton Head Multi Hull
Profit & Loss Detail
January 1, 2024 through December 1, 2025

Type	Date	Num	Name	Memo	Clr	Split	Amount	Balance
Expense								
Bank Service fee								
Check	06/27/2025	debit	wire transfer fee	for joyrider tv i...		TD Bank Beach...	50.00	50.00
Check	08/20/2025	debit	ld credit card	rewards state...		TD Bank Beach...	-400.00	-350.00
Check	08/31/2025			Service Charge		TD Bank Beach...	3.00	-347.00
Total Bank Service fee							-347.00	-347.00
Business Expenses								
Business Registration Fees								
Check	05/23/2025	DEBIT	STATE OF SC SEC...	FORM LLC O...		South State bank	145.50	145.50
Check	05/23/2025	debit	STATE OF SC SEC...	joe personal visa		South State bank	124.00	269.50
Check	05/24/2025	debit	STATE OF SC SEC...	joe personal visa		South State bank	21.50	291.00
Check	05/26/2025	DEBIT	TAX ID FILING COST	ON TOBIN C...		South State bank	339.00	630.00
Check	05/28/2025	debit	IRS	tax id number ...		South State bank	339.00	969.00
Total Business Registration Fees							969.00	969.00
Total Business Expenses							969.00	969.00
Facilities and Equipment								
Check	10/26/2024	debit	beach house	staging room ...		South State bank	191.49	191.49
Check	10/26/2024	debit	beach house	staging room ...		South State bank	191.49	382.98
Check	02/04/2025	3122	EAST COAST SALE...	h 16 SAILS O...		South State bank	1,529.21	1,912.19
Check	03/09/2025	3141	TREY SUTHERLAND	HOBIE FX		South State bank	3,500.00	5,412.19
Check	04/10/2025	3145	coastal containers	out of TD pers...		South State bank	1,675.00	7,087.19
Check	07/21/2025	debit	venmo	hobie 16 boat ...		TD Bank Beach...	4,700.00	11,787.19
Total Facilities and Equipment							11,787.19	11,787.19
gift bags for sailors								
Check	11/20/2024	3089	mary hoover	promotional ex...		South State bank	517.76	517.76
Total gift bags for sailors							517.76	517.76
Housing rental for regatta week								
Check	06/30/2025	debit	vrbo			TD Bank Beach...	183.70	183.70
Total Housing rental for regatta week							183.70	183.70
Operations								
Supplies								
Check	03/06/2024	debit	murray's	inv. 36 hobie ...		South State bank	108.99	108.99
Check	05/07/2024	debit	murray's	inv. 85 tires		South State bank	255.00	363.99
Check	05/28/2024	debit	murray's	inv. 15 Hobie ...		South State bank	399.28	763.27
Check	06/03/2024	debit	murray's	inv. 02 H14 t...		South State bank	159.50	922.77
Check	06/05/2024	debit	murray's	inv. 34 parts b...		South State bank	430.12	1,352.89
Check	07/26/2024	debit	murray's	inv. 22 5.7		South State bank	135.00	1,487.89
Check	07/26/2024	debit	murray's	on credit card		South State bank	135.00	1,622.89
Check	08/08/2024	debit	murray's	inv. 16 parts ...		South State bank	49.99	1,672.88

Regatta Hilton Head Multi Hull
Profit & Loss Detail
January 1, 2024 through December 1, 2025

Type	Date	Num	Name	Memo	Clr	Split	Amount	Balance
Check	08/21/2024	debit	murray's	inv. 88 5.7		South State bank	703.50	2,376.38
Check	08/29/2024	debit	murray's	inv. 79 parts f...		South State bank	240.75	2,617.13
Check	09/05/2024	debit	builders source	sailing supplies		South State bank	55.50	2,672.63
Check	10/08/2024	debit	murray's	inv. 24 parts ...		South State bank	258.00	2,930.63
Check	10/21/2024	debit	Ebay	hobie 16 tram...		South State bank	330.00	3,260.63
Check	10/21/2024	debit	salty dog marina	on tobin credit ...		South State bank	35.90	3,296.53
Check	10/22/2024	debit	murrays	sailing parts s...		South State bank	44.00	3,340.53
Check	10/22/2024	debit	murray's	shackle bow a...		South State bank	174.00	3,514.53
Check	10/30/2024	debit	west marine	reimburse fran...		South State bank	203.30	3,717.83
Check	11/16/2024	debit	amazon -Square cred...	reimburse fran...		South State bank	9.63	3,727.46
Check	02/13/2025	debit	murray's	parts for wave ...		South State bank	331.00	4,058.46
Check	03/06/2025	debit	murray's	s224536 tiller ...		South State bank	108.99	4,167.45
Check	04/04/2025	debit	murray's	inv. 58 H20		South State bank	780.49	4,947.94
Check	04/16/2025	debit	west marine	on tobin visa		South State bank	87.97	5,035.91
Check	05/10/2025	debit	west marine	on joe persona...		South State bank	379.00	5,414.91
Check	05/12/2025	debit	west marine	on joe persona...		South State bank	115.00	5,529.91
Check	06/12/2025	debit	joe bill elwang	boat supplies t...		South State bank	500.00	6,029.91
Check	06/12/2025	3175	joe bill elwang	boat supplies ...		South State bank	500.00	6,529.91
Check	06/20/2025	debit	west marine			TD Bank Beach...	14.71	6,544.62
Check	06/23/2025	debit	west marine			TD Bank Beach...	91.14	6,635.76
Check	06/23/2025	debit	ace hardware			TD Bank Beach...	41.32	6,677.08
Check	06/26/2025	debit	amazon	attic fan for st...		TD Bank Beach...	307.29	6,984.37
Check	06/26/2025	debit	amazon	ceiling fan stor...		TD Bank Beach...	27.55	7,011.92
Check	06/27/2025	debit	amazon	deep water fis...		TD Bank Beach...	19.07	7,030.99
Check	07/14/2025	debit	west marine	fastener for boat		TD Bank Beach...	10.09	7,041.08
Check	08/20/2025	debit	td credit card	ace hardware		TD Bank Beach...	48.51	7,089.59
Check	08/20/2025	debit	td credit card	walmart		TD Bank Beach...	34.32	7,123.91
Check	08/20/2025	debit	td credit card	west marine		TD Bank Beach...	46.75	7,170.66
Total Supplies							7,170.66	7,170.66
Total Operations							7,170.66	7,170.66
Other Types of Expenses								
Other Costs								
Check	11/06/2024	debit	joseph vicars	music at regatta		South State bank	1,000.00	1,000.00
Total Other Costs							1,000.00	1,000.00
Total Other Types of Expenses							1,000.00	1,000.00
promotion								
Check	10/27/2024	debit	just the right thing LLC	paid tobin check		South State bank	3,818.87	3,818.87
Check	11/18/2024	debt	just the right thing LLC	paid tobin pers...		South State bank	951.50	4,770.37
Check	12/19/2024	3099	ringtail LLC	promotional vi...		South State bank	2,000.00	6,770.37
Check	06/27/2025	debit	joyrider TV	wire to joy ride...		TD Bank Beach...	4,000.00	10,770.37
Check	07/28/2025	debit	venmo	chris picknally ...		TD Bank Beach...	1,200.00	11,970.37
Total promotion							11,970.37	11,970.37

Regatta Hilton Head Multi Hull
Profit & Loss Detail
January 1, 2024 through December 1, 2025

Type	Date	Num	Name	Memo	Clr	Split	Amount	Balance
promotional signs								
Check	11/15/2024	debit	the great frame up	credit card rei...		South State bank	398.20	398.20
Check	11/15/2024	debit	fire and pine	reim francine ...		South State bank	1,262.25	1,660.45
Check	11/15/2024	debit	Randall Arts	reimburse fran...		South State bank	702.35	2,362.80
Check	11/19/2024	debit	fire and pine	reimburse tobi...		South State bank	623.70	2,986.50
Total promotional signs							2,986.50	2,986.50
race committee fees								
Check	10/27/2024	3068	mark newman	race committe...		South State bank	1,000.00	1,000.00
Total race committee fees							1,000.00	1,000.00
Regatta Network fees								
Check	11/15/2024	debit	the regatta network	francine credit...		South State bank	100.00	100.00
Check	05/10/2025	debit	regatta	on joe persona...		South State bank	125.00	225.00
Check	06/24/2025	debit	the regatta network	tappnier		TD Bank Beach...	200.00	425.00
Check	06/24/2025	debit	the regatta network			TD Bank Beach...	125.00	550.00
Check	06/25/2025	debit	the regatta network			TD Bank Beach...	340.00	890.00
Check	07/03/2025	debit	regatta network	herbkershman		TD Bank Beach...	200.00	1,090.00
Check	07/03/2025	debit	regatta network			TD Bank Beach...	200.00	1,290.00
Check	07/03/2025	debit	regatta network			TD Bank Beach...	200.00	1,490.00
Total Regatta Network fees							1,490.00	1,490.00
regatta weekend dinner/raciliti								
Check	11/15/2024	debit	The beach house	reimburse fran...		South State bank	9,639.57	9,639.57
Total regatta weekend dinner/raciliti							9,639.57	9,639.57
repairs of equipment								
Check	01/29/2025	3103	Jim castro	rudders nacra ...		South State bank	150.00	150.00
Check	05/05/2025	debit	home services and m...	shelving and fl...		South State bank	2,100.00	2,250.00
Total repairs of equipment							2,250.00	2,250.00
Travel and Meetings								
Conference, Convention, Meeting								
Check	07/14/2025	debit	street meet	meeting with ...		TD Bank Beach...	45.38	45.38
Check	08/20/2025	debit	td credit card	club seats me...		TD Bank Beach...	30.72	76.10
Total Conference, Convention, Meeting							76.10	76.10
Travel and Meetings - Other								
Check	08/20/2025	debit	td credit card	mixx on main ...		TD Bank Beach...	21.42	21.42
Check	08/20/2025	debit	td credit card	overnight for t...		TD Bank Beach...	562.13	583.55
Total Travel and Meetings - Other							583.55	583.55
Total Travel and Meetings							659.65	659.65

Regatta Hilton Head Multi Hull
Profit & Loss Detail
January 1, 2024 through December 1, 2025

Type	Date	Num	Name	Memo	Clr	Split	Amount	Balance
Trophies and prizes								
Check	11/16/2024	debit	amazon	amazon reim ...		South State bank	737.18	737.18
Total Trophies and prizes							737.18	737.18
Total Expense							52,014.58	52,014.58
Net Ordinary Income							31,775.03	31,775.03
Net Income							**31,775.03**	**31,775.03**

Regatta Hilton Head Multi Hull
Profit & Loss Detail
January through December 2024

Type	Date	Num	Name	Memo	Clr	Split	Amount	Balance
Ordinary Income/Expense								
Income								
Direct Public Support								
Corporate Contributions								
Deposit	12/09/2024	dep	ace hardware	sponsorship		South State bank	1,200.00	1,200.00
Deposit	12/31/2024	dep	Jim buser	sponsorship		South State bank	500.00	1,700.00
Total Corporate Contributions							1,700.00	1,700.00
Direct Public Support - Other								
Deposit	11/05/2024	dep	Sponsor and sailor fe...	Deposit		South State bank	13,555.40	13,555.40
Total Direct Public Support - Other							13,555.40	13,555.40
Total Direct Public Support							15,255.40	15,255.40
Program Income								
Deposit	11/05/2024	dep	square account dinne...	dinner guests ...		South State bank	389.87	389.87
Deposit	11/15/2024	dep	dinner tickets	cash collected...		South State bank	200.00	589.87
Total Program Income							589.87	589.87
Total Income							15,845.27	15,845.27
Expense								
Facilities and Equipment								
Check	10/26/2024	debit	beach house	staging room ...		South State bank	191.49	191.49
Check	10/26/2024	debit	beach house	staging room ...		South State bank	191.49	382.98
Total Facilities and Equipment							382.98	382.98
gift bags for sailors								
Check	11/20/2024	3089	mary hoover	promotional ex...		South State bank	517.76	517.76
Total gift bags for sailors							517.76	517.76
Operations								
Supplies								
Check	03/06/2024	debit	murray's	inv. 36 hobie ...		South State bank	108.99	108.99
Check	05/07/2024	debit	murray's	inv. 85 tires		South State bank	255.00	363.99
Check	05/28/2024	debit	murray's	inv. 15 Hobie ...		South State bank	399.28	763.27
Check	06/03/2024	debit	murray's	inv, 02 H14 t...		South State bank	159.50	922.77
Check	06/05/2024	debit	murray's	inv. 34 parts b...		South State bank	430.12	1,352.89
Check	07/26/2024	debit	murray's	inv. 22 5.7		South State bank	135.00	1,487.89
Check	07/26/2024	debit	murray's	on credit card		South State bank	135.00	1,622.89
Check	08/08/2024	debit	murray's	inv. 16 parts ...		South State bank	49.99	1,672.88
Check	08/21/2024	debit	murray's	inv. 88 5.7		South State bank	703.50	2,376.38
Check	08/29/2024	debit	murray's	inv. 79 parts f...		South State bank	240.75	2,617.13
Check	09/05/2024	debit	builders source	sailing supplies		South State bank	55.50	2,672.63
Check	10/08/2024	debit	murray's	inv. 24 parts ...		South State bank	258.00	2,930.63
Check	10/21/2024	debit	Ebay	hobie 16 tram...		South State bank	330.00	3,260.63

Regatta Hilton Head Multi Hull
Profit & Loss Detail
January through December 2024

Type	Date	Num	Name	Memo	Clr	Split	Amount	Balance
Check	10/21/2024	debit	salty dog marina	on tobin credit ...		South State bank	35.90	3,296.53
Check	10/22/2024	debit	murrays	sailing parts s...		South State bank	44.00	3,340.53
Check	10/22/2024	debit	murray's	shackle bow a...		South State bank	174.00	3,514.53
Check	10/30/2024	debit	west marine	reimburse fran...		South State bank	203.30	3,717.83
Check	11/16/2024	debit	amazon -Square cred...	reimburse fran...		South State bank	9.63	3,727.46
Total Supplies							3,727.46	3,727.46
Total Operations							3,727.46	3,727.46
Other Types of Expenses								
Other Costs								
Check	11/06/2024	debit	joseph vicars	music at regatta		South State bank	1,000.00	1,000.00
Total Other Costs							1,000.00	1,000.00
Total Other Types of Expenses							1,000.00	1,000.00
promotion								
Check	10/27/2024	debit	just the right thing LLC	paid tobin check		South State bank	3,818.87	3,818.87
Check	11/18/2024	debt	just the right thing LLC	paid tobin pers...		South State bank	951.50	4,770.37
Check	12/19/2024	3099	ringtail LLC	promotional vi...		South State bank	2,000.00	6,770.37
Total promotion							6,770.37	6,770.37
promotional signs								
Check	11/15/2024	debit	the great frame up	credit card rei...		South State bank	398.20	398.20
Check	11/15/2024	debit	fire and pine	reim francine ...		South State bank	1,262.25	1,660.45
Check	11/15/2024	debit	Randall Arts	reimburse fran...		South State bank	702.35	2,362.80
Check	11/19/2024	debit	fire and pine	reimburse tobi...		South State bank	623.70	2,986.50
Total promotional signs							2,986.50	2,986.50
race committee fees								
Check	10/27/2024	3068	mark newman	race committe...		South State bank	1,000.00	1,000.00
Total race committee fees							1,000.00	1,000.00
Regatta Network fees								
Check	11/15/2024	debit	the regatta network	francine credit...		South State bank	100.00	100.00
Total Regatta Network fees							100.00	100.00
regatta weekend dinner/raciliti								
Check	11/15/2024	debit	The beach house	reimburse fran...		South State bank	9,639.57	9,639.57
Total regatta weekend dinner/raciliti							9,639.57	9,639.57

Regatta Hilton Head Multi Hull
Profit & Loss Detail
January through December 2024

Type	Date	Num	Name	Memo	Clr	Split	Amount	Balance
Trophies and prizes								
Check	11/16/2024	debit	amazon	amazon reim ...		South State bank	737.18	737.18
Total Trophies and prizes							737.18	737.18
Total Expense							26,861.82	26,861.82
Net Ordinary Income							-11,016.55	-11,016.55
Net Income							**-11,016.55**	**-11,016.55**

Regatta Hilton Head Multi Hull
Balance Sheet Detail
As of December 31, 2024

Type	Date	Num	Name	Memo	Clr	Split	Amount	Balance
ASSETS								0.00
Current Assets								0.00
Checking/Savings								0.00
Community Foundation Account								0.00
Total Community Foundation Account								0.00
South State bank								0.00
Check	03/06/2024	debit	murray's	inv. 36 hobie ...		Supplies	-108.99	-108.99
Check	05/07/2024	debit	murray's	inv. 85 tires		Supplies	-255.00	-363.99
Check	05/28/2024	debit	murray's	inv. 15 Hobie ...		Supplies	-399.28	-763.27
Check	06/03/2024	debit	murray's	inv, 02 H14 t...		Supplies	-159.50	-922.77
Check	06/05/2024	debit	murray's	inv. 34 parts b...		Supplies	-430.12	-1,352.89
Check	07/26/2024	debit	murray's	inv. 22 5.7		Supplies	-135.00	-1,487.89
Check	07/26/2024	debit	murray's	on credit card		Supplies	-135.00	-1,622.89
Check	08/08/2024	debit	murray's	inv. 16 parts ...		Supplies	-49.99	-1,672.88
Check	08/21/2024	debit	murray's	inv. 88 5.7		Supplies	-703.50	-2,376.38
Check	08/29/2024	debit	murray's	inv. 79 parts f...		Supplies	-240.75	-2,617.13
Check	09/05/2024	debit	builders source	sailing supplies		Supplies	-55.50	-2,672.63
Check	10/08/2024	debit	murray's	inv. 24 parts ...		Supplies	-258.00	-2,930.63
Check	10/21/2024	debit	Ebay	hobie 16 tram...		Supplies	-330.00	-3,260.63
Check	10/21/2024	debit	salty dog marina	on tobin credit ...		Supplies	-35.90	-3,296.53
Check	10/22/2024	debit	murrays	sailing parts s...		Supplies	-44.00	-3,340.53
Check	10/22/2024	debit	murray's	shackle bow a...		Supplies	-174.00	-3,514.53
Check	10/26/2024	debit	beach house	staging room ...		Facilities and E...	-191.49	-3,706.02
Check	10/26/2024	debit	beach house	staging room ...		Facilities and E...	-191.49	-3,897.51
Check	10/27/2024	3068	mark newman	race committe...		race committee ...	-1,000.00	-4,897.51
Check	10/27/2024	debit	just the right thing LLC	paid tobin check		promotion	-3,818.87	-8,716.38
Check	10/30/2024	debit	west marine	reimburse fran...		Supplies	-203.30	-8,919.68
Deposit	11/05/2024	dep	Sponsor and sailor fe...	Deposit		Direct Public S...	13,555.40	4,635.72
Deposit	11/05/2024	dep	square account dinne...	dinner guests ...		Program Income	389.87	5,025.59
Check	11/06/2024	debit	joseph vicars	music at regatta		Other Costs	-1,000.00	4,025.59
Deposit	11/15/2024	dep	dinner tickets	cash collected...		Program Income	200.00	4,225.59
Check	11/15/2024	debit	the regatta network	francine credit...		Regatta Networ...	-100.00	4,125.59
Check	11/15/2024	debit	the great frame up	credit card rei...		promotional signs	-398.20	3,727.39
Check	11/15/2024	debit	fire and pine	reim francine ...		promotional signs	-1,262.25	2,465.14
Check	11/15/2024	debit	Randall Arts	reimburse fran...		promotional signs	-702.35	1,762.79
Check	11/15/2024	debit	The beach house	reimburse fran...		regatta weeken...	-9,639.57	-7,876.78
Check	11/16/2024	debit	amazon	amazon reim		Trophies and pr...	-737.18	-8,613.96
Check	11/16/2024	debit	amazon -Square cred...	reimburse fran...		Supplies	-9.63	-8,623.59
Check	11/18/2024	debt	just the right thing LLC	paid tobin pers...		promotion	-951.50	-9,575.09
Check	11/19/2024	debit	fire and pine	reimburse tobi...		promotional signs	-623.70	-10,198.79
Check	11/20/2024	3089	mary hoover	promotional ex...		gift bags for sail...	-517.76	-10,716.55
Deposit	12/09/2024	dep	ace hardware	sponsorship		Corporate Cont...	1,200.00	-9,516.55
Check	12/19/2024	3099	ringtail LLC	promotional vi...		promotion	-2,000.00	-11,516.55
Deposit	12/31/2024	dep	Jim buser	sponsorship		Corporate Cont...	500.00	-11,016.55
Total South State bank							-11,016.55	-11,016.55

Regatta Hilton Head Multi Hull
Balance Sheet Detail
As of December 31, 2024

Type	Date	Num	Name	Memo	Clr	Split	Amount	Balance
TD Bank Beach Cat Sailorsx9766								0.00
Total TD Bank Beach Cat Sailorsx9766								0.00
Total Checking/Savings							-11,016.55	-11,016.55
Accounts Receivable								0.00
Total Accounts Receivable								0.00
Other Current Assets								0.00
Total Other Current Assets								0.00
Total Current Assets							-11,016.55	-11,016.55
Fixed Assets								0.00
Furniture and Equipment								0.00
STORAGE UNIT for EQUIPMENT								0.00
Total STORAGE UNIT for EQUIPMENT								0.00
Furniture and Equipment - Other								0.00
Total Furniture and Equipment - Other								0.00
Total Furniture and Equipment								0.00
Total Fixed Assets								0.00
Other Assets								0.00
Marketable Securities								0.00
Total Marketable Securities								0.00
Other Assets								0.00
Total Other Assets								0.00
Security Deposits Asset								0.00
Total Security Deposits Asset								0.00
Total Other Assets								0.00
TOTAL ASSETS							**-11,016.55**	**-11,016.55**
LIABILITIES & EQUITY								0.00
Liabilities								0.00
Current Liabilities								0.00
Accounts Payable								0.00
Total Accounts Payable								0.00
Credit Cards								0.00
Total Credit Cards								0.00

Regatta Hilton Head Multi Hull
Balance Sheet Detail
As of December 31, 2024

Type	Date	Num	Name	Memo	Clr	Split	Amount	Balance
Other Current Liabilities								0.00
Payroll Liabilities								0.00
Total Payroll Liabilities								0.00
Total Other Current Liabilities								0.00
Total Current Liabilities								0.00
Long Term Liabilities								0.00
Other Liabilities								0.00
Total Other Liabilities								0.00
Total Long Term Liabilities								0.00
Total Liabilities								0.00
Equity								0.00
Opening Balance Equity								0.00
Total Opening Balance Equity								0.00
Perm. Restricted Net Assets								0.00
Total Perm. Restricted Net Assets								0.00
Temp. Restricted Net Assets								0.00
Total Temp. Restricted Net Assets								0.00
Unrestricted Net Assets								0.00
Total Unrestricted Net Assets								0.00
Net Income								0.00
Total Net Income							-11,016.55	-11,016.55
Total Equity							-11,016.55	-11,016.55
TOTAL LIABILITIES & EQUITY							**-11,016.55**	**-11,016.55**

COMMUNITY FOUNDATION
OF THE LOWCOUNTRY

August 28, 2025

To Whom It May Concern,

Please be advised that the Beach Cats Sailors of HHI, Inc. - Multihull Sailing Fund is a fund of the Community Foundation of the Lowcountry, Inc. As such, charitable donations and grants may be received into the Beach Cats Sailors of HHI, Inc. - Multihull Sailing Fund of the Community Foundation of the Lowcountry under the Community Foundation's 501(c)3.

The Community Foundation of the Lowcountry's tax id is 57-0756987. If you have any questions or concerns regarding this matter, please feel free to contact me with any questions or concerns at lvargasprada@cf-lowcountry.org.

Sincerely,

Leslie Vargas-Prada
Donor Services Associate

LVP/lvp

Form **990**

Return of Organization Exempt From Income Tax

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

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

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

OMB No. 1545-0047

2023

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

A For the 2023 calendar year, or tax year beginning 07/01 , 2023, and ending 06/30 , 20 24

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

C Name of organization COMMUNITY FOUNDATION OF THE LOWCOUNTRY,

Doing business as

Number and street (or P.O. box if mail is not delivered to street address) 4 NORTHRIDGE DRIVE

Room/suite

City or town, state or province, country, and ZIP or foreign postal code HILTON HEAD ISLAND, SC 29925

D Employer identification number 57-0756987

E Telephone number (843) 681-9100

G Gross receipts $ 16,873,060

F Name and address of principal officer: NICOLE CHARLES
SAME AS C ABOVE

H(a) Is this a group return for subordinates? ☐ Yes ☑ No

H(b) Are all subordinates included? ☐ Yes ☐ No

If "No," attach a list. See instructions.

H(c) Group exemption number

I Tax-exempt status: ☑ 501(c)(3) ☐ 501(c) ( ) (insert no.) ☐ 4947(a)(1) or ☐ 527

J Website: WWW.CF-LOWCOUNTRY.ORG

K Form of organization: ☑ Corporation ☐ Trust ☐ Association ☐ Other

L Year of formation: 1994

M State of legal domicile: SC

Part I Summary

Activities & Governance

1 Briefly describe the organization's mission or most significant activities: THE COMMUNITY FOUNDATION'S MISSION IS STRENGTHENING COMMUNITY BY CONNECTING PEOPLE, RESOURCES, AND NEEDS.

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

3	Number of voting members of the governing body (Part VI, line 1a)	3	16
4	Number of independent voting members of the governing body (Part VI, line 1b)	4	16
5	Total number of individuals employed in calendar year 2023 (Part V, line 2a)	5	16
6	Total number of volunteers (estimate if necessary)	6	150
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

		Prior Year	Current Year
8	Contributions and grants (Part VIII, line 1h)	11,588,712	14,282,263
9	Program service revenue (Part VIII, line 2g)	1,285,307	1,310,226
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	1,118,351	1,269,222
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	(168,233)	(144,988)
12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	13,824,137	16,716,723

Expenses

13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	10,966,328	9,775,662
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)	1,129,584	1,267,692
16a	Professional fundraising fees (Part IX, column (A), line 11e)	0	0
b	Total fundraising expenses (Part IX, column (D), line 25) 223,026		
17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	2,983,887	3,159,558
18	Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	15,079,799	14,202,912
19	Revenue less expenses. Subtract line 18 from line 12	(1,255,662)	2,513,811

Net Assets or Fund Balances

		Beginning of Current Year	End of Year
20	Total assets (Part X, line 16)	80,288,803	89,904,103
21	Total liabilities (Part X, line 26)	5,564,270	5,682,590
22	Net assets or fund balances. Subtract line 21 from line 20	74,724,533	84,221,513

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 — Date

NICOLE CHARLES, VICE PRESIDENT FOR FINANCE & ADMIN
Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check ☐ if self-employed	PTIN
AMY BIBBY	AMY BIBBY	05/08/2025		P00445891

Firm's name FORVIS MAZARS, LLP — Firm's EIN 44-0160260

Firm's address 500 RIDGEFIELD COURT , ASHEVILLE, NC 28806 — Phone no. (828) 254-2254

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

For Paperwork Reduction Act Notice, see the separate instructions. Cat. No. 11282Y Form **990** (2023)

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:

THE COMMUNITY FOUNDATION'S MISSION IS STRENGTHENING COMMUNITY BY CONNECTING PEOPLE, RESOURCES, AND NEEDS.

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 $ 12,635,900 including grants of $ 9,775,662) (Revenue $ 1,311,911)

COMMUNITY FOUNDATION OF THE LOWCOUNTRY MADE MANY GRANTS TO NONPROFIT ORGANIZATIONS; THE MAJORITY OF THESE ORGANIZATIONS SERVE TO ENHANCE THE QUALITY OF LIFE FOR CITIZENS IN THE SOUTH CAROLINA LOWCOUNTRY. COMMUNITY FOUNDATION OF THE LOWCOUNTRY PROVIDES COMMUNITY LEADERSHIP THROUGH PROVIDING INFORMATION, ORGANIZATION DEVELOPMENT, NETWORKING, AND CONVENINGS IN SUPPORT OF THE NONPROFIT SECTOR IN ITS REGION.

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

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

4d Other program services (Describe on Schedule O.)
(Expenses $ including grants of $) (Revenue $)

4e Total program service expenses 12,635,900

PUBLIC DISCLOSURE COPY

** PUBLIC DISCLOSURE COPY **

Return of Organization Exempt From Income Tax

Form **990**

Department of the Treasury
Internal Revenue Service

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)
Do not enter social security numbers on this form as it may be made public.
Go to www.irs.gov/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 JUL 1, 2022 **and ending** JUN 30, 2023

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

C Name of organization
COMMUNITY FOUNDATION OF THE LOWCOUNTRY, INC

Doing business as

Number and street (or P.O. box if mail is not delivered to street address) | Room/suite
4 NORTHRIDGE DRIVE, STE A

City or town, state or province, country, and ZIP or foreign postal code
HILTON HEAD ISLAND, SC 29925

F Name and address of principal officer: NICOLE CHARLES
SAME AS C ABOVE

D Employer identification number
57-0756987

E Telephone number
(843) 681-9100

G Gross receipts $ 14,006,391.

H(a) Is this a group return for subordinates? ☐ Yes ☒ No

H(b) Are all subordinates included? ☐ Yes ☐ No
If "No," attach a list. See instructions

H(c) Group exemption number

I Tax-exempt status: ☒ 501(c)(3) ☐ 501(c) ( ) (insert no.) ☐ 4947(a)(1) or ☐ 527

J Website: WWW.CF-LOWCOUNTRY.ORG

K Form of organization: ☒ Corporation ☐ Trust ☐ Association ☐ Other

L Year of formation: 1994 **M** State of legal domicile: SC

Part I Summary

Activities & Governance

1 Briefly describe the organization's mission or most significant activities: THE COMMUNITY FOUNDATION'S MISSION IS STRENGTHENING COMMUNITY BY CONNECTING PEOPLE, RESOURCES,

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

3	Number of voting members of the governing body (Part VI, line 1a)	3	15
4	Number of independent voting members of the governing body (Part VI, line 1b)	4	15
5	Total number of individuals employed in calendar year 2022 (Part V, line 2a)	5	15
6	Total number of volunteers (estimate if necessary)	6	125
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

		Prior Year	Current Year
8	Contributions and grants (Part VIII, line 1h)	24,174,493.	11,588,712.
9	Program service revenue (Part VIII, line 2g)	1,373,220.	1,285,307.
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	2,246,267.	1,118,351.
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	-33,470.	-168,233.
12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	27,760,510.	13,824,137.

