### 2026

## **Accommodations Tax Funds Request Application**

**Organization Name:** The Outside Foundation

Project/Event Name: Environmental Sustainability

## **Executive Summary**

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

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

HHI prides itself in being a "world-class resort" with conservation written into it's DNA. This nature-first mindset and emphasis on ecologically responsible development has drawn visitors and tourists to our beaches from all over the US and world for almost 70 years. "Eco-tourism" continues to be one of the fastest growing sectors in the travel industry. In 2014 the non-profit The Outside Foundation was created to continue, and expand, opportunities for children and their families to experience and enjoy nature, and to develop a sense of lasting environmental stewardship. TOF's work directly enhances the visitor's experience on this island by ensuring that our local waterways, beaches, and parks remain clean and free of litter, and by providing opportunities to engage in activities which directly protect and preserve our local environment. Our beach, park, and waterway clean ups, and #EARTHDAYHHI event, provide accessible and ideal opportunities for locals, tourists, and visitors of all ages to join in and make a difference in keeping our environment clean and protecting local wildlife. Our annual water festival was created to celebrate the deep respect locals and visitors alike have for the natural beauty of HHI and the common desire for sustainability of our pristine waterways and beaches. This year's water festival welcomed 20 local non-profits and organizations whose work and missions are focused on environmental education and protection.

Our "Community-based Oyster Shell Recycling and Bed Restoration" project was created in 2018 to capture valuable shucked oyster shell, divert this shell away from our local landfill, and to use this shell to create "living shorelines" along HHI waterways. This first-ever project saw the establishment of a shell quarantine site and participation from 15 local restaurants. In 7 years we have collected 191 tons of shell, have 27 local restaurants participating, engaged over 1481volunteers to fill bags with shell, and partnered with the SCDNR to use nearly all of these bags to construct 34 oyster reefs along the shorelines of HHI. In 2018 we began to capture shell at the annual HHI Oyster Festival. For the past 7 festivals we have captured 20.2 tons of shucked shell for recycling, every bit of which would have ended up in the landfill. Now, this shell helps build new oyster reef habitat and stabilize our local shorelines. On April 22, 2025 we invited all local students, residents, tourists and visitors to participate in the third annual #EARTHDAYHHI. 354 volunteers participated in the litter sweep which covered all 12 miles of local beach and other natural spaces, collecting 1556.3 pounds of trash from over 20 locations on HHI.

In just 11 years TOF as made quite an impact. The programs we provide leadership to include: "Kids in Kayaks" - a kayak-based program for local middle schools (over 9044 local 7th graders have participated in this program), and the "Learn to Paddle" (kayaking and paddle boarding) programs (approximately 500 Boys & Girls Club members). During the 2024-25 school year The Outside Foundation offered every Beaufort County Public School 7th grader students in the Beaufort area, an opportunity to participate. We hosted 1105 students from 14 middle schools for the program last year.

Over the past 11 years we have hosted 112 beach, park, and waterway clean ups, with 3493 volunteers participating, and more than 15.3 tons of trash and marine debris cleaned up. Our 2025 Annual "Keep the Broad Creek Clean" Water Festival brought together 20 environmentally-focused organizations and non-profits for an afternoon of hands-on and interactive nature displays, recycling information, and a litter sweep of the park and Broad Creek shoreline. In keeping with our values this festival, as well as all events hosted by The Outside Foundation, are single-use plastic water bottle free. At this year's water festival we proudly introduced the "Quench Buggy" a portable 300 gallon filtered, chilled hydration station made possible through multiple community partners. From September 5th through the 7th this year we will invite visitors and locals to participate in the 7th Annual "Lowcountry Paddle Fest" event. Over the three day event we expect to welcome over 500 tourists and visitors to our island. On the final day we will partner with three other local environmentally-focused nonprofits, including US Fish & Wildlife, to remove marine debris and trash from Pinckney Island Wildlife Refuge, Haigh Landing, and the surrounding shorelines. In 2024, 102 volunteers helped remove 700 pounds of trash from the wildlife refuge and its shorelines.

Nature-loving visitors come back, year after year. Some choose to eventually live here. It is these very strong connections - to the pristine beaches, dolphin-filled waterways, clean water, and abundance of local seafood that are the most threatened by increased development and tourism on the island. In order to sustain, and grow, the number of visitors to the island each year, as well as protect the environment they expect upon arrival, more emphasis must continue to be placed on environmental sustainability. The Town of HHI's 2020-2040 "Our Plan" states that the environment and sustainability are the foundational values of our Island community, reminding all of us that ecotourism could be, and should be, the future of HHI tourism. TOF's environmental sustainability impact programs are directed at protecting and preserving our local environment and uniquely aligned to deliver the Town of HHI's "healthy, sustainable environment" vision. It is our goal to enhance the visitor experience to HHI by ensuring that our local waterways, beaches, and parks are free of litter. We also desire to be the means by which tourists, traveling to HHI for vacation with knowledge of the Island's history of ecologically sensitive development, would be able to actively engage in nature-based sustainability-focused activities. These activities, in turn, benefit our local economy, serve to enhance protections of our wildlife, and improve the overall quality of life for locals. As our numbers of tourists has increased substantially over the past decade so has the amount trash and plastics on our beaches and along the banks of our waterways. The key to reversing this trend, we believe, is to enhance the visitor experience by creating a sense of "ownership." People are less likely to litter on the beach if they understand how that litter adversely affects the wildlife that live there. As grassroots, community-based non-profit, The Outside Foundation is uniquely positioned to educate, involve, and empower locals and visitors, as well as our next generation of island environmental stewards, in programs which directly impact our Island's environmental health in so many positive ways.

### 2026

# **Accommodations Tax Funds Request Application**

Date Received: 09/04/2025 Time Received: 01:12 PM By: Online Submittal

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

#### A. SUMMARY OF GRANT REQUEST:

**ORGANIZATION NAME:** The Outside Foundation

Project/Event Name: Environmental Sustainability

Contact Name: Dr. Jean Fruh Title: Executive Director

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

**Email Address:** 

jean@outsidefoundation.org

Contact Phone: 304-642-1820

Event Date(s): January 1, 2026

Event Location(s): Hilton Head Island beaches,

waterways and parks

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

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

How does the organization/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)

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

recycling program partners with 25 local restaurants to ensure sustainability of our oyster population. The Paddle Festival is a multiday event attacting competitors/visitors from the Southeast. Our impact is measured in the number of visitors who engage in any of these programs.

A. Total Number of Physical Tourists Served: 60262

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: 2209

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: 3879

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): 66350

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

2024-25 HHI Oyster Festivals ticket sales; 2025 HHI Seafood Festival - Friday ticket sales; attendance zip codes at annual water festival; electronic and paper sign-ins at beach, waterway, and park clean ups (including the 2025 #EARTHDAYHHI, Jimmy Buffett Day, Juneteenth events, and kayak-based litter sweeps); Naych and B'uhds event; electronic and paper sign-ins at shell bagging and oyster reef building events; attendance (via CRM database) at the 2025 Page Island Oyster Roast, and paddle.guru.com registrations and sign ins at 2024 Olukai Lowcountry Boil Paddle Battle events. The number of golfers who played the Harbortown Golf LInks in 2024, the number of participants in kayak, paddle board, and boat based tours departing Shelter Cove Marina on the Broad Creek. These totals do not include the number of competitors, visitors, and tourists who are scheduled to attend the 3 days of the 2025 Lowcountry Paddle Fest presented by OluKai (as of 9/1 150 participants are registered), and Pinckney Island Wildlife Refuge litter sweep scheduled for September 7.

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

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

The Outside Foundation (TOF) was formed in 2014 with a mission to get kids outside and to preserve and protect our local environment. Consistent with the guiding principles of its founding company, Outside Hilton Head, TOF seeks to provide to visitors and locals outdoor experiences that will have a positive impact by creating awareness, expanding knowledge, and developing responsible understanding of nature and the local

environment. With the goal to foster the development of environmental stewardship TOF's focus is threefold: education, involvement, and empowerment. Our programs focus on our two most valuable resources: our children and our local environment. Our programs include: "Kids in Kayaks" with 7th graders, "Learn to Paddle" kayaking and paddle boarding and with the Boys & Girls Clubs, beach, park, and waterway cleanups, #EARTHDAYHHI, an annual water festival, and a "Community-based Oyster Shell Recycling and Bed Restoration" project. In just 11 short years we have provided envionmental immersion experiences for over 9044 local youth and engaged over 2975 volunteers to remove 15.3 tons of trash from our local parks, beaches and waterways. In just seven years our oyster shell recycling programs has partnered with 25 local restaurants, the HHI Oyster and Seafood Festivals, to capture 191 tons of shucked shell. 1481 volunters have filled over 8300 bags with shucked shell and, to date, and helped build 34 reef along the shorelines of HHI. Every one of our programs helps sustain the remarkable natural beauty that so many tourists and visitors travel to HHI to enjoy.

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

The Outside Foundation is requesting \$72000 in The Town of HHI ATAX funds to be used for:

#### Category 1 Destination Advertising/Promotion \$8500

**General Marketing \$8500** including \$3500 for website enhancements; \$1500 for volunteer database management; \$3500 for marketing and social media staffing needs

#### Category 2 Tourism Related Events \$35500

**Beach/Park/Kayak Based Cleanups/#EARTHDAYHHI \$8000** \$1000 Print Advertising \$3000 Digital Magazine Advertising \$2000 Social Media Advertising \$2000 TOF Marketing/Social Media Manager Compensation

**Annual Keep the Broad Creek Clean Water Festival \$8000** \$500 Print Advertising \$3000 Digital Magazine Advertising \$2500 Social Media Advertising \$1500 TOF Marketing/Social Media Manager Compensation

**2026 Paddle Fest event \$18000** \$9000 out-of-market digital media buys; \$5000 - social media marketing; \$2000 event signage and local marketing materials; \$2000 event website and graphic design

Continuing contract for online volunteer and email management \$1500 directed at improved recruiting and commincating with regular and new volunteers for oyster shell recycling and reef building engagement and education.

Category 6 Waterfront Erosion/Control/Repair: Funds would be used to support and grow our community-based oyster shell recycling and bed restoration project allowing the program to increase the amount of shell that can be captured from local restaurants and oyster roasts. \$28000

Community-based Oyster Shell Recycling and Bed Restoration project \$9,000 \$2000 Print Advertising; \$2500 Digital Magazine Adverstising; \$2000 Social Media Advertising; \$2500 Marketing/Social Media Manager Compensation

Community-based Oyster Shell Recycling and Bed Restoration \$19000 shell capture and transport

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

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

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

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

Accoring to survey research by the HHI Chamber of Commerce, nature-based tours, bicycling, kayaking, paddleboarding, fishing, boat-based ecotours, and access to world-class beaches are some of the most popular reasons visitors and tourists choose HHI and keep returning year after year. In order to sustain a healthy environment for these activities more support must be provided to those activities which directly impact environmental sustainability. 25 local seafood restaurants, including those within the SERG and CRAB groups, have partnered with us for shell recycling through a mutual understanding of oyster reef as the keystone of the local seafood industry.

5. In order to comply with the State's Tourism Expenditure 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.	12	%
2 - Tourism-Related Events  Promotion of the arts and cultural events.	49	%
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.	39	%
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)

Much of the success of The Outside Foundation, as a small grassroots non-profit, can be directly attributed to the numerous partnerships formed over the past 11 years.

For our litter sweeps we partner with Beaufort County Public Works, Towns of Bluffton and HHI, HHI Chamber of Commerce, Outside Brands, Palmetto Pride, SC Aquarium, US Fish and Wildlife, and "Turtle Trackers," as well as numerous local businesses. For our "plogging" (jog and pick up) we partner with Palmetto Running Company to host beach and park clean ups. Our 2025 #EARTHDAYHHI event gathered 354 island residents, students, teachers, service groups, and tourists to clean up 12 miles of beachfront and other natural areas. No other groups on HHI conduct as many regular litter sweeps on an annual basis.

Our annual water festival happens with the participation of over 20 local organizations, all focused on protecting our local environment and education visitors and locals about our wildlife. This summer we partnered with Island Rec to provide even more fun for visitor families through Summer Jams and fireworks. We are the only educational water festival event on HHI.

Our oyster shell recycling and reef building program makes use of a readily available natural resource, recycled oyster shells, to construct an ongoing series of reefs along our

local shorelines. These reefs would not exist, and almost 200 tons of shucked shell would have ended up in the landfill, if not for our program. The Town of Hilton Head, residents and visitors, benefit tremondously from this ecologically important program.

7. Additional comments. (250 words or less)

To the best of our knowledge no other groups here on HHI are regularily conducting as many beach, park, and kayak-based waterway clean ups as we do, involving over 2410 volunteers across a span of 11 years to remove 15.3 tons of trash from the local environment. Our annual water festival is the only event of it's kind here on HHI and in 2025 attracted over 500 atttendees. This past April for #EARTHDAYHHI we organized an island-wide litter sweep with 354 volunteers participating. Our "Oyster Shell Recycling and Bed Restoration" program has diverted 191 tons of shell from the local landfill, every bit of the shell staying right here on HHI to build reef. At the 2024-25 HHI Oyster and Seafood Festivals we captured 6.2 tons of shell. Our program has received attention from the SC Department of Natural Resources and the South Atlantic Salt Marsh Iniative as a "model" community-based program. We engage locals and visitors, over 1497 to date, in both bagging and reef building events. We have constructed 34 reef along the HHI shorelines. This past July we added 500 more shell bags, and 1500 Spatina plants, along the 18th fairway of Harbour Town Golf Links adding to the 6-reef series. The oyster shell recycling project creates "living shorelines" through investment in nature-based infrastructure - our very own recycled oyster shells. As such, these reef will greatly decrease the amount of rock needed to be purchased to stabilize the shorelines. This in turn saves tax payers money.

#### C. FUNDING:

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

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

2. Please also estimate, as a percentage, the sou	ırce of	the organization's total annual funding.
Government Sources	56	Private Contributions, Donations
15 Corporate Support, Sponsors	4	Membership, Dues, Subscriptions
Ticket Sales, or Sales  12 and Services	0	Other
Has the organization requested other ATAX or organizations?     Yes X No	any ot	her funding from other public sources or
If so, please list top 3 sources and amounts.		
Beaufort County Public Works grant - kay	ak-bas	ed litter sweeps \$1,000.00
D. FINANCIAL INFORMATION:		
Fiscal Year Disclosure: Start Month: January 2024	En	d Month: December 2024
Financial Statement Requirements:		
The upcoming fiscal year's <b>operating budget</b> :	for the	organization
1. The appearing needs your o operating budget	101 1110	organization.
Budget Provided: <b>Yes</b>		
<ol><li>The previous two fiscal years and current year- organization.</li></ol>	-to-date	e profit and loss reports for the
Current fiscal year Profit Loss Report Pro	ovided	Yes
Previous fiscal year Profit Loss Reports	Provid	ed:
2023- Previous FY 1 2022- Previous FY 2 2024- Previous FY 1		
3. The previous two fiscal years and current year-	-to-date	e balance sheets.
Current fiscal year Balance Sheet Provid	led: Ye	es
Previous fiscal year Balanace Sheets Pr	ovided	:
2023 - Previous FY 1		
2023 - Previous FY 1		

2024 - Previous FY 2 2023 - Previous FY 1

2024 - Previous FY 2

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

Current year IRS Form 990 or 990T Provided: Yes

Previous IRS Form 990 or 990T Years Provided:

2021 - Previous FY 1

2022 - Previous FY 2

2023 - Previous FY 1

2022 - Previous FY 2

2023 - Previous FY 1

2024 - 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.