Expenses

13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	7,939,448.	10,966,328.
14	Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	1,104,008.	1,129,584.
16a	Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.
b	Total fundraising expenses (Part IX, column (D), line 25) 229,114.		
17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	3,072,835.	2,983,887.
18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	12,116,291.	15,079,799.
19	Revenue less expenses. Subtract line 18 from line 12	15,644,219.	-1,255,662.

Net Assets or Fund Balances

		Beginning of Current Year	End of Year
20	Total assets (Part X, line 16)	75,355,203.	80,288,803.
21	Total liabilities (Part X, line 26)	4,628,234.	5,564,270.
22	Net assets or fund balances. Subtract line 21 from line 20	70,726,969.	74,724,533.

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

Nicole Charles — Signature of officer — Date: 05/14/2024

NICOLE CHARLES, VICE PRESIDENT FOR FINANCE & ADMIN — Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check if self-employed	PTIN
AMY BIBBY	AMY BIBBY	05/13/24	☐	P00445891

Firm's name FORVIS, LLP — Firm's EIN 44-0160260

Firm's address 500 RIDGEFIELD COURT, ASHEVILLE, NC 28806 — Phone no. (828) 254-2254

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

SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

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:
THE COMMUNITY FOUNDATION'S MISSION IS STRENGTHENING COMMUNITY BY CONNECTING PEOPLE, RESOURCES, AND NEEDS.

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 $ 13,471,291. including grants of $ 10,966,328.) (Revenue $ 1,299,328.)
COMMUNITY FOUNDATION OF THE LOWCOUNTRY MADE MANY GRANTS TO NONPROFIT ORGANIZATIONS; THE MAJORITY OF THESE ORGANIZATIONS SERVE TO ENHANCE THE QUALITY OF LIFE FOR CITIZENS IN THE SOUTH CAROLINA LOWCOUNTRY. COMMUNITY FOUNDATION OF THE LOWCOUNTRY PROVIDES COMMUNITY LEADERSHIP THROUGH PROVIDING INFORMATION, ORGANIZATION DEVELOPMENT, NETWORKING, AND CONVENINGS IN SUPPORT OF THE NONPROFIT SECTOR IN ITS REGION.

4b (Code: _____) (Expenses $ _____ including grants of $ _____) (Revenue $ _____)
COMMUNITY FOUNDATION OF THE LOWCOUNTRY'S FUND ADMINISTRATIVE FEES AND OFFICE EXPENSES ARE USED TO MAINTAIN CURRENT FUNDS AND FURTHER THE PROCESS OF EVALUATING AND AWARDING GRANT MONEY TO DESERVING CHARITIES.

4c (Code: _____) (Expenses $ _____ including grants of $ _____) (Revenue $ _____)
THE FOUNDATION'S ADDITIONAL PROGRAM EXPENSES AID THE FOUNDATION IN ALIGNING THEIR FUNCTIONS WITH THE MISSION.

4d Other program services (Describe on Schedule O.)
(Expenses $ _____ including grants of $ _____) (Revenue $ _____)

4e Total program service expenses 13,471,291.

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? *If "Yes," complete Schedule A*	1	X	
2	Is the organization required to complete *Schedule B, Schedule of Contributors*? See instructions	2	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*	3		X
4	**Section 501(c)(3) organizations.** Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? *If "Yes," complete Schedule C, Part II*	4		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Rev. Proc. 98-19? *If "Yes," complete Schedule C, Part III*	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? *If "Yes," complete Schedule D, Part I*	6	X	
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? *If "Yes," complete Schedule D, Part II*	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? *If "Yes," complete Schedule D, Part III*	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? *If "Yes," complete Schedule D, Part IV*	9		X
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? *If "Yes," complete Schedule D, Part V*	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X, as applicable.			
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? *If "Yes," complete Schedule D, Part VI*	11a	X	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VII*	11b		X
c	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VIII*	11c		X
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part IX*	11d		X
e	Did the organization report an amount for other liabilities in Part X, line 25? *If "Yes," complete Schedule D, Part X*	11e	X	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? *If "Yes," complete Schedule D, Part X*	11f	X	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? *If "Yes," complete Schedule D, Parts XI and XII*	12a		X
b	Was the organization included in consolidated, independent audited financial statements for the tax year? *If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional*	12b	X	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? *If "Yes," complete Schedule E*	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than $10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at $100,000 or more? *If "Yes," complete Schedule F, Parts I and IV*	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than $5,000 of grants or other assistance to or for any foreign organization? *If "Yes," complete Schedule F, Parts II and IV*	15		X
16	Did the organization report on Part IX, column (A), line 3, more than $5,000 of aggregate grants or other assistance to or for foreign individuals? *If "Yes," complete Schedule F, Parts III and IV*	16		X
17	Did the organization report a total of more than $15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? *If "Yes," complete Schedule G, Part I.* See instructions	17		X
18	Did the organization report more than $15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? *If "Yes," complete Schedule G, Part II*	18	X	
19	Did the organization report more than $15,000 of gross income from gaming activities on Part VIII, line 9a? *If "Yes," complete Schedule G, Part III*	19		X
20a	Did the organization operate one or more hospital facilities? *If "Yes," complete Schedule H*	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than $5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? *If "Yes," complete Schedule I, Parts I and II*	21	X	

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? *If "Yes," complete Schedule I, Parts I and III*	22	X	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? *If "Yes," complete Schedule J*	23	X	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than $100,000 as of the last day of the year, that was issued after December 31, 2002? *If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a*	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
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?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	**Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.** Did the organization engage in an excess benefit transaction with a disqualified person during the year? *If "Yes," complete Schedule L, Part I*	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? *If "Yes," complete Schedule L, Part I*	25b		X
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? *If "Yes," complete Schedule L, Part II*	26		X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? *If "Yes," complete Schedule L, Part III*	27		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? *If "Yes," complete Schedule L, Part IV*	28a		X
b	A family member of any individual described in line 28a? *If "Yes," complete Schedule L, Part IV*	28b		X
c	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? *If "Yes," complete Schedule L, Part IV*	28c		X
29	Did the organization receive more than $25,000 in non-cash contributions? *If "Yes," complete Schedule M*	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? *If "Yes," complete Schedule M*	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? *If "Yes," complete Schedule N, Part I*	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? *If "Yes," complete Schedule N, Part II*	32		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? *If "Yes," complete Schedule R, Part I*	33		X
34	Was the organization related to any tax-exempt or taxable entity? *If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1*	34	X	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		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)? *If "Yes," complete Schedule R, Part V, line 2*	35b		
36	**Section 501(c)(3) organizations.** Did the organization make any transfers to an exempt non-charitable related organization? *If "Yes," complete Schedule R, Part V, line 2*	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? *If "Yes," complete Schedule R, Part VI*	37		X
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? **Note:** All Form 990 filers are required to complete Schedule O	38	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	1a	39		
b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable	1b	0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c		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** 15			
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**		X
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**		X
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**		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	**7f**		X
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 the 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, or 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 X

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	1a	15		
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O.				
b	Enter the number of voting members included on line 1a, above, who are independent	1b	15		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2			X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?	3			X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4			X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5			X
6	Did the organization have members or stockholders?	6			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?	7a			X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b			X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:				
a	The governing body?	8a		X	
b	Each committee with authority to act on behalf of the governing body?	8b		X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? *If "Yes," provide the names and addresses on Schedule O*	9			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?	10a		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	X	
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Did the organization have a written conflict of interest policy? *If "No," go to line 13*	12a	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? *If "Yes," describe on Schedule O how this was done*	12c	X	
13	Did the organization have a written whistleblower policy?	13	X	
14	Did the organization have a written document retention and destruction policy?	14	X	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
a	The organization's CEO, Executive Director, or top management official	15a	X	
b	Other officers or key employees of the organization	15b	X	
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	16b		

Section C. Disclosure

17 List the states with which a copy of this Form 990 is required to be filed AL,AK,AR,CA,CO,CT,DC,FL,GA,IL,KS,KY

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.

X Own website X Another's website X Upon request ☐ Other *(explain on Schedule O)*

19 Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and 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

NICOLE CHARLES - 843.681.9100

4 NORTHRIDGE DRIVE, STE A, HILTON HEAD ISLAND, SC 29925

SEE SCHEDULE O FOR FULL LIST OF STATES

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

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

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

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

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See the instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, 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 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) WIERMAN, SCOTT PRESIDENT AND CEO	40.00			X				254,206.	0.	8,766.
(2) CHARLES, NICOLE VP FOR FINANCE AND ADMINISTRATION	40.00			X				97,917.	0.	0.
(3) ROSSWURM, JAQUELINE CHAIR	2.00	X		X				0.	0.	0.
(4) MAHONY, SHEILA VICE CHAIR	2.00	X		X				0.	0.	0.
(5) MOERI, PAUL TREASURER	2.00	X		X				0.	0.	0.
(6) PANU, AL SECRETARY	2.00	X		X				0.	0.	0.
(7) BLOCK, GEOFF BOARD MEMBER	2.00	X						0.	0.	0.
(8) CURL, YVONNE BOARD MEMBER	2.00	X						0.	0.	0.
(9) DIMMLING, ARNO BOARD MEMBER	2.00	X						0.	0.	0.
(10) EVANS, STEPHEN BOARD MEMBER	2.00	X						0.	0.	0.
(11) FLETCHER, DOUG BOARD MEMBER	2.00	X						0.	0.	0.
(12) LEVY, JOHN BOARD MEMBER	2.00	X						0.	0.	0.
(13) HUNTER, TRAY BOARD MEMBER	2.00	X						0.	0.	0.
(14) PETERSON, SHIRLEY BOARD MEMBER	2.00	X						0.	0.	0.
(15) ROSENBLUM, DAVID BOARD MEMBER	2.00	X						0.	0.	0.
(16) TAYLOR, LYNN JENNINGS BOARD MEMBER	2.00	X						0.	0.	0.
(17) WARD, ALLEN BOARD MEMBER	2.00	X						0.	0.	0.

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 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			
(18) WARD, DAFINA BOARD MEMBER	2.00	X						0.	0.	0.
(19) WETMORE, DOUG BOARD MEMBER	2.00	X						0.	0.	0.
(20) WYCOFF, MICHELLE BOARD MEMBER	2.00	X						0.	0.	0.
1b Subtotal								352,123.	0.	8,766.
c Total from continuation sheets to Part VII, Section A								0.	0.	0.
d Total (add lines 1b and 1c)								352,123.	0.	8,766.

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 2

		Yes	No
3	Did the organization list any **former** officer, director, trustee, key employee, or highest compensated employee on line 1a? *If "Yes," complete Schedule J for such individual*		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? *If "Yes," complete Schedule J for such individual*	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? *If "Yes," complete Schedule J for such person*		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
NONE		

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	107,485.				
	c Fundraising events	1c	25,253.				
	d Related organizations	1d					
	e Government grants (contributions)	1e	833,370.				
	f All other contributions, gifts, grants, and similar amounts not included above	1f	10,622,604.				
	g Noncash contributions included in lines 1a-1f	1g	$				
	h **Total.** Add lines 1a-1f			11,588,712.			
Program Service Revenue		Business Code					
	2a ADMINISTRATIVE FEE INCOME	522299		918,955.	918,955.		
	b HHIF ADMIN FEE INCOME	522299		280,000.	280,000.		
	c ADMIN FUND INCOME	522299		86,352.	86,352.		
	d						
	e						
	f All other program service revenue						
	g **Total.** Add lines 2a-2f			1,285,307.			
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)			926,780.			926,780.
	4 Income from investment of tax-exempt bond proceeds						
	5 Royalties						
		(i) Real	(ii) Personal				
	6a Gross rents 6a	15,542.					
	b Less: rental expenses 6b	0.					
	c Rental income or (loss) 6c	15,542.					
	d Net rental income or (loss)			15,542.	15,542.		
		(i) Securities	(ii) Other				
	7a Gross amount from sales of assets other than inventory 7a	191,571.					
	b Less: cost or other basis and sales expenses 7b	0.					
	c Gain or (loss) 7c	191,571.					
	d Net gain or (loss)			191,571.			191,571.
	8a Gross income from fundraising events (not including $ 25,253. of contributions reported on line 1c). See Part IV, line 18		8a 0.				
	b Less: direct expenses		8b 182,254.				
	c Net income or (loss) from fundraising events			-182,254.			-182,254.
	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				
	b Less: cost of goods sold		10b				
	c Net income or (loss) from sales of inventory						
Miscellaneous Revenue		Business Code					
	11a MISCELLANEOUS	900099		-1,521.	-1,521.		
	b						
	c						
	d All other revenue						
	e **Total.** Add lines 11a-11d			-1,521.			
	12 **Total revenue.** See instructions			13,824,137.	1,299,328.	0.	936,097.

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	10,547,701.	10,547,701.		
2 Grants and other assistance to domestic individuals. See Part IV, line 22	418,627.	418,627.		
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	339,472.	99,426.	140,620.	99,426.
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	578,654.	115,731.	376,125.	86,798.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9 Other employee benefits	141,996.	33,276.	79,919.	28,801.
10 Payroll taxes	69,462.	16,278.	39,095.	14,089.
11 Fees for services (nonemployees):				
a Management				
b Legal	13,066.		13,066.	
c Accounting	82,071.		82,071.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	275,310.		275,310.	
g Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch O.)	345,144.	345,144.		
12 Advertising and promotion	109,288.	109,288.		
13 Office expenses	182,869.		182,869.	
14 Information technology	10,091.		10,091.	
15 Royalties				
16 Occupancy	8,134.		8,134.	
17 Travel	3,821.	3,821.		
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	4,013.		4,013.	
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	37,215.		37,215.	
23 Insurance	33,687.		33,687.	
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 PROGRAM EXPENSES	947,591.	947,591.		
b FUND ADMINISTRATIVE FEE	802,970.	802,970.		
c ADMIN SPENDABLE TO OPER	86,352.		86,352.	
d DONOR FUNCTIONS	15,437.	15,437.		
e All other expenses	26,828.	16,001.	10,827.	
25 **Total functional expenses.** Add lines 1 through 24e	15,079,799.	13,471,291.	1,379,394.	229,114.
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 ☐ 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	2,837,567.	1	2,773,132.
	2	Savings and temporary cash investments		2	
	3	Pledges and grants receivable, net	140,000.	3	140,000.
	4	Accounts receivable, net		4	
	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	37,924.	9	9,408.
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D — 10a: 1,245,482.			
	b	Less: accumulated depreciation — 10b: 1,029,816.	249,055.	10c	215,666.
	11	Investments - publicly traded securities	72,085,368.	11	77,145,308.
	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	5,289.	15	5,289.
	16	**Total assets.** Add lines 1 through 15 (must equal line 33)	75,355,203.	16	80,288,803.
Liabilities	17	Accounts payable and accrued expenses	139,541.	17	453,432.
	18	Grants payable	132,450.	18	457,460.
	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	4,356,243.	25	4,653,378.
	26	**Total liabilities.** Add lines 17 through 25	4,628,234.	26	5,564,270.
Net Assets or Fund Balances		**Organizations that follow FASB ASC 958, check here** ☒ **and complete lines 27, 28, 32, and 33.**			
	27	Net assets without donor restrictions	70,586,969.	27	74,584,533.
	28	Net assets with donor restrictions	140,000.	28	140,000.
		Organizations that do not follow FASB ASC 958, check here ☐ **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	70,726,969.	32	74,724,533.
	33	Total liabilities and net assets/fund balances	75,355,203.	33	80,288,803.

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	13,824,137.
2	Total expenses (must equal Part IX, column (A), line 25)	2	15,079,799.
3	Revenue less expenses. Subtract line 2 from line 1	3	-1,255,662.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	70,726,969.
5	Net unrealized gains (losses) on investments	5	5,409,896.
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	-156,670.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	74,724,533.

Part XII Financial Statements and Reporting

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

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

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

2022

Open to Public Inspection

Name of the organization	Employer identification number
COMMUNITY FOUNDATION OF THE LOWCOUNTRY, INC	57-0756987

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 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 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? Yes	(iv) No	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
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) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	5727166.	6822132.	6999002.	24174493.	11588712.	55311505.
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	5727166.	6822132.	6999002.	24174493.	11588712.	55311505.
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)						14775832.
6 **Public support.** Subtract line 5 from line 4.						40535673.

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
7 Amounts from line 4	5727166.	6822132.	6999002.	24174493.	11588712.	55311505.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	1617453.	1252857.	1056899.	2247267.	926,780.	7101256.
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.)				9,617.		9,617.
11 **Total support.** Add lines 7 through 10						62422378.

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** ☐

Section C. Computation of Public Support Percentage

14 Public support percentage for 2022 (line 6, column (f), divided by line 11, column (f))	14	64.94 %
15 Public support percentage from 2021 Schedule A, Part II, line 14	15	62.00 %

16a **33 1/3% support test - 2022.** 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 ☒

b **33 1/3% support test - 2021.** 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 ☐

17a **10% -facts-and-circumstances test - 2022.** 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 ☐

b **10% -facts-and-circumstances test - 2021.** 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 ☐

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 ☐

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) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 **Total.** Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of $5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 **Public support.** (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 **Total support.** (Add lines 9, 10c, 11, and 12.)						

14 **First 5 years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here** ☐

Section C. Computation of Public Support Percentage

15 Public support percentage for 2022 (line 8, column (f), divided by line 13, column (f))	15	%
16 Public support percentage from 2021 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for **2022** (line 10c, column (f), divided by line 13, column (f))	17	%
18 Investment income percentage from **2021** Schedule A, Part III, line 17	18	%

19a **33 1/3% support tests - 2022.** 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 ☐

b **33 1/3% support tests - 2021.** 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 ☐

20 **Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ☐

Part IV Supporting Organizations

(Complete only if you checked a box on line 12 of 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.*	1		
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).*	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.*	3a		
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.*	3b		
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.*	3c		
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.*	4a		
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.*	4b		
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.*	4c		
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).*	5a		
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?	5b		
c	**Substitutions only.** Was the substitution the result of an event beyond the organization's control?	5c		
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.**	6		
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).*	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? *If "Yes," complete Part I of Schedule L (Form 990).*	8		
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.**	9a		
b	Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? *If "Yes," provide detail in* **Part VI.**	9b		
c	Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? *If "Yes," provide detail in* **Part VI.**	9c		
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.*	10a		
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.)*	10b		

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 ☐ The organization satisfied the Activities Test. *Complete* **line 2** *below.*

b ☐ The organization is the parent of each of its supported organizations. *Complete* **line 3** *below.*

c ☐ The organization supported a governmental entity. *Describe in* **Part VI** *how you supported a governmental entity (see instructions).*

			Yes	No
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 (*explain in detail in* **Part VI**):			
2 Acquisition indebtedness applicable to non-exempt-use assets	**2**		
3 Subtract line 2 from line 1d.	**3**		
4 Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	**4**		
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	**5**		
6 Multiply line 5 by 0.035.	**6**		
7 Recoveries of prior-year distributions	**7**		
8 **Minimum Asset Amount** (add line 7 to line 6)	**8**		

Section C - Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, column A)	**1**		
2 Enter 0.85 of line 1.	**2**		
3 Minimum asset amount for prior year (from Section B, line 8, column A)	**3**		
4 Enter greater of line 2 or line 3.	**4**		
5 Income tax imposed in prior year	**5**		
6 **Distributable Amount.** Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	**6**		

7 ☐ Check here if the current year is the organization's first as a non-functionally integrated 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 2022 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-2022	(iii) Distributable Amount for 2022
1	Distributable amount for 2022 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2022 (reasonable cause required - *explain in* **Part VI**). See instructions.			
3	Excess distributions carryover, if any, to 2022			
a	From 2017			
b	From 2018			
c	From 2019			
d	From 2020			
e	From 2021			
f	**Total** of lines 3a through 3e			
g	Applied to underdistributions of prior years			
h	Applied to 2022 distributable amount			
i	Carryover from 2017 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4	Distributions for 2022 from Section D, line 7: $			
a	Applied to underdistributions of prior years			
b	Applied to 2022 distributable amount			
c	Remainder. Subtract lines 4a and 4b from line 4.			
5	Remaining underdistributions for years prior to 2022, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, *explain in* **Part VI.** See instructions.			
6	Remaining underdistributions for 2022. Subtract lines 3h and 4b from line 1. For result greater than zero, *explain in* **Part VI**. See instructions.			
7	**Excess distributions carryover to 2023.** Add lines 3j and 4c.			
8	Breakdown of line 7:			
a	Excess from 2018			
b	Excess from 2019			
c	Excess from 2020			
d	Excess from 2021			
e	Excess from 2022			

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.)

Schedule B
(Form 990)

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

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

OMB No. 1545-0047

2022

Name of the organization
COMMUNITY FOUNDATION OF THE LOWCOUNTRY, INC

Employer identification number
57-0756987

Organization type (check one):

Filers of:	**Section:**
Form 990 or 990-EZ	[X] 501(c)(3) (enter number) organization
	[ ] 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation
	[ ] 527 political organization
Form 990-PF	[ ] 501(c)(3) exempt private foundation
	[ ] 4947(a)(1) nonexempt charitable trust treated as a private foundation
	[ ] 501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule.**
Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

[ ] For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling $5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

[X] For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of **(1)** $5,000; or **(2)** 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

[ ] For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than $1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.

[ ] For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than $1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling $5,000 or more during the year ..... $ _____

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

Name of organization
COMMUNITY FOUNDATION OF THE LOWCOUNTRY, INC

Employer identification number
57-0756987

Part I **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		$ 2,976,373.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
2		$ 512,563.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
3		$ 500,175.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
4		$ 402,965.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
		$	Person [ ] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
		$	Person [ ] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)

Name of organization	Employer identification number
COMMUNITY FOUNDATION OF THE LOWCOUNTRY, INC	57-0756987

Part II **Noncash Property** (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		$	

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		$	

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		$	

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		$	

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		$	

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		$	

Name of organization

COMMUNITY FOUNDATION OF THE LOWCOUNTRY, INC

Employer identification number

57-0756987

Part III **Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than $1,000 for the year from any one contributor.** Complete columns **(a)** through **(e) and** the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of **$1,000 or less** for the year. (Enter this info. once.) $

Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift

Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift

Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift

Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift

Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

SCHEDULE D (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.
Attach to Form 990.
Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2022

Open to Public Inspection

Name of the organization COMMUNITY FOUNDATION OF THE LOWCOUNTRY, INC

Employer identification number 57-0756987

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.

Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year	115	
2	Aggregate value of contributions to (during year)	1,761,143.	
3	Aggregate value of grants from (during year)	2,438,903.	
4	Aggregate value at end of year	9,757,814.	

5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? [X] Yes [ ] No

6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? [ ] Yes [X] No

Part II Conservation Easements.

Complete if the organization answered "Yes" on Form 990, Part IV, line 7.

1 Purpose(s) of conservation easements held by the organization (check all that apply).

- [ ] Preservation of land for public use (for example, recreation or education)
- [ ] Preservation of a historically important land area
- [ ] Protection of natural habitat
- [ ] Preservation of a certified historic structure
- [ ] Preservation of open space

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.

		Held at the End of the Tax Year
a	Total number of conservation easements	2a
b	Total acreage restricted by conservation easements	2b
c	Number of conservation easements on a certified historic structure included in (a)	2c
d	Number of conservation easements included in (c) acquired after July 25,2006, and not on a historic structure listed in the National Register	2d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year _____

4 Number of states where property subject to conservation easement is located _____

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? [ ] Yes [ ] No

6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year _____

7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year _____

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? [ ] Yes [ ] No

9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:

(i) Revenue included on Form 990, Part VIII, line 1 $ _____

(ii) Assets included in Form 990, Part X $ _____

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items:

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

b Assets included in Form 990, Part X $ _____

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets *(continued)*

3 Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its collection items (check all that apply):

a ☐ Public exhibition
b ☐ Scholarly research
c ☐ Preservation for future generations
d ☐ Loan or exchange program
e ☐ Other _____

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? ☐ Yes ☐ No

Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIII and complete the following table:

		Amount
c Beginning balance	1c	
d Additions during the year	1d	
e Distributions during the year	1e	
f Ending balance	1f	

2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII ☐

Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance					
b Contributions					
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:

a Board designated or quasi-endowment _____%
b Permanent endowment _____%
c Term endowment _____%

The percentages on lines 2a, 2b, and 2c should equal 100%.

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

		Yes	No
(i) Unrelated organizations	3a(i)		
(ii) Related organizations	3a(ii)		
b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?	3b		

4 Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment.

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		160,000.		160,000.
b Buildings		952,303.	907,539.	44,764.
c Leasehold improvements				
d Equipment		41,677.	30,775.	10,902.
e Other		91,502.	91,502.	0.
Total. Add lines 1a through 1e. *(Column (d) must equal Form 990, Part X, column (B), line 10c.)*				215,666.

Schedule D (Form 990) 2022

Part VII Investments - Other Securities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely held equity interests		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)		

Part VIII Investments - Program Related.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)		

Part IX Other Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. *(Column (b) must equal Form 990, Part X, col. (B) line 15.)*	

Part X Other Liabilities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) ANNUITIES PAYABLE	1,719,769.
(3) FUNDS HELD FOR OTHERS - AGENCY	
(4) FUNDS	3,161,415.
(5) DUE TO CFL	3,594.
(6) GRANTS PAYABLE - KRUM	-231,400.
(7)	
(8)	
(9)	
Total. *(Column (b) must equal Form 990, Part X, col. (B) line 25.)*	4,653,378.

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

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

1	Total revenue, gains, and other support per audited financial statements			1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
a	Net unrealized gains (losses) on investments	2a			
b	Donated services and use of facilities	2b			
c	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII.)	2d			
e	Add lines **2a** through **2d**			2e	
3	Subtract line **2e** from line **1**			3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.)	4b			
c	Add lines **4a** and **4b**			4c	
5	Total revenue. Add lines **3** and **4c.** *(This must equal Form 990, Part I, line 12.)*			5	

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

1	Total expenses and losses per audited financial statements			1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
a	Donated services and use of facilities	2a			
b	Prior year adjustments	2b			
c	Other losses	2c			
d	Other (Describe in Part XIII.)	2d			
e	Add lines **2a** through **2d**			2e	
3	Subtract line **2e** from line **1**			3	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.)	4b			
c	Add lines **4a** and **4b**			4c	
5	Total expenses. Add lines **3** and **4c.** *(This must equal Form 990, Part I, line 18.)*			5	

Part XIII Supplemental Information.

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

PART X, LINE 2:

THE FOUNDATION HAS BEEN RECOGNIZED BY THE INTERNAL REVENUE SERVICE AS A CHARITABLE ORGANIZATION AS DESCRIBED IN SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE AND IS EXEMPT FROM FEDERAL INCOME TAXES PURSUANT TO SECTION 509(A)(2) OF THE INTERNAL REVENUE CODE. ACCORDINGLY, NO PROVISION FOR INCOME TAXES IS INCLUDED IN THE ACCOMPANYING COMBINED FINANCIAL STATEMENTS. THE FOUNDATION HAS DETERMINED THAT IT DOES NOT HAVE ANY MATERIAL UNRECOGNIZED TAX BENEFITS OR OBLIGATIONS AS OF JUNE 30, 2023.

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

2022

Open to Public Inspection

Name of the organization: COMMUNITY FOUNDATION OF THE LOWCOUNTRY, INC

Employer identification number: 57-0756987

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

2 a 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? Yes	**(iii)** No	**(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
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 FUNDRAISING EVENT (event type)	(b) Event #2 (event type)	(c) Other events NONE (total number)	(d) Total events (add col. (a) through col. (c))
Revenue	1 Gross receipts	25,253.			25,253.
	2 Less: Contributions	25,253.			25,253.
	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	182,254.			182,254.
	10 Direct expense summary. Add lines 4 through 9 in column (d)				182,254.
	11 Net income summary. Subtract line 10 from line 3, column (d)				-182,254.

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	☐ Yes_____ % ☐ No	☐ Yes_____ % ☐ No	☐ Yes_____ % ☐ 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.

Part IV **Supplemental Information** *(continued)*

SCHEDULE I (Form 990)

Department of the Treasury
Internal Revenue Service

Grants and Other Assistance to Organizations, Governments, and Individuals in the United States

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

Attach to Form 990.

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

OMB No. 1545-0047

2022

Open to Public Inspection

Name of the organization COMMUNITY FOUNDATION OF THE LOWCOUNTRY, INC

Employer identification number 57-0756987

Part I General Information on Grants and Assistance

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? ..... [X] Yes [ ] No

2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than $5,000. Part II can be duplicated if additional space is needed.

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
LOWCOUNTRY STRONG FOUNDATION 4 NORTHRIDGE DRIVE HILTON HEAD ISLAND, SC 29925	57-0756987	501(C)(3)	7,070.	0.			LOWCOUNTRY STRONG FOUNDATION BLUFFTON ARPA/SLFRF GRANT
PROGRAMS FOR EXCEPTIONAL PEOPLE 39 SHERIDAN PARK CIRCLE BLUFFTON, SC 29910	57-1036680	501(C)(3)	8,722.	0.			PROGRAMS FOR EXCEPTIONAL PEOPLE-00137
UW SPORTS MINISTRY 589 PALISADE DRIVE #59 BRUNSWICK, GA 31523-8208	84-1369489	501(C)(3)	10,000.	0.			ANNUAL FUND
HOPEFUL HORIZONS POST OFFICE BOX 1775 BEAUFORT, SC 29901	57-1063332	501(C)(3)	10,000.	0.			GENERAL SUPPORT
WOMEN'S RIGHTS AND EMPOWERMENT NETWORK - 1201 MAIN STREET SUITE 320 - COLUMBIA, SC 29201	81-0775184	501(C)(3)	20,000.	0.			GENERAL SUPPORT
PROGRAMS FOR EXCEPTIONAL PEOPLE 39 SHERIDAN PARK CIRCLE BLUFFTON, SC 29910	57-1036680	501(C)(3)	26,001.	0.			PROGRAMS FOR EXCEPTIONAL PEOPLE-AGENCY

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ..... 187.

3 Enter total number of other organizations listed in the line 1 table .....

LHA **For Paperwork Reduction Act Notice, see the Instructions for Form 990.** **Schedule I (Form 990) 2022**

SEE PART IV FOR COLUMN (H) DESCRIPTIONS

232101 10-31-22

Part II **Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments** (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
NEIGHBORHOOD OUTREACH CONNECTION 4 DUNMORE COURT HILTON HEAD ISLAND, SC 29926	54-2083947	501(C)(3)	10,000.	0.			NEIGBORHOOD OUTREACH - TWO WEEK SUMMER PROGRAM IS AUGUST FOR 20 - 25 KIDS
DOCTORS WITHOUT BORDERS 40 RECTOR STREET, 16TH FLOOR NEW YORK, NY 10006	13-3433452	501(C)(3)	77,500.	0.			UKRAINE RELIEF
WORLD CENTRAL KITCHEN 200 MASSACHUSETTS AVENUE NW WASHINGTON, DC 20009	27-3521132	501(C)(3)	77,500.	0.			UKRAINE RELIEF
OSPREY VILLAGE, INC. PO BOX 3155 BLUFFTON, SC 29910	26-2967726	501(C)(3)	14,357.	0.			GENERAL OPERATING SUPPORT
BLUFFTON JASPER COUNTY VOLUNTEERS IN MEDICINE - PO BOX 2653 - BLUFFTON, SC 29910	32-0298086	501(C)(3)	10,000.	0.			BOURBON AND BUBBLY SPONSORSHIP
COMMUNITY FOUNDATION OF THE LOWCOUNTRY - 4 NORTHRIDGE DRIVE, SUITE A - HILTON HEAD ISLAND, SC 29925-3019	57-0756987	501(C)(3)	9,965.	0.			PROVIDE CARE, SPAY AND NEUTER CATS AND KITTENS INCLUDING FERALS IN THE COMMUNITY
BLACQUITY POST OFFICE BOX 3132 BLUFFTON, SC 29910	88-0662577	501(C)(3)	25,000.	0.			OPERATIONS SUPPORT
COMMUNITY FOUNDATION OF THE LOWCOUNTRY - 4 NORTHRIDGE DRIVE, SUITE A - HILTON HEAD ISLAND, SC 29925-3019	57-0756987	501(C)(3)	5,051.	0.			REVERSED GRANT PAYABLE
FIRST PRESBYTERIAN CHURCH OF HILTON HEAD ISLAND - 540 WILLIAM HILTON PKWY - HILTON HEAD ISLAND, SC 29928	57-0470141	501(C)(3)	7,500.	0.			$500 FOR MARION MEDICAL MISSION-WATER PROJECT AND $7,000 FOR 2022 BUDGET SUPPORT

Part II **Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments** (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
LOVABLE PAWS RESCUE AND SANCTUARY 2144 GRAYS HIGHWAY RIDGELAND, SC 29936	47-5132620	501(C)(3)	8,000.	0.			HV VET BILLS
NATIONAL FOUNDATION FOR CANCER RESEARCH - 5515 SECURITY LANE - ROCKVILLE, MD 20852	04-2531031	501(C)(3)	5,024.	0.			GENERAL OPERATING SUPPORT
OSPREY VILLAGE, INC. PO BOX 3155 BLUFFTON, SC 29910	26-2967726	501(C)(3)	12,836.	0.			REIMBURSEMENT OF EXPENSES RELATED TO OUR HOUSING DEVELOPMENT PROJECT FROM Q4 OF 2021 THAT WE HAVE
HILTON HEAD REEF FOUNDATION, INC. POST OFFICE BOX 5542 HILTON HEAD ISLAND, SC 29938	57-0948801	501(C)(3)	67,296.	0.			WMC TRACTOR - CFL GRANT 2022
THE PALMETTO ANIMAL LEAGUE 56 RIVERWALK BOULEVARD OKATIE, SC 29936	57-0732733	501(C)(3)	8,000.	0.			ANIMAL NEEDS/RESCUE/CARE
SECOND HELPINGS INC. P.O. BOX 23621 HILTON HEAD ISLAND, SC 29925	57-0938469	501(C)(3)	10,000.	0.			VEHICLE REFURBISHMENT AND/OR REPAIR
BLUFFTON SELF HELP PO BOX 2420 BLUFFTON, SC 29910	57-0862658	501(C)(3)	15,000.	0.			EDUCATION PROGRAMS
HABITAT FOR HUMANITY OF THE LOWCOUNTRY - POST OFFICE BOX 2747 - BLUFFTON, SC 29910	57-0916245	501(C)(3)	10,000.	0.			TOWARDS THE PURCHASE OF A LOT
THE HILTON HEAD ISLAND DEEP WELL PROJECT - PO BOX 5543 - HILTON HEAD ISLAND, SC 29938	57-0566098	501(C)(3)	10,000.	0.			EMERGENCY MATCHING GRANT

Part II **Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments** (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
TECHNICAL COLLEGE OF THE LOWCOUNTRY FOUNDATION - 921 RIBAUT ROAD - BEAUFORT, SC 29901	57-0767384	501(C)(3)	5,750.	0.			CHEFS' TABLE BENEFIT
MIDSUMMER MUSIC LTD 10568 COUNTRY WALK LANE SISTER BAY, WI 54234	39-1829237	501(C)(3)	8,500.	0.			GENERAL OPERATING SUPPORT
BLUFFTON COMMUNITY SOUP KITCHEN PO BOX 993 BLUFFTON, SC 29910	82-3282038	501(C)(3)	20,500.	0.			I AM MY BROTHERS KEEPER
MENTAL HEALTH AMERICA OF BEAUFORT/JASPER COUNTIES (MHABJ) - POST OFFICE BOX 1925 - BLUFFTON, SC 29910	57-0670742	501(C)(3)	16,000.	0.			CITIZEN SCHOLARSHIPS FOR CITIZENS IMPACTED BY COVID-19 AND THE NEW COVID VARIANTS
CENTRAL OAK GROVE BAPTIST CHURCH 161 MATHEWS DRIVE HILTON HEAD ISLAND, SC 29925	57-0805691	501(C)(3)	37,110.	0.			COG HILTON HEAD ISLAND (HHI) FOOD DISTRIBUTION PROGRAM
HILTON HEAD ISLAND RECREATION ASSOCIATION - PO BOX 22593 - HILTON HEAD ISLAND, SC 29925	57-0827128	501(C)(3)	6,565.	0.			DAVID M. CARMINES CHILDREN'S SCHOLARSHIP FUND
THE HILTON HEAD ISLAND DEEP WELL PROJECT - PO BOX 5543 - HILTON HEAD ISLAND, SC 29938	57-0566098	501(C)(3)	46,000.	0.			EMERGENCY HOUSING EXPENSES - RENT/UTILITIES - DUE TO COVID-19
PROGRAMS FOR EXCEPTIONAL PEOPLE 39 SHERIDAN PARK CIRCLE BLUFFTON, SC 29910	57-1036680	501(C)(3)	23,400.	0.			ENABLE PANDEMIC STRUGGLING HHI FAMILIES TO SEND INTELLECTUALLY DISABLED MEMBER TO PEP
SANDALWOOD COMMUNITY FOOD PANTRY P.O. BOX 5061 HILTON HEAD ISLAND, SC 29938	27-2766571	501(C)(3)	46,000.	0.			EXPLOSIVE RISE IN COST OF PURCHASED FRESH FOOD DUE TO LINGERING EFFECTS OF PANDEMIC

Part II **Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments** (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
HUNGER COALITION OF THE LOWCOUNTRY POST OFFICE BOX 22738 HILTON HEAD ISLAND, SC 29925	27-3106509	501(C)(3)	37,500.	0.			FAMILY FOOD ASSISTANCE
SECOND HELPINGS INC. P.O. BOX 23621 HILTON HEAD ISLAND, SC 29925	57-0938469	501(C)(3)	50,000.	0.			HEALTHY FOOD FOR HILTON HEAD
LOWCOUNTRY LEGAL VOLUNTEERS PO BOX 2496 BLUFFTON, SC 29910	56-2202319	501(C)(3)	18,000.	0.			HOUSING PROTECTION PROGRAM
THE CHILDREN'S CENTER INC. 8 NATURE'S WAY HILTON HEAD ISLAND, SC 29926	57-0485356	501(C)(3)	46,100.	0.			MAINTAINING ECONOMIC VIABILITY ON HILTON HEAD BY PROVIDING AFFORDABLE CHILDCARE
MEALS ON WHEELS, BLUFFTON-HILTON HEAD - P.O.BOX 23691 - HILTON HEAD ISLAND, SC 29925	57-0691109	501(C)(3)	45,000.	0.			MEAL PROGRAM
NEIGHBORHOOD OUTREACH CONNECTION 4 DUNMORE COURT HILTON HEAD ISLAND, SC 29926	54-2083947	501(C)(3)	40,000.	0.			OVERCOMING ACHIEVEMENT GAP CREATED BY COVID-19: ADDRESSING THE NEEDS OF HIGH RISK CHILDREN
FIRST PRESBYTERIAN CHURCH OF HILTON HEAD ISLAND - 540 WILLIAM HILTON PKWY - HILTON HEAD ISLAND, SC 29928	57-0470141	501(C)(3)	18,000.	0.			PEOPLE IN NEED MINISTRY (PIN)
VOLUNTEERS IN MEDICINE HILTON HEAD ISLAND - 15 NORTHRIDGE DRIVE - HILTON HEAD ISLAND, SC 29926	57-0959206	501(C)(3)	50,000.	0.			PROVIDING CRITICALLY NEEDED HEALTH CARE TO PATIENTS NOW RETURNING TO VIM AS THE PANDEMIC WANES
HILTON HEAD NO. 1 PUBLIC SERVICE DISTRICT - POST OFFICE BOX 21264 - HILTON HEAD ISLAND, SC 29925-1264	57-0680099	501(C)(3)	13,270.	0.			PROJECT SAFE FUND

Part II **Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments** (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
FIRST PRESBYTERIAN CHURCH OF HILTON HEAD ISLAND - 540 WILLIAM HILTON PKWY - HILTON HEAD ISLAND, SC 29928	57-0470141	501(C)(3)	22,000.	0.			GENERAL SUPPORT
JEWS FOR JESUS 60 HAIGHT STREET SAN FRANCISCO, CA 94102-5895	94-2222464	501(C)(3)	1,000,000.	0.			JEHOVAH JIRAH FUND
BLUFFTON HIGH SCHOOL 12 H.E. MCCRACKEN CIRCLE BLUFFTON, SC 29910	84-2146395	501(C)(3)	10,000.	0.			TIER 4I - INDIVIDUAL PARTNER DIRECTED GIFTS CHARTER ONE REALTY - RICH REED
A CALL TO ACTION 21 BOUNDARY STREET BLUFFTON, SC 29910	47-3057571	501(C)(3)	12,930.	0.			A CALL TO ACTION
BLACQUITY POST OFFICE BOX 3132 BLUFFTON, SC 29910	88-0662577	501(C)(3)	12,930.	0.			BLACQUITY - BLACK EQUITY UNIVERSITY PROGRAM
HOSPICE CARE OF THE LOWCOUNTRY POST OFFICE BOX 3827 BLUFFTON, SC 29910	57-0774530	501(C)(3)	8,000.	0.			COVID-19 PATIENT CLINICAL SUPPORT
HEROES OF THE LOW COUNTRY POST OFFICE BOX 3712 BLUFFTON, SC 29910	36-4725321	501(C)(3)	12,500.	0.			HEROES OF THE LOWCOUNTRY
NEIGHBORHOOD OUTREACH CONNECTION 4 DUNMORE COURT HILTON HEAD ISLAND, SC 29926	54-2083947	501(C)(3)	20,000.	0.			MEETING THE FINANCIAL GAP OF NOC'S OPERATIONS IN BLUFFTON RESULTING FROM COVID-19 IN FY2022-2023
MENTAL HEALTH AMERICA OF THE LOW COUNTRY - 4454 BLUFFTON PARK CRESCENT - BLUFFTON, SC 29910	57-0670742	501(C)(3)	8,000.	0.			MENTAL HEALTH AMERICA-BEAUFORT/JASPER

Part II **Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments** (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
NAMI LOWCOUNTRY POST OFFICE BOX 24128 HILTON HEAD ISLAND, SC 29925	57-0920882	501(C)(3)	8,000.	0.			NAMI LOWCOUNTRY ORGANIZATIONAL REBOOT FOR OUTREACH
BLUFFTON MLK OBSERVANCE COMMITTEE POST OFFICE BOX 3737 BLUFFTON, SC 29910	85-4095993	501(C)(3)	12,930.	0.			THE BLUFFTON MLK OBSERVANCE COMMITTEE
VOLUNTEERS IN MEDICINE HILTON HEAD ISLAND - 15 NORTHRIDGE DRIVE - HILTON HEAD ISLAND, SC 29926	57-0959206	501(C)(3)	6,339.	0.			VOLUNTEERS IN MEDICINE EC2000 ENDOWMENT FUND
VOLUNTEERS IN MEDICINE HILTON HEAD ISLAND - 15 NORTHRIDGE DRIVE - HILTON HEAD ISLAND, SC 29926	57-0959206	501(C)(3)	17,879.	0.			VOLUNTEERS IN MEDICINE EC2000 ENDOWMENT FUND-AGENCY
OSPREY VILLAGE, INC. PO BOX 3155 BLUFFTON, SC 29910	26-2967726	501(C)(3)	24,648.	0.			TO REIMBURSE OSPREY VILLAGE FOR EXPENSES RELATED TO OUR HOUSING DEVELOPMENT PROJECT THAT
BLUFFTON JASPER COUNTY VOLUNTEERS IN MEDICINE - PO BOX 2653 - BLUFFTON, SC 29910	32-0298086	501(C)(3)	6,000.	0.			COLLETON RIVER CHARITABLE FUND
BOYS & GIRLS CLUBS OF THE LOWCOUNTRY - BLUFFTON UNIT - PO BOX 1908 - BLUFFTON, SC 29910	57-0811876	501(C)(3)	6,000.	0.			COLLETON RIVER CHARITABLE FUND
MEALS ON WHEELS, BLUFFTON-HILTON HEAD - P.O.BOX 23691 - HILTON HEAD ISLAND, SC 29925	57-0691109	501(C)(3)	8,500.	0.			COLLETON RIVER CHARITABLE FUND
FAMILY PROMISE OF BEAUFORT COUNTY 181 BLUFFTON ROAD, D101 BLUFFTON, SC 29910	20-5647589	501(C)(3)	9,000.	0.			COLLETON RIVER CHARITABLE FUND

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HILTON HEAD NO. 1 PUBLIC SERVICE DISTRICT - POST OFFICE BOX 21264 - HILTON HEAD ISLAND, SC 29925-1264	57-0680099	501(C)(3)	23,180.	0.			PROJECT SAFE FUND
BLUFFTON COMMUNITY SOUP KITCHEN PO BOX 993 BLUFFTON, SC 29910	82-3282038	501(C)(3)	8,500.	0.			COLLETON RIVER CHARITABLE FUND
YALE NEW HAVEN HOSPITAL POST OFFICE BOX 1849 NEW HAVEN, CT 06508	06-0646652	501(C)(3)	10,000.	0.			NEUROSURGERY DEPARTMENT
JUNIOR JAZZ FOUNDATION PO BOX 4751 HILTON HEAD ISLAND, SC 29938	27-1347606	501(C)(3)	31,000.	0.			SIX $2,500 GRANTS TO BEAUFORT COUNTY SCHOOL
HILTON HEAD NO. 1 PUBLIC SERVICE DISTRICT - POST OFFICE BOX 21264 - HILTON HEAD ISLAND, SC 29925-1264	57-0680099	501(C)(3)	8,510.	0.			2 WATER CONNECTIONS INV 2740, 2741
HILTON HEAD NO. 1 PUBLIC SERVICE DISTRICT - POST OFFICE BOX 21264 - HILTON HEAD ISLAND, SC 29925-1264	57-0680099	501(C)(3)	33,399.	0.			3 HOUSEHOLD CONNECTIONS INV 2743,2744,2745
WORLD AFFAIRS COUNCIL OF HILTON HEAD - PO BOX 22523 - HILTON HEAD ISLAND, SC 29925	57-0942426	501(C)(3)	11,952.	0.			CFL GLOBAL SPEAKER SERIES - MEDVEDEV EXPENSES - 11.4.22
MOSS CREEK GIVING FUND 4 NORTHRIDGE DRIVE HILTON HEAD ISLAND, SC 29925	57-0756987	501(C)(3)	12,770.	0.			FALL 2022 GRANT AWARDS
SERVICE CORP OF RETIRED EXECUTIVES - SCORE SC LOWCOUNTRY - 1 CHAMBER OF COMMERCE DRIVE - HILTON HEAD ISLAND, SC 29938	52-1067290	501(C)(3)	7,000.	0.			SCORE SC LOWCOUNTRY OUTREACH EXPANSION

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OSPREY VILLAGE, INC. PO BOX 3155 BLUFFTON, SC 29910	26-2967726	501(C)(3)	12,112.	0.			OSPREY OPERATING EXPENSE Q2 OF 2022
HOSPICE CARE OF THE LOWCOUNTRY POST OFFICE BOX 3827 BLUFFTON, SC 29910	57-0774530	501(C)(3)	10,000.	0.			2022 HAMPTON LAKE TIGER BASS RACE
MEMORY MATTERS P.O. BOX 22330 HILTON HEAD ISLAND, SC 29925	58-2291775	501(C)(3)	45,000.	0.			MEMORY CARE ADULT DAY AND MEMORY ENHANCEMENT EXPANSION OF IN-PERSON PROGRAM DAYS/HOURS
THE CHILDREN'S CENTER INC. 8 NATURE'S WAY HILTON HEAD ISLAND, SC 29926	57-0485356	501(C)(3)	10,000.	0.			$500 PER TEACHER WITH BALANCE TO GENERAL SUPPORT
LYMPHATIC EDUCATION AND RESEARCH NETWORK - 99 WALL STREET - NEW YORK, NY 10005	58-2404527	501(C)(3)	7,500.	0.			2022 OPERATING SUPPORT
BEAUFORT COUNTY SCHOOL DISTRICT POST OFFICE DRAWER 309 BEAUFORT, SC 29901-0309	57-6000367	501(C)(3)	29,028.	0.			2022-2023 TEACHER GRANTS
MENTAL HEALTH AMERICA OF THE LOW COUNTRY - 4454 BLUFFTON PARK CRESCENT - BLUFFTON, SC 29910	57-0670742	501(C)(3)	90,000.	0.			A COLLABORATIVE PROJECT TO ADDRESS MENTAL HEALTH NEEDS IN THE HISPANIC COMMUNITY
NORTHERN PIEDMONT COMMUNITY FOUNDATION - POST OFFICE BOX 182 - WARRENTON, VA 20188	31-1742955	501(C)(3)	30,000.	0.			FINLEY'S GREEN LEAP FORWARD FUND
MEMORY MATTERS P.O. BOX 22330 HILTON HEAD ISLAND, SC 29925	58-2291775	501(C)(3)	9,000.	0.			FREE MEMORY SCREENINGS "MOBILE MOCA'S" FOR UNDERSERVED COMMUNITIES IN BEAUFORT AND JASPER

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THE SALVATION ARMY POST OFFICE BOX 105 BEAUFORT, SC 29901	58-0660607	501(C)(3)	5,110.	0.			LEGACY FUND DISTRIBUTION FOR FY23
MERCY FLIGHT, INC. 100 AMHERST VILLA ROAD BUFFALO, NY 14225-1432	22-2560963	501(C)(3)	5,110.	0.			LEGACY FUND DISTRIBUTION FOR FY23
MATHER SCHOOL MUSEUM AND INTERPRETIVE CENTER/TECHNICAL COLLEGE OF THE LOWCOUNTRY - 921 RIBAUT RD - BEAUFORT, SC 29902	85-1492041	501(C)(3)	8,000.	0.			MATHER SCHOOL AFRICAN AMERICAN EDUCATIONAL HISTORY MONTH PROGRAMMING
PALMETTO PROJECT, INC. 6296 RIVERS AVENUE, SUITE 100 N. CHARLESTON, SC 29406	57-0807801	501(C)(3)	6,500.	0.			MY FIRST BOOKS SC - BEAUFORT COUNTY
ARTS CENTER OF COASTAL CAROLINA 14 SHELTER COVE LANE HILTON HEAD ISLAND, SC 29928	57-1035817	501(C)(3)	20,217.	0.			LEGACY FUND ANNUAL DISTRIBUTION FY23
FRIENDS OF HH LIBRARY 11 BEACH CITY ROAD HILTON HEAD ISLAND, SC 29926	23-7208194	501(C)(3)	20,217.	0.			LEGACY FUND ANNUAL DISTRIBUTION FY23
TECHNICAL COLLEGE OF THE LOWCOUNTRY FOUNDATION - 921 RIBAUT ROAD - BEAUFORT, SC 29901	57-0767384	501(C)(3)	20,217.	0.			LEGACY FUND ANNUAL DISTRIBUTION FY23
VOLUNTEERS IN MEDICINE HILTON HEAD ISLAND - 15 NORTHRIDGE DRIVE - HILTON HEAD ISLAND, SC 29926	57-0959206	501(C)(3)	20,217.	0.			LEGACY FUND ANNUAL DISTRIBUTION FY23
HOSPICE CARE OF THE LOWCOUNTRY POST OFFICE BOX 3827 BLUFFTON, SC 29910	57-0774530	501(C)(3)	8,422.	0.			LEGACY FUND ANNUAL DISTRIBUTION FY23

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AMERICAN CANCER SOCIETY, INC. P.O. BOX 100902 COLUMBIA, SC 29290	13-1788491	501(C)(3)	5,110.	0.			LEGACY FUND DISTRIBUTION FY23
HILTON HEAD HUMANE ASSOCIATION 10 HUMANE WAY HILTON HEAD ISLAND, SC 29925	57-0630156	501(C)(3)	5,110.	0.			LEGACY FUND DISTRIBUTION FY23
ISLAND BEAUTIFICATION ASSOCIATION, INC. - POST OFFICE BOX 23573 - HILTON HEAD ISLAND, SC 29925-3573	57-0916718	501(C)(3)	5,110.	0.			LEGACY FUND DISTRIBUTION FY23
TOUCH TOMORROW ENDOWMENT FUND FOR THE LOWCOUNTRY - 4 NORTHRIDGE DRIVE - HILTON HEAD ISLAND, SC 29925	57-0756987	501(C)(3)	5,110.	0.			LEGACY FUND DISTRIBUTION FY23
BLUFFTON JASPER COUNTY VOLUNTEERS IN MEDICINE - PO BOX 2653 - BLUFFTON, SC 29910	32-0298086	501(C)(3)	7,414.	0.			ANNUAL DISTRIBUTION FY23
ROOF ABOVE PO BOX 31335 CHARLOTTE, NC 28231	56-1837620	501(C)(3)	10,000.	0.			IN HONOR OF JOHN AND DEBBY CLASEN'S 50TH ANNIVERSARY
HOPEFUL HORIZONS ENDOWMENT FUND 4 NORTHRIDGE DRIVE HILTON HEAD ISLAND, SC 29925	57-0756987	501(C)(3)	30,000.	0.			GENERAL OPERATING SUPPORT
UNIVERSITY OF NEW HAMPSHIRE 9 EDGEWOOD ROAD DURHAM, NH 03824	02-0437506	501(C)(3)	8,000.	0.			FOR RUSS GULLOTTI SCHOLARSHIP FUND
ARTS CENTER OF COASTAL CAROLINA 14 SHELTER COVE LANE HILTON HEAD ISLAND, SC 29928	57-1035817	501(C)(3)	22,840.	0.			GRANT RECOMMENDATION REQUEST

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ARTS CENTER OF COASTAL CAROLINA 14 SHELTER COVE LANE HILTON HEAD ISLAND, SC 29928	57-1035817	501(C)(3)	5,219.	0.			SPENDABLE REQUEST
COUNCIL ON FOUNDATIONS 1255 23RD STREET NW, SUITE 200 WASHINGTON, DC 20037	13-6068327	501(C)(3)	5,750.	0.			2023 MEMBERSHIP CONTRIBUTION
UNIVERSITY OF SOUTH CAROLINA BEAUFORT - ONE UNIVERSITY BOULEVARD - BLUFFTON, SC 29909	57-6001153	501(C)(3)	25,000.	0.			FALL 2022 NICHOLAS LUCCHESI SCHOLARSHIPS
MUSC FOUNDATION 18 BEE STREET MSC 450 CHARLESTON, SC 29425	57-6028985	501(C)(3)	10,000.	0.			HOLLINGS CANCER CENTER
UNIVERSITY OF WISCONSIN - MADISON OFFICE OF STUDENT FINANCIAL AID/BURSAR'S OFFICE - MADISON, WI 53715	39-0743975	501(C)(3)	30,000.	0.			THE CENTER FOR ACADEMIC EXCELLENCE WISCONSIN EXPERIENCE FUND, #112547766
HELPING HAND CENTER, INC. PO BOX 120 TILLMAN, SC 29943	80-0751064	501(C)(3)	7,500.	0.			GENERAL OPERATING SUPPORT
UNIVERSITY OF WISCONSIN FOUNDATION US BANK LOCKBOX MILWAUKEE, WI 53278-0807	39-0743975	501(C)(3)	30,000.	0.			THE CENTER FOR ACADEMIC EXCELLENCE WISCONSIN EXPERIENCE FUND, #112547766
THE CHILDREN'S CENTER INC. 8 NATURE'S WAY HILTON HEAD ISLAND, SC 29926	57-0485356	501(C)(3)	6,000.	0.			2022 HARGRAY CARING COINS GRANT
THE HILTON HEAD ISLAND DEEP WELL PROJECT - PO BOX 5543 - HILTON HEAD ISLAND, SC 29938	57-0566098	501(C)(3)	6,000.	0.			2022 HARGRAY CARING COINS GRANT

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MEALS ON WHEELS, BLUFFTON-HILTON HEAD - P.O.BOX 23691 - HILTON HEAD ISLAND, SC 29925	57-0691109	501(C)(3)	6,000.	0.			2022 HARGRAY CARING COINS GRANT
MED-I-ASSIST, INC. P.O. BOX 3164 BLUFFTON, SC 29910	32-0212924	501(C)(3)	6,500.	0.			2022 HARGRAY CARING COINS GRANT
VAN DER MEER TENNIS ACADEMY SCHOLARSHIP PROGRAM - 4 NORTHRIDGE DRIVE - HILTON HEAD ISLAND, SC 29925	57-0756987	501(C)(3)	6,054.	0.			THESE FUNDS ARE DESIGNATED FOR JAPANESE COLLEGE TENNIS PLAYERS WHO WANT TO INTERN AT THE
VAN DER MEER TENNIS ACADEMY SCHOLARSHIP PROGRAM - 4 NORTHRIDGE DRIVE - HILTON HEAD ISLAND, SC 29925	57-0756987	501(C)(3)	15,000.	0.			THESE FUNDS ARE DESIGNATED TO ASSIST JUNIOR AND PROFESSIONAL JAPANESE TENNIS PLAYERS
ARTS CENTER OF COASTAL CAROLINA 14 SHELTER COVE LANE HILTON HEAD ISLAND, SC 29928	57-1035817	501(C)(3)	10,000.	0.			GENERAL OPERATING SUPPORT
THE CHILDREN'S CENTER INC. 8 NATURE'S WAY HILTON HEAD ISLAND, SC 29926	57-0485356	501(C)(3)	14,601.	0.			AFFORDABLE CHILDCARE - 1ST STEP TO ECONOMIC VITALITY
VOLUNTEERS IN MEDICINE HILTON HEAD ISLAND - 15 NORTHRIDGE DRIVE - HILTON HEAD ISLAND, SC 29926	57-0959206	501(C)(3)	20,000.	0.			CONTINUOUS GLUCOSE MONITORING DEVICES REQUIRED FOR DIABETES PATIENTS AT HIGHER RISK
ANTIOCH EDUCATIONAL CENTER POST OFFICE BOX 1930 RIDGELAND, SC 29936	76-0818789	501(C)(3)	7,500.	0.			ENHANCED GETTING TO WORK PROJECT
SOUTH COASTAL FELLOWSHIP OF CHRISTIAN ATHLETES - POST OFFICE BOX 5191 - HILTON HEAD ISLAND, SC 29938	44-0610626	501(C)(3)	20,000.	0.			GENERAL OPERATING SUPPORT

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VOLUNTEERS IN MEDICINE HILTON HEAD ISLAND - 15 NORTHRIDGE DRIVE - HILTON HEAD ISLAND, SC 29926	57-0959206	501(C)(3)	15,000.	0.			GENERAL OPERATING SUPPORT
SECOND HELPINGS INC. P.O. BOX 23621 HILTON HEAD ISLAND, SC 29925	57-0938469	501(C)(3)	20,000.	0.			HEALTHY FOOD INITIATIVE
SANDALWOOD COMMUNITY FOOD PANTRY P.O. BOX 5061 HILTON HEAD ISLAND, SC 29938	27-2766571	501(C)(3)	20,000.	0.			HELPING UNDERSERVED HHI RESIDENTS FEED THEIR FAMILIES DESPITE HIGH COST OF MEAT AND FISH
LOWCOUNTRY LEGAL VOLUNTEERS PO BOX 2496 BLUFFTON, SC 29910	56-2202319	501(C)(3)	7,500.	0.			HOUSING PROTECTION PROGRAM
HILTON HEAD ISLAND FOUNDATION ENDOWMENT FUND - 4 NORTHRIDGE DRIVE - HILTON HEAD ISLAND, SC 29925	57-0756987	501(C)(3)	12,500.	0.			INDICATOR STUDY PROJECT SHOULD BE PAID FROM OPERATING FUND - ADJUST TO CORRECT
PROGRAMS FOR EXCEPTIONAL PEOPLE 39 SHERIDAN PARK CIRCLE BLUFFTON, SC 29910	57-1036680	501(C)(3)	6,240.	0.			SCHOLARSHIPS TO PEP FOR INTELLECTUALLY DISABLED HHI RESIDENTS AFFECTED BY THE COVID-19 PANDEMIC
MAYO CLINIC 4500 SAN PABLO ROAD JACKSONVILLE, FL 32224	41-6011702	501(C)(3)	8,000.	0.			FOR ALZHEIMER'S RESEARCH
HILTON HEAD NO. 1 PUBLIC SERVICE DISTRICT - POST OFFICE BOX 21264 - HILTON HEAD ISLAND, SC 29925-1264	57-0680099	501(C)(3)	12,440.	0.			1 SEWER CONNECTION INV 2754
HILTON HEAD NO. 1 PUBLIC SERVICE DISTRICT - POST OFFICE BOX 21264 - HILTON HEAD ISLAND, SC 29925-1264	57-0680099	501(C)(3)	8,510.	0.			2 WATER CONNECTIONS INV2740, 2741