2023	\$59,480.00	Environmental Sustainability
2024	\$72,000.00	Environmental Sustainability
2025	\$72,000.00	Environmental Sustainability

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)

Of the \$72000 approved we have spent \$40310.71 thru July 31 2025

General Marketing/Social Media/Volunteer Database/Website Overhaul \$12355.20

overall reach in 2025 increased (+225%) for Facebook and (13.7%) for Instagram; website traffic increased from 8982 to 9562 sessions

Beach, Park, Waterway Clean Ups, #EARTHDAYHHI - 6 events, 565 volunteers (86 tourists, 115 visitors, 364 local) removed 1.1 tons of litter. **Dest**Advert/Promo/Marketing \$3834.57

Annual Keep the Broad Creek Clean Water Festival and Litter Sweep - Shelter Cove Marina/Broad Creek litter sweep 18 volunteers removed 13 pounds trash. 500 Water Festival attendees (300 tourists, 98 visitors, 102 local) **Dest** 

Advert/Promo/Marketing \$1500

Oyster Shell Recycling Project - Page Island Oyster Roast Event - February 23, 2025 267 attendees (25 tourists, 102 visitors, 140 local) 500# shell captured and recycled. Dest Avert/Promo/Marketing \$12294.94

**2025 Paddle Fest Event Dest Avert/Promo/Marketing \$4950** (2024 Paddle Battle 268 attendees, 168 tourists, 34 visitors, 66 local)

Community-based Oyster Shell Recycling and Bed Restoration 18 tons of shell captured, 2077 shell bags filled, 7 new reefs \$5376

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

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

it's kind on HHI. The festival is supported by over 20 environmentally focused non-profits and organizations, each providing hands-on educational exhibits for attendees of all ages to enjoy and learn from.

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

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

For our annual "Keep the Broad Creek Clean" water festival and litter sweep we register as many attendees as possible and record zip codes. In keeping with our "no single-use plastics" we provide a free refillable water bottle to all attendees who register.

For our Oyster Shell Recycling and Bed Restoration Program, we partner with i2 Recycle for shell pickup at restaurants. The shell is weighed upon pickup and weights are recorded for each restaurant. TOF receives a summary report. Currently, 25 seafood resturants are enrolled for weekly pickups, We also capture shell at 5-10 local oyster roasts each year. From 2018-2024 in partnership with Island Rec, we have captured 29.95 tons of shucked shell from the HHI Oyster Festivals (4750 attendees in 2024).

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

#### G. EXECUTIVE SUMMARY

Provide an executive summary using the "ATAX Effectiveness Measurement" form provided via the link on the left, or by utilizing the text area provided below to report uses of the organization's prior ATAX grant, if applicable. If 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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directed at preserving and protecting our local environment. We plan to enhance our educational outreach to tourists and visitors seeking to participate in any one of the numerous ecotourism projects we offer: (1) waterway, beach, and park clean ups, and annual #EARTHDAYHHI event, (2) an annual water festival, (3) our oyster shell recycling and bed restoration project, and (4) our multi-day Lowcountry Paddle Fest Event and Pinckney Island Wildlife Refuge Litter and Marine Debris sweep.

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Over the past 11 years we have hosted 112 beach, park, and waterway clean ups, with 3493 volunteers participating, and more than 15.3 tons of trash and marine debris cleaned up. Our

2025 Annual "Keep the Broad Creek Clean" Water Festival brought together 20 environmentally-focused organizations and non-profits for an afternoon of hands-on and interactive nature displays, recycling information, and a litter sweep of the park and Broad Creek shoreline. In keeping with our values this festival, as well as all events hosted by The Outside Foundation, are single-use plastic water bottle free. At this year's water festival we proudly introduced the "Quench Buggy" a portable 300 gallon filtered, chilled hydration station made possible through multiple community partners. From September 5th through the 7th this year we will invite visitors and locals to participate in the 7th Annual "Lowcountry Paddle Fest" event. Over the three day event we expect to welcome over 500 tourists and visitors to our island. On the final day we will partner with three other local environmentally-focused nonprofits, including US Fish & Wildlife, to remove marine debris and trash from Pinckney Island Wildlife Refuge, Haigh Landing, and the surrounding shorelines. In 2024, 102 volunteers helped remove 700 pounds of trash from the wildlife refuge and its shorelines.

Nature-loving visitors come back, year after year. Some choose to eventually live here. It is these very strong connections - to the pristine beaches, dolphin-filled waterways, clean water, and abundance of local seafood - that are the most threatened by increased development and tourism on the island. In order to sustain, and grow, the number of visitors to the island each year, as well as protect the environment they expect upon arrival, more emphasis must continue to be placed on environmental sustainability. The Town of HHI's 2020-2040 "Our Plan" states that the environment and sustainability are the foundational values of our Island community, reminding all of us that ecotourism could be, and should be, the future of HHI tourism. TOF's environmental sustainability impact programs are directed at protecting and preserving our local environment and uniquely aligned to deliver the Town of HHI's "healthy, sustainable environment" vision. It is our goal to enhance the visitor experience to HHI by ensuring that our local waterways, beaches, and parks are free of litter. We also desire to be the means by which tourists, traveling to HHI for vacation with knowledge of the Island's history of ecologically sensitive development, would be able to actively engage in nature-based sustainability-focused activities. These activities, in turn, benefit our local economy, serve to enhance protections of our wildlife, and improve the overall quality of life for locals. As our numbers of tourists has increased substantially over the past decade so has the amount trash and plastics on our beaches and along the banks of our waterways. The key to reversing this trend, we believe, is to enhance the visitor experience by creating a sense of "ownership." People are less likely to litter on the beach if they understand how that litter adversely affects the wildlife that live there. As grassroots, community-based non-profit, The Outside Foundation is uniquely positioned to educate, involve, and empower locals and visitors, as well as our next generation of island environmental stewards, in programs which directly impact our Island's environmental health in so many positive ways.

Signature: Jean Fruh

Title/Position: Executive Director

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

Email Address: jean@outsidefoundation.org

Office Phone Number: 304-642-1820

Home Phone Number: 304-642-1820

This document was exported from Numbers. Each table was converte objects on each Numbers sheet were placed on separate worksheets. calculations may differ in Excel.

Numbers Sheet Name Numbers Table Name

EXECUTIVE SUMMARY	
	Table 1
Sheet2	
	Table 1
Sheet3	
	Table 1

d to an Excel worksheet. All other Please be aware that formula

### **Excel Worksheet Name**

**EXECUTIVE SUMMARY** 

Sheet2

Sheet3

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

	is is an effective measurement t				
TOPIC	THE PLAN	BUDGET	ACTU	JAL SPENT	RESULTS
					When possible, provide planned results vs. actual results, and/or current year vs. prior year results.
	n Advertising/Promotion				
General Marketing  Social Media	Increase messaging across various platforms for donor, volunteers, and general constitutions and facebook posts to record program success, educate and inform community members,	\$ 8,500.00	\$	4,900.00	Facebook: 94 new followers (80.8% increase), 164.9K views (144% increase), reach 54.8K (225% increase), 2.1K content interaction (38.5 increase), and 51K 3 second instagram: 54,846 views in 2025 so far, 13,423 accounts reach (13.7 increase), 1758 interactions, and 2,012 followers (3.4% increase) - Instagram has changed reporting metrics so it is difficult to all comparisons from
Marketing	Increase community awareness of mission and programs		\$	7,455.20	outsidefoundation.org site sessions 9562 (last year 8982); tourist sessions 7261; unique visitors 6797; tourist unique visitors 5743  earthdayhhi.com site sessions 1528 (last year 764); tourist sessions 1263; unique visitors 1284; tourist unique visitor 1077 lowcountrypaddle.com site sessions 1528 (last year 1605); tourist sessions 1401; unique visitors 1326; tourist
Volunteer database	Electronic database for volunteer sign up and waivers				unique vicitor 1000 817 volunteers registered on the Boomerang CRM volunteer database.
Total		\$ 8,500.00	\$	12,355.20	
Category 2: Tourism Re Beach/Park/Kayak based clean ups #FARTHDAYHHI	Plated Events To solicit local, visitors, and tourists participation in litter sweens	\$ 36,000.00	\$	3,834.57	Print media - litter sweeps, World Oceans Month - single- use plastic free events, #EARTHDAYHHI, Keep the Broad Creek Clean Water Fastival - soliciting volunteers and Digital media - litter sweeps, World Oceans Month - single-use plastic free events, #EARTHDAYHHI, Keep the Broad Creek Clean Water Festival - soliciting volunteers
Keep the Broad Creek Clean Water Festival	To increase attendance by tourists and visitors at a HHl- hased water fectival To increase attendance by tourists and visitors at a HHl- hased water festival		\$	1,500.00	and attandage Promotional materials for litter sweeps, World Oceans Month - single-use plastic free events, #EARTHDAYHHI, Keen the Broad Creek Clean Water Festival Print and digital media advertising
2025 Paddle Fest event	To reach tourists and visitors interested in paddle board event participation Out-of-market ad buys		\$	4,950.00	Firetower Media will provide a live feed across their national network of the Paddle Fest races; photos and video capture will be provided to TOF for next years race
Oyster Shell Recycling and Reef Building Initiative	Community education and volunteer engagement in oyster shell recycling and reef		\$	12,294.94	Print and digital media advertising/social media posts/promotion materials to inform community and solicit volunteers; 267 attended for the Page Island Oxford Page 1914 (192) with respect 1919 (192) (192) (193)
Total		\$ 36,000.00	\$	22,579.51	
Category 6: Waterfron	t Erosion/Control/Repair				
category of tratemon	Liosion, control, nepul	\$ 27,500.00			
Shell transport	Capture and transport shucked shell from HHI restaurants to shell Quarantine bin for recueling		\$	5,376.00	To increase the amount of shucked oyster shell captured at local restaurants and events for recycling and use in creating new oyster reefs - 41 tons collected in 2024, 19 tons VTD 2025, 7 new overer reefs built for a total of 34 in
Total		A 27 F00 00		F 27C 00	
Total		\$ 27,500.00	ų,	5,376.00	
Total		\$ -	\$	-	
Total	I	\$ -	\$	-	
Total Budget to Actual		\$ 72,000.00	\$	40,310.71	



## Become a Friend of the Foundation!

Join our mailing list to get updates on events, volunteer opportunities And our work in the community.

Name	Email Address	Zip Code

## The Outside Foundation Board of Directors Meeting - Minutes August 21, 2025 5:30 pm

### 10 Hospital Center Commons Suite 400/Google Meet

Attendees:	Absent:
Mr. Ron Miele, Chair	Melissa Krauss
Mr. Mike Overton, Vice-Chair (GMeet)	
Mr. Brian Kinard, Treasurer	Guest:
Dr. John Batson (GMeet)	Ms. Mary Heitman (Dev Director) (GMeet)
Mr. John Taylor	(Givieet)
Mr. Michael Cerrati, Secretary (GMeet)	
Mr. Ted Neely (GMeet)	
Dr. Jean Fruh, Executive Director	

- 1. Call to order Board Chair R Miele called the meeting to order 5:33pm and welcomed members of the TOF BOD.
- 2. Resolution: Approval of the minutes from April 24, 2025 meeting (B. Kinard, J. Taylor, second) approved without corrections.
- 3. Reports from Committees:

Governance Committee - M Cerrati, Chair

M Cerrati, Chair of the Governance Committee, provided BOD members with an update on the committee's progress toward prioritizing those tasks as outlined in the Board's Strategic Planning workshop last Fall:

 Contract and job description reviews have been completed for Madeleine Cox, Marketing manager. Next reviews will be: Susan Dee, "Kids in Kayaks" Program Manager and Jocelyn Kern, Oyster Shell Recycling and Reef Build Program Manager. Abby Wirth, Litter Program Manager and Social Media Manager and Mary Heitman, Development Director will undergo reviews in early 2026.

• TOF Executive Director, J Fruh, will also undergo a comprehensive review of her job description prior to January 1, 2026

Chair R. Miele reminded the BOD that job description reviews are the first step in the succession planning for all contractor and employee positions.

- Committee Chair M Cerrati also mentioned that the goal to have MOUs (Memorandum of Understanding) in place for all outfitter companies contracted to provide kayaking services during the "Kids in Kayaks" program were recommended by Legal Counsel Suzy Cole. These documents provide clarity concerning responsibilities of those parties hosting the "Kids in Kayaks" programs. ED J Fruh declared that MOUs have been reviewed and signed by Coastal Expeditions and Outside Brands (2025-26).
- Contractors vs Part-time employee status. One of the outcomes of the Fall 2024 BOD retreat was a commitment to move toward the part time employee status for all three program manager positions. Chair R Miele asked ED J Fruh to prepare a budget cost differential for this transition.

Chair R Miele also reiterated the importance of all BOD members and TOF contractors reviewing and signing an annual Conflict of Interest form. This form was recently updated by Legal Counsel Suzy Cole. B Kinard offered to share the form with all BOD members thru DocuSign.

M. Heitman, Development Director provided an update on the Advisory Council. Mary reported that there are 5 members and that not all members were able to attend the first meeting. She is in the process of reaching out to each member for a September meeting to review expectations and assign responsibilities. Discussion followed as to whether all BOD members should be present at this meeting and if the AC meeting should occur before or after the BOD Q4 meeting in October.

R Miele restated the importance of clear expectations for members the Advisory Council - with fundraising and community connections being the most important. "Here's how you can help" approach. M Overton stated that making the needs of TOF clear to the Advisory Council is very important.

T Neely asked what the optimal size for the Advisor Council membership is? M Heitman replied that 10 was the number agreed upon and that there are currently

5 members. She is considering three other candidates based on their support for TOF, community connections, and fundraising capabilities.

M Heitman stated that she is currently reaching out to each Advisory Council member with sponsorship information and important calendar dates for TOF events.

J Batson expressed concern that when all these meetings take place with AC members that a sponsorship packet specific to the 2026 Paddle Fest be ready to distribute. ED J Fruh assured Dr Batson that both the overall 2026 Sponsorship Packet and the Paddle Fest Sponsorship Packet would be ready within the next few weeks. M Heitman agreed and stated she is currently working on this.

#### Finance Committee - B. Kinard, Chair

Committee Chair B Kinard reviewed TOF's 2Q Financial statements, including the YTD P&L Statement. Committee member J Taylor reported the year over year comparison revealed total revenues were up 11%. Costs were up as well (16%) likely due to program area growth, contractor costs, and increased Executive Director salary. J Taylor stated that overall the balance sheet is healthy and he sees no problems.

B Kinard presented and reviewed the proposed 2026 Budget and discussion followed. No major issues were highlighted.

Proposal: Approval of the 2026 Budget.

A motion was made (B Kinard, R Miele, second) to approve the high level 2026 Budget as presented. The vote for approval was unanimous.

M Heitman provided an update on fundraising. We are \$67K short of our goal for 2025. With the absence of a planned Fall 2025 major fundraising event at Palmetto Bluff (as originally planned) Mary stated that several smaller events are being planned both in Palmetto Bluff at a private home (October 9th) and another in Bluffton. The Women's Golf Association of HH has named TOF as their Charitable beneficiary for the September 17 tournament.

Additionally, Mary stated that she and ED J Fruh have increased the number of grant applications filed and will continue to pursue larger, capacity-building grants through the Community Foundation of the Lowcountry and TD Bank.