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DUKE CANCER INSTITUTE 300 W. MORGAN STREET DURHAM, NC 27701	56-0532129	501(C)(3)	8,000.	0.			DR. PETER ALLEN RESEARCH PANCREATIC CANCER RESEARCH
HILTON HEAD ISLAND COMMUNITY CHURCH - POST OFFICE BOX 4962 - HILTON HEAD ISLAND, SC 29938	45-2786644	501(C)(3)	28,655.	0.			GENERAL
FOCUS ON THE FAMILY 8605 EXPLORER DRIVE COLORADO SPRINGS, CO 80920	95-3188150	501(C)(3)	8,000.	0.			GENERAL OPERATING FUND
SEARCH THE SCRIPTURES POST OFFICE BOX 600 SEABROOK, SC 29940	57-1071646	501(C)(3)	15,000.	0.			GENERAL OPERATING SUPPORT
HELP HOPE LIVE 2 RADNOR CORPORATE CENTER SUITE 100 RADNOR, PA 19087	52-1322317	501(C)(3)	30,000.	0.			GENERAL SUPPORT IN HONOR OF TONY CICCONE
BEAUFORT COUNTY ANIMAL SHELTER SUPPORT FUND - 4 NORTHRIDGE DRIVE - HILTON HEAD ISLAND, SC 29925	57-0756987	501(C)(3)	29,681.	0.			TRANSFER OF FUNDS FROM BEAUFORT COUNTY TABBY HOUSE TO BEAUFORT COUNTY ANIMAL SUPPORT FUND
UNITED WAY OF THE LOWCOUNTRY, INC. POST OFFICE BOX 202 BEAUFORT, SC 29901-0202	57-0405847	501(C)(3)	20,000.	0.			GENERAL OPERATING SUPPORT
PALMETTO DUNES CARES SCHOLARSHIP FUND - 4 NORTHRIDGE DRIVE - HILTON HEAD ISLAND, SC 29925	57-0756987	501(C)(3)	10,000.	0.			INITIAL FUNDING OF THE PD CARES SCHOLARSHIP FUND.
TOUCH TOMORROW ENDOWMENT FUND FOR THE LOWCOUNTRY - 4 NORTHRIDGE DRIVE - HILTON HEAD ISLAND, SC 29925	57-0756987	501(C)(3)	31,674.	0.			UNCLAIMED STOCK GIFT 12/19/2019 SEE DONATION ID 60732 - LEGACY 74702

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LOWCOUNTRY STRONG FOUNDATION 4 NORTHRIDGE DRIVE HILTON HEAD ISLAND, SC 29925	57-0756987	501(C)(3)	12,930.	0.			BLUFFTON ARPA GRANT
HILTON HEAD SYMPHONY ORCHESTRA, INC. - PO DRAWER 5757 - HILTON HEAD ISLAND, SC 29938	57-0761297	501(C)(3)	16,500.	0.			GULLAH CULTURAL SERIES GRANT 017716 FROM AKOYA - DELAYED DUE TO COVID
FAMILY PROMISE OF BEAUFORT COUNTY 181 BLUFFTON ROAD, D101 BLUFFTON, SC 29910	20-5647589	501(C)(3)	10,000.	0.			GENERAL OPERATING SUPPORT
THE CHILDREN'S CENTER INC. 8 NATURE'S WAY HILTON HEAD ISLAND, SC 29926	57-0485356	501(C)(3)	8,250.	0.			GENERAL OPERATING SUPPORT
HILTON HEAD SYMPHONY ORCHESTRA, INC. - PO DRAWER 5757 - HILTON HEAD ISLAND, SC 29938	57-0761297	501(C)(3)	8,623.	0.			GENERAL OPERATING SUPPORT
HILTON HEAD SYMPHONY ORCHESTRA, INC. - PO DRAWER 5757 - HILTON HEAD ISLAND, SC 29938	57-0761297	501(C)(3)	10,251.	0.			GENERAL OPERATING SUPPORT
LOW COUNTRY PRESBYTERIAN CHURCH 10 SIMMONSVILLE ROAD BLUFFTON, SC 29910	57-0995868	501(C)(3)	13,300.	0.			$10,000 FOR RENOVATION OF FELLOWSHIP HALL $3,000 PLEDGE CHANGE CAN MAKE A CHANGE $100 JANUARY, $100
BLUFFTON SELF HELP PO BOX 2420 BLUFFTON, SC 29910	57-0862658	501(C)(3)	6,713.	0.			HARGRAY CARING COINS GRANT 2022
THE HILTON HEAD ISLAND DEEP WELL PROJECT - PO BOX 5543 - HILTON HEAD ISLAND, SC 29938	57-0566098	501(C)(3)	6,713.	0.			HARGRAY CARING COINS GRANT 2022

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OSPREY VILLAGE, INC. PO BOX 3155 BLUFFTON, SC 29910	26-2967726	501(C)(3)	17,138.	0.			REIMBURSEMENT FOR 2022 Q3 EXPENSES RELATED TO OUR HOUSING DEVELOPMENT PROJECT THAT HAVE ALREADY
PILLARS COMMUNITY HEALTH 23 CALENDAR AVENUE LA GRANGE, IL 60525	36-2170869	501(C)(3)	7,500.	0.			GENERAL OPERATING SUPPORT
LOAVES & FISHES 648 GRIFFITH ROAD CHARLOTTE, NC 28217	56-1398498	501(C)(3)	7,500.	0.			GENERAL OPERATING SUPPORT
PILLARS COMMUNITY HEALTH 23 CALENDAR AVENUE LA GRANGE, IL 60525	36-2170869	501(C)(3)	7,000.	0.			GENERAL OPERATING SUPPORT
HOPEFUL HORIZONS ENDOWMENT FUND 4 NORTHRIDGE DRIVE HILTON HEAD ISLAND, SC 29925	57-0756987	501(C)(3)	15,000.	0.			MATCHING GIFT SALLY AYOTTE - NOVEMBER 28, 2022
SANDALWOOD COMMUNITY FOOD PANTRY ENDOWMENT FUND - 4 NORTHRIDGE DRIVE - HILTON HEAD ISLAND, SC 29925	57-0756987	501(C)(3)	25,013.	0.			EC2022 MATCHING GRANT - $50,025.77 RAISED ($50K AGENCY - $25.77 3RD PARTY)
PROGRAMS FOR EXCEPTIONAL PEOPLE 39 SHERIDAN PARK CIRCLE BLUFFTON, SC 29910	57-1036680	501(C)(3)	85,000.	0.			ADDITIONAL VAN TO ADDRESS CRITICAL TRANSPORTATION NEEDS AT PROGRAM FOR EXCEPTIONAL PEOPLE (PEP)
HILTON HEAD NO. 1 PUBLIC SERVICE DISTRICT - POST OFFICE BOX 21264 - HILTON HEAD ISLAND, SC 29925-1264	57-0680099	501(C)(3)	5,430.	0.			1 WATER CONNECTION INV 2765
LAURAS LITTLE CRITTER BARN 113 FOREMAN HILL ROAD BLUFFTON, SC 29910	82-2884569	501(C)(3)	7,500.	0.			LAURA'S LITTLE CRITTER BARN- GROWTH IN BEAUFORT COUNTY HAS DISPLACED THE AREAS WILD ANIMALS, WHOSE

Part II **Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments** (Schedule I (Form 990), Part II.)

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TURTLE TRACKERS P.O. BOX 3192 HILTON HEAD ISLAND, SC 29928	81-3411423	501(C)(3)	8,500.	0.			OPERATING FUNDS NEEDED FOR GENERAL SUPPORT OF PURCHASES PRIOR TO SEA TURTLE SEASON, INCLUDES
HILTON HEAD NO. 1 PUBLIC SERVICE DISTRICT - POST OFFICE BOX 21264 - HILTON HEAD ISLAND, SC 29925-1264	57-0680099	501(C)(3)	12,280.	0.			2 HOUSEHOLD CONNECTIONS INV 2767, 2771
HABITAT FOR HUMANITY OF THE LOWCOUNTRY - POST OFFICE BOX 2747 - BLUFFTON, SC 29910	57-0916245	501(C)(3)	6,922.	0.			GENERAL SUPPORT
HOPEFUL HORIZONS POST OFFICE BOX 1775 BEAUFORT, SC 29901	57-1063332	501(C)(3)	9,450.	0.			2023 CAPITAL TECHNOLOGY INVESTMENT
ARNOLD FIELDS COMMUNITY ENDOWMENT FUND - 4 NORTHRIDGE DRIVE - HILTON HEAD ISLAND, SC 29925	57-0756987	501(C)(3)	7,550.	0.			HAMPTON COUNTY MUSIC ACADEMY
BEAUFORT-JASPER YMCA OF THE LOWCOUNTRY - BEAUFORT-JASPER YMCA OF THE LOWCOUNTRY - PORT ROYAL, SC 29935	57-0910326	501(C)(3)	8,500.	0.			HAMPTON COUNTY YMCA SERVICES AND PROGRAMS STUDY
HILTON HEAD (SC) CHAPTER OF THE LINKS, INCORPORATED - P.O. BOX 21944 - HILTON HEAD ISLAND, SC 29925	52-1170830	501(C)(3)	7,500.	0.			RISING STARS: A HILTON HEAD (SC) LINKS MENTORING PROGRAM
GOOD NEIGHBOR FREE MEDICAL CLINIC OF BEAUFORT - 974 RIBAUT ROAD - BEAUFORT, SC 29902	26-0335357	501(C)(3)	7,000.	0.			VOLUNTEER COORDINATOR - NEW PART-TIME STAFF POSITION
WOMEN'S RIGHTS AND EMPOWERMENT NETWORK - 1201 MAIN STREET SUITE 320 - COLUMBIA, SC 29201	81-0775184	501(C)(3)	20,000.	0.			GENERAL OPERATING SUPPORT

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ST ANDREWS BY THE SEA UNITED METHODIST CHURCH - 20 POPE AVENUE - HILTON HEAD ISLAND, SC 29928-4725	57-0545273	501(C)(3)	8,968.	0.			GRANTS DESIGNATED IN SUPPORT OF THE GRATEFUL HEART SOUP KITCHEN PROGRAM
SEA TURTLE PATROL HILTON HEAD ISLAND - POST OFFICE BOX 23434 - HILTON HEAD ISLAND, SC 29925	82-3642853	501(C)(3)	10,000.	0.			SUPPORT OF THE UGA WARNELL SCHOOL OF FORESTRY & NATURAL RESOURCES LOGGERHEAD
JOAN AND WADE WEBSTER COMMUNITY IMPACT AWARD FUND - 4 NORTHRIDGE DRIVE - HILTON HEAD ISLAND, SC 29925	57-0756987	501(C)(3)	8,518.	0.			TRANSFER BALANCE OF 1ST AWARD
AUSTIN ACHIEVE PUBLIC SCHOOLS INC. 7424 EAST HIGHWAY 290 AUSTIN, TX 78723	27-3700807	501(C)(3)	45,000.	0.			PUBLIC ADVOCACY CHARTER SCHOOLS
FIRST PRESBYTERIAN DAY SCHOOL 540 WILLIAM HILTON PARKWAY HILTON HEAD ISLAND, SC 29928	57-0777216	501(C)(3)	10,000.	0.			GENERAL SUPPORT
THE HILTON HEAD ISLAND DEEP WELL PROJECT - PO BOX 5543 - HILTON HEAD ISLAND, SC 29938	57-0566098	501(C)(3)	6,000.	0.			GENERAL SUPPORT OF FINANCIAL ASSISTANCE PROGRAM
ALL SAINTS EPISCOPAL CHURCH 3001 MEETING STREET HILTON HEAD ISLAND, SC 29926	57-0764909	501(C)(3)	6,000.	0.			GENERAL OPERATING SUPPORT
LOWCOUNTRY AUTISM FOUNDATION 4975 LACROSSE ROAD, SUITE 305 NORTH CHARLESTON, SC 29406	26-0805420	501(C)(3)	25,200.	0.			AUTISM DIAGNOSTIC OBSERVATION SCHEDULE (ADOS) PILOT PROJECT
BEAUFORT MEMORIAL HOSPITAL ENDOWMENT FOUNDATION - POST OFFICE BOX 2233 - BEAUFORT, SC 29901-2233	57-0792360	501(C)(3)	23,275.	0.			MENTAL HEALTH EVALUTATION AND ASSESSMENT UNIT IN THE EMERGENCY DEPARTMENT

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BLUFFTON JASPER COUNTY VOLUNTEERS IN MEDICINE - PO BOX 2653 - BLUFFTON, SC 29910	32-0298086	501(C)(3)	15,900.	0.			PARENT ACTIVATION FOR CHILDREN'S MENTAL HEALTH
CHILD ABUSE PREVENTION ASSOCIATION PO BOX 531 BEAUFORT, SC 29901	57-0722206	501(C)(3)	22,500.	0.			RESIDENT MENTAL HEALTH
NAMI LOWCOUNTRY POST OFFICE BOX 24128 HILTON HEAD ISLAND, SC 29925	57-0920882	501(C)(3)	12,500.	0.			VOLUNTEER & OUTREACH COORDINATOR TO BUILD BACK ENDING THE SILENCE & NAMI BASICS PROGRAMS
BEAUFORT COUNTY SCHOOL DISTRICT POST OFFICE DRAWER 309 BEAUFORT, SC 29901-0309	57-6000367	501(C)(3)	25,000.	0.			YOUTH MENTAL HEALTH FIRST AID
OPERATION PATRIOTS FOB 198 OKATIE VILLAGE DRIVE OKATIE, SC 29909	85-0894599	501(C)(3)	10,000.	0.			BELFAIR 1811 CHARITABLE 2023 GRANT
BLUFFTON SELF HELP PO BOX 2420 BLUFFTON, SC 29910	57-0862658	501(C)(3)	8,000.	0.			BELFAIR 1811 CHARITABLE 2023 GRANT
LOWCOUNTRY LEGAL VOLUNTEERS PO BOX 2496 BLUFFTON, SC 29910	56-2202319	501(C)(3)	8,500.	0.			BELFAIR 1811 CHARITABLE 2023 GRANT
MEALS ON WHEELS, BLUFFTON-HILTON HEAD - P.O.BOX 23691 - HILTON HEAD ISLAND, SC 29925	57-0691109	501(C)(3)	12,000.	0.			BELFAIR 1811 CHARITABLE 2023 GRANT
PROGRAMS FOR EXCEPTIONAL PEOPLE 39 SHERIDAN PARK CIRCLE BLUFFTON, SC 29910	57-1036680	501(C)(3)	12,000.	0.			BELFAIR 1811 CHARITABLE 2023 GRANT

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HOPEFUL HORIZONS POST OFFICE BOX 1775 BEAUFORT, SC 29901	57-1063332	501(C)(3)	12,000.	0.			BELFAIR 1811 CHARITABLE 2023 GRANT
SECOND HELPINGS INC. P.O. BOX 23621 HILTON HEAD ISLAND, SC 29925	57-0938469	501(C)(3)	10,000.	0.			BELFAIR 1811 CHARITABLE 2023 GRANT
FAMILY PROMISE OF BEAUFORT COUNTY 181 BLUFFTON ROAD, D101 BLUFFTON, SC 29910	20-5647589	501(C)(3)	5,600.	0.			BELFAIR 1811 CHARITABLE 2023 GRANT
CHILD ABUSE PREVENTION ASSOCIATION PO BOX 531 BEAUFORT, SC 29901	57-0722206	501(C)(3)	12,000.	0.			BELFAIR 1811 CHARITABLE 2023 GRANT
BACKPACK BUDDIES OF GREATER BLUFFTON AND HARDEEVILLE - PO BOX 3525 - BLUFFTON, SC 29910	27-0536683	501(C)(3)	12,000.	0.			BELFAIR 1811 CHARITABLE 2023 GRANT
BLUFFTON JASPER COUNTY VOLUNTEERS IN MEDICINE - PO BOX 2653 - BLUFFTON, SC 29910	32-0298086	501(C)(3)	10,000.	0.			BELFAIR 1811 CHARITABLE 2023 GRANT
LOWCOUNTRY AUTISM FOUNDATION 4975 LACROSSE ROAD, SUITE 305 NORTH CHARLESTON, SC 29406	26-0805420	501(C)(3)	12,000.	0.			BELFAIR 1811 CHARITABLE 2023 GRANT
BLUFFTON COMMUNITY SOUP KITCHEN PO BOX 993 BLUFFTON, SC 29910	82-3282038	501(C)(3)	12,000.	0.			BELFAIR 1811 CHARITABLE 2023 GRANT
NEIGHBORHOOD OUTREACH CONNECTION 4 DUNMORE COURT HILTON HEAD ISLAND, SC 29926	54-2083947	501(C)(3)	12,000.	0.			BELFAIR 1811 CHARITABLE 2023 GRANT

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HILTON HEAD NO. 1 PUBLIC SERVICE DISTRICT - POST OFFICE BOX 21264 - HILTON HEAD ISLAND, SC 29925-1264	57-0680099	501(C)(3)	12,830.	0.			1 SEWER CONNECTION INV 2793
COLLETON RIVER CHARITABLE FUND 4 NORTHRIDGE DRIVE HILTON HEAD ISLAND, SC 29925	57-0756987	501(C)(3)	35,000.	0.			TRANSFER OF MONIES FROM THE COLLETON RIVER COLLEGIATE HELPING HANDS FUND TO COLLETON RIVER
BLACQUITY POST OFFICE BOX 3132 BLUFFTON, SC 29910	88-0662577	501(C)(3)	6,000.	0.			UNRESTRICTED DONATIONS FOR DEC. '22, JAN '23, AND FEB '23.
UNIVERSITY OF SOUTH CAROLINA BEAUFORT - ONE UNIVERSITY BOULEVARD - BLUFFTON, SC 29909	57-6001153	501(C)(3)	25,000.	0.			SPRING 2023 SCHOLARSHIP AWARDS NICHOLAS LUCCHESI MEMORIAL SCHOLARSHIP
BLUFFTON JASPER COUNTY VOLUNTEERS IN MEDICINE - PO BOX 2653 - BLUFFTON, SC 29910	32-0298086	501(C)(3)	10,000.	0.			2023 BOURBON AND BUBBLY SPONSORSHIP
SUCCESS ACADEMY CHARTER SCHOOLS OF NEW YORK - C/O SPRING BENEFIT OFFICE - NEW YORK, NY 10005	20-5298861	501(C)(3)	15,000.	0.			GENERAL SUPPORT
HERITAGE CLASSIC FOUNDATION POST OFFICE BOX 3244 HILTON HEAD ISLAND, SC 29938	57-0835114	501(C)(3)	10,000.	0.			THE JUNIOR JAZZ FOUNDATION $3000 WORLD AFFAIRS COUNCIL OF HILTON HEAD $2000 LOWCOUNTRY
SECOND FOUNDING OF AMERICA 4 NORTHRIDGE DRIVE HILTON HEAD ISLAND, SC 29925	57-0756987	501(C)(3)	15,000.	0.			FINAL PAYMENT - SECOND FOUNDING OF AMERICA: C-SUITE GRANT #7735
LANDMARK COLLEGE 19 RIVER ROAD SOUTH PUTNEY, VT 05346	22-2586208	501(C)(3)	40,000.	0.			DONATION TO PIONEERS EVENT

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SOLA CITY CHURCH 1157 RIVERSIDE DRIVE GAINESVILLE, GA 30501	82-1230383	501(C)(3)	6,000.	0.			GENERAL SUPPORT
ARNOLD FIELDS COMMUNITY ENDOWMENT FUND - 4 NORTHRIDGE DRIVE - HILTON HEAD ISLAND, SC 29925	57-0756987	501(C)(3)	7,550.	0.			HAMPTON COUNTY MUSIC ACADEMY
UNIVERSITY OF WISCONSIN FOUNDATION US BANK LOCKBOX MILWAUKEE, WI 53278-0807	39-0743975	501(C)(3)	15,000.	0.			SUCCESSWORKS FUND #112548014
NEIGHBORHOOD OUTREACH CONNECTION 4 DUNMORE COURT HILTON HEAD ISLAND, SC 29926	54-2083947	501(C)(3)	20,000.	0.			AFTER SCHOOL LEARNING AND ENRICHMENT HEALTH/WELLNESS PROGRAMS IN BLUFFTON CENTER
VOLUNTEERS IN MEDICINE HILTON HEAD ISLAND - 15 NORTHRIDGE DRIVE - HILTON HEAD ISLAND, SC 29926	57-0959206	501(C)(3)	6,500.	0.			CONTINUOUS GLUCOSE MONITORING DEVICES FOR BLUFFTON RESIDENTS WITH HIGH GLUCOSE LEVELS
ANTIOCH EDUCATIONAL CENTER POST OFFICE BOX 1930 RIDGELAND, SC 29936	76-0818789	501(C)(3)	20,000.	0.			FEEDING OUR CHILDREN PROJECT
FAMILY PROMISE OF BEAUFORT COUNTY 181 BLUFFTON ROAD, D101 BLUFFTON, SC 29910	20-5647589	501(C)(3)	9,000.	0.			GET ON TRACK PROGRAM TO PREVENT EVICTIONS FROM HOUSING
SECOND HELPINGS INC. P.O. BOX 23621 HILTON HEAD ISLAND, SC 29925	57-0938469	501(C)(3)	10,000.	0.			HEALTHY FOOD INITIATIVE ONLINE ORDER SYSTEM
PROGRAMS FOR EXCEPTIONAL PEOPLE 39 SHERIDAN PARK CIRCLE BLUFFTON, SC 29910	57-1036680	501(C)(3)	11,550.	0.			LITERACY AND VOCATIONAL PROGRAM FEATURING COMPUTER SKILLS

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THE HILTON HEAD ISLAND DEEP WELL PROJECT - PO BOX 5543 - HILTON HEAD ISLAND, SC 29938	57-0566098	501(C)(3)	16,000.	0.			LIVABLE HOUSING HOME REPAIR PROGRAM
MEALS ON WHEELS, BLUFFTON-HILTON HEAD - P.O.BOX 23691 - HILTON HEAD ISLAND, SC 29925	57-0691109	501(C)(3)	20,000.	0.			MEALS PROGRAM FOR ELDERLY, SICK AND SHUT INS
BACKPACK BUDDIES OF GREATER BLUFFTON AND HARDEEVILLE - PO BOX 3525 - BLUFFTON, SC 29910	27-0536683	501(C)(3)	19,680.	0.			MONTHLY BOXES OF FRESH FOOD FOR STUDENTS OF BLUFFTON AND MAY RIVER HIGH SCHOOLS
BOYS & GIRLS CLUBS OF THE LOWCOUNTRY - BLUFFTON UNIT - PO BOX 1908 - BLUFFTON, SC 29910	57-0811876	501(C)(3)	20,000.	0.			NEW COMPUTERS FOR BLUFFTON' S LITERACY PROGRAM
BLUFFTON SELF HELP PO BOX 2420 BLUFFTON, SC 29910	57-0862658	501(C)(3)	20,000.	0.			PATHWAYS FOR PERSONAL SUCCESS PROGRAM
BLUFFTON JASPER COUNTY VOLUNTEERS IN MEDICINE - PO BOX 2653 - BLUFFTON, SC 29910	32-0298086	501(C)(3)	12,000.	0.			PATIENT REFERRAL AND LABORATORY TESTING PROGRAM
PREGNANCY CENTER AND CLINIC OF THE LOW COUNTRY INC - 1 CARDINAL RD - HILTON HEAD ISLAND, SC 29926	57-0923523	501(C)(3)	10,000.	0.			PROVIDING ESSENTIAL BABY ITEMS FOR FAMILIES IN NEED
HOPEFUL HORIZONS POST OFFICE BOX 1775 BEAUFORT, SC 29901	57-1063332	501(C)(3)	20,000.	0.			SURVIVORS OF DOMESTIC ABUSE
BLUFFTON COMMUNITY SOUP KITCHEN PO BOX 993 BLUFFTON, SC 29910	82-3282038	501(C)(3)	10,000.	0.			TWICE WEEKLY HOT MEALS DISTRIBUTED BY SOUP KITCHEN

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OPERATION PATRIOTS FOB 198 OKATIE VILLAGE DRIVE OKATIE, SC 29909	85-0894599	501(C)(3)	10,000.	0.			WARRIOR PEER TO PEER PROGRAM
WORLD AFFAIRS COUNCIL OF HILTON HEAD - PO BOX 22523 - HILTON HEAD ISLAND, SC 29925	57-0942426	501(C)(3)	14,125.	0.			GLOBAL SPEAKERS SERIES - RICHARD MCGREGOR
NOAHS ARK RESCUE 4084 SPRING ISLAND OKATIE, SC 29909	26-2553174	501(C)(3)	6,822.	0.			FRANK AKA DUFFY WAS HBC IN BEAUFORT COUNTY AND SENT TO CHARLESTON VET REF. TO RECEIVE TREATMENT
UNIVERSITY OF SOUTH CAROLINA BEAUFORT - ONE UNIVERSITY BOULEVARD - BLUFFTON, SC 29909	57-6001153	501(C)(3)	25,000.	0.			MATH PROGRAMS IN THE SUMMER
OSPREY VILLAGE, INC. PO BOX 3155 BLUFFTON, SC 29910	26-2967726	501(C)(3)	14,020.	0.			REIMBURSEMENT FOR 2022 Q4 EXPENSES RELATED TO OUR HOUSING DEVELOPMENT PROJECT THAT HAVE ALREADY
MEALS ON WHEELS, BLUFFTON-HILTON HEAD - P.O.BOX 23691 - HILTON HEAD ISLAND, SC 29925	57-0691109	501(C)(3)	72,000.	0.			TO CONTINUE TO ENSURE DELIVERY OF FOOD TO THE MOST VULNERABLE
SECOND HELPINGS INC. P.O. BOX 23621 HILTON HEAD ISLAND, SC 29925	57-0938469	501(C)(3)	72,000.	0.			TO CONTINUE TO ENSURE DELIVERY OF FOOD TO THE MOST VULNERABLE.
JUNIOR JAZZ FOUNDATION PO BOX 4751 HILTON HEAD ISLAND, SC 29938	27-1347606	501(C)(3)	10,000.	0.			SUMMER CAMP FUNDING
AGAWAM COUNCIL 6 FUNDY ROAD, SUITE 100 FALMOUTH, ME 04105-1794	22-2577250	501(C)(3)	40,000.	0.			AGAWAM, MY AGAWAM FUND

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MEDIA RESEARCH CENTER 1900 CAMPUS COMMONS DRIVE, SUITE 60 RESTON, VA 20191	54-1429009	501(C)(3)	40,000.	0.			ANNUAL FUND
HERITAGE CLASSIC FOUNDATION POST OFFICE BOX 3244 HILTON HEAD ISLAND, SC 29938	57-0835114	501(C)(3)	15,000.	0.			CHAMPIONS FORE CHARITY - THE SANDBOX CHILDRENS MUSEUM
JEWS FOR JESUS 60 HAIGHT STREET SAN FRANCISCO, CA 94102-5895	94-2222464	501(C)(3)	40,000.	0.			FOR THE STAFF RETREAT FUND
BOYS & GIRLS CLUB OF HILTON HEAD ISLAND - P.O. BOX 22267 - HILTON HEAD ISLAND, SC 29925	57-0811876	501(C)(3)	140,000.	0.			BREEDLOVE FOUNDATION OPERATIONAL SUPPORT
HABITAT FOR HUMANITY OF THE LOWCOUNTRY - POST OFFICE BOX 2747 - BLUFFTON, SC 29910	57-0916245	501(C)(3)	20,000.	0.			GENERAL SUPPORT
BLUFFTON SELF HELP PO BOX 2420 BLUFFTON, SC 29910	57-0862658	501(C)(3)	30,000.	0.			GENERAL SUPPORT FOR EDUCATIONAL PROGRAM
COLUMBIA UNIVERSITY IRVING MEDICAL CENTER - COLUMBIA UNIVERSITY IRVING MEDICAL CENTER OFFICE OF DEVELOPMENT - NEW YORK, NY 10032	13-5598093	501(C)(3)	10,000.	0.			IN LOVING MEMORY AND IN HONOR OF CARLY ELIZABETH HUGHES'S 10TH ANGEL DATE.MEMO LINE: SUPPORT
MEALS ON WHEELS, BLUFFTON-HILTON HEAD - P.O.BOX 23691 - HILTON HEAD ISLAND, SC 29925	57-0691109	501(C)(3)	20,000.	0.			ADDITIONAL FUNDS FOR 22CY2 APPLICATION TO MAKE TALENT AND TECHNOLOGY POSITION PERMANENT
HERITAGE CLASSIC FOUNDATION POST OFFICE BOX 3244 HILTON HEAD ISLAND, SC 29938	57-0835114	501(C)(3)	6,276.	0.			BORGHESI - BIRDIES FOR CHARITIES

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SEA TURTLE PATROL HHI AND STRANDING RESPONSE FUND - 4 NORTHRIDGE DRIVE - HILTON HEAD ISLAND, SC 29925	57-0756987	501(C)(3)	7,000.	0.			LOWCOUNTRY CELEBRATION PARK PUBLIC TURTLE TALK: RENTAL OF ALL AV EQUIPMENT AND PURCHASE OF
BOYS AND GIRLS CLUBS OF THE LOWCOUNTRY - 10 PINCKNEY COLONY ROAD, SUITE 103 - BLUFFTON, SC 29909	57-0811876	501(C)(3)	33,182.	0.			PROCEEDS FROM PALMETTO BLUFF'S THE ART OF COMMUNITY LIVE AND SILENT AUCTIONS
BLUFFTON SELF HELP PO BOX 2420 BLUFFTON, SC 29910	57-0862658	501(C)(3)	33,182.	0.			PROCEEDS FROM PALMETTO BLUFF'S THE ART OF COMMUNITY SILENT + LIVE AUCTION
THE PALMETTO BLUFF CONSERVANCY 15 VILLAGE PARK SQUARE BLUFFTON, SC 29910	41-2128551	501(C)(3)	33,182.	0.			PROCEEDS FROM PALMETTO BLUFF'S THE ART OF COMMUNITY SILENT AND LIVE AUCTIONS
BLUFFTON JASPER COUNTY VOLUNTEERS IN MEDICINE - PO BOX 2653 - BLUFFTON, SC 29910	32-0298086	501(C)(3)	33,182.	0.			PROCEEDS FROM THE ART OF COMMUNITY SILENT AND LIVE AUCTIONS
LOWCOUNTRY FOUNDATION FOR WOUNDED MILITARY HEROES - 20 TOWNE DRIVE #199 - BLUFFTON, SC 29910	35-2381056	501(C)(3)	33,182.	0.			PROCEEDS FROM THE ART OF COMMUNITY SILENT AND LIVE AUCTIONS
PROGRAMS FOR EXCEPTIONAL PEOPLE 39 SHERIDAN PARK CIRCLE BLUFFTON, SC 29910	57-1036680	501(C)(3)	25,000.	0.			GENERAL SUPPORT
THE HILTON HEAD ISLAND DEEP WELL PROJECT - PO BOX 5543 - HILTON HEAD ISLAND, SC 29938	57-0566098	501(C)(3)	25,000.	0.			GENERAL SUPPORT
UNITED WAY OF THE LOWCOUNTRY, INC. POST OFFICE BOX 202 BEAUFORT, SC 29901-0202	57-0405847	501(C)(3)	25,000.	0.			GENERAL SUPPORT

Part II **Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments** (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
HILTON HEAD HUMANE ASSOCIATION 10 HUMANE WAY HILTON HEAD ISLAND, SC 29925	57-0630156	501(C)(3)	25,000.	0.			GENERAL SUPPORT
VOLUNTEERS IN MEDICINE HILTON HEAD ISLAND - 15 NORTHRIDGE DRIVE - HILTON HEAD ISLAND, SC 29926	57-0959206	501(C)(3)	25,000.	0.			GENERAL SUPPORT
ST. SAVIORS EPISCOPAL CHURCH 41 MT. DESERT STREET BAR HARBOR, ME 04609	01-0211527	501(C)(3)	25,000.	0.			GENERAL SUPPORT
MT. DESERT ISLAND REGIONAL HIGH SCHOOL - 1081 EAGLE LAKE ROAD - BAR HARBOR, ME 04609	01-0277426	501(C)(3)	25,000.	0.			TO SUPPORT SCHOLARSHIPS
J M SMITH FOUNDATION 101 WEST ST. JOHN STREET, SUITE 305 SPARTANBURG, SC 29306	57-1046595	501(C)(3)	7,000.	0.			MATCHING GRANT PROGRAM RELATED TO PAULA HARPER BETHEA
NATIONAL FOUNDATION FOR CANCER RESEARCH - 5515 SECURITY LANE - ROCKVILLE, MD 20852	04-2531031	501(C)(3)	6,000.	0.			CANCER RESEARCH
FAMILY PROMISE OF BEAUFORT COUNTY 181 BLUFFTON ROAD, D101 BLUFFTON, SC 29910	20-5647589	501(C)(3)	15,000.	0.			A SAFE NIGHT SLEEP
HILTON HEAD ISLAND RECREATION ASSOCIATION - PO BOX 22593 - HILTON HEAD ISLAND, SC 29925	57-0827128	501(C)(3)	15,000.	0.			ADAPTIVE RECREATION PROGRAMS
ARTS CENTER OF COASTAL CAROLINA 14 SHELTER COVE LANE HILTON HEAD ISLAND, SC 29928	57-1035817	501(C)(3)	50,000.	0.			ARTS-BASED EDUCATION BENEFITS ACADEMICALLY & EMOTIONALLY

Part II **Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments** (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
THE CHILDREN'S CENTER INC. 8 NATURE'S WAY HILTON HEAD ISLAND, SC 29926	57-0485356	501(C)(3)	70,000.	0.			EDUCATING THE FUTURE
HEROES ON HORSEBACK PO BOX 3678 BLUFFTON, SC 29910	57-1099345	501(C)(3)	15,000.	0.			EQUINE ASSISTED THERAPY FOR SPECIAL NEEDS CHILDREN
VOLUNTEERS IN MEDICINE HILTON HEAD ISLAND - 15 NORTHRIDGE DRIVE - HILTON HEAD ISLAND, SC 29926	57-0959206	501(C)(3)	140,000.	0.			GIVING OUR COMMUNITY A REASON TO CONTINUE TO SMILE
MITCHELVILLE PRESERVATION PROJECT. INC. - PO BOX 21758 - HILTON HEAD ISLAND, SC 29925	27-2308109	501(C)(3)	22,500.	0.			GRIOT'S CORNER AND HO'WELL DO YOU KNOW HILTON HEAD ISLAND HISTORY HIKE
HILTON HEAD SYMPHONY ORCHESTRA, INC. - PO DRAWER 5757 - HILTON HEAD ISLAND, SC 29938	57-0761297	501(C)(3)	17,500.	0.			HILTON HEAD SYMPHONY ORCHESTRAS EDUCATIONAL AND COMMUNITY ENGAGEMENT (EDCE) PROGRAMS
HOPEFUL HORIZONS POST OFFICE BOX 1775 BEAUFORT, SC 29901	57-1063332	501(C)(3)	10,000.	0.			HOPEFUL HORIZONS ORGANIZATIONAL SUPPORT
AFFORDABLE WORKFORCE HOUSING FUND 4 NORTHRIDGE DRIVE HILTON HEAD ISLAND, SC 29925	57-0756987	501(C)(3)	150,000.	0.			INITIAL FUNDING TO SEED CFL HOUSING FUND
BLUFFTON SELF HELP PO BOX 2420 BLUFFTON, SC 29910	57-0862658	501(C)(3)	7,500.	0.			LEARNING & LITERACY ADULT EDUCATION PROGRAMS
MEMORY MATTERS P.O. BOX 22330 HILTON HEAD ISLAND, SC 29925	58-2291775	501(C)(3)	15,000.	0.			MEMORY CARE ADULT DAY RESPITE PROGRAM HILTON HEAD AND BLUFFTON EXPANSION

Part II **Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments** (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
VOLUNTEERS IN MEDICINE HILTON HEAD ISLAND - 15 NORTHRIDGE DRIVE - HILTON HEAD ISLAND, SC 29926	57-0959206	501(C)(3)	22,500.	0.			ORGANIZATIONAL SUPPORT FOR THE VOLUNTEERS IN MEDICINE HILTON HEAD ISLAND CLINIC
THE FIRST TEE OF THE LOWCOUNTRY PO BOX 23334 HILTON HEAD ISLAND, SC 29925	46-5117877	501(C)(3)	10,000.	0.			PROGRAM SUPPORT
COASTAL DISCOVERY MUSEUM 70 HONEY HORN DRIVE HILTON HEAD ISLAND, SC 29928	57-0801415	501(C)(3)	45,000.	0.			SUPPORT OF COASTAL DISCOVERY MUSEUM - BREEDLOVE FOUNDATION
PROGRAMS FOR EXCEPTIONAL PEOPLE 39 SHERIDAN PARK CIRCLE BLUFFTON, SC 29910	57-1036680	501(C)(3)	20,000.	0.			TRANSPORTATION OF THE INTELLECTUALLY DISABLED FOR THE PEP PROGRAM
MENTAL HEALTH AMERICA OF BEAUFORT/JASPER COUNTIES (MHABJ) - POST OFFICE BOX 1925 - BLUFFTON, SC 29910	57-0670742	501(C)(3)	15,000.	0.			GENERAL OPERATING SUPPORT
BEAUFORT MEMORIAL HOSPITAL ENDOWMENT FOUNDATION - POST OFFICE BOX 2233 - BEAUFORT, SC 29901-2233	57-0792360	501(C)(3)	50,000.	0.			HEALTHCARE CAREER EDUCATION TRAINING AND TESTING CENTER
BEAUFORT MEMORIAL HOSPITAL ENDOWMENT FOUNDATION - POST OFFICE BOX 2233 - BEAUFORT, SC 29901-2233	57-0792360	501(C)(3)	100,000.	0.			HEALTHCARE CAREER EDUCATION TRAINING AND TESTING CENTER
THE HILTON HEAD ISLAND DEEP WELL PROJECT - PO BOX 5543 - HILTON HEAD ISLAND, SC 29938	57-0566098	501(C)(3)	20,000.	0.			ORGANIZATIONAL SUPPORT, EMPHASIS ON HOUSING/SHELTER PROGRAMS
INDIANA UNIVERSITY FOUNDATION POST OFFICE BOX 500 BLOOMINGTON, IN 47402	35-6018940	501(C)(3)	15,000.	0.			AS A ADDITIONAL DONATION TO THE "THOMAS W. AND CAROLINE W. TUCKER FUND FOR THE COLLECTION OF

Part II **Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments** (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SEA TURTLE PATROL HILTON HEAD ISLAND - POST OFFICE BOX 23434 - HILTON HEAD ISLAND, SC 29925	82-3642853	501(C)(3)	7,000.	0.			PD CARES GRANT AWARD FOR LOWCOUNTRY CELEBRATION PARK PUBLIC TURTLE TALK - RENTAL OF AV EQUIPMENT
UNIVERSITY OF MAINE FOUNDATION TWO ALUMNI PLACE ORONO, ME 04469-5792	01-6011501	501(C)(3)	1,000,000.	0.			TO SUPPORT SCHOLARSHIPS
JESUP MEMORIAL LIBRARY 34 MOUNT DESERT STREET BAR HARBOR, ME 04609	01-0214017	501(C)(3)	25,000.	0.			GENERAL SUPPORT
MT. DESERT ISLAND YMCA 21 PARK ST BAR HARBOR, ME 04609	01-0211486	501(C)(3)	25,000.	0.			GENERAL SUPPORT
THE HILTON HEAD ISLAND DEEP WELL PROJECT - PO BOX 5543 - HILTON HEAD ISLAND, SC 29938	57-0566098	501(C)(3)	10,812.	0.			MAINTAINING FACILITY
BEAUFORT MEMORIAL HOSPITAL ENDOWMENT FOUNDATION - POST OFFICE BOX 2233 - BEAUFORT, SC 29901-2233	57-0792360	501(C)(3)	16,000.	0.			HAMPTON HALL 2023 PAR 3 - TEE OFF FOR CANCER FUND RAISING EVENT
SEA TURTLE PATROL HILTON HEAD ISLAND - POST OFFICE BOX 23434 - HILTON HEAD ISLAND, SC 29925	82-3642853	501(C)(3)	30,000.	0.			SUPPORT OF BRIAN SHAMBLIN UGA FOUNDATION WARNELL SCHOOL OF FORESTRY & NATURAL RESOURCES SEA
SECOND HELPINGS INC. P.O. BOX 23621 HILTON HEAD ISLAND, SC 29925	57-0938469	501(C)(3)	15,000.	0.			1. FOOD RESCUE OPERATIONS 2. HEALTHY FOOD INITIATIVE
JOAN AND WADE WEBSTER LEVERAGING PHILANTHROPY FUND - 4 NORTHRIDGE DRIVE - HILTON HEAD ISLAND, SC 29925	57-0756987	501(C)(3)	6,000.	0.			2022 AND 2023 KRUM SCHOLARSHIP STIPENDS

Part II **Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments** (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MOSS CREEK MARINES 91 SAW TIMBER DRIVE HILTON HEAD ISLAND, SC 29926	27-0722721	501(C)(3)	33,500.	0.			ASSISTING SEVERELY INJURED ACTIVE DUTY/VETERAN MARINES, ASSOCIATED NAVAL
THE GULLAH MUSEUM OF HILTON HEAD ISLAND - 3 FARMERS CLUB ROAD - HILTON HEAD ISLAND, SC 29926	42-1603322	501(C)(3)	7,500.	0.			GULLAH SUMMER ENRICHMENT CAMP 2024
LOWCOUNTRY LEGAL VOLUNTEERS PO BOX 2496 BLUFFTON, SC 29910	56-2202319	501(C)(3)	60,000.	0.			LOWCOUNTRY LEGAL VOLUNTEERS MEDICAL LEGAL PARTNERSHIP
LOWCOUNTRY LEGAL VOLUNTEERS PO BOX 2496 BLUFFTON, SC 29910	56-2202319	501(C)(3)	41,000.	0.			LOWCOUNTRY LEGAL VOLUNTEERS MEDICAL LEGAL PARTNERSHIP
HERITAGE CLASSIC FOUNDATION POST OFFICE BOX 3244 HILTON HEAD ISLAND, SC 29938	57-0835114	501(C)(3)	13,500.	0.			CHAMPIONS FORE CHARITY - HILTON HEAD SYMPHONY ORCHESTRA
BOYS AND GIRLS CLUBS OF THE LOWCOUNTRY - 10 PINCKNEY COLONY ROAD, SUITE 103 - BLUFFTON, SC 29909	57-0811876	501(C)(3)	9,000.	0.			THIS GRANT IS TO BE USED FOR THE FEE RELIEF PROGRAM TO HELP 20 CHILDREN FROM LOW-INCOME
HOPEFUL HORIZONS POST OFFICE BOX 1775 BEAUFORT, SC 29901	57-1063332	501(C)(3)	7,000.	0.			THIS GRANT IS TO BE USED FOR THE SAFE AT HOME TRANSITIONAL HOUSING PROGRAM TO PRESERVE,
NEIGHBORHOOD OUTREACH CONNECTION 4 DUNMORE COURT HILTON HEAD ISLAND, SC 29926	54-2083947	501(C)(3)	13,000.	0.			THIS GRANT IS TO BE USED TO PROVIDE HEALTH FAIRS/SCREENINGS, HEALTH AND WELLNESS WORKSHOPS TO
LOWCOUNTRY GULLAH FOUNDATION 2 CATESBY LANE HILTON HEAD, SC 29928	87-1689337	501(C)(3)	14,000.	0.			THIS GRANT IS TO BE USED TO ASSIST GULLAH GEECHEE FAMILIES TRYING TO UNTANGLE LEGAL AND

Part II **Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments** (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BLUFFTON SELF HELP PO BOX 2420 BLUFFTON, SC 29910	57-0862658	501(C)(3)	14,000.	0.			THIS GRANT IS TO BE USED TO SUPPORT LITERACY LEARNING CENTER, PART OF THE PATHWAYS TO PERSONAL
THE HILTON HEAD ISLAND DEEP WELL PROJECT - PO BOX 5543 - HILTON HEAD ISLAND, SC 29938	57-0566098	501(C)(3)	20,000.	0.			THIS GRANT IS TO BE USED TO SUPPORT THE CIRCLES PROGRAM CURRENTLY SERVING18 FAMILIES LIVING
HILTON HEAD NO. 1 PUBLIC SERVICE DISTRICT - POST OFFICE BOX 21264 - HILTON HEAD ISLAND, SC 29925-1264	57-0680099	501(C)(3)	5,644.	0.			1 SEWER CONNECTION INV 2811
HILTON HEAD NO. 1 PUBLIC SERVICE DISTRICT - POST OFFICE BOX 21264 - HILTON HEAD ISLAND, SC 29925-1264	57-0680099	501(C)(3)	8,891.	0.			1 WATER CONNECTION INV 2812
ARTS CENTER OF COASTAL CAROLINA 14 SHELTER COVE LANE HILTON HEAD ISLAND, SC 29928	57-1035817	501(C)(3)	8,000.	0.			COMMUNITY SPACES BUILD NETWORKING AND PROMOTE COMMUNITY CONNECTEDNESS
TEACH FOR AMERICA 635 RUGLEDGE AVENUE, SUITE 201 CHARLESTON, SC 29403	13-3541913	501(C)(3)	10,000.	0.			EXPANSION OF NEW TEACHER ACADEMY TO TRAIN AND RETAIN HIGH-QUALITY, EARLY CAREER TEACHERS
POLARIS TECH CHARTER SCHOOL 1508 GRAYS HWY RIDGELAND, SC 29936	81-5150351	501(C)(3)	7,000.	0.			POLARIS TECH CHARTER SCHOOL SMART CLASSROOMS
THE THRIVING PLACE 35 PARRIS ISLAND GTWY #104 BEAUFORT , SC 29906	92-0888020	501(C)(3)	6,000.	0.			THE THRIVING PLACE
DANA FARBER CANCER INSTITUTE POST OFFICE BOX 849168 BOSTON, MA 02284	04-2263040	501(C)(3)	8,000.	0.			FOR CANCER RESEARCH.

Part II **Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments** (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
UNIVERSITY OF NEW HAMPSHIRE 9 EDGEWOOD ROAD DURHAM, NH 03824	02-0437506	501(C)(3)	8,000.	0.			FOR THE RUSS GULLOTTI SCHOLARSHIP FUND
KNOLLWOOD PLAYGROUND ASSOCIATION INC - 209 ORCHARD PLACE - CHARLESTON, WV 25302	87-2580335	501(C)(3)	10,000.	0.			PLAYGROUND EQUIPMENT
LOWCOUNTRY FOOD BANK INC. 2864 AZALEA DRIVE CHARLESTON, SC 29405	57-0751835	501(C)(3)	6,000.	0.			$3,000 FRESH PRODUCE FOR ALL IN BEAUFORT COUNTY - $3,000 TO SUPPORT LOVE HOUSE SENIOR DAY PROGRAM
POCKETS FULL OF SUNSHINE P.O. BOX 1474 BLUFFTON, SC 29910	47-1283875	501(C)(3)	7,500.	0.			A SUNSHINE PRODUCTION - TELLING OUR STORY
THE HUNGER COALITION OF THE LOWCOUNTRY - PO BOX 22738 - HILTON HEAD ISLAND, SC 29925	27-3106509	501(C)(3)	10,000.	0.			BACKPACK BUDDIES FRESH PRODUCE PROJECT
BOYS AND GIRLS CLUBS OF THE LOWCOUNTRY - 10 PINCKNEY COLONY ROAD, SUITE 103 - BLUFFTON, SC 29909	57-0811876	501(C)(3)	9,000.	0.			BOYS & GIRLS CLUB OF BLUFFTON LITERACY PROGRAM
NEIGHBORHOOD OUTREACH CONNECTION 4 DUNMORE COURT HILTON HEAD ISLAND, SC 29926	54-2083947	501(C)(3)	9,000.	0.			CONTINUATION AND ENHANCEMENT OF NOC'S EDUCATION AND ENRICHMENT PROGRAMS FOR CHILDREN ON
VOLUNTEERS IN MEDICINE HILTON HEAD ISLAND - 15 NORTHRIDGE DRIVE - HILTON HEAD ISLAND, SC 29926	57-0959206	501(C)(3)	20,000.	0.			DISEASE SCREENING TESTS THAT ENABLE VIM HHI TO MAINTAIN PATIENT WELLNESS STATISTICS ABOVE NATIONAL
THE CHILDREN'S CENTER INC. 8 NATURE'S WAY HILTON HEAD ISLAND, SC 29926	57-0485356	501(C)(3)	10,000.	0.			ENSURING KINDERGARTEN READINESS: PREK-3 SUPPORT

Part II **Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments** (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
PROGRAMS FOR EXCEPTIONAL PEOPLE 39 SHERIDAN PARK CIRCLE BLUFFTON, SC 29910	57-1036680	501(C)(3)	6,500.	0.			EXPANDED ARTS & CRAFTS PROGRAM FEATURING A NEW PHOTOGRAPHY PROGRAM TO INSPIRE PEP'S
MEMORY MATTERS P.O. BOX 22330 HILTON HEAD ISLAND, SC 29925	58-2291775	501(C)(3)	10,000.	0.			FEE ASSISTANCE FOR LOW INCOME FAMILIES TO ATTEND MEMORY CARE ADULT DAY PROGRAMS
ANTIOCH EDUCATIONAL CENTER POST OFFICE BOX 1930 RIDGELAND, SC 29936	76-0818789	501(C)(3)	10,000.	0.			FEEDING OUR SENIORS
SECOND HELPINGS INC. P.O. BOX 23621 HILTON HEAD ISLAND, SC 29925	57-0938469	501(C)(3)	9,500.	0.			HILTON HEAD ISLAND FOOD RESCUE OPERATIONS AND HEALTHY FOOD INITIATIVE
BLUFFTON COMMUNITY SOUP KITCHEN PO BOX 993 BLUFFTON, SC 29910	82-3282038	501(C)(3)	12,000.	0.			HOT WHEELS ON THE GO
BLUFFTON SELF HELP PO BOX 2420 BLUFFTON, SC 29910	57-0862658	501(C)(3)	10,000.	0.			LEARNING & LITERACY
THE HILTON HEAD ISLAND DEEP WELL PROJECT - PO BOX 5543 - HILTON HEAD ISLAND, SC 29938	57-0566098	501(C)(3)	15,000.	0.			LIVABLE HOUSING PROGRAM - CRITICAL-NATURE HOME REPAIRS
MEALS ON WHEELS, BLUFFTON-HILTON HEAD - P.O.BOX 23691 - HILTON HEAD ISLAND, SC 29925	57-0691109	501(C)(3)	13,800.	0.			MEAL PROGRAM
BACKPACK BUDDIES OF GREATER BLUFFTON AND HARDEEVILLE - PO BOX 3525 - BLUFFTON, SC 29910	27-0536683	501(C)(3)	10,000.	0.			MONTHLY BOXES OF FRESH PRODUCE

Part II **Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments** (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
PREGNANCY CENTER AND CLINIC OF THE LOW COUNTRY INC - 1 CARDINAL RD - HILTON HEAD ISLAND, SC 29926	57-0923523	501(C)(3)	7,500.	0.			PRENATAL MEDICAL CARE FOR UNINSURED AND UNDERSERVED WOMEN RESIDING IN BEAUFORT COUNTY
MED-I-ASSIST, INC. P.O. BOX 3164 BLUFFTON, SC 29910	32-0212924	501(C)(3)	10,000.	0.			PRESCRIPTION MEDICATION AND EYE CARE PROJECT.
HILTON HEAD FOUNDATION TO SUPPORT YOUTH SPORTS, INC. DBA FIRST TEE - THE LOWCOU - P.O. BOX 23334 - HILTON HEAD ISLAND, SC 29925	46-5117877	501(C)(3)	6,500.	0.			PROGRAM SUPPORT FOR 7/1/2023 -6/30/2024
SANDALWOOD COMMUNITY FOOD PANTRY P.O. BOX 5061 HILTON HEAD ISLAND, SC 29938	27-2766571	501(C)(3)	6,000.	0.			RENTAL OF CRITICALLY-NEEDED OFF-SITE STORAGE SPACE FOR THE SANDALWOOD FOOD
SPECIAL OLYMPICS SOUTH CAROLINA AREA 8 - PO BOX 4641 - HILTON HEAD ISLAND, SC 29938	57-0680248	501(C)(3)	6,500.	0.			SPECIAL OLYMPICS SOUTH CAROLINA AREA 8 BOWLING
SECOND HELPINGS INC. P.O. BOX 23621 HILTON HEAD ISLAND, SC 29925	57-0938469	501(C)(3)	7,342.	0.			SPECIAL GRANT TO OFFSET TENANT MOVING EXPENSES
THE SANDBOX 80 NASSAU STREET HILTON HEAD ISLAND, SC 29928	20-0301794	501(C)(3)	10,000.	0.			SUMMER SCHOLARSHIPS AND DISCOVER, IMAGINE, GROW PROGRAMS
INTERNATIONAL MEDICAL CORPS GIFT PROCESSING CENTER - FILE 2156 PASADENA, CA 91199-2156	95-3949646	501(C)(3)	77,500.	0.			UKRAINE RELIEF FUND
COMMUNITY FOUNDATION FOR METROWEST INC. - 3 ELIOT STREET - NATICK, MA 01760	04-3266789	501(C)(3)	6,000.	0.			GREATEST NEED

Part III **Grants and Other Assistance to Domestic Individuals.** Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
SCHOLARSHIPS	232	418,627.	0.		

Part IV **Supplemental Information.** Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.

PART I, LINE 2:

THE ORGANIZATION DISTRIBUTES FUNDS ACCORDING TO ITS POLICIES. IN THE EVENT THAT THE ORGANIZATION BECOMES AWARE OF ANY MISUSE OF FUNDS, THE ORGANIZATION DOES NOT PROVIDE FUTURE FUNDING TO THAT ENTITY.

PART II, LINE 1, COLUMN (H):

NAME OF ORGANIZATION OR GOVERNMENT: OSPREY VILLAGE, INC.

(H) PURPOSE OF GRANT OR ASSISTANCE: REIMBURSEMENT OF EXPENSES RELATED TO OUR HOUSING DEVELOPMENT PROJECT FROM Q4 OF 2021 THAT WE HAVE ALREADY

Part IV Supplemental Information

PAID.

NAME OF ORGANIZATION OR GOVERNMENT: PROGRAMS FOR EXCEPTIONAL PEOPLE

(H) PURPOSE OF GRANT OR ASSISTANCE: ENABLE PANDEMIC STRUGGLING HHI FAMILIES TO SEND INTELLECTUALLY DISABLED MEMBER TO PEP (FOLLOW-ON)

NAME OF ORGANIZATION OR GOVERNMENT: OSPREY VILLAGE, INC.

(H) PURPOSE OF GRANT OR ASSISTANCE: TO REIMBURSE OSPREY VILLAGE FOR EXPENSES RELATED TO OUR HOUSING DEVELOPMENT PROJECT THAT WE HAVE ALREADY PAID FOR, INCLUDING PROPERTY TAXES

NAME OF ORGANIZATION OR GOVERNMENT: HERITAGE CLASSIC FOUNDATION

(H) PURPOSE OF GRANT OR ASSISTANCE: DESIGNATED UNDER THE CHAMPIONS FOR CHARITY PROGRAM TO "NEIGHBORHOOD OUTREACH CONNECTION". BOARD CHAIRMAN: DR NARENDRA SHARMA

NAME OF ORGANIZATION OR GOVERNMENT: MEMORY MATTERS

(H) PURPOSE OF GRANT OR ASSISTANCE: FREE MEMORY SCREENINGS "MOBILE MOCA'S" FOR UNDERSERVED COMMUNITIES IN BEAUFORT AND JASPER COUNTIES

NAME OF ORGANIZATION OR GOVERNMENT:

VAN DER MEER TENNIS ACADEMY SCHOLARSHIP PROGRAM

(H) PURPOSE OF GRANT OR ASSISTANCE: THESE FUNDS ARE DESIGNATED FOR JAPANESE COLLEGE TENNIS PLAYERS WHO WANT TO INTERN AT THE VAN DER MEER TENNIS ACADEMY IN THE SUMMER TO FURTHER THEIR TENNIS EDUCATION.

NAME OF ORGANIZATION OR GOVERNMENT:

VAN DER MEER TENNIS ACADEMY SCHOLARSHIP PROGRAM

Part IV Supplemental Information

(H) PURPOSE OF GRANT OR ASSISTANCE: THESE FUNDS ARE DESIGNATED TO ASSIST JUNIOR AND PROFESSIONAL JAPANESE TENNIS PLAYERS TRAINING AT THE VAN DER MEER TENNIS ACADEMY.

NAME OF ORGANIZATION OR GOVERNMENT:

VOLUNTEERS IN MEDICINE HILTON HEAD ISLAND

(H) PURPOSE OF GRANT OR ASSISTANCE: CONTINUOUS GLUCOSE MONITORING DEVICES REQUIRED FOR DIABETES PATIENTS AT HIGHER RISK DUE TO PANDEMIC

NAME OF ORGANIZATION OR GOVERNMENT: LOW COUNTRY PRESBYTERIAN CHURCH

(H) PURPOSE OF GRANT OR ASSISTANCE: $10,000 FOR RENOVATION OF FELLOWSHIP HALL $3,000 PLEDGE CHANGE CAN MAKE A CHANGE $100 JANUARY, $100 FEBRUARY AND $100 MARCH

NAME OF ORGANIZATION OR GOVERNMENT: OSPREY VILLAGE, INC.

(H) PURPOSE OF GRANT OR ASSISTANCE: REIMBURSEMENT FOR 2022 Q3 EXPENSES RELATED TO OUR HOUSING DEVELOPMENT PROJECT THAT HAVE ALREADY BEEN PAID BY OVI

NAME OF ORGANIZATION OR GOVERNMENT: LAURAS LITTLE CRITTER BARN

(H) PURPOSE OF GRANT OR ASSISTANCE: LAURA'S LITTLE CRITTER BARN- GROWTH IN BEAUFORT COUNTY HAS DISPLACED THE AREAS WILD ANIMALS, WHOSE HABITATS HAVE BEEN UPENDED BY LANDSCAPING CREWS, TRAFFIC, CONSTRUCTION AND OTHER HUMAN ACTIVITIES. WHEN THOSE ANIMALS ARE INJURED WE CALL LAURA.

NAME OF ORGANIZATION OR GOVERNMENT: TURTLE TRACKERS

(H) PURPOSE OF GRANT OR ASSISTANCE: OPERATING FUNDS NEEDED FOR GENERAL SUPPORT OF PURCHASES PRIOR TO SEA TURTLE SEASON, INCLUDES UPDATING OF

Part IV Supplemental Information

WEBSITE

NAME OF ORGANIZATION OR GOVERNMENT: SEA TURTLE PATROL HILTON HEAD ISLAND

(H) PURPOSE OF GRANT OR ASSISTANCE: SUPPORT OF THE UGA WARNELL SCHOOL OF FORESTRY & NATURAL RESOURCES LOGGERHEAD TURTLE RESEARCH GENETICS

NAME OF ORGANIZATION OR GOVERNMENT:

HILTON HEAD ISLAND DEEP WELL SUSTAINABILITY FUND

(H) PURPOSE OF GRANT OR ASSISTANCE: SUPPORT OF NEW ENDOWMENT FUND ESTABLISHED FOR THE BENEFIT OF THE HHI DEEP WELL PROJECT THROUGH CFL'S 2022 ENDOWMENT CHALLENGE GRANT PROGRAM.