Finally, M Heitman will take a close look at what went well this year for fundraising and ways in which we can increase our on-line giving. M Overton had made the suggestion that we reach out to local wealth managers with information on the mission, programs, and impact of TOF so that they might in turn recommend to their clients with environmental interests donations through donor-advised funds, charitable trusts, and the like. M Heitman will immediately follow up on this recommendation.

Ed J Fruh announced plans for the annual Donor Thank You event. This year's event will be held at the SC Yacht Club and we will invite 70 guests. In addition to donors special guests will be included and J Fruh is arranging for a speaker to provide an update on Shoreline Resiliency/Living Shorelines Projects in SC. J Fruh has asked BOD members to choose some best dates for October and she is meeting with the SCYC Event Planner on Aug 22.

#### 4. Old Business

Discussion of the upcoming announcement and launch of the Endowment Fund was next. R Miele asked M Heitman to distribute the most recent document with his comments to all BOD members. M Heitman indicated that she had two remaining questions for E Rooney at the Community Foundation. Ed J Fruh stated that announcing the new Fund was a priority for the Donor Thank You event to be held in October.

J Batson, Race Director for the upcoming Lowcountry Paddle Fest, announced that 140 racers have registered so far, slightly down from last year's USA SUP Nationals, but still very close to the goal of 150 racers. The split of revenue between The Outside Foundation and Island Rec remains unclear at this point. Sources of event revenue include: racer registrations, sponsorships, food vendors, donations, merchandise sales, and kids activities ticket sales.

#### New Business

Chair R Miele provided an update on the planning for a "Music with Friends" fundraiser event at Palmetto Bluff. While this is an already established fundraiser event (with the PB Conservancy benefiting in the past) the estimated dollar amount (percentage of ticket sales) that will actually be donated to TOF remains unclear. R Miele will meet with event founder Steve Richards in a few weeks to attempt to clarify this. Mention of a "nominal" contribution made by the event coordinators at the last planning meeting needs to be discussed.

Chair Miele announced that John Oates has been signed to head up the event, set to take place on May 18, 2026 at Palmetto Bluff.

Tickets to a series of additional "Music with Friends" events will be made available to all Outside Foundation donors above the \$300 annual contribution level.

M Overton suggested that to enhance donations, Outside Brands could offer to host musician John Oates on a boat tour of the low country salt marsh.

### 6. Executive Director's Report

ED J Fruh presented the 2026 ATAX application and reviewed the highlights of the application including funding categories and projected expenses. She stated that next year's application is very similar to the 2025 application. Use of this year's ATAX funding continues to go smoothly in support of TOF's work to preserve and protect Hilton Head Island's natural beauty. TOF's programs enhance both resident's and visitor's experience through shoreline restoration, salt marsh ecosystem enhancement and protection, litter sweeps, and hands on engagement opportunities for volunteers of all ages.

Proposal: Approval of the 2026 ATAX application

B Kinard (J Taylor, second) made a motion to approve the 2026 ATAX application. The vote for approval was unanimous.

Ed J Fruh provided an update on grants and donations, including carry-over funding from 2024 and grants to be submitted this Spring.

#### **Program Update:**

#### 1. <u>Kids in Kayaks</u> Fall of 2025:

- 35 days of programming (so far)
- · 8 public, 1 Charter, 1 private
- 3 locations, 2 Assistant Program Managers hired
- · New: phytoplankton microscope with digital screen

#### 2. Oyster Shell Bagging/Reef builds 2025:

- 18 tons of shell (from restaurants) as of 7/1
- · 24 restaurants, 15 on HHI
- 12 bagging sessions, 236 vols
- 7 reef builds, 144 vols
- Beaufort Oyster Fest 1.5 tons
- · HHI Oyster Fest (Nov 2024) 5.5 tons
- HHI Seafood Fest 1 ton
- Estimate for smaller events 3 tons

7 reef builds this summer: May River (PB) + 1500 plants, Haig Pt Daufuskie; Broad Creek - 3, Skull Creek, Harbour Town + 1500 plants

Coca-Cola Circular Solutions - truck will tip out for more accurate totals (i2 Recycle, Arbor Nature)

#### 3. Litter/#EARTHDAYHHI

- 6 sweeps so far, 5+ to go
- # of trash captured 2204.3 (1.1 tons)
- Volunteers 565+
- #EARTHDAYHHI 26 groups across the Island, 6 schools (200+ kids)
- @Coligny 212# trash, 56# recyclables, 72 volunteers, coverage by WSAV, partnership with Town of HHI (19 volunteers), 336 plastic straws in just 2 hours
- Aug 30 Latitude Margaritaville "Jimmy Buffett" Day Burke's Beach/Chaplin Park 9-10am

#### SC Aquarium - Litter Data program restarts 8/30

- 4. "Keep the Broad Creek Water Festival" in partnership with Island Rec "Summer Jams" and Fireworks night. Held on July 15th
  - 500+ attendees
  - 16 non-profits, organizations
  - Quench Buggy launch with media coverage

#### **Upcoming events:**

Sept 5-7 2025 Paddle Fest in partnership with Island Rec - Pint Night and racer packet pick up is hosted at the Outside Brands store 4:30-7:30 on Friday Sept 5

full schedule of events is posted on <a href="www.paddleguru.com">www.paddleguru.com</a> - "Lowcountry Paddle Fest presented by OluKai"

- Sept 7 8-10am Pinckney Island Wildlife Refuge litter sweep
- Sept 20 May River Clean Up/TOF & Hearts of PB partner for Palmetto Bluff sweep
- Oct 16, 23 ATAX hearings (I'll let you know our day and time slot)
- Nov 9 Kayak-based clean up of the Broad Creek from Shelter Cove Marina

Upcoming meeting dates:

• 4Q TOF BOD meeting: October 23, 2025

• Governance Committee: October 7

• Finance Committee: October 7

7. Adjournment - The meeting was adjourned at 7:06pm (R. Miele, J. Taylor)

Respectfully submitted - M. Cerrati, Secretary

This document was exported from Numbers. Each table was converted to an Excel worksheet. All other objects on each Numbers sheet were placed on separate worksheets. Please be aware that formula calculations may differ in Excel.

Numbers Sheet Name	Numbers Table Name	Excel Worksheet Name
Sheet 1		
	TOF 2026 Projected Budget	Sheet 1 - TOF 2026 Projected Bu
Sheet 2		
	Table 1	Sheet 2

Acct Code		
	REVENUE	
4022	Grants	90,00
	Government Grants	73,00
4023	Donations	30,00
	Event & Program Sponsorships	50,00
	Hat/Water Bottles/Tee Shirt sales	300
	Annual Memberships/Friends of the Foundation	40,0
	2026 Major Donor Events	40,0
	Annual Online Giving	20,0
	3rd Party Beneficiary events	15,00
	Fundraiser events	68,0
		429,0
	REVENUE TOTAL	
	EXPENSES	
5010	Advertising and Promotion	40,00
5030	Bank Service Charges	
5040	Contract Labor	119,400.0
5070	Dues and Licenses	120
5077	Event Expenses	45,000.0
5078	Fundraising Expense	350
5080	Insurance	15,000.0
5107	Meeting Expenses	100
5110	Printing - General	50
5120	Office Supplies	80
5140	Professional Services	800
5145	Program Expenses	90,0
	"Kids in Kayaks"	
	Oyster Shell Recycling and Reef Building	
	#EARTHDAYHHI/Litter Sweeps	
5150	Postage & Shipping	1:
5152	General Recycling - String Lights	30
5160	Public Storage x 2 units	503
5200	Salaries - Executive Director	90,00
5235	Taxes - Property - Beaufort County	40
5260	Travel - Mileage	250

5265	Uniform Expense	0
6600	Payroll Expenses	4500
5300	Federal Taxes - 941	800
9710	Expense - other/gifts	500
	TOTAL EXPENSE	428,570

	Table 1	

# The Outside Foundation

### Profit Loss

January - June, 2025

	TOTAL
Revenue	
4022 Grants Received	5,000.00
4022-1 Organizations	58,550.00
Total 4022 Grants Received	63,550.00
4022-2a Town of Hilton Head	18,716.57
4022-2d Beaufort Cty/Palmetto Pride	500.00
4023 Donations Received	36,442.50
4023-1 Sponsorships	15,000.00
4023-1a Page Island	129.37
4023-1c Kids in Kayaks	20,050.00
Total 4023-1 Sponsorships	35,179.37
4023-2 Retail - Logo Items	907.43
4023-3 Memberships - Annual	3,000.00
4023-3b \$100 for \$100	520.67
Total 4023-3 Memberships - Annual	3,520.67
4023-4 Online Donation	59,462.40
4023-4a Page Island	12,968.75
Total 4023-4 Online Donation	72,431.15
4023-7 3rd Party Beneficiary	1,706.04
4023-8 Recurring Gifts	132.96
Total 4023 Donations Received	150,320.12
Total Revenue	\$233,086.69
GROSS PROFIT	\$233,086.69
Expenditures	
5010 Advertising and Promotion	18,528.34
5030 Bank Service Charges	10.00
· ·	10.00
5040 Contract Labor	
5040 Contract Labor 5070 Dues and Licenses	53,835.00
5070 Dues and Licenses 5077 Event Expenses	53,835.00 1,160.55 5,217.50
5070 Dues and Licenses 5077 Event Expenses 5078 Fundraising Expense	53,835.00 1,160.55 5,217.50
5070 Dues and Licenses 5077 Event Expenses	53,835.00 1,160.55 5,217.50 32,916.13
5070 Dues and Licenses 5077 Event Expenses 5078 Fundraising Expense 5080 Insurance - Liability	53,835.00 1,160.55 5,217.50 32,916.13 12,737.02
5070 Dues and Licenses 5077 Event Expenses 5078 Fundraising Expense 5080 Insurance - Liability 5090 Insurance - Health	53,835.00 1,160.55 5,217.50 32,916.13 12,737.02 206.71
5070 Dues and Licenses 5077 Event Expenses 5078 Fundraising Expense 5080 Insurance - Liability 5090 Insurance - Health 5107 Meeting Expense	53,835.00 1,160.55 5,217.50 32,916.13 12,737.02 206.71 310.00
5070 Dues and Licenses 5077 Event Expenses 5078 Fundraising Expense 5080 Insurance - Liability 5090 Insurance - Health 5107 Meeting Expense 5108 Mileage	53,835.00 1,160.55 5,217.50 32,916.13 12,737.02 206.71 310.00 443.10
5070 Dues and Licenses 5077 Event Expenses 5078 Fundraising Expense 5080 Insurance - Liability 5090 Insurance - Health 5107 Meeting Expense 5108 Mileage 5110 Printing	53,835.00 1,160.55 5,217.50 32,916.13 12,737.02 206.71 310.00 443.10 302.90
5070 Dues and Licenses 5077 Event Expenses 5078 Fundraising Expense 5080 Insurance - Liability 5090 Insurance - Health 5107 Meeting Expense 5108 Mileage 5110 Printing 5120 Office Supplies	53,835.00 1,160.55 5,217.50 32,916.13 12,737.02 206.71 310.00 443.10 302.90 312.48
5070 Dues and Licenses 5077 Event Expenses 5078 Fundraising Expense 5080 Insurance - Liability 5090 Insurance - Health 5107 Meeting Expense 5108 Mileage 5110 Printing 5120 Office Supplies 5130 Operating Supplies	53,835.00 1,160.55 5,217.50 32,916.13 12,737.02 206.71 310.00 443.10 302.90 312.48 64.89 4,095.70
5070 Dues and Licenses 5077 Event Expenses 5078 Fundraising Expense 5080 Insurance - Liability 5090 Insurance - Health 5107 Meeting Expense 5108 Mileage 5110 Printing 5120 Office Supplies 5130 Operating Supplies 5140 Professional Services	53,835.00 1,160.55 5,217.50 32,916.13 12,737.02 206.71 310.00 443.10 302.90 312.48 64.89

# The Outside Foundation

### Profit Loss

January - June, 2025

	TOTAL
5200 Salaries - Executive Director	37,500.00
66000 Payroll Expenses	2,868.75
5300 Fed Taxes - 941	-2,868.75
Total 66000 Payroll Expenses	0.00
Business License & Permits	50.00
Total Expenditures	\$203,748.59
NET OPERATING REVENUE	\$29,338.10
Other Revenue	
9615 Credit Card Rewards/Credits	436.53
9620 Stale Checks	5,383.27
Total Other Revenue	\$5,819.80
NET OTHER REVENUE	\$5,819.80
NET REVENUE	\$35,157.90

# The Outside Foundation

## **Balance Sheet**

As of September 10, 2025

	TOTAL
ASSETS	
Current Assets	
Bank Accounts	
1052 Cash In Bank - Coastal	40,497.78
Total Bank Accounts	\$40,497.78
Other Current Assets	
1110 Accounts Receivable - Sale	400.00
1210 Inventory - Logo Items Etc.	3,384.26
1350 Deposit at Community Foundation	746.56
Inventory Asset	29,400.00
Total Other Current Assets	\$33,930.82
Total Current Assets	\$74,428.60
Fixed Assets	
1530 Equipment	19,165.32
1580 Accumulated Depreciation - Equi	-11,772.69
Total Fixed Assets	\$7,392.63
TOTAL ASSETS	\$81,821.23
LIABILITIES AND EQUITY	
Liabilities	
Liabilities	
Liabilities Current Liabilities	1,666.64
Liabilities Current Liabilities Credit Cards	1,666.64 <b>\$1,666.64</b>
Liabilities Current Liabilities Credit Cards 1645 AMEX Blue - 9-02000	·
Liabilities Current Liabilities Credit Cards 1645 AMEX Blue - 9-02000 Total Credit Cards	·
Liabilities Current Liabilities Credit Cards 1645 AMEX Blue - 9-02000  Total Credit Cards Other Current Liabilities	\$1,666.64
Liabilities Current Liabilities Credit Cards 1645 AMEX Blue - 9-02000  Total Credit Cards Other Current Liabilities 24000 Payroll Liabilities	<b>\$1,666.64</b> 8,398.00
Current Liabilities Credit Cards 1645 AMEX Blue - 9-02000  Total Credit Cards Other Current Liabilities 24000 Payroll Liabilities 2075 Federal 941 Withholding	\$1,666.64 8,398.00 -10,808.25
Liabilities Current Liabilities Credit Cards 1645 AMEX Blue - 9-02000  Total Credit Cards Other Current Liabilities 24000 Payroll Liabilities 2075 Federal 941 Withholding 2080 State Income Tax	\$1,666.64 8,398.00 -10,808.25 408.55
Liabilities Current Liabilities Credit Cards 1645 AMEX Blue - 9-02000  Total Credit Cards Other Current Liabilities 24000 Payroll Liabilities 2075 Federal 941 Withholding 2080 State Income Tax  Total 24000 Payroll Liabilities	\$1,666.64 8,398.00 -10,808.25 408.55 -2,001.70
Liabilities Current Liabilities Credit Cards 1645 AMEX Blue - 9-02000  Total Credit Cards Other Current Liabilities 24000 Payroll Liabilities 2075 Federal 941 Withholding 2080 State Income Tax  Total 24000 Payroll Liabilities  Total Other Current Liabilities	\$1,666.64 8,398.00 -10,808.25 408.55 -2,001.70
Current Liabilities Credit Cards 1645 AMEX Blue - 9-02000  Total Credit Cards Other Current Liabilities 24000 Payroll Liabilities 2075 Federal 941 Withholding 2080 State Income Tax  Total 24000 Payroll Liabilities  Total Other Current Liabilities  Total Current Liabilities  Total Current Liabilities	\$1,666.64  8,398.00 -10,808.25 408.55 -2,001.70 \$-2,001.70 \$-335.06
Current Liabilities Credit Cards 1645 AMEX Blue - 9-02000  Total Credit Cards Other Current Liabilities 24000 Payroll Liabilities 2075 Federal 941 Withholding 2080 State Income Tax  Total 24000 Payroll Liabilities  Total Other Current Liabilities  Total Current Liabilities  Total Current Liabilities  Equity	\$1,666.64  8,398.00 -10,808.25 408.55 -2,001.70  \$ -2,001.70  \$ -335.06
Current Liabilities Credit Cards 1645 AMEX Blue - 9-02000  Total Credit Cards Other Current Liabilities 24000 Payroll Liabilities 2075 Federal 941 Withholding 2080 State Income Tax  Total 24000 Payroll Liabilities  Total Other Current Liabilities  Total Current Liabilities  Total Current Liabilities	\$1,666.64  8,398.00 -10,808.25 408.55 -2,001.70  \$-2,001.70  \$-335.06  \$-335.06
Liabilities Current Liabilities Credit Cards 1645 AMEX Blue - 9-02000  Total Credit Cards Other Current Liabilities 24000 Payroll Liabilities 2075 Federal 941 Withholding 2080 State Income Tax  Total 24000 Payroll Liabilities  Total Other Current Liabilities  Total Other Current Liabilities  Total Current Liabilities  Total Current Liabilities  Equity 30000 Opening Balance Equity	\$1,666.64  8,398.00 -10,808.25 408.55 -2,001.70  \$-2,001.70  \$-335.06  \$-335.06
Liabilities Current Liabilities Credit Cards 1645 AMEX Blue - 9-02000  Total Credit Cards Other Current Liabilities 24000 Payroll Liabilities 2075 Federal 941 Withholding 2080 State Income Tax  Total 24000 Payroll Liabilities  Total Other Current Liabilities  Total Current Liabilities  Total Liabilities  Equity 30000 Opening Balance Equity 3040 Retained Fund Equity	\$1,666.64  8,398.00 -10,808.25 408.55 -2,001.70  \$ -2,001.70  \$ -335.06  \$ -335.06  29,400.00 35,541.32
Liabilities Current Liabilities Credit Cards 1645 AMEX Blue - 9-02000  Total Credit Cards Other Current Liabilities 24000 Payroll Liabilities 2075 Federal 941 Withholding 2080 State Income Tax  Total 24000 Payroll Liabilities  Total Other Current Liabilities  Total Current Liabilities  Equity 30000 Opening Balance Equity 3040 Retained Fund Equity 32000 Unrestricted Net Assets	\$1,666.64  8,398.00 -10,808.25 408.55 -2,001.70  \$ -2,001.70  \$ -335.06  \$ -335.06  29,400.00 35,541.32 58,369.70

#### Island Financial

## ACCOUNTING & BOOKKEEPING SERVICES 2 CORPUS CHRISTIE PLACE SUITE #104 PROFESSIONAL BUILDING HILTON HEAD ISLAND, SC 29928

Phone: (843) 785-4018 Fax: (843) 785-7003

January 7th, 2025

The Outside Foundation 50 Shelter Cove Ln., Unit H Hilton Head, SC 29928

Dear Jean,

Enclosed please find the December 2024 financial information for The Outside Foundation, based on the information that you have provided.

Should you have any questions or concerns, please do not hesitate to contact our office.

Very truly yours,

Tammy Novak Enclosure

# The Outside Foundation New File

## Balance Sheet

As of December 31, 2024

ASSETS	TOTAL
Current Assets	
Bank Accounts	
1052 Cash in Bank - Coastal	106,961,00
Total Bank Accounts	\$106,961.00
Other Current Assets	2030. 0
1080 Payroll Exchange	0.00
1110 Accounts Receivable - Sale	400.00
1210 Inventory - Logo Items Etc.	1,423.00
1350 Deposit at Community Foundation	746.56
inventory Asset	29,400,00
Total Other Current Assets	\$31,969.56
Total Current Assets	\$138,930.56
Fixed Assets	
1530 Equipment	19,165.32
1580 Accumulated Depreciation - Equi	-11,772.69
Total Fixed Assets	\$7,392.63
TOTAL ASSETS	\$146,323.19
LIABILITIES AND EQUITY	
Liabilities	
Current Liabilities	
Credit Cards	
1645 AMEX Blue - 9-01002	9,063,50
1650 Gold Circuit Visa	0.00
Total Credit Cards	\$9,063.50
Other Current Liabilities	
2320 Old outstanding checks	0.00
24000 Payroll Liabilities	964.00
2075 Federal 941 Withholding	697,50
2080 State Income Tax	0.00
Total 24000 Payroll Liabilities	1,601.50
Total Other Current Liabilities	\$1,601.50
Total Current Liabilities	\$10,665.00
Total Liabilities	\$10,665,00
Equity	
30000 Opening Balance Equity	29,400.00
3040 Retained Fund Equity	35,541.32
32000 Unrestricted Net Assets	126,164.20
Net Income	the last and
	-55,467,33
Total Equity	-55,467,33 \$135,658.19

# The Outside Foundation New File

## Profit and Loss December 2024

	TOTAL
Income .	
4022 Grants Received	10,235,00
4023 Donations Received	10,301,24
Total Income	\$20,536.24
GROSS PROFIT	\$20,536.24
Expenses	
5010 Advertising and Promotion	1,292,78
5040 Contract Labor	5,500.00
5078 Fundraising Expense	2,241,50
5090 Insurance - Health	185.16
5107 Meeting Expense	338.45
5120 Office Supplies	126.65
5145 Program Expenses	4.723.50
5150 Postage & Shipping	29 20
5152 Recycling Services	274.00
5160 Rent - Premises	222.00
5212 Scholership Expense	618.20
66000 Payroll Expenses	
5300 Fed Taxes - 941	1,119.50
Total 66000 Payroll Expenses	1,119,50
Total Expenses	\$16,670.94
NET OPERATING INCOME.	\$3,865.30
Other Income	
9615 Credit Card Rewards/Credits	62.96
Total Other Income	\$62.96
Other Expenses	
9710 Unclassified	18.24
Total Other Expenses	\$18.24
NET OTHER INCOME	\$44.72
NET INCOME	\$3,910.02

### Profit and Loss

January - December 2024

	TOTAL
Income	20.5
4022 Grants Received	40,403.12
4022-1 Organization	7,500,00
4022-2 Government	33,501,26
Total 4022 Grants Received	81,404.38
4023 Donations Received	147,402.03
4023-1 Sponsorships	2,300.00
4023-2 Retail & Hats	143.91
4023-6 Annual Giving	47.00
4023-8 Recurring Gifts	50.00
Total 4023 Donations Received	149,942,94
4028 Fund Raising Events	140,552.63
4028-1 Page Island	8,600.00
Total 4028 Fund Raising Events	147,152.63
Total Income	\$378,499.95
GROSS PROFIT	\$378,499.95
Expenses	
5010 Adventsing and Promotion	40,417.63
5040 Contract Labor	124,595.12
5070 Dues and Licenses	583.70
5077 Event Expenses	22,286 36
5078 Fundraising Expense	42,900.43
5080 Insurance - Liability	13,792.00
5090 Insurance - Health	3,101.12
5107 Meeting Expense	2,205,66
5110 Printing	1,421,39
5120 Office Supplies	869.17
5140 Professional Services	13,080.00
5145 Program Expenses	101,764,36
5150 Postage & Shipping	156.82
5152 Recycling Services	3,250.00
5160 Rent - Premises	2,256.00
5200 Salaries - Executive Director	45,833:30
5212 Scholarship Expense	9,292,20
5235 Taxes - Real Estate	368.72
5260 Travel	2,354.47
66000 Payroll Expenses	3,506.21
5300 Fed Taxes - 941	1,601,50
Total 66000 Payroll Expenses	5,107.71
Total Expenses	\$435,636.16
NET OPERATING INCOME	\$ -57,136.21

### Profit and Loss January - December 2024

	TOTAL
Other Income	
9610 Interest	746.56
9615 Credit Card Rewards/Credits	1,793.87
Total Other Income	\$2,540.43
Other Expenses	
9710 Unclassified	B71.52
9830 9830 Previous Period Adjustments	0.03
Total Other Expenses	\$871.55
NET OTHER INCOME	\$1,668.88
NET INCOME	\$ -55,467.33

### Profit and Loss

January - December 2024

		TOTAL	
	JAN - DEC 2024	JAN - DEC 2023 (PV)	CHANGE
Income			
4022 Grants Received	40,403.12	54,939.81	-14,536,69
4022-1 Organization	7,500.00		7,500.00
4022-2 Government	33,501.26		33,501.28
Total 4022 Grants Received	81,404.38	54,939,81	26,464.57
4023 Donations Received	147,402.03	55,559.33	91,842.70
4023-1 Sponsorships	2,300.00		2,300.00
4023-2 Retail & Hats	143.91		143.91
4023-6 Annual Giving	47.00		47.00
4023-8 Recurring Gifts	50,00		50.00
Total 4023 Conations Received	149,942.94	55,559.33	94,383.61
4028 Fund Raising Events	140,552.63	107,046.87	33,505.76
4028-1 Page Island	6,600.00		6,600.00
Total 4028 Fund Raising Events	147,152.63	107,046.87	40,105.76
Total Income	\$378,499.95	\$217,546.01	\$160,953.94
GROSS PROFIT	\$378,499.95	\$217,546,01	\$160,953.94
Expenses			
5010 Advertising and Promotion	40,417.63	23,542,74	16,874,89
5025 Auto Expense		290.82	-290.82
5030 Bank Service Charges		27.70	-27.70
5040 Contract Labor	124,595.12	57,657.93	66,937.19
5070 Dues and Licenses	583.70	1,059.58	-475.88
5077 Event Expenses	22,286,36		22,285,36
5078 Fundralsing Expense	42,900.43	41,383.22	1,517.21
5080 Insurance - Liab ly	13,792.00	1,382.28	12,409.70
5090 Insurance - Health	3,101.12	5,961.98	-2.860.86
5107 Meeting Expense	2,205.66	182.51	2,023.15
5110 Printing	1,421.39	140.67	1,280.73
5120 Office Supplies	869.17	543.88	325,29
5130 Operating Supplies		8,928.50	-8.928.50
5140 Professional Services	13,080.00	6,378,00	6,702.00
5145 Program Expenses	101,764.36	52,034.90	49,729.46
5150 Postage & Shipping	156.82	113,55	43.27
5152 Recycling Services	3,250.00	3,334.12	-84.12
5160 Rent - Premises	2,256.00	1,601,00	455.00
5200 Salaries - Executive Director	45,833.30	47,000.04	-1,166.74
5212 Scholarship Expense	9,292.20		9,292.20
5235 Taxes - Real Estate	368.72	214.12	154.60
5240 Taxes - Other		1,380.69	-1,360.69
5260 Travel	2,354,47	530.16	1.824.31

### Profit and Loss January - December 2024

		TOTAL	
	JAN - DEC 2024	JAN - DEC 2023 (PY)	CHANGE
5265 Uniform Expense		160.50	-160.50
66000 Payroll Expenses	3,506,21	10,118.63	-6,612,42
5300 Fed Taxes - 941	1,601.50		1,601.50
Total 66000 Payroll Expenses	5,107.71	10,118.63	-5,010.92
Total Expenses	\$435,636.16	\$264,167,52	\$171,468.64
NET OPERATING INCOME	\$-57,136,21	\$ -46,621.51	\$ -10,514.70
Other Income			
9610 Interest	746.56		7.46.56
9615 Credit Card Rewards/Credits	1,793.87	440.63	1,353,24
9620 Stale Checks		8,597.00	-8,537.00
Total Other Income	\$2,540.43	\$8,977.63	\$-6,437.20
Other Expenses			
9710 Unclassified	871.52		871.52
9830 9830 Previous Period Adjustments	0.03		0.03
Total Other Expenses	\$871.55	\$0.00	\$871.55
NET OTHER INCOME	\$1,668.88	\$8,977.63	\$-7,308.75
NET INCOME	\$ -55,467.33	\$ -37,643.88	\$ -17,823.45

# The Outside Foundation Balance Sheet

As of December 31, 2023

	Dec 31, 23
ASSETS Current Assets Checking/Savings	
1052 · Cash In Bank - Coastal	167,185.82
Total Checking/Savings	167,185.82
Other Current Assets 1110 · Accounts Receivable - Sale 1210 · Inventory - Logo Items Etc.	400.00 1,423.00
Total Other Current Assets	1,823.00
Total Current Assets	169,008.82
Fixed Assets 1530 · Equipment 1580 · Accumulated Depreciation - Equi	19,165.32 -11,772.69
Total Fixed Assets	7,392.63
TOTAL ASSETS	176,401.45
LIABILITIES & EQUITY Liabilities Current Liabilities Other Current Liabilities 2080 · State Income Tax	592.83
24000 · Payroll Liabilities	3,207.78
Total Other Current Liabilities	3,800.61
Total Current Liabilities	3,800.61
Total Liabilities	3,800.61
Equity 3040 · Retained Fund Equity 32000 · Unrestricted Net Assets Net Income	35,541.32 163,828.08 -26,768.56
Total Equity	172,600.84
TOTAL LIABILITIES & EQUITY	176,401.45

December 2023

	Dec 23
Ordinary Income/Expense	
Income	
4022 · Grants Received	21,415.62
4023 · Donations Recieved	4,220.00
4028 · Fund Raising Events	4,486.75
Total Income	30,122.37
Gross Profit	30,122.37
Expense	
5030 · Bank Service Charges	27.70
5040 · Contract Labor	5,700.00
5090 · Insurance - Health	167.86
5145 · Program Expenses	6,393.38
5200 · Salaries - Executive Director	7,833.34
5235 · Taxes - Real Estate	214.12
66000 · Payroll Expenses	6,358.72
Total Expense	26,695.12
Net Ordinary Income	3,427.25
Other Income/Expense	
Other Income	
9620 · Stale Checks	89.00
Total Other Income	89.00
Net Other Income	89.00
Net Income	3,516.25

January through December 2023

	Jan - Dec 23
Ordinary Income/Expense	·
Income	
4022 · Grants Received	54,939.81
4023 · Donations Recieved	55,559.33
4028 · Fund Raising Events	107,046.87
Total Income	217,546.01
Gross Profit	217,546.01
Expense	
5010 · Advertising and Promotion	18,963.88
5025 · Auto Expense	290.82
5030 Bank Service Charges	27.70
5040 · Contract Labor	57,657.93
5070 · Dues and Licenses	1,006.58
5078 · Fundraising Expense	41,383.22
5080 · Insurance - Liability	1,382.28
5090 · Insurance - Health	5,961.98
5107 · Meeting Expense	182.51
5120 · Office Supplies	512.86
5130 · Operating Supplies	8,928.50
5140 · Professional Services	4,678.00
5145 · Program Expenses	47,863.50
5150 · Postage & Shipping	113.55
5152 · Recycling Services	3,114.12
5160 · Rent - Premises	1,630.00
5200 · Salaries - Executive Director	47,000.04
5235 · Taxes - Real Estate	214.12
5240 · Taxes - Other	1,380.69
5260 · Travel	530.16
5265 · Uniform Expense	160.50
66000 · Payroll Expenses	10,118.63
Total Expense	253,101.57
Net Ordinary Income	-35,555.56
Other Income/Expense	
Other Income	
9615 · Credit Card Rewards/Credits	250.00
9620 · Stale Checks	8,537.00
Total Other Income	8,787.00
Net Other Income	8,787.00
et Income	-26,768.56