NAME OF ORGANIZATION OR GOVERNMENT: COLLETON RIVER CHARITABLE FUND

(H) PURPOSE OF GRANT OR ASSISTANCE: TRANSFER OF MONIES FROM THE COLLETON RIVER COLLEGIATE HELPING HANDS FUND TO COLLETON RIVER CHARITABLE FUND

NAME OF ORGANIZATION OR GOVERNMENT: HERITAGE CLASSIC FOUNDATION

(H) PURPOSE OF GRANT OR ASSISTANCE: THE JUNIOR JAZZ FOUNDATION $3000 WORLD AFFAIRS COUNCIL OF HILTON HEAD $2000 LOWCOUNTRY GULLAH FOUNDATION $5000

NAME OF ORGANIZATION OR GOVERNMENT: NOAHS ARK RESCUE

(H) PURPOSE OF GRANT OR ASSISTANCE: FRANK AKA DUFFY WAS HBC IN BEAUFORT COUNTY AND SENT TO CHARLESTON VET REF. TO RECEIVE TREATMENT NEEDED.

NAME OF ORGANIZATION OR GOVERNMENT: OSPREY VILLAGE, INC.

(H) PURPOSE OF GRANT OR ASSISTANCE: REIMBURSEMENT FOR 2022 Q4 EXPENSES RELATED TO OUR HOUSING DEVELOPMENT PROJECT THAT HAVE ALREADY BEEN PAID BY

Part IV Supplemental Information

OVI

NAME OF ORGANIZATION OR GOVERNMENT:

COLUMBIA UNIVERSITY IRVING MEDICAL CENTER

(H) PURPOSE OF GRANT OR ASSISTANCE: IN LOVING MEMORY AND IN HONOR OF CARLY ELIZABETH HUGHES'S 10TH ANGEL DATE.MEMO LINE: SUPPORT FOR DR. JULIAN ABRAMS

NAME OF ORGANIZATION OR GOVERNMENT:

VOLUNTEERS IN MEDICINE HILTON HEAD ISLAND

(H) PURPOSE OF GRANT OR ASSISTANCE: ADDRESSING NEEDS OF UNDERSERVED STUDENTS AT LOCAL SCHOOLS FOR PROFESSIONAL MENTAL HEALTH SERVICES

NAME OF ORGANIZATION OR GOVERNMENT:

THE HUNGER COALITION OF THE LOWCOUNTRY

(H) PURPOSE OF GRANT OR ASSISTANCE: FRESH PRODUCE INITIATIVE; IN COLLABORATION WITH THE CHILDRENS CENTER, DEEP WELL WILL PROVIDE FRESH FRUIT AND VEGETABLES FOR 1 YEAR.

NAME OF ORGANIZATION OR GOVERNMENT:

SEA TURTLE PATROL HHI AND STRANDING RESPONSE FUND

(H) PURPOSE OF GRANT OR ASSISTANCE: LOWCOUNTRY CELEBRATION PARK PUBLIC TURTLE TALK: RENTAL OF ALL AV EQUIPMENT AND PURCHASE OF A NEW LAPTOP TO SUPPORT SUMMER LONG, FREE TURTLE TALKS IN THE PARK

NAME OF ORGANIZATION OR GOVERNMENT: INDIANA UNIVERSITY FOUNDATION

(H) PURPOSE OF GRANT OR ASSISTANCE: AS A ADDITIONAL DONATION TO THE "THOMAS W. AND CAROLINE W. TUCKER FUND FOR THE COLLECTION OF ASIAN

Part IV Supplemental Information

ANTIQUE ARTIFACTS" FOR THE BENEFIT OF THE ESKENAZI MUSEUM OF ART

NAME OF ORGANIZATION OR GOVERNMENT: SEA TURTLE PATROL HILTON HEAD ISLAND

(H) PURPOSE OF GRANT OR ASSISTANCE: PD CARES GRANT AWARD FOR LOWCOUNTRY CELEBRATION PARK PUBLIC TURTLE TALK - RENTAL OF AV EQUIPMENT PURCHASE TO SUPPORT SUMMER TURTLE TALKS

NAME OF ORGANIZATION OR GOVERNMENT: UNIVERSITY OF GEORGIA FOUNDATION

(H) PURPOSE OF GRANT OR ASSISTANCE: BRIAN SHAMBLIN, WARNELL SCHOOL OF FORESTRY AND NATURAL RESOURCES - DNA TESTING OF SC SEA TURTLE EGGS PROJECT

NAME OF ORGANIZATION OR GOVERNMENT: SEA TURTLE PATROL HILTON HEAD ISLAND

(H) PURPOSE OF GRANT OR ASSISTANCE: SUPPORT OF BRIAN SHAMBLIN UGA FOUNDATION WARNELL SCHOOL OF FORESTRY & NATURAL RESOURCES SEA TURTLE GENETICS RESEARCH

NAME OF ORGANIZATION OR GOVERNMENT: MOSS CREEK MARINES

(H) PURPOSE OF GRANT OR ASSISTANCE: ASSISTING SEVERELY INJURED ACTIVE DUTY/VETERAN MARINES, ASSOCIATED NAVAL PERSONNEL, AND FAMILIES.

NAME OF ORGANIZATION OR GOVERNMENT:

BOYS AND GIRLS CLUBS OF THE LOWCOUNTRY

(H) PURPOSE OF GRANT OR ASSISTANCE: THIS GRANT IS TO BE USED FOR THE FEE RELIEF PROGRAM TO HELP 20 CHILDREN FROM LOW-INCOME FAMILIES IMPROVE THEIR ACADEMIC PERFORMANCE, DEVELOP CRITICAL THINKING SKILLS, AND INCREASE THEIR CHANCES OF SUCCESS IN SCHOOL.

Part IV Supplemental Information

NAME OF ORGANIZATION OR GOVERNMENT:

GOOD NEIGHBOR FREE MEDICAL CLINIC OF BEAUFORT

(H) PURPOSE OF GRANT OR ASSISTANCE: THIS GRANT IS TO BE USED FOR THE PRIMARY CARE PROGRAM WHICH PROVIDES MEDICAL CARE TO VERY LOW-INCOME, UNINSURED QUALIFIED ADULTS IN BEAUFORT COUNTY.

NAME OF ORGANIZATION OR GOVERNMENT: HOPEFUL HORIZONS

(H) PURPOSE OF GRANT OR ASSISTANCE: THIS GRANT IS TO BE USED FOR THE SAFE AT HOME TRANSITIONAL HOUSING PROGRAM TO PRESERVE, EXPAND, AND ENHANCE AFFORDABLE HOUSING OPTIONS TO HELP THEM TRANSITION TO PERMANENT AFFORDABLE HOUSING.

NAME OF ORGANIZATION OR GOVERNMENT: NEIGHBORHOOD OUTREACH CONNECTION

(H) PURPOSE OF GRANT OR ASSISTANCE: THIS GRANT IS TO BE USED TO PROVIDE HEALTH FAIRS/SCREENINGS, HEALTH AND WELLNESS WORKSHOPS TO LOW INCOME FAMILIES TO TEACH HEALTH EDUCATION AND AWARENESS ABOUT COMMON DISEASES, CONTRIBUTING FACTORS, PREVENTION, AND TIMELY CARE.

NAME OF ORGANIZATION OR GOVERNMENT: LOWCOUNTRY GULLAH FOUNDATION

(H) PURPOSE OF GRANT OR ASSISTANCE: THIS GRANT IS TO BE USED TO ASSIST GULLAH GEECHEE FAMILIES TRYING TO UNTANGLE LEGAL AND OWNERSHIP ISSUES WITH HEIRS PROPERTY OR STRUGGLING TO PAY DELINQUENT COUNTY TAXES AND TO HELP PREVENT FUTURE TAX DELINQUENCY TO HELP PERMANENTLY RESOLVE THESE ISSUES

NAME OF ORGANIZATION OR GOVERNMENT: BLUFFTON SELF HELP

(H) PURPOSE OF GRANT OR ASSISTANCE: THIS GRANT IS TO BE USED TO SUPPORT LITERACY LEARNING CENTER, PART OF THE PATHWAYS TO PERSONAL SUCCESS

Part IV Supplemental Information

PROGRAM, TO HELP LOW-INCOME FAMILIES MOVE FROM CRISIS TO STABILITY.

NAME OF ORGANIZATION OR GOVERNMENT:

THE HILTON HEAD ISLAND DEEP WELL PROJECT

(H) PURPOSE OF GRANT OR ASSISTANCE: THIS GRANT IS TO BE USED TO SUPPORT THE CIRCLES PROGRAM CURRENTLY SERVING18 FAMILIES LIVING IN POVERTY BY HELPING THEM ELIMINATE THE BARRIERS THAT KEEP PEOPLE IN POVERTY IN ORDER TO REACH ECONOMIC STABILITY.

NAME OF ORGANIZATION OR GOVERNMENT: NEIGHBORHOOD OUTREACH CONNECTION

(H) PURPOSE OF GRANT OR ASSISTANCE: CONTINUATION AND ENHANCEMENT OF NOC'S EDUCATION AND ENRICHMENT PROGRAMS FOR CHILDREN ON THE SOUTH END OF HILTON HEAD ISLAND

NAME OF ORGANIZATION OR GOVERNMENT:

VOLUNTEERS IN MEDICINE HILTON HEAD ISLAND

(H) PURPOSE OF GRANT OR ASSISTANCE: DISEASE SCREENING TESTS THAT ENABLE VIM HHI TO MAINTAIN PATIENT WELLNESS STATISTICS ABOVE NATIONAL AVERAGE

NAME OF ORGANIZATION OR GOVERNMENT: PROGRAMS FOR EXCEPTIONAL PEOPLE

(H) PURPOSE OF GRANT OR ASSISTANCE: EXPANDED ARTS & CRAFTS PROGRAM FEATURING A NEW PHOTOGRAPHY PROGRAM TO INSPIRE PEP'S INTELLECTUALLY DISABLED MEMBERS

NAME OF ORGANIZATION OR GOVERNMENT: SANDALWOOD COMMUNITY FOOD PANTRY

(H) PURPOSE OF GRANT OR ASSISTANCE: RENTAL OF CRITICALLY-NEEDED OFF-SITE STORAGE SPACE FOR THE SANDALWOOD FOOD PANTRY

SCHEDULE J (Form 990)

Department of the Treasury
Internal Revenue Service

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees
Complete if the organization answered "Yes" on Form 990, Part IV, line 23.
Attach to Form 990.
Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2022

Open to Public Inspection

Name of the organization: COMMUNITY FOUNDATION OF THE LOWCOUNTRY, INC

Employer identification number: 57-0756987

Part I Questions Regarding Compensation

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

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

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

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC and/or 1099-NEC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) WIERMAN, SCOTT	(i)	209,706.	25,000.	19,500.	0.	8,766.	262,972.	0.
PRESIDENT AND CEO	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
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	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

Part III Supplemental Information

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

PART I, LINE 4B:

THE CEO RECEIVES ADDITIONAL COMPENSATION TO EQUAL $19,500 BEING DISTRIBUTED TO A SUPPLEMENTAL NQDA PLAN.

SCHEDULE O (Form 990)	Supplemental Information to Form 990 or 990-EZ	OMB No. 1545-0047
Department of the Treasury Internal Revenue Service	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.	2022 Open to Public Inspection

Name of the organization	Employer identification number
COMMUNITY FOUNDATION OF THE LOWCOUNTRY, INC	57-0756987

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

AND NEEDS.

FORM 990, PART VI, SECTION B, LINE 11B:

THE ANNUAL FORM 990 IS PREPARED BY THE FOUNDATION'S INDEPENDENT AUDITORS. AFTER THE COMPLETED FORM 990 IS REVIEWED BY THE FOUNDATION'S VP FOR FINANCE/ADMINISTRATION AND PRESIDENT/CEO, AN ELECTRONIC COPY OF THE FORM IS THEN PROVIDED TO ALL FOUNDATION DIRECTORS WITH A 5 DAY COMMENT PERIOD BEFORE THE FORM IS FILED WITH THE IRS.

FORM 990, PART VI, SECTION B, LINE 12C:

BOARD MEMBERS ARE REQUIRED TO REVIEW CONFLICTS ANNUALLY AND SIGN AN AFFIDAVIT DISCLOSING POTENTIAL CONFLICTS. IF POTENTIAL CONFLICTS ARISE, THE FOUNDATION UTILIZES ITS POLICY SO THAT THE CONFLICTED MEMBER IS NOT INVOLVED IN THE DETERMINATION PROCESS.

FORM 990, PART VI, SECTION B, LINE 15:

INCREASES FOR THE CEO ARE APPROVED BY THE EXECUTIVE COMMITTEE OF THE BOARD OF DIRECTORS UPON RECEIVING PERFORMANCE COMMENTARY BY THE BOARD OF DIRECTORS AND BEING PRESENTED WITH STUDIES SHOWING COMPARABLE WAGE DATA FROM THE COUNCIL ON FOUNDATIONS AND FORM 990 OF COMPARABLE LOCAL NONPROFITS. APPROVAL OF OTHER KEY EMPLOYEE WAGES FOLLOWS A SIMILAR REVIEW OF COMPARABLES, BUT IS MADE BY THE CEO.

FORM 990, PART VI, LINE 17, LIST OF STATES RECEIVING COPY OF FORM 990:

AL,AK,AR,CA,CO,CT,DC,FL,GA,IL,KS,KY,MA,MD,ME,MI,MN,MO,MS,NC,ND,NH,NJ,NY,OH

Name of the organization COMMUNITY FOUNDATION OF THE LOWCOUNTRY, INC

Employer identification number 57-0756987

OK,OR,PA,RI,SC,TN,UT,VA,WA,WI,WV

FORM 990, PART VI, SECTION C, LINE 19:

BOARD MAKES AUDIT AND ANNUAL REPORT AVAILABLE ON ITS OWN WEBSITE. BOTH ARE AVAILABLE UPON REQUEST AS WELL. FORM 990 IS ALSO AVAILABLE UPON REQUEST.

FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:

CHANGE IN VALUE OF SPLIT INTEREST -156,670.

FORM 990, PART XII, LINE 2C:

THE ORGANIZATION'S PROCESS HAS NOT CHANGED FROM THE PRIOR YEAR.

SCHEDULE R (Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

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

Attach to Form 990.

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

OMB No. 1545-0047

2022

Open to Public Inspection

Name of the organization: COMMUNITY FOUNDATION OF THE LOWCOUNTRY, INC

Employer identification number: 57-0756987

Part I **Identification of Disregarded Entities.** Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity

Part II **Identification of Related Tax-Exempt Organizations.** Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related tax-exempt organizations during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity? Yes	(g) Section 512(b)(13) controlled entity? No
THE JIM AND MARGARET KRUM FOUNDATION - 27-1777206, 4 NORTHRIDGE DRIVE, SUITE A, HILTON HEAD, SC 29925		SOUTH CAROLINA	501(C)(3)	LINE 12A, I	COMMUNITY FOUNDATION OF THE LOWCOUNTRY	X	

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

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

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

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

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

		Yes	No
Note: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.			
1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?			
a Receipt of **(i)** interest, **(ii)** annuities, **(iii)** royalties, or **(iv)** rent from a controlled entity	1a	X	
b Gift, grant, or capital contribution to related organization(s)	1b		X
c Gift, grant, or capital contribution from related organization(s)	1c		X
d Loans or loan guarantees to or for related organization(s)	1d		X
e Loans or loan guarantees by related organization(s)	1e		X
f Dividends from related organization(s)	1f		X
g Sale of assets to related organization(s)	1g		X
h Purchase of assets from related organization(s)	1h		X
i Exchange of assets with related organization(s)	1i		X
j Lease of facilities, equipment, or other assets to related organization(s)	1j		X
k Lease of facilities, equipment, or other assets from related organization(s)	1k		X
l Performance of services or membership or fundraising solicitations for related organization(s)	1l		X
m Performance of services or membership or fundraising solicitations by related organization(s)	1m		X
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n		X
o Sharing of paid employees with related organization(s)	1o	X	
p Reimbursement paid to related organization(s) for expenses	1p		X
q Reimbursement paid by related organization(s) for expenses	1q		X
r Other transfer of cash or property to related organization(s)	1r		X
s Other transfer of cash or property from related organization(s)	1s		X

2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.

	(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				

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

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

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(e) Are all partners sec. 501(c)(3) orgs.? Yes	(e) No	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations? Yes	(h) No	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner? Yes	(j) No	(k) Percentage ownership

Part VII Supplemental Information

Provide additional information for responses to questions on Schedule R. See instructions.

PUBLIC DISCLOSURE COPY

** PUBLIC DISCLOSURE COPY **

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

2021

Open to Public Inspection

A For the 2021 calendar year, or tax year beginning JUL 1, 2021 **and ending** JUN 30, 2022

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

C Name of organization
COMMUNITY FOUNDATION OF THE LOWCOUNTRY, INC

Doing business as

Number and street (or P.O. box if mail is not delivered to street address) | Room/suite
4 NORTHRIDGE DRIVE, STE A

City or town, state or province, country, and ZIP or foreign postal code
HILTON HEAD ISLAND, SC 29925

F Name and address of principal officer: NICOLE CHARLES
SAME AS C ABOVE

D Employer identification number
57-0756987

E Telephone number
(843) 681-9100

G Gross receipts $ 27,820,863.

H(a) Is this a group return for subordinates? ☐ Yes ☒ No

H(b) Are all subordinates included? ☐ Yes ☐ No
If "No," attach a list. See instructions

H(c) Group exemption number ▶

I Tax-exempt status: ☒ 501(c)(3) ☐ 501(c) ( ) ◀ (insert no.) ☐ 4947(a)(1) or ☐ 527

J Website: ▶ WWW.CF-LOWCOUNTRY.ORG

K Form of organization: ☒ Corporation ☐ Trust ☐ Association ☐ Other ▶

L Year of formation: 1994 **M** State of legal domicile: SC

Part I Summary

Activities & Governance

1 Briefly describe the organization's mission or most significant activities: THE COMMUNITY FOUNDATION'S MISSION IS STRENGTHENING COMMUNITY BY CONNECTING PEOPLE, RESOURCES,

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

3	Number of voting members of the governing body (Part VI, line 1a)	3	18
4	Number of independent voting members of the governing body (Part VI, line 1b)	4	18
5	Total number of individuals employed in calendar year 2021 (Part V, line 2a)	5	15
6	Total number of volunteers (estimate if necessary)	6	140
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

		Prior Year	Current Year
8	Contributions and grants (Part VIII, line 1h)	8,253,890.	24,174,493.
9	Program service revenue (Part VIII, line 2g)	1,128,485.	1,373,220.
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	18,100,787.	2,246,267.
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	14,100.	-33,470.
12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	27,497,262.	27,760,510.

Expenses

13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	6,806,920.	7,939,448.
14	Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	1,115,345.	1,104,008.
16a	Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.
b	Total fundraising expenses (Part IX, column (D), line 25) ▶ 231,514.		
17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	2,329,337.	3,072,835.
18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	10,251,602.	12,116,291.
19	Revenue less expenses. Subtract line 18 from line 12	17,245,660.	15,644,219.

Net Assets or Fund Balances

		Beginning of Current Year	End of Year
20	Total assets (Part X, line 16)	73,666,667.	75,355,203.
21	Total liabilities (Part X, line 26)	3,432,822.	4,628,234.
22	Net assets or fund balances. Subtract line 21 from line 20	70,233,845.	70,726,969.

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 — Date

▶ NICOLE CHARLES, VICE PRESIDENT FOR FINANCE & ADMIN
Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check if self-employed	PTIN
AMY BIBBY	AMY BIBBY	05/12/23	☐	P00445891

Firm's name ▶ FORVIS, LLP — Firm's EIN ▶ 44-0160260

Firm's address ▶ 500 RIDGEFIELD COURT
ASHEVILLE, NC 28806 — Phone no. (828) 254-2254

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

SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission:
THE COMMUNITY FOUNDATION'S MISSION IS STRENGTHENING COMMUNITY BY CONNECTING PEOPLE, RESOURCES, AND NEEDS.

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 X 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 X 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 $ 10,687,982. including grants of $ 7,939,448.) (Revenue $ 1,399,103.)
COMMUNITY FOUNDATION OF THE LOWCOUNTRY MADE MANY GRANTS TO NONPROFIT ORGANIZATIONS; THE MAJORITY OF THESE ORGANIZATIONS SERVE TO ENHANCE THE QUALITY OF LIFE FOR CITIZENS IN THE SOUTH CAROLINA LOWCOUNTRY. COMMUNITY FOUNDATION OF THE LOWCOUNTRY PROVIDES COMMUNITY LEADERSHIP THROUGH PROVIDING INFORMATION, ORGANIZATION DEVELOPMENT, NETWORKING, AND CONVENINGS IN SUPPORT OF THE NONPROFIT SECTOR IN ITS REGION.

4b (Code: _____) (Expenses $ _____ including grants of $ _____) (Revenue $ _____)
COMMUNITY FOUNDATION OF THE LOWCOUNTRY'S FUND ADMINISTRATIVE FEES AND OFFICE EXPENSES ARE USED TO MAINTAIN CURRENT FUNDS AND FURTHER THE PROCESS OF EVALUATING AND AWARDING GRANT MONEY TO DESERVING CHARITIES.

4c (Code: _____) (Expenses $ _____ including grants of $ _____) (Revenue $ _____)
THE FOUNDATION'S ADDITIONAL PROGRAM EXPENSES AID THE FOUNDATION IN ALIGNING THEIR FUNCTIONS WITH THE MISSION.

4d Other program services (Describe on Schedule O.)
(Expenses $ _____ including grants of $ _____) (Revenue $ _____)

4e Total program service expenses ▶ 10,687,982.

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? *If "Yes," complete Schedule A*	1	X	
2	Is the organization required to complete *Schedule B, Schedule of Contributors*? See instructions	2	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*	3		X
4	**Section 501(c)(3) organizations.** Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? *If "Yes," complete Schedule C, Part II*	4		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Rev. Proc. 98-19? *If "Yes," complete Schedule C, Part III*	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? *If "Yes," complete Schedule D, Part I*	6	X	
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? *If "Yes," complete Schedule D, Part II*	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? *If "Yes," complete Schedule D, Part III*	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? *If "Yes," complete Schedule D, Part IV*	9		X
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? *If "Yes," complete Schedule D, Part V*	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X, as applicable.			
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? *If "Yes," complete Schedule D, Part VI*	11a	X	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VII*	11b		X
c	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VIII*	11c		X
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part IX*	11d		X
e	Did the organization report an amount for other liabilities in Part X, line 25? *If "Yes," complete Schedule D, Part X*	11e	X	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? *If "Yes," complete Schedule D, Part X*	11f	X	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? *If "Yes," complete Schedule D, Parts XI and XII*	12a		X
b	Was the organization included in consolidated, independent audited financial statements for the tax year? *If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional*	12b	X	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? *If "Yes," complete Schedule E*	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than $10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at $100,000 or more? *If "Yes," complete Schedule F, Parts I and IV*	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than $5,000 of grants or other assistance to or for any foreign organization? *If "Yes," complete Schedule F, Parts II and IV*	15		X
16	Did the organization report on Part IX, column (A), line 3, more than $5,000 of aggregate grants or other assistance to or for foreign individuals? *If "Yes," complete Schedule F, Parts III and IV*	16		X
17	Did the organization report a total of more than $15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? *If "Yes," complete Schedule G, Part I.* See instructions	17		X
18	Did the organization report more than $15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? *If "Yes," complete Schedule G, Part II*	18	X	
19	Did the organization report more than $15,000 of gross income from gaming activities on Part VIII, line 9a? *If "Yes," complete Schedule G, Part III*	19		X
20a	Did the organization operate one or more hospital facilities? *If "Yes," complete Schedule H*	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than $5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? *If "Yes," complete Schedule I, Parts I and II*	21	X	

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? *If "Yes," complete Schedule I, Parts I and III*	22	X	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? *If "Yes," complete Schedule J*	23	X	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than $100,000 as of the last day of the year, that was issued after December 31, 2002? *If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a*	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
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?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	**Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.** Did the organization engage in an excess benefit transaction with a disqualified person during the year? *If "Yes," complete Schedule L, Part I*	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? *If "Yes," complete Schedule L, Part I*	25b		X
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? *If "Yes," complete Schedule L, Part II*	26		X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? *If "Yes," complete Schedule L, Part III*	27		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? *If "Yes," complete Schedule L, Part IV*	28a		X
b	A family member of any individual described in line 28a? *If "Yes," complete Schedule L, Part IV*	28b		X
c	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? *If "Yes," complete Schedule L, Part IV*	28c		X
29	Did the organization receive more than $25,000 in non-cash contributions? *If "Yes," complete Schedule M*	29	X	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? *If "Yes," complete Schedule M*	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? *If "Yes," complete Schedule N, Part I*	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? *If "Yes," complete Schedule N, Part II*	32		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? *If "Yes," complete Schedule R, Part I*	33		X
34	Was the organization related to any tax-exempt or taxable entity? *If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1*	34	X	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		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)? *If "Yes," complete Schedule R, Part V, line 2*	35b		
36	**Section 501(c)(3) organizations.** Did the organization make any transfers to an exempt non-charitable related organization? *If "Yes," complete Schedule R, Part V, line 2*	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? *If "Yes," complete Schedule R, Part VI*	37		X
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? **Note:** All Form 990 filers are required to complete Schedule O	38	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	1a	32		
b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable	1b	0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c		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	15		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		X	
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to *e-file.* See instructions.				
3a	Did the organization have unrelated business gross income of $1,000 or more during the year?	3a			X
b	If "Yes," has it filed a Form 990-T for this year? *If "No" to line 3b, provide an explanation on Schedule 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			X
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			X
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			X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f			X
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?	13a			
	Note: See the instructions for additional information the organization must report on Schedule O.				
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b			
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?	15			X
	If "Yes," see the instructions and file Form 4720, Schedule N.				
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16			X
	If "Yes," complete Form 4720, Schedule O.				
17	**Section 501(c)(21) organizations.** Did the trust, any disqualified person, or mine operator engage in any activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953?	17			
	If "Yes," complete Form 6069.				

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

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

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	1a	18		
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O.				
b	Enter the number of voting members included on line 1a, above, who are independent	1b	18		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2			X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?	3			X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4			X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5			X
6	Did the organization have members or stockholders?	6			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?	7a			X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b			X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:				
a	The governing body?	8a		X	
b	Each committee with authority to act on behalf of the governing body?	8b		X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? *If "Yes," provide the names and addresses on Schedule O*	9			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?	10a		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	X	
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Did the organization have a written conflict of interest policy? *If "No," go to line 13*	12a	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? *If "Yes," describe on Schedule O how this was done*	12c	X	
13	Did the organization have a written whistleblower policy?	13	X	
14	Did the organization have a written document retention and destruction policy?	14	X	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
a	The organization's CEO, Executive Director, or top management official	15a	X	
b	Other officers or key employees of the organization	15b	X	
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	16b		

Section C. Disclosure

17 List the states with which a copy of this Form 990 is required to be filed ▶AL,AK,AR,CA,CO,CT,DC,FL,GA,IL,KS,KY

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.

X Own website X Another's website X Upon request ☐ Other *(explain on Schedule O)*

19 Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and 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 ▶

THE ORGANIZATION - 843.681.9100

4 NORTHRIDGE DRIVE, STE A, HILTON HEAD ISLAND, SC 29925

SEE SCHEDULE O FOR FULL LIST OF STATES

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

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

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

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

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

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

☐ Check this box if neither the 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 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) SCOTT WIERMAN	40.00									
PRESIDENT & CEO				X				272,334.	0.	7,121.
(2) NICOLE CHARLES	40.00									
VP FOR FINANCE & ADMIN				X				92,073.	0.	4,604.
(3) JACKIE ROSSWURM	2.00									
CHAIR		X		X				0.	0.	0.
(4) SHEILA MAHONY	2.00									
VICE CHAIR		X		X				0.	0.	0.
(5) PAUL MOERI	2.00									
TREASURER		X		X				0.	0.	0.
(6) LINDA FIORE	2.00									
SECRETARY		X		X				0.	0.	0.
(7) SANDY BENSON	2.00									
BOARD MEMBER		X						0.	0.	0.
(8) GEOFF BLOCK	2.00									
BOARD MEMBER		X						0.	0.	0.
(9) YVONNE CURL	2.00									
BOARD MEMBER		X						0.	0.	0.
(10) ARNO DIMMLING	2.00									
BOARD MEMBER		X						0.	0.	0.
(11) DOUG FLETCHER	2.00									
BOARD MEMBER		X						0.	0.	0.
(12) JOHN LEVY	2.00									
BOARD MEMBER		X						0.	0.	0.
(13) MICHAEL MARKS	2.00									
BOARD MEMBER		X						0.	0.	0.
(14) AL PANU	2.00									
BOARD MEMBER		X						0.	0.	0.
(15) SHIRLEY PETERSON	2.00									
BOARD MEMBER		X						0.	0.	0.
(16) DAVID ROSENBLUM	2.00									
BOARD MEMBER		X						0.	0.	0.
(17) ALLEN WARD	2.00									
BOARD MEMBER		X						0.	0.	0.

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 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			
(18) DAFINA WARD BOARD MEMBER	2.00	X						0.	0.	0.
(19) DOUG WETMORE BOARD MEMBER	2.00	X						0.	0.	0.
(20) MICHELLE WYCOFF BOARD MEMBER	2.00	X						0.	0.	0.
1b Subtotal ▶								364,407.	0.	11,725.
c Total from continuation sheets to Part VII, Section A ▶								0.	0.	0.
d Total (add lines 1b and 1c) ▶								364,407.	0.	11,725.

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 ▶ 1

		Yes	No
3	Did the organization list any **former** officer, director, trustee, key employee, or highest compensated employee on line 1a? *If "Yes," complete Schedule J for such individual*		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? *If "Yes," complete Schedule J for such individual*	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? *If "Yes," complete Schedule J for such person*		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
NONE		

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	92,402.				
	c Fundraising events	1c	13,213.				
	d Related organizations	1d					
	e Government grants (contributions)	1e					
	f All other contributions, gifts, grants, and similar amounts not included above	1f	24,068,878.				
	g Noncash contributions included in lines 1a-1f	1g	$				
	h **Total.** Add lines 1a-1f			24,174,493.			
Program Service Revenue		Business Code					
	2a ADMINISTRATIVE FEE INCOME	522299		1,007,220.	1,007,220.		
	b HHIF ADMIN FEE INCOME	522299		280,000.	280,000.		
	c ADMIN FUND INCOME	522299		86,000.	86,000.		
	d						
	e						
	f All other program service revenue						
	g **Total.** Add lines 2a-2f			1,373,220.			
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)			2,247,267.			2247267.
	4 Income from investment of tax-exempt bond proceeds						
	5 Royalties						
		(i) Real	(ii) Personal				
	6a Gross rents 6a	16,266.					
	b Less: rental expenses 6b	0.					
	c Rental income or (loss) 6c	16,266.					
	d Net rental income or (loss)			16,266.	16,266.		
		(i) Securities	(ii) Other				
	7a Gross amount from sales of assets other than inventory 7a						
	b Less: cost or other basis and sales expenses 7b	1,000.					
	c Gain or (loss) 7c	-1,000.					
	d Net gain or (loss)			-1,000.			-1,000.
	8a Gross income from fundraising events (not including $ 13,213. of contributions reported on line 1c). See Part IV, line 18	8a	0.				
	b Less: direct expenses	8b	59,353.				
	c Net income or (loss) from fundraising events			-59,353.			-59,353.
	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					
	b Less: cost of goods sold	10b					
	c Net income or (loss) from sales of inventory						
Miscellaneous Revenue		Business Code					
	11a MISCELLANEOUS	900099		9,617.	9,617.		
	b						
	c						
	d All other revenue						
	e **Total.** Add lines 11a-11d			9,617.			
	12 **Total revenue.** See instructions			27,760,510.	1,399,103.	0.	2186914.