January through December 2023

	Jan - Dec 23	Jan - Dec 22	\$ Change
Ordinary Income/Expense Income			
4020 · Sales - Logo Items Etc.	0.00	75.00	-75.00
4022 · Grants Received	54,939.81	175,378.59	-120,438.78
4023 · Donations Recieved	55,559.33	82,600.95	-27,041.62
4028 · Fund Raising Events	107,046.87	88,916.59	18,130.28
Total Income	217,546.01	346,971.13	-129,425.12
Cost of Goods Sold 4520 · Purchase - Logo Items Etc.	0.00	179.00	-179.00
Total COGS	0.00	179.00	-179.00
Gross Profit	217,546.01	346,792.13	-129,246.12
Expense			
5010 · Advertising and Promotion	18,963.88	24,507.95	-5,544.07
5025 · Auto Expense	290.82	0.00	290.82
5030 · Bank Service Charges	27.70	52.00	-24.30
5040 · Contract Labor	57,657.93	31,008.24	26,649.69
5055 · Depreciation Expense	0.00	1,904.69	-1,904.69
5060 · Donations	0.00	103.06	-103.06
5070 · Dues and Licenses	1,006.58	366.00	640.58
5078 · Fundraising Expense	41,383.22	33,122.88	8,260.34
5080 · Insurance - Liability 5090 · Insurance - Health	1,382.28 5,961.98	1,023.88 0.00	358.40 5,961.98
5105 · Management Charges	0.00	0.00	0.00
5107 · Meeting Expense	182.51	414.10	-231.59
5110 · Printing	0.00	129.92	-129.92
5120 · Office Supplies	512.86	1,129.58	-616.72
5130 · Operating Supplies	8,928.50	0.00	8,928.50
5140 · Professional Services	4,678.00	2,150.00	2,528.00
5145 · Program Expenses	47,863.50	26,752.14	21,111.36
5150 · Postage & Shipping	113.55	72.96	40.59
5152 · Recycling Services	3,114.12	3,374.48	-260.36
5160 · Rent - Premises	1,630.00	1,638.39	-8.39
5200 · Salaries - Executive Director	47,000.04	47,916.71	-916.67
5205 · Salaries - Other	0.00	3,100.00	-3,100.00
5230 · Taxes - Payroll 5235 · Taxes - Real Estate	0.00 214.12	0.00 0.00	0.00 214.12
5240 · Taxes - Other	1,380.69	0.00	1,380.69
5260 · Travel	530.16	51.00	479.16
5265 · Uniform Expense	160.50	245.00	-84.50
66000 · Payroll Expenses	10,118.63	3,902.80	6,215.83
Total Expense	253,101.57	182,965.78	70,135.79
Net Ordinary Income	-35,555.56	163,826.35	-199,381.91
Other Income/Expense			
Other Income	0.00	0.00	2.00
9610 · Interest 9615 · Credit Card Rewards/Credits	0.00 250.00	2.00 0.00	-2.00 250.00
9620 · Stale Checks	8,537.00	0.00	8,537.00
Total Other Income	8,787.00	2.00	8,785.00
Other Expense 9705 · Interest Expense	0.00	0.27	-0.27
Total Other Expense	0.00	0.27	-0.27
Net Other Income	8,787.00	1.73	8,785.27
Net Income	-26,768.56	163,828.08	-190,596.64

# The Outside Foundation Trial Balance

As of December 31, 2023

	Dec 31, 23	
_	Debit	Credit
1052 · Cash In Bank - Coastal	167,185.82	
1080 · Payroll Exchange	0.00	
1110 · Accounts Receivable - Sale	400.00	
1210 · Inventory - Logo Items Etc.	1,423.00	
1350 · Deposit at Community Foundation	0.00	
1530 · Equipment	19,165.32	
1580 · Accumulated Depreciation - Equi		11,772.69
1645 · AMEX Blue - 9-01002	0.00	
1650 · Gold Circuit Visa	0.00	
2080 · State Income Tax		592.83
2320 · Old outstanding checks	0.00	
24000 · Payroll Liabilities		3,207.78
3040 · Retained Fund Equity		35,541.32
32000 · Unrestricted Net Assets		163,828.08
4022 · Grants Received		54,939.81
4023 · Donations Recieved		55,559.33
4028 · Fund Raising Events		107,046.87
5010 · Advertising and Promotion	18,963.88	107,040.07
5025 · Auto Expense	290.82	
5030 · Bank Service Charges	27.70	
5040 · Contract Labor	57,657.93	
5070 · Dues and Licenses	1,006.58	
5078 · Fundraising Expense	41,383.22	
5080 · Insurance - Liability	1,382.28	
5090 · Insurance - Health	5,961.98	
5107 · Meeting Expense	182.51	
5120 · Office Supplies	512.86	
5130 · Operating Supplies	8,928.50	
5140 · Professional Services	4,678.00	
5145 · Program Expenses	47,863.50	
5150 · Postage & Shipping	113.55	
5152 · Recycling Services	3,114.12	
5160 · Rent - Premises	1,630.00	
5200 · Salaries - Executive Director	47,000.04	
5235 · Taxes - Real Estate	214.12	
5240 · Taxes - Other	1,380.69	
5260 · Travel	530.16	
5265 · Uniform Expense	160.50	
66000 · Payroll Expenses	10,118.63	
9615 · Credit Card Rewards/Credits		250.00
9620 · Stale Checks		8,537.00
TOTAL	441,275.71	441,275.71

### The Outside Foundation Balance Sheet

As of December 31, 2022

	Dec 31, 22
ASSETS Current Assets Checking/Savings 1052 - Cash In Bank - Coastal	192,419.50
Total Checking/Savings	192,419.50
Other Current Assets 1110 - Accounts Receivable - Sale 1210 - Inventory - Logo Items Etc.	400.00 1,423.00
Total Other Current Assets	1,823.00
Total Current Assets	194,242.50
Fixed Assets 1530 · Equipment 1580 · Accumulated Depreciation - Equi	16,564.00 -10,200,00
Total Fixed Assets	6,364.00
TOTAL ASSETS	200,606.50
LIABILITIES & EQUITY Liabilities Current Liabilities Other Current Liabilities 2080 · State Income Tax 24000 · Payroll Liabilities	375.00 1,890.73
Total Other Current Liabilities	2,265,73
Total Current Liabilities	2,265.73
Total Liabilities	2,265.73
Equity 3040 · Retained Fund Equity Net Income	32,940.00 165,400.77
Total Equity	198,340.77
TOTAL LIABILITIES & EQUITY	200,606.50

October through December 2022

	Oct - Dec 22	Jan - Dec 22
Ordinary Income/Expense		
Income 4020 · Sales - Logo Items Etc. 4022 · Grants Received 4023 · Donations Recieved 4028 · Fund Raising Events	0.00 141,158,91 27,423,38 13,373,81	75.00 175,378.59 82,600.95 88,916.59
Total Income	181,956.10	346,971.13
Cost of Goods Sold 4520 - Purchase - Logo Items Etc.	0.00	179.00
Total COGS	0.00	179.00
Gross Profit	181,956 10	346,792.13
Expense  5010 - Advertising and Promotion 5030 - Bank Service Charges 5040 - Contract Labor 5055 - Depreciation Expense 5060 - Donations 5070 - Dues and Licenses 5078 - Fundraising Expense 5080 - Insurance - Liability 5105 - Management Charges 5107 - Meeting Expense 5110 - Printing 5120 - Office Supplies 5140 - Professional Services 5145 - Program Expenses 5150 - Postage & Shipping 5152 - Recycling Services 5160 - Rent - Premises 5200 - Salaries - Executive Director 5205 - Salaries - Other 5230 - Taxes - Payroll 5260 - Travel 5265 - Uniform Expense 66000 - Payroll Expenses	-833.94 0.00 10,381.58 0.00 0.00 0.00 540.67 25.88 0.00 39.24 75.92 618.32 200.00 8,960.86 17.15 630.36 504.39 8,750.01 0.00 0.00 0.00 0.00 0.00 0.00 0.00	24,507.95 52.00 31,008.24 332.00 103.06 366.00 33,122.88 1,023.88 0,00 414.10 129.92 1,129.58 2,150.00 26,752.14 72.96 3,374.48 1,638.39 47,916.71 3,100.00 0,00 51.00 245.00 3,902.80
Total Expense	30,579,81	181,393.09
Net Ordinary Income	151,376,29	165,399.04
Other Income/Expense Other Income 9610 · Interest	0.00	2,00
Total Other Income	0.00	2.00
Other Expense 9705 · Interest Expense	0.00	0.27
Total Other Expense	0.00	0,27
Net Other Income	0.00	1.73
let Income	151,376.29	165,400.77

January through December 2022

	Jan - Dec 22	Jan - Dec 22
Ordinary Income/Expense		
Income		
4020 · Sales - Logo Items Etc.	75.00	75.00
4022 - Grants Received	175,378.59	175,378.59
4023 - Donations Recieved	82,600.95	82,600.95
4028 · Fund Raising Events	88,916.59	88.916.59
	100 1100 100	
Total Income	346,971.13	346,971.13
Cost of Goods Sold		
4520 · Purchase - Logo Items Etc.	179.00	179,00
Total COGS	179.00	179.00
Gross Profit	346,792.13	346,792.13
English	222,4421,4	2,24,500,00
Expense 5010 · Advertising and Promotion	24,507.95	24,507.95
5030 · Bank Service Charges		
	52,00	52,00
5040 · Contract Labor	31,008.24	31,008.24
5055 · Depreciation Expense	332.00	332.00
5060 · Donations	103,06	103.06
5070 · Dues and Licenses	366.00	366.00
5078 · Fundraising Expense	33,122.88	33,122,88
5080 · Insurance - Liability	1,023.88	1.023.88
5105 · Management Charges	0.00	
		0.00
5107 · Meeting Expense	414.10	414,10
5110 · Printing	129.92	129.92
5120 · Office Supplies	1,129.58	1,129,58
5140 · Professional Services	2,150.00	2,150.00
5145 · Program Expenses	26,752.14	26,752,14
5150 · Postage & Shipping	72.96	72.96
5152 · Recycling Services	3,374.48	3,374.48
5160 - Rent - Premises	1,638.39	1,638.39
5200 · Salaries - Executive Director	47,916.71	
5205 · Salaries - Other		47,916,71
	3,100.00	3,100,00
5230 - Taxes - Payroll	0.00	0.00
5260 · Travel	51.00	51.00
5265 · Uniform Expense	245.00	245.00
66000 · Payroll Expenses	3,902.80	3,902.80
Total Expense	181,393,09	181,393.09
Net Ordinary Income	165,399.04	165,399.04
Other Income/Expense		
Other Income		
9610 · Interest	2.00	2.00
Total Other Income	2.00	2 00
Other Expense		
9705 · Interest Expense	0.27	0,27
Total Other Expense	0.27	0.27
Net Other Income	1.73	1.73
Net Income	165,400.77	165,400,77
	100,400,77	100,400,77

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

Date: 0CT 02 2014

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

Employer Identification Number: 46-4305638 DLN:

17053210306044 Contact Person:

KAREN A BATEY ID# 31641

Contact Telephone Number: (877) 829-5500

Accounting Period Ending:

December 31

Public Charity Status: 170(b)(1)(A)(vi)

Form-990 Required:

Yes

Effective Date of Exemption: October 31, 2013

Contribution Deductibility:

Yes

Addendum Applies:

No

#### Dear Applicant:

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

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

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

Sincerely,

Director, Exempt Organizations

Return of Organization Exempt From Income Tax

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

OMB No. 1545-0047 2024 Open to Public

Do not enter social security numbers on this form as it may be made public. Department of the Treasury Internal Revenue Service Go to www.irs.gov/Form990 for instructions and the latest information. Inspection For the 2024 calendar year, or tax year beginning and ending C Name of organization D Employer identification number Check if applicable: Address change The Outside Foundation Doing business as 46-4305638 Name change Number and street (or P.O. box if mail is not delivered to street address) Initial return 50 Shelter Cove Lane Suite H 843-686-6996 Final return/ City or town, state or province, country, and ZIP or foreign postal code Hilton Head Island SC 29928 381,041 G Gross receipts \$ Amended return Name and address of principal officer H(a) Is this a group return for subordinates? Application pending Dr. Jean Fruh 50 Shelter Cove Lane H(b) Are all subordinates included? Hilton Head Island SC 29928 If "No " attach a list. See instructions X 501(c)(3) 501(c) ( 4947(a)(1) or www.outsidefoundation.org Website: Form of organization: X Corporation Trust 2014 Association Year of formation: SC Summary 1 Briefly describe the organization's mission or most significant activities: Public Education Activities & Governance 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) 8 3 4 Number of independent voting members of the governing body (Part VI, line 1b) 8 5 Total number of individuals employed in calendar year 2024 (Part V, line 2a) 1 5 6 Total number of volunteers (estimate if necessary) 0 6 7a Total unrelated business revenue from Part VIII, column (C), line 12 7a b Net unrelated business taxable income from Form 990-T, Part I, line 11 7b 0 Current Year 8 Contributions and grants (Part VIII, line 1h) 110,499 231,347 Revenue 9 Program service revenue (Part VIII, line 2g) 0 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 747 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 74,451 106,047 12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12 184,950 338,141 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 0 14 Benefits paid to or for members (Part IX, column (A), line 4) 0 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 57,119 47,435 16a Professional fundraising fees (Part IX, column (A), line 11e) b Total fundraising expenses (Part IX, column (D), line 25) 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 155,889 344,870 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 213,008 392,305 19 Revenue less expenses. Subtract line 18 from line 12 -28,058 -54,164 Assets or 1 Balances End of Year Beginning of Current Year 20 Total assets (Part X, line 16) 175,114 150,442 21 Total liabilities (Part X, line 26) 3,801 10,666 22 Net assets or fund balances. Subtract line 21 from line 20 171,313 139,776 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 Jean Fruh Executive Director Type or print name and title Preparer's name Paid Patrick P. Carey, Jr., CPA P00033247 Preparer Carey & Company PA 57-0927046 Firm's EIN Use Only 70 Main Street, Suite 100

299/26

May the IRS discuss this return with the preparer shown above? See instructions

Hilton Head Island, SC

843-681-4430

X Yes

358,352

Total program service expenses

	Checklist of Required Schedules	T	Van	Ma
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"	1	x	
	complete Schedule A	2	7.	х
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions		_	- 22
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to	3		х
	candidates for public office? If "Yes," complete Schedule C, Part I			
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)	4		х
	election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		A
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,	5		х
	assessments, or similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	. 5		A
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	6		х
	"Yes," complete Schedule D, Part I	. 6		A
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	7		x
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II		-	A
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		х
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		,	1922
	debt negotiation services? If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi-endowments? If "Yes," complete Schedule D, Part V	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,			
	VII, VIII, IX, or X, as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"			
	complete Schedule D, Part VI	11a	X	
b	Did the organization report an amount for investments—other securities in Part X, line 12, that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
С	Did the organization report an amount for investments—program related in Part X, line 13, that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets			
	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	•	-
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		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				
	"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	40	x	
200	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	^	+
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?	40		x
20.0	If "Yes," complete Schedule G, Part III	19 20a	+	X
20a		20a	+	- A
b		200	1	-
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	21		x
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II			1