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	7,295,489.	7,295,489.		
2 Grants and other assistance to domestic individuals. See Part IV, line 22	643,959.	643,959.		
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	364,408.	108,285.	147,838.	108,285.
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	533,772.	106,754.	346,952.	80,066.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9 Other employee benefits	138,448.	33,147.	76,268.	29,033.
10 Payroll taxes	67,380.	16,132.	37,118.	14,130.
11 Fees for services (nonemployees):				
a Management				
b Legal	8,410.		8,410.	
c Accounting	30,956.		30,956.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	148,012.		148,012.	
g Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch O.)	350,223.	350,223.		
12 Advertising and promotion	83,381.	83,381.		
13 Office expenses	184,348.		184,348.	
14 Information technology	21,129.		21,129.	
15 Royalties				
16 Occupancy	8,357.		8,357.	
17 Travel	5,452.	5,452.		
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	7,586.		7,586.	
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	46,619.		46,619.	
23 Insurance	31,168.		31,168.	
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 PROGRAM EXPENSES	1,173,072.	1,173,072.		
b FUND ADMINISTRATIVE FEE	841,143.	841,143.		
c ADMIN SPENDABLE TO OPER	86,000.		86,000.	
d MAINTENANCE	18,453.	18,453.		
e All other expenses	28,526.	12,492.	16,034.	
25 **Total functional expenses.** Add lines 1 through 24e	12,116,291.	10,687,982.	1,196,795.	231,514.
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 ▶ ☐ 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		3,801,536.	1	2,837,567.
	2	Savings and temporary cash investments			2	
	3	Pledges and grants receivable, net		177,530.	3	140,000.
	4	Accounts receivable, net			4	
	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	37,924.
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 1,241,656.			
	b	Less: accumulated depreciation	10b 992,601.	295,673.	10c	249,055.
	11	Investments - publicly traded securities		66,871,015.	11	72,085,368.
	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		2,520,913.	15	5,289.
	16	**Total assets.** Add lines 1 through 15 (must equal line 33)		73,666,667.	16	75,355,203.
Liabilities	17	Accounts payable and accrued expenses		69,605.	17	139,541.
	18	Grants payable		767,113.	18	132,450.
	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		2,596,104.	25	4,356,243.
	26	**Total liabilities.** Add lines 17 through 25		3,432,822.	26	4,628,234.
Net Assets or Fund Balances		**Organizations that follow FASB ASC 958, check here ▶ ☒ and complete lines 27, 28, 32, and 33.**				
	27	Net assets without donor restrictions		70,233,845.	27	70,586,969.
	28	Net assets with donor restrictions			28	140,000.
		Organizations that do not follow FASB ASC 958, check here ▶ ☐ 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		70,233,845.	32	70,726,969.
	33	Total liabilities and net assets/fund balances		73,666,667.	33	75,355,203.

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	27,760,510.
2	Total expenses (must equal Part IX, column (A), line 25)	2	12,116,291.
3	Revenue less expenses. Subtract line 2 from line 1	3	15,644,219.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	70,233,845.
5	Net unrealized gains (losses) on investments	5	-13,404,356.
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	-1,396,874.
9	Other changes in net assets or fund balances (explain on Schedule O)	9	-349,865.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	70,726,969.

Part XII Financial Statements and Reporting

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

			Yes	No
1	Accounting method used to prepare the Form 990: ☐ Cash ☒ Accrual ☐ Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: ☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis			
b	Were the organization's financial statements audited by an independent accountant?	2b	X	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: ☐ Separate basis ☒ Consolidated basis ☐ Both consolidated and separate basis			
c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?	2c	X	
	If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits	3b		

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	Employer identification number
COMMUNITY FOUNDATION OF THE LOWCOUNTRY, INC	57-0756987

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 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 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? Yes	(iv) No	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
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.")	4013799.	5727166.	6822132.	6999002.	24174493.	47736592.
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	4013799.	5727166.	6822132.	6999002.	24174493.	47736592.
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)						13181727.
6 **Public support.** Subtract line 5 from line 4.						34554865.

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	4013799.	5727166.	6822132.	6999002.	24174493.	47736592.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	1810729.	1617453.	1252857.	1056899.	2247267.	7985205.
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.)					9,617.	9,617.
11 **Total support.** Add lines 7 through 10						55731414.
12 Gross receipts from related activities, etc. (see instructions)					12	1,389,446.

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** ▶ ☐

Section C. Computation of Public Support Percentage

14 Public support percentage for 2021 (line 6, column (f), divided by line 11, column (f))	14	62.00 %
15 Public support percentage from 2020 Schedule A, Part II, line 14	15	80.40 %

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 ▶ ☒

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 ▶ ☐

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 ▶ ☐

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 ▶ ☐

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 ▶ ☐

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.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 **Total.** Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of $5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 **Public support.** (Subtract line 7c from line 6.)						

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						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 **Total support.** (Add lines 9, 10c, 11, and 12.)						

14 **First 5 years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here** ▶ ☐

Section C. Computation of Public Support Percentage

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

Section D. Computation of Investment Income Percentage

17 Investment income percentage for **2021** (line 10c, column (f), divided by line 13, column (f))	17	%
18 Investment income percentage from **2020** Schedule A, Part III, line 17	18	%

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 ▶ ☐

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 ▶ ☐

20 **Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ▶ ☐

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.*	1		
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).*	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.*	3a		
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.*	3b		
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.*	3c		
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.*	4a		
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.*	4b		
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.*	4c		
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).*	5a		
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?	5b		
c	**Substitutions only.** Was the substitution the result of an event beyond the organization's control?	5c		
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.**	6		
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).*	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? *If "Yes," complete Part I of Schedule L (Form 990).*	8		
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.**	9a		
b	Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? *If "Yes," provide detail in* **Part VI.**	9b		
c	Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? *If "Yes," provide detail in* **Part VI.**	9c		
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.*	10a		
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.)*	10b		

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 ☐ The organization satisfied the Activities Test. *Complete* **line 2** *below.*

b ☐ The organization is the parent of each of its supported organizations. *Complete* **line 3** *below.*

c ☐ The organization supported a governmental entity. *Describe in* **Part VI** *how you supported a governmental entity (see instructions).*

			Yes	No
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 (*explain in detail in* **Part VI**):			
2 Acquisition indebtedness applicable to non-exempt-use assets	**2**		
3 Subtract line 2 from line 1d.	**3**		
4 Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	**4**		
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	**5**		
6 Multiply line 5 by 0.035.	**6**		
7 Recoveries of prior-year distributions	**7**		
8 **Minimum Asset Amount** (add line 7 to line 6)	**8**		

Section C - Distributable Amount		Current Year
1 Adjusted net income for prior year (from Section A, line 8, column A)	**1**	
2 Enter 0.85 of line 1.	**2**	
3 Minimum asset amount for prior year (from Section B, line 8, column A)	**3**	
4 Enter greater of line 2 or line 3.	**4**	
5 Income tax imposed in prior year	**5**	
6 **Distributable Amount.** Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	**6**	

7 ☐ Check here if the current year is the organization's first as a non-functionally integrated 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			

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.)

Schedule B
(Form 990)

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

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

OMB No. 1545-0047

2021

Name of the organization
COMMUNITY FOUNDATION OF THE LOWCOUNTRY, INC

Employer identification number
57-0756987

Organization type (check one):

Filers of:	**Section:**
Form 990 or 990-EZ	[X] 501(c)(3) (enter number) organization
	[ ] 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation
	[ ] 527 political organization
Form 990-PF	[ ] 501(c)(3) exempt private foundation
	[ ] 4947(a)(1) nonexempt charitable trust treated as a private foundation
	[ ] 501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule.**
Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

[ ] For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling $5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

[X] For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of **(1)** $5,000; or **(2)** 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

[ ] For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than $1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.

[ ] For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than $1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling $5,000 or more during the year ..... ▶ $ _____

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

Name of organization
COMMUNITY FOUNDATION OF THE LOWCOUNTRY, INC

Employer identification number
57-0756987

Part I **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		$ 1,074,612.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
2		$ 14,296,355.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
3		$ 567,127.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
		$	Person [ ] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
		$	Person [ ] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
		$	Person [ ] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)

Name of organization
COMMUNITY FOUNDATION OF THE LOWCOUNTRY, INC

Employer identification number
57-0756987

Part II **Noncash Property** (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		$	

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		$	

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		$	

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		$	

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		$	

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		$	

Name of organization: COMMUNITY FOUNDATION OF THE LOWCOUNTRY, INC

Employer identification number: 57-0756987

Part III **Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than $1,000 for the year from any one contributor.** Complete columns **(a)** through **(e) and** the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of **$1,000 or less** for the year. (Enter this info. once.) ▶ $
Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift

Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift

Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift

Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift

Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

SCHEDULE D (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.
▶ Attach to Form 990.
▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2021

Open to Public Inspection

Name of the organization COMMUNITY FOUNDATION OF THE LOWCOUNTRY, INC

Employer identification number 57-0756987

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.

Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year	107	
2	Aggregate value of contributions to (during year)	2,389,681.	
3	Aggregate value of grants from (during year)	2,167,158.	
4	Aggregate value at end of year	10,081,581.	

5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? [X] Yes [ ] No

6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? [ ] Yes [X] No

Part II Conservation Easements.

Complete if the organization answered "Yes" on Form 990, Part IV, line 7.

1 Purpose(s) of conservation easements held by the organization (check all that apply).

- [ ] Preservation of land for public use (for example, recreation or education)
- [ ] Preservation of a historically important land area
- [ ] Protection of natural habitat
- [ ] Preservation of a certified historic structure
- [ ] Preservation of open space

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.

		Held at the End of the Tax Year
a	Total number of conservation easements	2a
b	Total acreage restricted by conservation easements	2b
c	Number of conservation easements on a certified historic structure included in (a)	2c
d	Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register	2d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶ _____

4 Number of states where property subject to conservation easement is located ▶ _____

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? [ ] Yes [ ] No

6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ _____

7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ $ _____

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? [ ] Yes [ ] No

9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:

(i) Revenue included on Form 990, Part VIII, line 1 ▶ $ _____

(ii) Assets included in Form 990, Part X ▶ $ _____

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items:

a Revenue included on Form 990, Part VIII, line 1 ▶ $ _____

b Assets included in Form 990, Part X ▶ $ _____

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets *(continued)*

3 Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its collection items (check all that apply):

a ☐ Public exhibition
b ☐ Scholarly research
c ☐ Preservation for future generations
d ☐ Loan or exchange program
e ☐ Other _____

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? ☐ Yes ☐ No

Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIII and complete the following table:

		Amount
c Beginning balance	1c	
d Additions during the year	1d	
e Distributions during the year	1e	
f Ending balance	1f	

2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII ☐

Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance					
b Contributions					
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:

a Board designated or quasi-endowment ▶ _____%
b Permanent endowment ▶ _____%
c Term endowment ▶ _____%

The percentages on lines 2a, 2b, and 2c should equal 100%.

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

		Yes	No
(i) Unrelated organizations	3a(i)		
(ii) Related organizations	3a(ii)		
b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?	3b		

4 Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment.

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		160,000.		160,000.
b Buildings		952,303.	870,364.	81,939.
c Leasehold improvements				
d Equipment		37,851.	30,775.	7,076.
e Other		91,502.	91,462.	40.
Total. Add lines 1a through 1e. *(Column (d) must equal Form 990, Part X, column (B), line 10c.)* ▶				249,055.

Part VII Investments - Other Securities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely held equity interests		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ▶		

Part VIII Investments - Program Related.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶		

Part IX Other Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. *(Column (b) must equal Form 990, Part X, col. (B) line 15.)* ▶	

Part X Other Liabilities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) ANNUITIES PAYABLE	1,675,645.
(3) FUNDS HELD FOR OTHERS - AGENCY	
(4) FUNDS	3,074,504.
(5) DUE TO CFL	3,594.
(6) GRANTS PAYABLE - KRUM	-397,500.
(7)	
(8)	
(9)	
Total. *(Column (b) must equal Form 990, Part X, col. (B) line 25.)* ▶	4,356,243.

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

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

1	Total revenue, gains, and other support per audited financial statements			1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
a	Net unrealized gains (losses) on investments	2a			
b	Donated services and use of facilities	2b			
c	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII.)	2d			
e	Add lines **2a** through **2d**			2e	
3	Subtract line **2e** from line **1**			3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.)	4b			
c	Add lines **4a** and **4b**			4c	
5	Total revenue. Add lines **3** and **4c.** *(This must equal Form 990, Part I, line 12.)*			5	

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

1	Total expenses and losses per audited financial statements			1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
a	Donated services and use of facilities	2a			
b	Prior year adjustments	2b			
c	Other losses	2c			
d	Other (Describe in Part XIII.)	2d			
e	Add lines **2a** through **2d**			2e	
3	Subtract line **2e** from line **1**			3	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.)	4b			
c	Add lines **4a** and **4b**			4c	
5	Total expenses. Add lines **3** and **4c.** *(This must equal Form 990, Part I, line 18.)*			5	

Part XIII Supplemental Information.

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

PART X, LINE 2:

THE FOUNDATION HAS BEEN RECOGNIZED BY THE INTERNAL REVENUE SERVICE AS A CHARITABLE ORGANIZATION AS DESCRIBED IN SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE AND IS EXEMPT FROM FEDERAL INCOME TAXES PURSUANT TO SECTION 509(A)(2) OF THE INTERNAL REVENUE CODE. ACCORDINGLY, NO PROVISION FOR INCOME TAXES IS INCLUDED IN THE ACCOMPANYING COMBINED FINANCIAL STATEMENTS. THE FOUNDATION HAS DETERMINED THAT IT DOES NOT HAVE ANY MATERIAL UNRECOGNIZED TAX BENEFITS OR OBLIGATIONS AS OF JUNE 30, 2022.

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: COMMUNITY FOUNDATION OF THE LOWCOUNTRY, INC

Employer identification number: 57-0756987

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

2 a 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? Yes	**(iii)** No	**(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
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	(b) Event #2	(c) Other events NONE	(d) Total events (add col. (a) through col. (c))
		(event type)	(event type)	(total number)	
Revenue	1 Gross receipts	13,213.			13,213.
	2 Less: Contributions	13,213.			13,213.
	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	59,353.			59,353.
	10 Direct expense summary. Add lines 4 through 9 in column (d)			▶	59,353.
	11 Net income summary. Subtract line 10 from line 3, column (d)			▶	-59,353.

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	☐ Yes ____ % ☐ No	☐ Yes ____ % ☐ No	☐ Yes ____ % ☐ 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.

Part IV **Supplemental Information** *(continued)*

SCHEDULE I (Form 990)

Department of the Treasury
Internal Revenue Service

Grants and Other Assistance to Organizations, Governments, and Individuals in the United States

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

▶ **Attach to Form 990.**

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

OMB No. 1545-0047

2021

Open to Public Inspection

Name of the organization COMMUNITY FOUNDATION OF THE LOWCOUNTRY, INC

Employer identification number 57-0756987

Part I General Information on Grants and Assistance

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? ..... [X] Yes [ ] No

2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than $5,000. Part II can be duplicated if additional space is needed.

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
A CALL TO ACTION 21 BOUNDARY STREET BLUFFTON, SC 29910	47-3057571	501(C)(3)	7,070.	0.			A CALL TO ACTION
AGAPE FAMILY LIFE CENTER, INC. 5855 SOUTH OKATIE HIGHWAY HARDEEVILLE, SC 29927	57-1106874	501(C)(3)	10,000.	0.			OPPORTUNITY GRANT 2022: FINANCIAL WELLNESS
AGAWAM COUNCIL 6 FUNDY ROAD, SUITE 100 FALMOUTH, ME 04105	22-2577250	501(C)(3)	50,000.	0.			CAPITAL FUND DRIVE
ALL ABOUT CATS 4 MAGAZINE PLACE HILTON HEAD ISLAND, SC 29928	38-3909521	501(C)(3)	15,174.	0.			GENERAL SUPPORT
ALL SAINTS EPISCOPAL CHURCH 3001 MEETING STREET HILTON HEAD ISLAND, SC 29926	57-0764909	501(C)(3)	6,000.	0.			GENERAL OPERATING SUPPORT
ALLIANCE DEFENDING FREEDOM 15100 N. 90TH STREET SCOTTSDALE, AZ 85260	54-1660459	501(C)(3)	10,000.	0.			GENERAL OPERATING SUPPORT

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ..... ▶ 169.

3 Enter total number of other organizations listed in the line 1 table ..... ▶

LHA **For Paperwork Reduction Act Notice, see the Instructions for Form 990.** **Schedule I (Form 990) 2021**

SEE PART IV FOR COLUMN (H) DESCRIPTIONS

132101 10-26-21

Part II **Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments** (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ALZHEIMERS DISEASE RESEARCH CENTER MAYO CLINIC - 200 FIRST ST SW - ROCHESTER, MN 55905	41-6011702	501(C)(3)	10,000.	0.			ALZHEIMER'S RESEARCH
AMERICAN RED CROSS LOWCOUNTRY SC 2424 A CITY HALL LANE NORTH CHARLESTON, SC 29406	53-0196605	501(C)(3)	7,800.	0.			RED CROSS BIOMEDICAL SERVICES: SAVING LIVES IN BEAUFORT COUNTY
ANTIOCH EDUCATIONAL CENTER POST OFFICE BOX 1930 RIDGELAND, SC 29936	76-0818789	501(C)(3)	15,200.	0.			GENERAL OPERATING SUPPORT
ARRHYTHMIA ALLIANCE 19 EXECUTIVE PARK, PO BOX 5507 HILTON HEAD ISLAND, SC 29938	20-4806188	501(C)(3)	10,000.	0.			#HILTONHEADHEARTSMATTER
ARTS CENTER OF COASTAL CAROLINA 14 SHELTER COVE LANE HILTON HEAD ISLAND, SC 29928	57-1035817	501(C)(3)	223,925.	0.			DONOR ADVISOR DISBURSEMENT
AUSTIN ACHIEVE PUBLIC SCHOOLS INC. 7424 EAST HIGHWAY 290 AUSTIN, TX 78723	27-3700807	501(C)(3)	100,000.	0.			PUBLIC CHARTER SCHOOL SUPPORT
AVON OLD FARMS SCHOOL 500 OLD FARMS ROAD AVON, CT 06001	06-0655480	501(C)(3)	25,000.	0.			CAPITAL CAMPAIGN
BEAUFORT COUNTY SCHOOL DISTRICT POST OFFICE DRAWER 309 BEAUFORT, SC 29901	57-6000367	501(C)(3)	71,628.	0.			ROBERT SMALLS INTERNATIONAL ACADEMY AND SHANKLIN ELEMENTARY
BEAUFORT MEMORIAL HOSPITAL ENDOWMENT FOUNDATION - P.O. BOX 2233 - BEAUFORT, SC 29901	57-0792360	501(C)(3)	12,000.	0.			CHARITABLE ALLOCATION FROM PAR 3 EVENT PROCEEDS

Part II **Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments** (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BLACQUITY PO BOX 3132 BLUFFTON, SC 29910	88-0662577	501(C)(3)	7,070.	0.			BLACQUITY - BLACK EQUITY UNIVERSITY PROGRAM
BLUFFTON COMMUNITY SOUP KITCHEN 21 BOUNDARY ST, POST OFFICE BOX 993 BLUFFTON, SC 29910	82-3282038	501(C)(3)	84,500.	0.			ENDING FOOD INSECURITY "EFI"
BLUFFTON JASPER COUNTY VOLUNTEERS IN MEDICINE - 29 PLANTATION PARK DR. BLDG.600, PO BOX #2653 - BLUFFTON, SC 29910	32-0298086	501(C)(3)	80,000.	0.			BLUFFTON JAPSPER VIM - MEDICAL TESTING FOR UNDERSERVED
BLUFFTON MLK OBSERVANCE COMMITTEE P.O. BOX 1158 BLUFFTON, SC 29910	85-4095993	501(C)(3)	54,570.	0.			BLUFFTON MLK OBSERVANCE COMMITTEE GRANT
BLUFFTON SELF HELP PO BOX 2420 BLUFFTON, SC 29910	57-0862658	501(C)(3)	103,825.	0.			BLUFFTON SELF HELP IN SUPPORT OF THE EDUCATION AND RESOURCE CENTER
BOSTON UNIVERSITY BOSTON U. GIFT PROCESSING C/O JP MORGAN CHASE, POST OFFICE BOX 22605 - NEW Y	04-2103547	501(C)(3)	20,000.	0.			TO THE RUSS AND ANDREA GULLOTTI SCHOLARSHIP FUND
BOYS & GIRLS CLUB OF HILTON HEAD ISLAND - 151 GUMTREE ROAD, P.O. BOX 22267 - HILTON HEAD ISLAND, SC 29926	57-0811876	501(C)(3)	217,851.	0.			GENERAL OPERATING SUPPORT
BOYS & GIRLS CLUBS OF THE LOWCOUNTRY BLUFFTON UNIT - 100 H.E. MCCRACKEN CIRCLE, P.O. BOX 1908 - BLUFFTON, SC 29910	57-0811876	501(C)(3)	152,500.	0.			SUPPORT FOR 5 KIDS TO RETURN TO CLUB
BOYS AND GIRLS CLUBS OF THE LOWCOUNTRY - 10 PINCKNEY COLONY ROAD, SUITE 103 - BLUFFTON, SC 29909	57-0811876	501(C)(3)	15,000.	0.			FY22 LEGACY FUND DISTRIBUTION

Part II **Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments** (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BROOKE'S HAVEN ANIMAL RESCUE 25 BUCK ISLAND BLUFFTON, SC 29910	27-1778863	501(C)(3)	5,109.	0.			GENERAL SUPPORT IN MEMORY OF GABBY
CENTRAL OAK GROVE BAPTIST CHURCH 161 MATHEWS DRIVE, POST OFFICE BOX 21702 - HILTON HEAD ISLAND, SC 29925	57-0805691	501(C)(3)	9,900.	0.			COG HILTON HEAD ISLAND (HHI) FOOD DISTRIBUTION PILOT PROGRAM
CHILD ABUSE PREVENTION ASSOCIATION PO BOX 531 BEAUFORT, SC 29901	57-0722206	501(C)(3)	24,000.	0.			CHILD ABUSE PREVENTION ASSOC
CHURCH OF THE CROSS 110 CALHOUN STREET, POST OFFICE BOX BLUFFTON, SC 29910	57-0684046	501(C)(3)	20,000.	0.			THE CHURCH OF THE CROSS FOOD BANK
COASTAL DISCOVERY MUSEUM POST OFFICE BOX 23497 HILTON HEAD ISLAND, SC 29925	57-0801415	501(C)(3)	155,000.	0.			TEACHING DIVERSE NARRATIVES - HISTORY EDUCATOR
COUNCIL ON FOUNDATIONS 1255 23RD STREET NW, SUITE 200 WASHINGTON, DC 20037	41-1239275	501(C)(3)	5,750.	0.			2021 MEMBERSHIP
CROSSROADS COMMUNITY SERVICES BACKPACK BUDDIES OF BLUFFTON - PO BOX 3525 - BLUFFTON, SC 29910	27-0536683	501(C)(3)	39,625.	0.			BACKPACK BUDDIES OF GREATER BLUFFTON AND HARDEEVILLE
CURE ALZHEIMER'S FUND 34 WASHINGTON STREET, SUITE 310 WELLESLEY HILLS, MA 02481	52-2396428	501(C)(3)	132,000.	0.			JOEL BLANCHARD PH.D - MOLECULAR AND CELLULAR MECHANSIMS AND BIOMARKERS OF APOE4
DANA FARBER CANCER INSTITUTE POST OFFICE BOX 849168 BOSTON, MA 02284	04-2263040	501(C)(3)	8,000.	0.			CANCER RESEARCH

Part II **Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments** (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
DAUFUSKIE ISLAND HISTORICAL FOUNDATION - 44 OLD HAIG POINT ROAD - DAUFUSKIE ISLAND, SC 29915	31-1752504	501(C)(3)	10,000.	0.			OPPORTUNITY GRANT 2022: BROTHERS AND SISTERS OYSTER HALL RESTORATION
DOCTORS WITHOUT BORDERS 40 RECTOR STREET, 16TH FLOOR NEW YORK, NY 10006	13-3433452	501(C)(3)	10,000.	0.			SUPPORT EFFORTS IN UKRAINE
DUKE CANCER INSTITUTE 300 W. MORGAN STREET DURHAM, NC 27701	56-0532129	501(C)(3)	10,000.	0.			DR. PETER ALLEN RESEARCH
FAMILY PROMISE OF BEAUFORT COUNTY 181 BLUFFTON RD., D101 BLUFFTON, SC 29910	20-5647589	501(C)(3)	55,600.	0.			A SAFE NIGHT'S SLEEP
FIRST PRESBYTERIAN CHURCH OF HILTON HEAD ISLAND - 540 WILLIAM HILTON PKWY - HILTON HEAD ISLAND, SC 29928	57-0470141	501(C)(3)	28,000.	0.			GENERAL OPERATING SUPPORT
FIRST PRESBYTERIAN CHURCH OF METUCHEN - POST OFFICE BOX 385 - METUCHEN, NJ 08840	22-1667601	501(C)(3)	8,000.	0.			OPERATING BUDGET
FIRST PRESBYTERIAN DAY SCHOOL 540 WILLIAM HILTON PARKWAY HILTON HEAD ISLAND, SC 29928	57-0777216	501(C)(3)	10,000.	0.			GENERAL OPERATING SUPPORT
FOCUS ON THE FAMILY 8605 EXPLORER DRIVE COLORADO SPRINGS, CO 80920	95-3188150	501(C)(3)	10,000.	0.			GENERAL OPERATING SUPPORT
FOUNDATION FOR EDUCATIONAL EXCELLENCE - POST OFFICE BOX 22474 - HILTON HEAD ISLAND, SC 29925	61-1691233	501(C)(3)	8,000.	0.			MARKETING EXPENSES 2021

Part II **Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments** (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
FOUNDATION FOR METROWEST, INC. 3 ELIOT STREET NATICK, MA 01760	04-3266789	501(C)(3)	6,000.	0.			GREATEST NEED
FRIENDS OF CAROLINE HOSPICE 1110 13TH STREET PORT ROYAL, SC 29935	57-0725866	501(C)(3)	215,000.	0.			TO SUPPORT THEIR CAPITAL CAMPAIGN FOR CAROLINE'S COTTAGE
FRIENDS OF HH LIBRARY 9 GANNET STREET HILTON HEAD ISLAND, SC 29926	23-7208194	501(C)(3)	40,592.	0.			DONOR ADVISOR DISBURSEMENT
GOOD NEIGHBOR FREE MEDICAL CLINIC OF BEAUFORT - 974 RIBAUT ROAD - BEAUFORT, SC 29902	26-0335357	501(C)(3)	25,000.	0.			PRIMARY FAMILY CARE
GOOD SHEPHERD LUTERAN CHURCH 106 MAY STREET WALTERBORO, SC 29488	57-0419907	501(C)(3)	7,441.	0.			FOOD PANTRY
GULLAH MUSEUM OF HILTON HEAD ISLAND - 3 FARMERS CLUB ROAD - HILTON HEAD ISLAND, SC 29926	42-1603322	501(C)(3)	10,000.	0.			SUMMER GULLAH MUSEUM ENRICHMENT CAMP
HELP OF BEAUFORT P. O. BOX 472 BEAUFORT, SC 29901	57-0721545	501(C)(3)	30,000.	0.			OPPORTUNITY GRANT 2022: PRODUCE GARDEN FOR NEW FACILITY
HELPING HAND CENTER, INC. 1263 COHEN ROAD PINELAND, SC 29934	80-0751064	501(C)(3)	17,500.	0.			OPPORTUNITY GRANT 2022: HOME SAFETY/ HANDICAP ACCESSIBLE BATHROOMS
HERITAGE CLASSIC FOUNDATION POST OFFICE BOX 3244 HILTON HEAD ISLAND, SC 29928	57-0835114	501(C)(3)	28,500.	0.			CHAMPIONS FORE CHARITY: HILTON HEAD DEEP WELL PROJECT

Part II **Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments** (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
HEROES OF THE LOWCOUNTRY PO BOX 3712 BLUFFTON, SC 29910	36-4725321	501(C)(3)	7,500.	0.			HEROES OF THE LOWCOUNTRY
HEROES ON HORSEBACK P.O. BOX 3678 BLUFFTON, SC 29910	57-1099345	501(C)(3)	20,000.	0.			EQUINE THERAPY FOR DISABLED VETERANS, GOLD STAR FAMILIES, AND EMERGENCY RESPONDERS
HILTON HEAD CHRISTIAN ACADEMY 3088 BLUFFTON PARKWAY BLUFFTON, SC 29910	57-0757671	501(C)(3)	20,000.	0.			GENERAL OPERATING SUPPORT
HILTON HEAD FOUNDATION TO SUPPORT YOUTH SPORTS, ONC. DBA FIRST TEE THE LOWCOUNT - P.O. BOX 23334 - HILTON HEAD ISLAND, SC 29925	46-5117877	501(C)(3)	10,000.	0.			GENERAL OPERATING COSTS
HILTON HEAD ISLAND COMMUNITY CHURCH - PO BOX 4962 - HILTON HEAD ISLAND, SC 29938	45-2786644	501(C)(3)	49,380.	0.			GENERAL OPERATING SUPPORT
HILTON HEAD ISLAND DEEP WELL PROJECT FUND - C/O COMMUNITY FOUNDATION OF THE LOWCOUNTRY, POST OFFICE BOX 23019 - HILTON HEAD	57-0756987	501(C)(3)	15,592.	0.			ENDOWED SPENDABLE DISTRIBUTION
HILTON HEAD ISLAND RECREATION ASSOCIATION - PO BOX 22593 - HILTON HEAD ISLAND, SC 29925	57-0827128	501(C)(3)	18,750.	0.			DAVID M. CARMINE CHILDREN'S SCHOLARSHIP FUND-CHILDCARE
HILTON HEAD PUBLIC SERVICE DISTRICT - POST OFFICE BOX 21264 - HILTON HEAD ISLAND, SC 29925	57-0680099	GOVT	256,665.	0.			3 HOUSEHOLD CONNECTIONS INV 2705, 2706, 2709
HILTON HEAD REGIONAL HABITAT FOR HUMANITY - PO BOX 2747, 90 MAIN ST, STE C, HILTON HEAD - BLUFFTON, SC 29910	57-0916245	501(C)(3)	85,000.	0.			HABITAT FOR HUMANITY REPAIR PROGRAM