Act	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	20		х
11	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the			
	organization's current and former officers, directors, trustees, key employees, and highest compensated	23		х
24-	employees? If "Yes," complete Schedule J	23		Λ
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		
	Did the organization minest any proceeds of tax-exempt bonds beyond a temporary period exception.  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		
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
200	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		х
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior			
	year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?			
	If "Yes," complete 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		Х
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key			
	employee, creator or founder, substantial contributor or employee thereof, a grant selection committee			
	member, or to a 35% controlled entity (including an employee thereof) or family member of any of these			
	persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties? (See the Schedule		. 1	
	L, Part IV, instructions for applicable filing thresholds, conditions, and exceptions).			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"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
С	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 noncash contributions? If "Yes," complete Schedule M	29	X	-
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			v
	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	-	^
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"	1 22		v
	complete Schedule N, Part II	32	_	X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	33		x
24	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		
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	334		
	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		Х
P	art 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	a. a. kis. a is. kis. a isia isia is.		$\Box$
-			Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a 1			
b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b 0			
С				
	reportable gaming (gambling) winnings to prize winners?	1c		X

- 24	Statements Regarding Other IRS Filings and Tax Compliance (contin	nued)			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	1					
b	If at least one is reported on line 2a, did the organization file all required federal employment tax retu	ırns?		2b	Х			
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			3b				
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other							
	a financial account in a foreign country (such as a bank account, securities account, or other financial	al acco	unt)?	4a	-	X		
b	If "Yes," enter the name of the foreign country							
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial	Accour	nts (FBAR).					
5a	그는 마다면 하는 아무슨 프로젝트 아이들이 아무슨 아이들은 아이들은 아이들은 아이들은 아이들은 아이들은 아이들은 아이들은			5a	-	X		
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transa	ction?		5b		X		
C	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	ğ.,		5c	-	-		
6a								
	organization solicit any contributions that were not tax deductible as charitable contributions?			6a	X	-		
b	If "Yes," did the organization include with every solicitation an express statement that such contribution	ions or			x			
2	gifts were not tax deductible?			6b		-		
7	Organizations that may receive deductible contributions under section 170(c).							
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for	goods						
	and services provided to the payor?		4 - 4 V	7a		-		
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?			7b	-	-		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it w	as		7-				
	required to file Form 8282?	74		7c	-	-		
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d		7e				
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit of the organization, during the year, pay premiums, directly or indirectly, on a personal benefit control to the organization.		<b>*</b>	7f	-	-		
f	If the construction of the state of the stat							
g	h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?							
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintain			7h				
٠	sponsoring organization have excess business holdings at any time during the year?			8				
9	Sponsoring organizations maintaining donor advised funds.	Cirro-Ci						
а	Did the sponsoring organization make any taxable distributions under section 4966?			9a				
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?			9b				
10	Section 501(c)(7) organizations. Enter:		og valudodd Goddina ver er er er er er er er eilde og valde o og					
а	Initiation fees and capital contributions included on Part VIII, line 12	10a						
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b						
11	Section 501(c)(12) organizations. Enter:							
а	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	m 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	1	1					
	the organization is licensed to issue qualified health plans	13b						
С	Enter the amount of reserves on hand	13c				<del> </del>		
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 Schedi			14b	-	-		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remun	eration	or	1,00		v		
	excess parachute payment(s) during the year?			15	-	X		
	If "Yes," see instructions and file Form 4720, Schedule N.			4.0		x		
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment	nt incon	ne?	16	-	^		
4-	If "Yes," complete Form 4720, Schedule O.	41141						
17	Section 501(c)(21) organizations. Did the trust, any disqualified or other person, engage in any action to the trust and section 4051, as 40532	tivities		47				
	that would result in the imposition of an excise tax under section 4951, 4952, or 4953?		$[a,b] \in \{a,b,b,b,b,c,c,c\}, [a,b] \in \{a,b,b,c,c,c,c,c,c,c,c,c,c,c,c,c,c,c,c,c,$	17				
	If "Yes," complete Form 6069.				1	1		

Form 990 (2024) The Outside Foundation 46-4305638 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 8 Enter the number of voting members of the governing body at the end of the tax year 1a 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. Enter the number of voting members included on line 1a, above, who are independent 8 1b 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with Х 2 any other officer, director, trustee, or key employee? Did the organization delegate control over management duties customarily performed by or under the direct 3 X supervision of officers, directors, trustees, or key employees to a management company or other person? 3 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4 4 Did the organization become aware during the year of a significant diversion of the organization's assets? 5 5 6 Did the organization have members or stockholders? 6 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? X 7a Are any governance decisions of the organization reserved to (or subject to approval by) members, X stockholders, or persons other than the governing body? 7b 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: X The governing body? 8a Х b Each committee with authority to act on behalf of the governing body? 8b Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O. Х Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Yes No 10a Did the organization have local chapters, branches, or affiliates? 10a 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? X 11a 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 X b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12b c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," X describe on Schedule O how this was done 12c 13 Did the organization have a written whistleblower policy? 13 14 Did the organization have a written document retention and destruction policy? 14 Did the process for determining compensation of the following persons include a review and approval by 15 independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? a The organization's CEO, Executive Director, or top management official 15a Other officers or key employees of the organization 15b If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions. 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? X 16a 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 None 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. Another's website Upon request Other (explain on Schedule O) 19 Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.

State the name, address, and telephone number of the person who possesses the organization's books and records.

32 Shelter Cove Lane

SC 29928

843-686-6996 Form 990 (2024)

20

Dr. Jean Fruh

Hilton Head Island

Form 990 (2024) The Outside Foundation

Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and

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

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

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

Check this box if neither the orga	nization nor any	y rela	ted	orga	niza	tion c	om	pensated any current office	r, director, or trustee.	
(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	box	k, unle	Pos check ess pe	rson i	than or s both r/truste Highest compensated employee	an e)	(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
(1)Dr. Jean Fruh	30.00	x		x				45,833	0	0
Executive Director (2) Ron Miele	0.00	^	-	^	-	1-1	-	43,033		
(2) RON MIEIE	3.00									
	0.00	x		x				0	0	0
Chairperson (3) Michael Overton	0.00	-		^	-	+	1.2			
(3) Michael Overton	1.00									
	0.00	x		x				0	0	0
Vice Chairperson (4) Brian Kinard	0.00	-	$\vdash$	-	$\vdash$	1	_			
(4) Brian Kinard	1.00									
Treasurer	0.00	x		x				0	0	0
(5) Michael Cerrati	0.00		$\vdash$	-	1					
(5) MICHAEL CELLACI	1.00									
Secretary	0.00	X						0	0	0
(6) Melissa Krauss	0.00	+		1						
(0)110111000 1110000	1.00									
Board Member	0.00	X				1		0	0	0
(7) Dr. John Batson	0.00	+	$\vdash$							
(i) DI. John Dassen	1.00									
Board Member	0.00	X				1		0	0	0
(8) John Taylor		1	T	T	T	T	$\vdash$			
(0)001111 1411-01	1.00									
Board Member	0.00	X						0	0	C
(9) Ted K. Neely II							П			
(0, = 0 = 0 = 0 = 0 = 0	1.00									
Board Member	0.00	X						0	0	C
(10)		T								
(11)		+	+	-	+	+-	+	· · · · · · · · · · · · · · · · · · ·	-	
(11)										

4365 07/16/2025 9:29 AM Form 990 (2024) The Outside Foundation

AL REAL	Section A. Officers	, Directors, Trus	stee	5, r.	ey L	mpi	oyee	3, 0	ind Highest Compensated	Limployees (continues)				
	(A) Name and title	(B) Average hours per week	bo	x, unle	Pos check ess pe	ition more rson i	s both	an	(D) Reportable compensation from the	(E) Reportable compensation from related		(F) mated a of othe	г	
		(list any hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/ 1099-MISC/ 1099-NEC)	organizations (W-2/ 1099-MISC/ 1099-NEC)	V-2/ from the			
(12)														
(13)														
(14)														
(15)	Sanca e pri i nel i nel carlena anter en criste conse													
(16)		- (ala, ala e a e ) ( e e e(a e e a e)												
(17)	- Den kontrol Maria (Advasta 1921 i John 1927 s													
(18)	. (1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1													
(19)														
	Subtotal								45,833		-			
d	Total from continuation she Total (add lines 1b and 1c)	ets to Part VII,	sect	ion i	Α	*111		Agra Sector	45,833					
	Total number of individuals (in reportable compensation from			d to 0	thos	e lis	ted a	abo	ve) who received more than	\$100,000 of			V I	Ma
3	Did the organization list any for	ormer officer, dir	ecto	r, tru	istee	, ke	y em	ploy	ee, or highest compensate	d		3	Yes	No X
4	employee on line 1a? If "Yes, For any individual listed on lin organization and related orga individual	e 1a, is the sum	of re	eport	able	con	npen	sati	on and other compensation complete Schedule J for su	from the		4		x
5	Did any person listed on line for services rendered to the o	1a receive or acc	rue	com	pens	atio	n fro	m a	ny unrelated organization o	r individual	0.000	5		х
Sect	tion B. Independent Contract		00,	0011	piot		77000		TO GOOD POTON THE ELECTRICAL					
1	Complete this table for your fi compensation from the organ	ive highest comp ization. Report c	ensa	ated ensa	inde	pend for t	dent the c	con aler	tractors that received more ndar year ending with or wit	than \$100,000 of hin the organization's tax y	ear.			
		(A) d business address								(B) ption of services		Cor	(C) npensati	on
-														
2	Total number of independent received more than \$100,000	contractors (incl of compensation	udin n fro	g but	t not e org	limit ganiz	ted to	o the	ose listed above) who	0			000	

function revenue business revenue from	
Business Code    Business Code	(D) enue excluded om tax under tions 512-514
Business Code    Business Code	
Business Code    Business Code	
Business Code    Business Code	
Business Code    Business Code	
Business Code    Business Code	
Business Code    Business Code	
Business Code    Business Code	
Business Code    Business Code	
b c c d d lotter program service revenue f All other program service revenue g Total. Add lines 2a-2f.  3 Investment income (including dividends, interest, and other similar amounts) 4 Income from investment of tax-exempt bond proceeds 5 Royalties  6a Gross rents b Less: retal expenses b b b c retail inc or (loss) 7a Gross amount from sales of assets of contributions reported on line 1c). See Part IV, line 18	
g Total. Add lines 2a-2f  3 Investment income (including dividends, interest, and other similar amounts)  4 Income from investment of tax-exempt bond proceeds  5 Royalties  6a Gross rents b Less: metal expenses 6b c Rental income or (loss) 6c d Net rental income or (loss) 7a Gross amount from sales of assets other than inventory b Less cost or other basis and sales exps. 7b c Gain or (loss) 7c d Net gain or (loss) 8a Gross income from fundralsing events (not including \$ of contributions reported on line 1c). See Part IV, line 18 b Less: direct expenses c Net income or (loss) from fundraising events 9a Gross income from gaming activities. See Part IV, line 19 9a b Less: direct expenses c Net income or (loss) from gaming activities 10a Gross sales of inventory, less returns and allowances 10a	
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Ga Gross rents   Ga   (ii) Personal   (iii) Personal	
6a Gross rents b Less: rental expenses c Rental inc. or (loss) 6c d Net rental income or (loss) 7a Gross amount from Gross amount from sales of assets other than inventory basis and sales exps. 7b c Gain or (loss) 7c d Net gain or (loss) 8a Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18 b Less: direct expenses 8b 42,900 c Net income or (loss) from fundraising events 9a Gross income from gaming activities. See Part IV, line 19 9 b Less: direct expenses c Net income or (loss) from gaming activities 10a Gross sales of inventory, less returns and allowances 10a	
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10a Gross sales of inventory, less returns and allowances 10a	<b>美国的</b>
returns and allowances 10a	TO SEE STATE OF THE PARTY OF TH
D Less' Cost of goods sold 1 10D L	
c Net income or (loss) from sales of inventory	
Rusiness Code	THE PERSON NAMED IN
11a Credit Card Rewards/Credits 1,794 1,794    b	
d lieur	
88 c	
d All other revenue e Total. Add lines 11a-11d  1,794	THE RESERVE
12 Total revenue. See instructions 338,141 2,541 0	C

Form 990 (2024) The Outside Foundation

Part X Statement of Functional Expenses

Section	on 501(c)(3) and 501(c)(4) organizations must o		er organizations must con	nplete column (A)	
Section	Check if Schedule O contains a resp	onse or note to any line in t	his Part IX	ipiete column (r.y.	
	ot include amounts reported on lines 6b, 7b,	(4)	(B) Program service	(C) Management and general expenses	(D) Fundraising expenses
	b, and 10b of Part VIII.		expenses	general expenses	одренова
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic			AUGUSTA CONTRACTOR	
	individuals. See Part IV, line 22			相対可能である。 対象を対し対象がある。	
3	Grants and other assistance to foreign				
	organizations, foreign governments, and				
	foreign individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees				
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	45,833	45,833		
8	Pension plan accruals and contributions (include			1	
	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes	1,602		1,602	
11	Fees for services (nonemployees):				
а	Management				
b	Legal				
c	Accounting	13,080		13,080	
d	Lobbying				
	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
q.	Other. (If line 11g amount exceeds 10% of line 25, column				
9	(A), amount, list line 11g expenses on Schedule O.)				
12	Advertising and promotion	40,418	40,418		
	Office expenses	2,290	1,421	869	
13		2/250	-/		
14	Information technology				
15	Royalties	2,256		2,256	
16	Occupancy	2,354		2,354	
17	Travel			2,004	
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				· y
20	Interest				
21	Payments to affiliates	15,498	15,498		
22	Depreciation, depletion, and amortization	13,498	13,498		
23	Insurance	Van			
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.)	104 505	104 505		
а	Contract Labor	124,595	124,595		
b	Program Expenses	101,764	101,764		
С	Event expense	22,286	22,286	12 700	
d	Insurance	13,792	C E27	13,792	
е	All other expenses	6,537	6,537	22 052	
25	Total functional expenses. Add lines 1 through 24e	392,305	358,352	33,953	0
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and				
	fundraising solicitation. Check here if				

**Balance Sheet** Check if Schedule O contains a response or note to any line in this Part X (B) (A) Beginning of year End of year 106,963 167,184 1 Cash-non-interest-bearing 2 2 Savings and temporary cash investments 3 3 Pledges and grants receivable, net 400 400 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% 5 controlled entity or family member of any of these persons 6 Loans and other receivables from other disqualified persons (as defined 6 under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) 7 Notes and loans receivable, net 8 Inventories for sale or use 9 Prepaid expenses and deferred charges 10a Land, buildings, and equipment: cost or other 40,065 10a basis. Complete Part VI of Schedule D 6,107 11,509 10b 28,556 10c b Less: accumulated depreciation 11 Investments—publicly traded securities 11 12 Investments-other securities. See Part IV, line 11 Investments-program-related. See Part IV, line 11 13 13 14 14 Intangible assets 31,570 1,423 15 Other assets. See Part IV, line 11 15 175,114 150,442 16 16 Total assets. Add lines 1 through 15 (must equal line 33) 17 17 Accounts payable and accrued expenses 18 18 Grants payable 19 19 Deferred revenue 20 Tax-exempt bond liabilities 20 21 Escrow or custodial account liability. Complete Part IV of Schedule D Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% 22 controlled entity or family member of any of these persons 23 Secured mortgages and notes payable to unrelated third parties 24 Unsecured notes and loans payable to unrelated third parties 24 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X 3,801 10,666 25 of Schedule D 3,801 10,666 26 Total liabilities. Add lines 17 through 25 Organizations that follow FASB ASC 958, check here Net Assets or Fund Balances and complete lines 27, 28, 32, and 33. 139,776 171,313 Net assets without donor restrictions 27 28 Net assets with donor restrictions Organizations that do not follow FASB ASC 958, check here and complete lines 29 through 33. 29 29 Capital stock or trust principal, or current funds 30 Paid-in or capital surplus, or land, building, or equipment fund Retained earnings, endowment, accumulated income, or other funds 31 31 139,776 171,313 32 32 Total net assets or fund balances 175,114 150,442 Total liabilities and net assets/fund balances

Form 990 (2024)

Schedule O.

Uniform Guidance, 2 C.F.R. Part 200, Subpart F?

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

b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the

required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits

Form 990 (2024)

3a

3b

#### SCHEDULE A (Form 990)

**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.

2024

Open to Public

Department of the Treasury Internal Revenue Service

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

Inspection

Name	ne of the organization Employer identification number											
			The Outside					46-430				
Pa	irt I	Reaso	on for Public Charity	Status. (All organizations	must co	omplete	this part.) Se	e instructio	ns.			
The	orga	nization is not	a private foundation because	e it is: (For lines 1 through 12, c	heck only	one box.	)					
1		A church, con	vention of churches, or asso	ociation of churches described in	n section	170(b)(1	)(A)(i).					
2		A school desc	cribed in section 170(b)(1)(A	A)(ii). (Attach Schedule E (Form	990).)							
3		A hospital or a	a cooperative hospital service	e organization described in sec	tion 170(	b)(1)(A)(i	ii).					
4	П			in conjunction with a hospital d				). Enter the ho	ospital's name,			
		city, and state										
5	$\Box$			f a college or university owned	or operate	d by a go	overnmental unit	described in				
•	ш	.77			- 1 CT-100 SC151-100	, ,						
6		section 170(b)(1)(A)(iv). (Complete Part II.)  A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).										
7	H		An organization that normally receives a substantial part of its support from a governmental unit or from the general public									
,	ш		section 170(b)(1)(A)(vi). (Co		iii a gora			,				
8	$\Box$			70(b)(1)(A)(vi). (Complete Part	II.)							
9	Н			cribed in section 170(b)(1)(A)(ix		ed in coni	unction with a lan	d-grant collec	ie			
				f agriculture (see instructions).								
10	X		on that normally receives (1)	more than 33 1/3% of its suppo	ort from c	ontributio	ns, membership	fees, and gros	SS			
0.77		receipts from	activities related to its exem	pt functions, subject to certain e	exception	s; and (2)	no more than 33	3 1/3% of its				
				d unrelated business taxable in				isinesses				
			사람들은 아이 아프라이 아이는 얼마나 얼마나 있다. 그 아이는 아이는 아니는 그를 가는 것이다.	), 1975. See section 509(a)(2).								
11	Ш			exclusively to test for public safe					. 5			
12												
	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.											
		manager and the second										
	а			erated, supervised, or controlled yer to regularly appoint or elect a					19			
		20.75		omplete Part IV, Sections A ar		or the un	ectors or trastee	3 Of the				
	b		•	pervised or controlled in connec		its suppo	rted organization	(s), by having				
				ting organization vested in the s					ed			
				Part IV, Sections A and C.			ana na maranta an ing mana					
	С			upporting organization operated				integrated w	th,			
				tructions). You must complete								
	d			. A supporting organization ope								
				organization generally must sa				an attentivene	ess			
				nust complete Part IV, Section				I. T III				
	е			eived a written determination fron- n-functionally integrated support			salypel, lypel	ii, Type III				
	f		nber of supported organizati	A A A A A A A A A A A A A A A A A A A								
	g	Provide the fo	ollowing information about th	e supported organization(s).								
(		ne of supported	(ii) EIN	(iii) Type of organization		rganization	(v) Amount of		(vi) Amount of			
	or	ganization		(described on lines 1–10 above (see instructions))		r governing ment?	support instruction		other support (see instructions)			
					Yes	No	***************************************	TANTÉ.	**************************************			
(A)												
(B)												
(C)												
(D)	e R											

(E)

Total

Schedule A (Form 990) 2024

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.)

Sect	ion A. Public Support							
Calen	dar year (or fiscal year beginning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024		(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")							
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf					,		
3	The value of services or facilities furnished by a governmental unit to the organization without charge							
4	Total. Add lines 1 through 3							
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)	Notice the		a phi				
6	Public support. Subtract line 5 from line 4			SANT DE	ATE LAND			
Sec	tion B. Total Support							
Calen	dar year (or fiscal year beginning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	1	(f) Total
7	Amounts from line 4						_	
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources							
9	Net income from unrelated business activities, whether or not the business is regularly carried on							
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)							
11	Total support. Add lines 7 through 10							
12	Gross receipts from related activities, etc.					المتعمدين	12	
13	First 5 years. If the Form 990 is for the or	ganization's first,	second, third, four	th, or fifth tax year	as a section 501(	c)(3)		_
	organization, check this box and stop her				ووجاء والمحاور والتواري والالا			
Sec	tion C. Computation of Public St							
14	Public support percentage for 2024 (line 6			mn (f))	and the state of the state of the state of		14	%
15	Public support percentage from 2023 Sch						15	%
16a	33 1/3% support test — 2024. If the orga				s 33 1/3% or more	e, check this		
	box and stop here. The organization qual							
b	33 1/3% support test — 2023. If the orga				e 15 is 33 1/3% or	more, check		-
	this box and stop here. The organization							
17a	10%-facts-and-circumstances test — 20							
	10% or more, and if the organization mee							
	Part VI how the organization meets the fa	cts-and-circumsta	ances test. The org	anization qualifies	as a publicly supp	onted		
	organization				40- 40h 47-	and line		
b	10%-facts-and-circumstances test — 2							
	15 is 10% or more, and if the organization							
	in Part VI how the organization meets the	racts-and-circum	stances test. The C	nganization qualifi	es as a publicity st	apported		
	organization	d not obselv a be-	on line 12 16a 1	Sh 17a or 17h ol	and this how and	200		Name and the Committee of the Committee
18	Private foundation. If the organization di instructions	d not check a box	on line 13, 16a, 1	6b, 17a, or 17b, ch	neck this box and	see		Г

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

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

Sec	tion A. Public Support						
	dar year (or fiscal year beginning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
1	Gifts, grants, contributions, and membership fees						
	received. (Do not include any "unusual grants.")	102,310	124,491	257,980	110,499	231,347	826,627
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		55,602	88,994	115,834	149,694	410,124
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	102,310	180,093	346,974	226,333	381,041	1,236,751
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons						
	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
С	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from						
	line 6.)						1,236,751
	tion B. Total Support		(1.) 2024	(-) 2000	(4) 2022	(=) 2024	(f) Total
	ndar year (or fiscal year beginning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	11
9	Amounts from line 6	102,310	180,093	346,974	226,333	381,041	1,236,751
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	90		2			92
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975				-		
С	Add lines 10a and 10b	90		2			92
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.)	102,400	180,093	346,976	226,333	381,041	1,236,843
14	First 5 years. If the Form 990 is for the or	rganization's first, se	econd, third, fourth	h, or fifth tax year a	as a section 501(c	)(3)	
	organization, check this box and stop her	re					
Sec	ction C. Computation of Public S	upport Percent	age				
15	Public support percentage for 2024 (line 8	3, column (f), divided	by line 13, colum	nn (f))		15	99.99%
16	Public support percentage from 2023 Sch	nedule A, Part III, lin	e 15				99.96%
Sec	ction D. Computation of Investme	ent Income Per	centage				
17	Investment income percentage for 2024 (	line 10c, column (f),	divided by line 13	3, column (f))	A 100 A 24 A 25 A 26 A 27		%
18	Investment income percentage from 2023				ua, ana ismatanaja je voji is ata je je se a	18	%
19a	33 1/3% support tests — 2024. If the org						X
b	33 1/3% support tests — 2023. If the org						
	line 18 is not more than 33 1/3%, check to	his box and stop he	re. The organizat	ion qualifies as a p	oublicly supported	organization	
20	Private foundation. If the organization di	id not check a box o	n line 14, 19a, or	19b, check this bo	x and see instruct	ions	*****

Supporting Organizations

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

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

		Yes	No
	1		
	2		
3	3a		
	3b		
	3с		
	4a		
	4b		-
	40		
	4c		
	5a		
	5b		
	5c		
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	8		
	9a		
	9b		
	9с		
	10a		
	ioa		
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Par	Supporting Organizations (continued)			
	Supporting Organizations (continued)		Yes	No
14	Has the organization accepted a gift or contribution from any of the following persons?	-	, 50	
11	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and		- 1	
а	11c below, the governing body of a supported organization?	11a		
h	A family member of a person described on line 11a above?	11b		
	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		
Secti	on B. Type I Supporting Organizations			
			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or			
-	more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers,			
	directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s)			
	effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported			
	organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the			
	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part			
	VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Secti	on 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		
Secti	on 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	3		
Sact	supported organizations played in this regard. ion E. Type III Functionally Integrated Supporting Organizations	3		
	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions)			
1 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.			
С	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instru	ctions		
2	Activities Test. Answer lines 2a and 2b below.		Yes	No
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,	1 2		
	how the organization was responsive to each of its supported organizations, and how the organization determined that these activities constituted substantially all of its activities.	2a		-
	Did the activities described on line 2a, above, constitute activities that, but for the organization's			
ь	involvement, one or more of the organization's supported organization(s) would have been engaged in? If			
	"Yes," explain in <b>Part VI</b> the reasons for the organization's position that its supported organization(s) would	2b		
	have engaged in these activities but for the organization's involvement.			
3	Parent of Supported Organizations. Answer lines 3a and 3b below.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or	3a		
	trustees of each of the supported organizations? If "Yes" or "No," provide details in Part VI.	Ja		-
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		

Type III Non-Functionally Integrated 509(a)(3) Supporting (			
1 Check here if the organization satisfied the Integral Part Test as a qualifying trust o			
instructions. All other Type III non-functionally integrated supporting organizations	must compl	ete Sections A through E	(D) 0
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)
Aggregate fair market value of all non-exempt-use assets (see	TER AVE		
instructions for short tax year or assets held for part of year):	2.15		
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):			
Acquisition indebtedness applicable to non-exempt-use assets	2	,	
3 Subtract line 2 from line 1d.	3		
Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,			
see instructions).	4		
	5		
	6		
6 Multiply line 5 by 0.035.	7		
7 Recoveries of prior-year distributions 8 Minimum Asset Amount (add line 7 to line 6)	8		
8 Minimum Asset Amount (add line 7 to line 6) Section C – Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, column A)	1	Mary and the second	
2 Enter 0.85 of line 1.	2	<u> </u>	
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 integr	rated Type III	supporting organization	
(see instructions).			

Schedule A (Form 990) 2024

d Excess from 2023 e Excess from 2024

Schedule A (For	m 990) 2024 The	Outside	Foundation	46-4305638	Page 8
Part VI	Supplemental Informati III, line 12; Part IV, Section B, lines 1 and 2; Part IV, 3a, and 3b; Part V, line 1;	on. Provide the in A, lines 1, 2, Section C, line Part V. Section	e explanations required b 3b, 3c, 4b, 4c, 5a, 6, 9a, 1; Part IV, Section D, line n B, line 1e; Part V, Secti	y Part II, line 10; Part II, line 17a or 9b, 9c, 11a, 11b, and 11c; Part IV, es 2 and 3; Part IV, Section E, lines on D, lines 5, 6, and 8; and Part V, onal information. (See instructions.)	17b; Part Section 1c, 2a, 2b,
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#### SCHEDULE D (Form 990) (Rev. December 2024)

(Rev. December 2024)

Department of the Treasury

Internal Revenue Service

### Supplemental Financial Statements

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

Attach to Form 990.

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

OMB No. 1545-0047

Open to Public Inspection

Employer identification number Name of the organization 46-4305638 The Outside Foundation 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 Total number at end of year Aggregate value of contributions to (during year) Aggregate value of grants from (during year) Aggregate value at end of year Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? **Conservation Easements** Complete if the organization answered "Yes" on Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of land for public use (for example, recreation or education) Preservation of a historically important land area Preservation of a certified historic structure Protection of natural habitat Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation Held at the End of the Tax Year easement on the last day of the tax year. 2a Total number of conservation easements 2b b Total acreage restricted by conservation easements c Number of conservation easements on a certified historic structure included on line 2a d Number of conservation easements included on line 2c acquired after July 25, 2006, and not 2d on a historic structure listed in the National Register Number of conservation easements modified, transferred, released, extinguished, or terminated by 3 the organization during the tax year Number of states where property subject to conservation easement is located Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conversation easements during the year Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Does each conservation easement reported on line 2d above satisfy the requirements of section 170(h)(4)(B) (i) and section 170(h)(4)(B)(ii)? In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements. Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets Part III 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 Assets included in Form 990, Part X

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194:18	Organizations Maintaining Co	ollections of	Art, Historica	al Treasures, o	r Other Sin	nilar As	ssets	(continu	ed)	
3	Using the organization's acquisition, accession, a collection items (check all that apply).	and other records	s, check any of th	e following that ma	ake significant	use of its				
а	Public exhibition	d	Loan or exchange	e program						
b	Scholarly research	е	Other	gagaga a salah pagaman mengelah		7				
С	Preservation for future generations					_				
4	Provide a description of the organization's collect	tions and explain	how they further	the organization's	exempt purpo	se in Par	t			
	XIII.			9 - Nagaratana						
	During the year, did the organization solicit or rec assets to be sold to raise funds rather than to be							Yes		No
	t IV Fecrow and Custodial Arrano	ements								
	Complete if the organization an 990, Part X, line 21.	swered "Yes'				an am	ount c	n Form		
1a	Is the organization an agent, trustee, custodian of	or other intermed	iary for contributi	ons or other assets	s not					No
	included on Form 990, Part X?			(indiginal and an experience of the fig.				Yes	· 🗀	No
b	If "Yes," explain the arrangement in Part XIII and	complete the fo	llowing table.					Amount		-
						4.		Amount		_
	Beginning balance					1c				<del></del> -
	Additions during the year									
е	Distributions during the year					1f				
f	Ending balance	600 D-4V II	24 for some or	s quetodial account	t liability?			Ye	s	No
2a	Did the organization include an amount on Form	990, Part X, line	21, for escrow of	en provided in Par	+ XIII					
Towns or other Designation of the last of	If "Yes," explain the arrangement in Part XIII. Ch	eck field if the c	Apianation has be	cer provided in r a						
REG	Complete if the organization ar	swered "Yes	" on Form 990	) Part IV. line 1	0.					
-		(a) Current year	(b) Prior year	(c) Two yea		Three year	s back	(e) Four	years t	ack
		(a) Curron your	177							
	Beginning of year balance									
	Contributions									
С	Net investment earnings, gains,									
	and losses Grants or scholarships									
	Other expenditures for facilities and									
е	147.75									
	programs Administrative expenses									
	End of year balance									
2	Provide the estimated percentage of the current	vear end balance	ce (line 1g, colum	n (a)) held as:						
	Board designated or quasi-endowment	%	2-24 ( )   2-47							
	Permanent endowment %	22 2 2 2 2 2 2 2 2 2								
c	Term endowment %									
7.	The percentages on lines 2a, 2b, and 2c should	equal 100%.								
3a	Are there endowment funds not in the possession		ation that are hel	d and administered	for the			ì		
	organization by:								Yes	No
	(i) Unrelated organizations?	eta a anaceta ata a ahatata e ata a	romana malajare e Karikarija (m. m. r					3a(i)		_
	(ii) Related organizations?				* * * * * * * * * * * * * * * * * * * *			3a(ii)		-
b	If "Yes" on line 3a(ii), are the related organization			R?				3b		
4	Describe in Part XIII the intended uses of the or		owment funds.						-	
NP.	Land, Buildings, and Equipr	nent		0 0 - + 0 / 1	11- 0 5-	000	Dort	V line 1	0	
	Complete if the organization a						, Part	(d) Book	value.	
	Description of property	(a) Cost or other	(TOTAL)	Cost or other basis	(c) Accum depreci			(d) Book	value	
_		(investment	9	(other)	depredi	egrent.				
	Land									
	Buildings						_			
	Leasehold improvements									
	Equipment			40,065		28,55	6		11,	509
Tete	Other  II. Add lines 1a through 1e. (Column (d) must equ	ual Form 990 Pa	rt X. line 10c. col							509
100	ii. Add iilles Ta tillough Te. (Column (d) must equ			1-7/		Cabad	de D /E	orm 990) (F		