Part II **Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments** (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
HILTON HEAD SYMPHONY ORCHESTRA, INC. - POST OFFICE DRAWER 5757 - HILTON HEAD ISLAND, SC 29938	57-0761297	501(C)(3)	71,647.	0.			100% FOR THE HILTON HEAD SYMPHONY ORCHESTRA FOR ANNUAL SUPPORT
HOPEFUL HORIZONS P.O. BOX 1775, 1212 CHARLES STREET BEAUFORT, SC 29901	57-1063332	501(C)(3)	76,725.	0.			HOPEFUL HORIZONS 2022 GRANT
HOSPICE CARE OF THE LOWCOUNTRY 7 PLANTATION PARK DR. UNIT 4, PO BO BLUFFTON, SC 29910	57-0774530	501(C)(3)	342,330.	0.			DONOR ADVISOR DISBURSEMENT
HUNGER COALITION OF THE LOWCOUNTRY POST OFFICE BOX 22738 HILTON HEAD ISLAND, SC 29925	27-3106509	501(C)(3)	34,450.	0.			BACKPACK BUDDIES NEIGHBORHOOD OUTREACH FRESH PRODUCE PROJECT
J M SMITH FOUNDATION 101 WEST ST. JOHN STREET, SPARTAN CENTRE, SUITE 305 - SPARTANBURG, SC 23906	57-1046595	501(C)(3)	7,000.	0.			MATCH GIFT PROGRAM---PAULA HARPER BETHEA
JASPER COUNTY COUNCIL ON AGING POST OFFICE BOX 641 RIDGELAND, SC 29936	57-0564656	501(C)(3)	10,000.	0.			2021 HARGRAY CARING COINS GRANT
JASPER COUNTY SCHOOL DISTRICT 10942 NORTH JACOB SMART BOULEVARD, POST OFFICE BOX 848 - RIDGELAND, SC 29936	57-6000367	GOVT	10,000.	0.			OPPORTUNITY GRANT 2022: FROM DUAL ENROLLMENT TO EARLY COLLEGE PROGRAM
JEWS FOR JESUS 60 HAIGHT STREET SAN FRANCISCO, CA 94102	94-2222464	501(C)(3)	30,000.	0.			UKRAINE RELIEF
JILL'S HOUSE 9011 LEESBURG PIKE VIENNA, VA 22182	37-1465256	501(C)(3)	250,000.	0.			CAPITAL FUND DRIVE

Part II **Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments** (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
JUNIOR JAZZ FOUNDATION 1000 WILLIAM HILTON PARKWAY, SUITE C-1 - HILTON HEAD ISLAND, SC 29926	27-1347606	501(C)(3)	75,000.	0.			SCHOOL GRANTS FOR MUSIC PROGRAMS
LOVE HOUSE LEARNING ACADEMY POST OFFICE BOX 4132 BEAUFORT, SC 29903	82-5305685	501(C)(3)	10,150.	0.			LOVE HOUSE LEARNING - SPECIAL PROJECT SUMMER READING PROGRAM
LOW COUNTRY PRESBYTERIAN CHURCH 10 SIMMONSVILLE ROAD BLUFFTON, SC 29910	47-5401452	501(C)(3)	10,000.	0.			AUDIO VISUAL SYSTEM PROJECT - ENVELOPE 47
LOWCOUNTRY AUTISM FOUNDATION P.O. BOX 31874 CHARLESTON, SC 29417	26-0805420	501(C)(3)	17,000.	0.			LAF AID (AUTISM IDENTIFICATION) PROGRAM
LOWCOUNTRY COMMUNITY CHURCH 801 BUCKWALTER PARKWAY BLUFFTON, SC 29910	57-0999533	501(C)(3)	20,000.	0.			DOLLY PARTON IMAGINATION LIBRARY
LOWCOUNTRY LEGAL VOLUNTEERS PO BOX 2496 BLUFFTON, SC 29910	56-2202319	501(C)(3)	81,111.	0.			EXPANDING AND SUSTAINING OUR SERVICE FOOTPRINT
MAY RIVER MONTESSORI 60 CALHOUN STREET, POST OFFICE BOX BLUFFTON, SC 29910	57-0853132	501(C)(3)	12,500.	0.			LAJUNTA WHITE STOVALL FUND ANNUAL DISTRIBUTION
MEALS ON WHEELS BLUFFTON HILTON HEAD INC - P.O.BOX 23691 - HILTON HEAD ISLAND, SC 29925	57-0691109	501(C)(3)	65,000.	0.			MEAL PROGRAM
MEDIA RESEARCH CENTER 1900 CAMPUS COMMONS DRIVE, SUITE 60 RESTON, VA 20191	54-1429009	501(C)(3)	25,000.	0.			ANNUAL FUND

Part II **Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments** (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MED-I-ASSIST, INC. P.O. BOX 3164 BLUFFTON, SC 29910	32-0212924	501(C)(3)	27,500.	0.			MED-I-ASSIST, INC. 2022 GRANT
MEMORY MATTERS P.O. BOX 22330, 117 WILLIAM HILTON PARKWAY - HILTON HEAD ISLAND, SC 29925	58-2291775	501(C)(3)	73,480.	0.			MEMORY MATTERS 2022 GRANT
MENTAL HEALTH AMERICA OF BEAUFORT JASPER COUNTIES MHABJ - POST OFFICE BOX 1925 - BLUFFTON, SC 29910	57-0670742	501(C)(3)	69,126.	0.			MENTAL HEALTH AMERICA-BEAUFORT/JASPER
MEREDITH COLLEGE 3800 HILLSBOROUGH STREET RALEIGH, NC 27607	56-0530242	501(C)(3)	15,000.	0.			DESIGNATED FOR THE LILLIAN PARKER WALLACE ENDOWMENT FUND IN CELEBRATION OF THE 50TH
MICHIGAN STATE UNIVERSITY 535 CHESTNUT ROAD, ROOM 300 EAST LANSING, MI 48824	38-6005984	501(C)(3)	12,000.	0.			MSU - IN SUPPORT OF MEN'S GOLF PROGRAM
MITCHELVILLE PRESERVATION PROJECT. INC. - POST OFFICE BOX 21758 - HILTON HEAD ISLAND, SC 29925	27-2308109	501(C)(3)	40,000.	0.			GRIOT'S CORNER AND THE HO'WELL DO YOU KNOW HILTON HEAD HISTORY HIKE
MOSS CREEK MARINES 91 SAW TIMBER DRIVE HILTON HEAD ISLAND, SC 29926	27-0722721	501(C)(3)	35,000.	0.			ASSISTING SEVERELY INJURED ACTIVE DUTY AND VETERAN MARINES AND NAVY PERSONNEL AND THEIR
MOUNT CALVARY MISSIONARY BAPTIST CHURCH - POST OFFICE BOX 23194 - HILTON HEAD ISLAND, SC 29925	36-4911346	501(C)(3)	20,000.	0.			TALBIRD CEMETERY FUND
MSU SPARTAN FUND 550 S. HARRISON ROAD EAST LANSING, MI 48823	38-6005984	501(C)(3)	12,000.	0.			MSU - IN SUPPORT OF MEN'S GOLF PROGRAM

Part II **Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments** (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MULTIPLYING GOOD 228 BILL DOMINICK ROAD NEWBERRY, SC 29108	59-0959336	501(C)(3)	15,000.	0.			STUDENTS IN ACTION PROGRAM
NAMI LOWCOUNTRY P. O. BOX 24128 HILTON HEAD ISLAND, SC 29925	57-0920882	501(C)(3)	12,000.	0.			NAMI LOWCOUNTRY ORGANIZATIONAL REBOOT FOR OUTREACH
NATIONAL FOUNDATION FOR CANCER RESEARCH - 5515 SECURITY LANE, SUITE 1105 - ROCKVILLE, MD 20852	04-2531031	501(C)(3)	12,000.	0.			DONOR ADVISOR DISBURSEMENT
NATIVE ISLAND BUSINESS & COMMUNITY AFFAIRS ASSOCIATION, INC. - POST OFFICE BOX 23452 - HILTON HEAD ISLAND, SC 29925	57-1019358	501(C)(3)	100,000.	0.			NIBCAA COVID-19 RENTAL ASSISTANCE GRANT
NEIGHBORHOOD OUTREACH CONNECTION 4 DUNMORE CT, PO BOX 23558 HILTON HEAD ISLAND, SC 29926	54-2083947	501(C)(3)	30,000.	0.			SUSTAINING AFTER SCHOOL AND SUMMER LEARNING PROGRAMS AT NOC'S LEARNING CENTER AT ST
NOAHS ARK RESCUE 4084 SPRING ISLAND OKATIE, SC 29909	26-2553174	501(C)(3)	7,056.	0.			NOAH'S ARK - MAE PEARL
OPERATION PATRIOTS FOB 198 OKATIE VILLAGE DRIVE, SUITE 103 OKATIE, SC 29909	85-0894599	501(C)(3)	12,500.	0.			OPERATION PATRIOTS FORWARD OPERATING BASE 2022 GRANT
OSPREY VILLAGE, INC. PO BOX 3155, 2600 MAIN ST., UNIT 10 BLUFFTON, SC 29910	26-2967726	501(C)(3)	30,000.	0.			GENERAL OPERATING SUPPORT
POCKETS FULL OF SUNSHINE P.O. BOX 1474 BLUFFTON, SC 29910	47-1283875	501(C)(3)	10,000.	0.			NO RAY LEFT BEHIND - AN ADDITIONAL DAY OF POCKETS PROGRAMMING TO ELIMINATE OUR CURRENT WAITING LIST

Part II **Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments** (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
POLARIS TECH CHARTER SCHOOL 1508 GRAYS HWY RIDGELAND, SC 29936	81-5150351	501(C)(3)	44,086.	0.			POLARIS TECH CHARTER SCHOOL
PORT ROYAL SOUND FOUNDATION 310 OKATIE HIGHWAY OKATIE, SC 29909	20-4431922	501(C)(3)	80,000.	0.			PORT ROYAL SOUND FOUNDATION IMPLEMENTATION OF MASTER PLAN
PREGNANCY CENTER AND CLINIC OF THE LOW COUNTRY INC - 1 CARDINAL RD SUITE 1&2 - HILTON HEAD ISLAND, SC 29926	57-0923523	501(C)(3)	7,500.	0.			PRENATAL MEDICAL CARE FOR UNINSURED AND UNDERSERVED WOMEN RESIDING IN BEAUFORT COUNTY
PROGRAMS FOR EXCEPTIONAL PEOPLE 39 SHERIDAN PARK CIRCLE SUITE 2 BLUFFTON, SC 29910	57-1036680	501(C)(3)	107,600.	0.			SUPPORT SOCIAL ENGAGEMENT THROUGH RECREATION AND LEISURE ACTIVITIES
REAL CHAMPIONS, INC. 7596 WEST MAIN STREET, SUITE D RIDGELAND, SC 29936	81-3956956	501(C)(3)	8,000.	0.			ADVOCATE MENTORSHIP - CLOSING THE POVERTY GAP IN SC BY ESTABLISHING ADVOCATE MENTOR
RESCUE PAWS INTERNATIONAL, INC. 80 PADDLE BOAT LANE UNIT 723 HILTON HEAD ISLAND, SC 29928	88-1837956	501(C)(3)	10,000.	0.			GENERAL OPERATING SUPPORT
SAMARITAN MINISTRIES INTERNATIONAL POST OFFICE BOX 3618 PEORIA, IL 61615	37-1295601	501(C)(3)	24,000.	0.			GENERAL OPERATING SUPPORT
SAMARITAN'S PURSE PO BOX 3000 BOONE, NC 28607	58-1437002	501(C)(3)	20,000.	0.			UKRAINE RELIEF
SANDALWOOD COMMUNITY FOOD PANTRY POST OFFICE BOX 5061 HILTON HEAD ISLAND, SC 29938	27-2766571	501(C)(3)	111,000.	0.			2021 HARGRAY CARING COINS GRANT

Part II **Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments** (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SANDBOX A HILTON HEAD AREA CHILDREN'S MUSEUM INC - 18 POPE AVE, STE A - HILTON HEAD ISLAND, SC 29928	20-0301794	501(C)(3)	15,000.	0.			THE SANDBOX SCHOLARSHIP PROGRAM
SEA TURTLE PATROL HILTON HEAD ISLAND - POST OFFICE BOX 23434 - HILTON HEAD ISLAND, SC 29925	82-3642853	501(C)(3)	11,500.	0.			OPPORTUNITY GRANT 2022: FEASIBILITY STUDY FOR THE ESTABLISHMENT OF AN ENVIRONMENTAL CO-OP
SEARCH THE SCRIPTURES POST OFFICE BOX 600 SEABROOK, SC 29940	57-1071646	501(C)(3)	15,000.	0.			GENERAL OPERATING SUPPORT
SECOND HELPINGS 4 NORTHRIDGE DRIVE, SUITE C POST OFFICE BOX 23621 - HILTON HEAD ISLAND, SC 2	57-0938469	501(C)(3)	115,000.	0.			1. HEALTHY FOOD INITIATIVE 2. K-12 PROJECT 3. TRUCK OPERATIONS
SHELTERS TO SHUTTERS 1921 GALLOWS ROAD SUITE 700 VIENNA, VA 22182	47-1004312	501(C)(3)	25,000.	0.			GENERAL SUPPORT
SOUTH CAROLINA BATTLEGROUND PRESEVATION TRUST, INC. - POST OFFICE BOX 80668 - CHARLESTON, SC 29416	57-1004102	501(C)(3)	8,000.	0.			SC BATTLEGROUND PRESERVATION RESEARCH STUDY
SOUTH COASTAL FELLOWSHIP OF CHRISTIAN ATHLETES - POST OFFICE BOX 5192 - HILTON HEAD ISLAND, SC 29938	44-0610626	501(C)(3)	20,000.	0.			GENERAL OPERATING SUPPORT
SPECIAL OLYMPICS SOUTH CAROLINA AREA 8 - PO BOX 4641 - HILTON HEAD, SC 29938	57-0680248	501(C)(3)	7,500.	0.			SPECIAL OLYMPICS AREA 8 BOWLING
SPRING ISLAND TRUST 174 CALLAWASSIE DRIVE OKATIE, SC 29909	57-0905093	501(C)(3)	7,500.	0.			GENERAL SUPPORT

Part II **Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments** (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
STEPHEN SILLER TUNNEL TO TOWERS FOUNDATION - 2361 HYLAN BOULEVARD - STATEN ISLAND, NY 10306	02-0554654	501(C)(3)	5,907.	0.			537 MILES AT $11.00 FOR EACH MILE
SVDP HOLY FAMILY CONFERENCE 24 POPE AVENUE HILTON HEAD ISLAND, SC 29928	43-1964461	501(C)(3)	20,000.	0.			FINANCIAL ASSISTANCE COVID
TECHNICAL COLLEGE OF THE LOWCOUNTRY FOUNDATION - 921 RIBAUT ROAD POST OFFICE BOX 1288 - BEAUFORT, SC 29901	57-0767384	501(C)(3)	19,484.	0.			FY22 LEGACY FUND DISTRIBUTION
THE CHILDREN'S CENTER INC. 8 NATURE'S WAY HILTON HEAD ISLAND, SC 29926	57-0485356	501(C)(3)	182,400.	0.			GENERAL SUPPORT
THE FIRST TEE OF THE LOWCOUNTRY P.O. BOX 23334 HILTON HEAD ISLAND, SC 29925	46-5117877	501(C)(3)	11,500.	0.			GENERAL SUPPORT
THE HILTON HEAD ISLAND DEEP WELL PROJECT - POST OFFICE BOX 5543 - HILTON HEAD ISLAND, SC 29938	57-0566098	501(C)(3)	250,300.	0.			GENERAL PURPOSE
THE LITERACY CENTER P.O. BOX 3725 BLUFFTON, SC 29910	57-0727884	501(C)(3)	12,000.	0.			THE LITERACY CENTER 2022 GRANT
THE OUTSIDE FOUNDATION 50 SHELTER COVE LANE SUITE H HILTON HEAD ISLAND, SC 29928	46-4305638	501(C)(3)	15,420.	0.			OUTSIDE FOUNDATION OPERATING SUPPORT
TOWN OF HILTON HEAD ISLAND ONE TOWN CENTER COURT HILTON HEAD ISLAND, SC 29928	57-0752325	GOVT	6,000.	0.			PUBLIC SAFETY ADDRESS POSTING PROJECT

Part II **Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments** (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
UNITED WAY OF THE LOWCOUNTRY POST OFFICE BOX 7281 BEAUFORT, SC 29901	57-0405847	501(C)(3)	20,000.	0.			GENERAL SUPPORT
UNIVERSITY OF SOUTH CAROLINA BEAUFORT - ROOM 136, HARGRAY BUILDING 1 UNIVERSITY BOULEVARD - BLUFFTON, SC 29909	57-6001153	501(C)(3)	136,503.	0.			SPRING 2022 SCHOLARSHIP AWARDS
UNIVERSITY OF WISCONSIN FOUNDATION US BANK LOCKBOX 78807 PO BOX 78807 MILWAUKEE, WI 53278	39-0743975	501(C)(3)	130,000.	0.			FUND #132380056, 4W COLLABORATIVE DIRECTORSHIP FUND
USC EDUCATIONAL FOUNDATION 1027 BARNWELL STREET COLUMBIA, SC 29208	57-6017985	501(C)(3)	10,000.	0.			OPPORTUNITY GRANT FY22: USC SALKEHATCHIE STUDENT FOOD PANTRY
VOLUNTEERS IN MEDICINE HILTON HEAD ISLAND - 15 NORTHRIDGE DRIVE - HILTON HEAD ISLAND, SC 29926	57-0959206	501(C)(3)	453,259.	0.			VOLUNTEERS IN MEDICINE - SUPPORT OF WELLNESS PROGRAMS
WADDELL MARICULTURE CENTER FUND WADDELL MARICULTURE CENTER 211 SAWMILL CREEK ROAD - BLUFFTON, SC 29910	57-0756987	501(C)(3)	10,000.	0.			FACILITY SUPPORT FOR THE PRODUCTION OF MARINE FINFISH AT THE WADDELL MARICULTURE CENTER
WEXFORD PLANTATION HOMEOWNERS ASSOCIATION, INC. - PO BOX 4100 - HILTON HEAD ISLAND, SC 29938	57-0843850	501(C)(3)	17,650.	0.			EVT007 2021 WEICHERT TOURNAMENT
WILLIAM WOODS UNIVERSITY ONE UNIVERSITY AVENUE FULTON, MO 65251	43-0654876	501(C)(3)	25,000.	0.			ANNUAL FUND
WOMEN'S RIGHTS AND EMPOWERMENT NETWORK - 1201 MAIN STREET SUITE 320 - COLUMBIA, SC 29201	81-0775184	501(C)(3)	20,000.	0.			GENERAL OPERATING SUPPORT

Part II **Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments** (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
WORLD AFFAIRS COUNCIL OF HILTON HEAD - POST OFFICE BOX 22523 - HILTON HEAD ISLAND, SC 29925	57-0942426	501(C)(3)	20,559.	0.			SPEAKERS SERIES - MR. MENON
WORLD VISION INTERNATIONAL P.O. BOX 9716 FEDERAL WAY, WA 98063	95-1922279	501(C)(3)	10,000.	0.			UKRAINE RELIEF

Part III **Grants and Other Assistance to Domestic Individuals.** Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
SCHOLARSHIPS	144	643,959.	0.		

Part IV **Supplemental Information.** Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.

PART I, LINE 2:

THE ORGANIZATION DISTRIBUTES FUNDS ACCORDING TO ITS POLICIES. IN THE EVENT THAT THE ORGANIZATION BECOMES AWARE OF ANY MISUSE OF FUNDS, THE ORGANIZATION DOES NOT PROVIDE FUTURE FUNDING TO THAT ENTITY.

PART II, LINE 1, COLUMN (H):

NAME OF ORGANIZATION OR GOVERNMENT: MEREDITH COLLEGE

(H) PURPOSE OF GRANT OR ASSISTANCE: DESIGNATED FOR THE LILLIAN PARKER WALLACE ENDOWMENT FUND IN CELEBRATION OF THE 50TH REUNION OF THE CLASS

Part IV Supplemental Information

OF 1971

NAME OF ORGANIZATION OR GOVERNMENT: MOSS CREEK MARINES

(H) PURPOSE OF GRANT OR ASSISTANCE: ASSISTING SEVERELY INJURED ACTIVE DUTY AND VETERAN MARINES AND NAVY PERSONNEL AND THEIR FAMILIES

NAME OF ORGANIZATION OR GOVERNMENT: NEIGHBORHOOD OUTREACH CONNECTION

(H) PURPOSE OF GRANT OR ASSISTANCE: SUSTAINING AFTER SCHOOL AND SUMMER LEARNING PROGRAMS AT NOC'S LEARNING CENTER AT ST LUKE'S CHURCH, HHI

NAME OF ORGANIZATION OR GOVERNMENT: REAL CHAMPIONS, INC.

(H) PURPOSE OF GRANT OR ASSISTANCE: ADVOCATE MENTORSHIP - CLOSING THE POVERTY GAP IN SC BY ESTABLISHING ADVOCATE MENTOR RELATIONSHIPS STARTING IN KINDERGARTEN AND CONTINUING THROUGH HIGH SCHOOL GRADUATION

SCHEDULE J (Form 990)

Department of the Treasury
Internal Revenue Service

Compensation Information

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

▶ **Complete if the organization answered "Yes" on Form 990, Part IV, line 23.**

▶ **Attach to Form 990.**

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

OMB No. 1545-0047

2021

Open to Public Inspection

Name of the organization: COMMUNITY FOUNDATION OF THE LOWCOUNTRY, INC

Employer identification number: 57-0756987

Part I Questions Regarding Compensation

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

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

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

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC and/or 1099-NEC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) SCOTT WIERMAN	(i)	187,941.	47,500.	36,893.	0.	7,121.	279,455.	0.
PRESIDENT & CEO	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
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	(i)							
	(ii)							
	(i)							
	(ii)							

Part III Supplemental Information

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

PART I, LINE 4B:

THE CEO RECEIVES ADDITIONAL COMPENSATION TO EQUAL $19,500 BEING DISTRIBUTED

TO A SUPPLEMENTAL NQDA PLAN.

SCHEDULE M (Form 990)

Department of the Treasury
Internal Revenue Service

Noncash Contributions

▶ **Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.**
▶ **Attach to Form 990.**
▶ **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: COMMUNITY FOUNDATION OF THE LOWCOUNTRY, INC

Employer identification number: 57-0756987

Part I Types of Property

		(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1	Art - Works of art				
2	Art - Historical treasures				
3	Art - Fractional interests				
4	Books and publications				
5	Clothing and household goods				
6	Cars and other vehicles				
7	Boats and planes				
8	Intellectual property				
9	Securities - Publicly traded	X	30	1,064,350.	AVG HIGH/LOW
10	Securities - Closely held stock				
11	Securities - Partnership, LLC, or trust interests				
12	Securities - Miscellaneous				
13	Qualified conservation contribution - Historic structures				
14	Qualified conservation contribution - Other				
15	Real estate - Residential				
16	Real estate - Commercial				
17	Real estate - Other				
18	Collectibles				
19	Food inventory				
20	Drugs and medical supplies				
21	Taxidermy				
22	Historical artifacts				
23	Scientific specimens				
24	Archeological artifacts				
25	Other ▶ ( )				
26	Other ▶ ( )				
27	Other ▶ ( )				
28	Other ▶ ( )				

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part V, Donee Acknowledgement 29

		Yes	No
30a	During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period? 30a		X
b	If "Yes," describe the arrangement in Part II.		
31	Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions? 31		X
32a	Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions? 32a		X
b	If "Yes," describe in Part II.		
33	If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.		

Part II **Supplemental Information.** Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

AND NEEDS.

FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:

COMMUNITY FOUNDATION OF THE LOWCOUNTRY PAID SALARIES TO MAINTAIN THE FUNCTIONS OF THE FOUNDATION AS STATED IN THE MISSION STATEMENT.

FORM 990, PART VI, SECTION B, LINE 11B:

THE ANNUAL FORM 990 IS PREPARED BY THE FOUNDATION'S INDEPENDENT AUDITORS. AFTER THE COMPLETED FORM 990 IS REVIEWED BY THE FOUNDATION'S VP FOR FINANCE/ADMINISTRATION AND PRESIDENT/CEO, AN ELECTRONIC COPY OF THE FORM IS THEN PROVIDED TO ALL FOUNDATION DIRECTORS WITH A 5 DAY COMMENT PERIOD BEFORE THE FORM IS FILED WITH THE IRS.

FORM 990, PART VI, SECTION B, LINE 12C:

BOARD MEMBERS ARE REQUIRED TO REVIEW CONFLICTS ANNUALLY AND SIGN AN AFFIDAVIT DISCLOSING POTENTIAL CONFLICTS. IF POTENTIAL CONFLICTS ARISE, THE FOUNDATION UTILIZES ITS POLICY SO THAT THE CONFLICTED MEMBER IS NOT INVOLVED IN THE DETERMINATION PROCESS.

FORM 990, PART VI, SECTION B, LINE 15:

INCREASES FOR THE CEO ARE APPROVED BY THE EXECUTIVE COMMITTEE OF THE BOARD OF DIRECTORS UPON RECEIVING PERFORMANCE COMMENTARY BY THE BOARD OF DIRECTORS AND BEING PRESENTED WITH STUDIES SHOWING COMPARABLE WAGE DATA FROM THE COUNCIL ON FOUNDATIONS AND FORM 990 OF COMPARABLE LOCAL NONPROFITS. APPROVAL OF OTHER KEY EMPLOYEE WAGES FOLLOWS A SIMILAR REVIEW

Name of the organization COMMUNITY FOUNDATION OF THE LOWCOUNTRY, INC

Employer identification number 57-0756987

OF COMPARABLES, BUT IS MADE BY THE CEO.

FORM 990, PART VI, LINE 17, LIST OF STATES RECEIVING COPY OF FORM 990:

AL,AK,AR,CA,CO,CT,DC,FL,GA,IL,KS,KY,MA,MD,ME,MI,MN,MO,MS,NC,ND,NH,NJ,NY,OH

OK,OR,PA,RI,SC,TN,UT,VA,WA,WI,WV

FORM 990, PART VI, SECTION C, LINE 19:

BOARD MAKES AUDIT AND ANNUAL REPORT AVAILABLE ON ITS OWN WEBSITE. BOTH ARE AVAILABLE UPON REQUEST AS WELL. FORM 990 IS ALSO AVAILABLE UPON REQUEST.

FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:

CHANGE IN VALUE OF SPLIT INTEREST -349,865.

FORM 990, PART XII, LINE 2C:

THE ORGANIZATION'S PROCESS HAS NOT CHANGED FROM THE PRIOR YEAR.

SCHEDULE R (Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

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

▶ Attach to Form 990.

▶ 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: COMMUNITY FOUNDATION OF THE LOWCOUNTRY, INC

Employer identification number: 57-0756987

Part I **Identification of Disregarded Entities.** Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity

Part II **Identification of Related Tax-Exempt Organizations.** Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related tax-exempt organizations during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity? Yes	(g) Section 512(b)(13) controlled entity? No
THE JIM AND MARGARET KRUM FOUNDATION - 27-1777206, 4 NORTHRIDGE DRIVE, SUITE A, HILTON HEAD, SC 29925		SOUTH CAROLINA	501(C)(3)		N/A		X

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

Schedule R (Form 990) 2021

132161 11-17-21 LHA

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

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

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

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

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

Note: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.		Yes	No
1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?			
a Receipt of **(i)** interest, **(ii)** annuities, **(iii)** royalties, or **(iv)** rent from a controlled entity	1a	X	
b Gift, grant, or capital contribution to related organization(s)	1b		X
c Gift, grant, or capital contribution from related organization(s)	1c		X
d Loans or loan guarantees to or for related organization(s)	1d		X
e Loans or loan guarantees by related organization(s)	1e		X
f Dividends from related organization(s)	1f		X
g Sale of assets to related organization(s)	1g		X
h Purchase of assets from related organization(s)	1h		X
i Exchange of assets with related organization(s)	1i		X
j Lease of facilities, equipment, or other assets to related organization(s)	1j		X
k Lease of facilities, equipment, or other assets from related organization(s)	1k		X
l Performance of services or membership or fundraising solicitations for related organization(s)	1l		X
m Performance of services or membership or fundraising solicitations by related organization(s)	1m		X
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n		X
o Sharing of paid employees with related organization(s)	1o	X	
p Reimbursement paid to related organization(s) for expenses	1p		X
q Reimbursement paid by related organization(s) for expenses	1q		X
r Other transfer of cash or property to related organization(s)	1r		X
s Other transfer of cash or property from related organization(s)	1s		X

2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.

	(a) Name of related organization	**(b)** Transaction type (a-s)	**(c)** Amount involved	**(d)** Method of determining amount involved
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				

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

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

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(e) Are all partners sec. 501(c)(3) orgs.? Yes	(e) No	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations? Yes	(h) No	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner? Yes	(j) No	(k) Percentage ownership

Part VII Supplemental Information

Provide additional information for responses to questions on Schedule R. See instructions.