(1) Federal income taxes (2) Credit cards (3) Payroll Liabilities (4) (5) (6) (7) (8)	Part VI	Investments – Other Securities  Complete if the organization answered "Ves"	on Form 990 Part IV line	a 11h See Form 990 Part X line 12
Cost or end of your market value   Cost or end of your market value				
11   Financial derivatives			(b) Book value	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
2) Closely held equity interests	(d) Financia		-	2400000 (4) HEAR THE CREAT SEAS OFFICE OF THE CREATER SEASON
(A)		1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1		
(A) (B) (C) (C) (D) (E) (E) (F) (F) (G) (G) (H) (Discretion of Journal sequal Form 990, Part X, line 12, col. (B))  Total, (Column (b) must equal Form 990, Part X, line 12, col. (B))  (A) Description of Jovestment (B) Book value (c) Manco of valuation: (A) Description of Jovestment (D)		leid equity interests	· · · · · · · · · · · · · · · · · · ·	
(G) (C) (C) (C) (C) (C) (C) (C) (C) (C) (C				
(C) (B) (C) (C) (C) (C) (C) (C) (C) (C) (C) (C		$* + \lambda \cos x + \lambda + \epsilon_0 + \lambda + $		
(E) (F) (G) (H) (H) (H) (H) (H) (H) (H) (H) (H) (H			***	
Control   Column   (a)   must equal Form 990, Part X, line 12, col. (B)   Column   (b)   must equal Form 990, Part X, line 13.   (a) Description of Investment   (b) Book value   (c) Memoral divisions   (c) Memoral divisions   (d) Description of Investment   (e) Description of Investment   (e) Description of Investment   (f)   (d)   (d)   (d)   (e)				
Column   (b)   must equal Form 990, Part X, line 12, col. (B)		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	2.00.	
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Total. (Column (b) must equal Form 990, Part X, line 12, col. (B))				
Total.   Column (b) must equal Form 990, Part X, line 12, col. (B)		Value (1884) 1884		
Investments - Program Related   Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.				
Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.	Total. (Colui			
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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	2 Liability	for uncertain tay positions. In Part XIII, provide the text of the	e footnote to the organization's	
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	due D (Form 990) (Nev. 12-2024)IIIe Outside I oundate Io			
Pla	Reconciliation of Revenue per Audited Financial S	Statements With Reven	ue per Return	77
	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:	90 . 1		
а	Net unrealized gains (losses) on investments	2a		
b	Donated services and use of facilities			
С	Recoveries of prior year grants			
d	Other (Describe in Part XIII.)	2d		
е	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:			
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b		4b		
	Add lines 4a and 4b		4c 5	
	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12	Ot-t	Dot	
Pa	art XII Reconciliation of Expenses per Audited Financial		nses per Return	
_	Complete if the organization answered "Yes" on Form	990, Part IV, line 12a.		
1	Total expenses and losses per audited financial statements			
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:  Donated services and use of facilities	2a		
a	PART TO SECURE STATE OF THE SECURE STATE OF TH	26		
b	Prior year adjustments Other losses	200		
c	(1) 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	v = -14, v. + + + -		
d	Add the second of	47 (4.1 4.2 4.2 4.1 4.1 4.1 4.1 4.1 4.1 4.1 4.1 4.1 4.1	2e	
е 3	California Barria Carlonnia Barria		3	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	or was activated a telephonesis and proposed and before the first te	#4.000#1010	
٠,	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b		* * * * * * * * * * * * * * * * * * *		
	Other (Describe in Part XIII.)	4b		
c		4b	4c	
c 5	Add lines 4a and 4b	44.6000.004	4c 5	<del></del>
_5	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 1	44.6000.004	AND A REPORT OF THE PROPERTY O	
Pa	Add lines 4a and 4b	18.)	5	
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Schedule D (Form 990) (Rev. 12-2024) The Outside	Foundation	46-4305638	Page 5
Part XIII Supplemental Information (continu	ued)		7
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#### SCHEDULE G (Form 990)

(Rev. December 2024) 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

Open to Public Inspection

ame of the organization  The Outside Founda	tion				Employer identificat	
Part I Fundraising Activities. Complete if		n an	swer	red "Yes" on Form 99		
Form 990-EZ filers are not required to	o complete this	s par	t			
1 Indicate whether the organization raised funds through a						
a  Mail solicitations				ernment grants		
b Internet and email solicitations	f Solicitation	7.7		: - · · · · · · · · · · · · · · · · · ·		
c Phone solicitations	g Special fur	ndraisi	ing ev	ents		
d In-person solicitations						
2a Did the organization have a written or oral agreement will or key employees listed in Form 990, Part VII) or entity in the control of the	in connection with	profe	ssiona	al fundraising services?		Yes No
b If "Yes," list the 10 highest paid individuals or entities (fu compensated at least \$5,000 by the organization.	indraisers) pursua			ments under which the ful	ndraiser is to be	
(i) Name and address of individual or entity (fundraiser)	(II) Activity	raise cust	id fund- ir have ody or trol of outions?	(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
1						
2						
3						
4						
5			1			
6		1				
7						
8		+	+			
9			+	1		
						-
10	-	-	+			
Total						
List all states in which the organization is registered or registration or licensing.	licensed to solicit	contri	bution	is or has been notified it is	s exempt from	
					g g a g daglicha an alla lilila a an alla att Notae a sangga a sangga a alla attanti notae a sangga a sangga a alla attanti	
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and the second control of the contro		4.4		a Lagrania na Lorina da Kari Pietrico en en	gradia de la grada prima de la grada d	4,

m 990) (Rev. 12-2024) <b>The</b>	Outside	Foundation	40-	4303030	1 age a
Fundraising Events.	Complete if	the organization answered "Yes	s" on Form 990	, Part IV, line 18,	or reported more
than \$15,000 of fundr	aising event	contributions and gross income	on Form 990-E	EZ, lines 1 and 6	<ul> <li>b. List events with</li> </ul>
시간 시간 경기 가장 하는 것이 되었다.					

	gross receipts g	reater than \$5,000.			
		(a) Event#1 Fundraising	(b) Event #2	(c) Other events  None  (total number)	(d) Total events (add col. (a) through col. (c))
Revenue	1 Gross receipts	(event type) 147,153	(even type)	(idame)	147,153
	Less: Contributions     Gross income (line 1 minus line 2)	147,153			147,153
	4 Cash prizes				
	5 Noncash prizes				
enses	6 Rent/facility costs		<del>,</del>		
Direct Expenses	7 Food and beverages				
۵	8 Entertainment     Other direct expenses	42,900			42,900
	10 Direct expense summary 11 Net income summary. Si	y. Add lines 4 through 9 in column (oubtract line 10 from line 3, column (ouplete if the organization answ	d)	Port IV line 10, or report	42,900 104,253
P	art III Gaming. Com	nplete if the organization answorm 990-EZ, line 6a.	wered "Yes" on Form 990	), Part IV, line 19, or report	led more than
Revenue	\$15,000 011 FC	(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Re	1 Gross revenue				
sesu	2 Cash prizes				
ect Expenses	3 Noncash prizes				
Dire	4 Rent/facility costs  5 Other direct expenses				
Ţ <u>.                                    </u>	6 Volunteer labor	Yes %	Yes %	Yes %	
	7 Direct expense summar	ry. Add lines 2 through 5 in column (	(d)		
_	8 Net gaming income sun	nmary. Subtract line 7 from line 1, c	olumn (d)	KARANGA DELEMBER KARANGA LAMI	
	a Is the organization licensed	he organization conducts gaming actor to conduct gaming activities in each	h of these states?		Yes No
	<ul><li>a Were any of the organizatio</li><li>b If "Yes," explain:</li></ul>	on's gaming licenses revoked, suspe	ended, or terminated during the	tax year?	Yes No
					na pravid Buda projetje u izranjako kredita je stoj 1964. s

Sched	ule G (Form 990) (Rev. 12-	2024)The Outside	Foundation	46-4305	5638 Page 3
_		onduct gaming activities w			Yes No
				f a partnership or other entity	
-					Yes No
		of gaming activity conduct		iganie a groppie en en kantele en en en proprie en entrette partie en	
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					401 0/
	An outside facility		anarea the organization's	raming/energial events hooks and	
14	records:	dress of the person who pre	epares the organization s	gaming/special events books and	
	Name		2000-001-00-00-0-00-0-0	(2000-1119-1900), reseq (10, 130 + (10) t) 1 / Reserve(13) (11)	20 × 62 × 6300 × 6 × 7 × 6 × 6 0 × 6 0 × 6
	Address	est e si e regio e si porti si gia propiata di propi	e eleka karistan barata dagi bir da f		1272411200307*******
15a		have a contract with a third			Yes No
	revenue?		to distribution	e and th	the first transfer of the first transfer to the first transfer transfer to the first transfer transfe
	amount of gaming reve	nue retained by the third pa	arty \$	\$ and the	
С	If "Yes," enter tha name	e and address of the third p	earty:		
	Name	化苯基磺基基 医腹头 第一节 新生物 医克克氏管 化环烷基 化二烷基	google a journal and a second and a second and	egy mengan kanasan dalam dan 1994 dan dalam dan 1994 dan	La constituit de la con
	Address		Salar a salar	eaks speka akon saaka kupaten naan tiitan liintii 1746.	
16	Gaming manager inform	mation:			
	Name			garra (1711). Alba i 1781 dilebah kalandera kalandera (1844).	\$ 1, despite a mark of the \$ 3
	1 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4				
	Gaming manager comp	pensation \$	e mega spreight e frags.		
	Description of services	provided	a Viljana, agresa a agranda e e e ere e e épe e ere p	***************************************	
	Director/officer	Employee	Independent of	ontractor	
17	Mandatory distributions	s:			
a	le the organization reg	uired under state law to ma	ke charitable distributions	from the gaming proceeds to	
а	retain the state gaming				Yes No
	Estar the amount of di	stributions required under s	state law to be distributed	o other exempt organizations or	
D	tip the organization	on's own exempt activities	during the tax year \$		
Pa	rt IV Suppleme	ental Information. Pr nes 9, 9b, 10b, 15b, 15	ovide the explanation	s required by Part I, line 2b, colu oplicable. Also provide any additi	ımns (iii) and (v); and onal information.
	our and the organization of the contraction of the				
	<ul><li>立場 (1) (2) (2) (2) (2) (3) (4) (4) (4) (4) (4) (4) (4) (4) (4) (4</li></ul>	ente escar e per present especialista de la composició de la composició de la composició de la composició de l Composició de la composició de	ingger en megt vinskring gren i fleskring in die gebruik van de gebruik van de gebruik van de gebruik van de g Die gebruik van de g		and a fill agent and expense of each executive of the ex-
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_				Sc	hedule G (Form 990) (Rev. 12-2024

#### SCHEDULE L

(Form 990) (Rev. December 2024) Department of the Treasury

#### **Transactions With Interested Persons**

Complete if the organization answered "Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c; or Form 990-EZ, Part V, line 38a or 40b.

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Inspection

Open to Public

(i) Written agreement?

Yes

Internal Revenue Service	Go to www.no.govn onnece to mountain	
		Employer identification number
Name of the organization		Employer identification fromber
		Will be a subsequence of

46-4305638 The Outside Foundation Excess Benefit Transactions (section 501(c)(3), section 501(c)(4), and section 501(c)(29) organizations only) Part I Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b; or Form 990-EZ, Part V, line 40b. (d) Corrected? (b) Relationship between disqualified person and (c) Description of transaction (a) Name of disqualified person 1 Yes organization (1) (2)(3)(4)(5)(6) Enter the amount of tax incurred by the organization managers or disqualified persons during the year 2 under section 4958 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization Loans to and/or From Interested Persons

	Complete if the organization answered	d "Yes" on For			line (	38a, or Form 990	, Part IV, line 26	; or if t	he		
	organization reported an amount on F (a) Name of interested person	(b) Relationship with organization	(c) Purpose of loan	(d) to or the	122.40	(e) Original principal amount	(f) Balance due	(g) In	default?	(h) App by boa	ard or
					From			Yes	No	Yes	No
1)											
2)											
						I	I		1	1	

(3) (4) (5) (6) (7)

(9)
(10)
Total

Part III Grants or Assistance Benefiting Interested Persons

Complete if the organization answ	wered "Yes" on Form 990, Part IV, line	27.		
(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of assistance	(d) Type of assistance	(e) Purpose of assistance
(1)				
2)				
3)				
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0)				ula I. /Farm 990) /Pay 12.2

Business Transactions Involving Interested Persons Complete if the organization answered "Yes" on Form 990, Part U. Inc 28a, 28b, or 28c.  (a) Name of interested person (b) Relationship between separated several person (c) Personship in Several S	chedule L (F	Form 990) (Rev. 12-2024)	tside Foundation		46-4305638	Pa	age
Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c  (a) Name of interestide person  (b) Name of interestide person  (c) Name of interestide person  (d) Description of transaction  (e) D	Part IV	Business Transactions Involvi	ing Interested Persons				
(a) Name of interested person  (b) Radiaccards between contraction transaction	HENDAL IN I.	Complete if the organization answered "	Yes" on Form 990, Part IV, line 28	a, 28b, or 28c.			
Interest person and the response for questions on Schedule L. See instructions.					(d) Description of transaction		
Hilton   Read   Kayak   Company   BOD   Operated   8,080		(a) Name of interested person		47 6 C L 189 C L 199 L 19 L	(d) Description of transaction		
Supplemental Information Provide additional information for responses to questions on Schedule L. See instructions.				7) 57 (7) (7) (2) (3) (1)			1
Provide additional information Provide additional information for responses to questions on Schedule L. See instructions.			BOD Onemated	9 090			T
art V Supplemental Information  Provide additional information for responses to questions on Schedule L. See instructions.		n Head Kayak Company	BOD Operated	8,000			t
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9) Part V Supplemental Information Provide additional information for responses to questions on Schedule L. See instructions.							1
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Part V Supplemental Information for responses to questions on Schedule L. See instructions.							
Provide additional information for responses to questions on Schedule L. See instructions.		Complemental Information					
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#### SCHEDULE M (Form 990)

**Noncash Contributions** 

Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30. Attach to Form 990.

2024 **Open To Public** 

Inspection

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

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

Employer identification number 46-4305638

	The Outsi	de Fo	undation		40 4303030		-	
Pai	rt I Types of Property							
		(a)	(b)	(c) Noncash contribution	(d)			
		Check if	Number of contributions or	amounts reported on	Method of determining			
		applicable	items contributed	Form 990, Part VIII, line 1g	noncash contribution amounts			
1	Art — Works of art							
	Art — Historical treasures							
	Art — Fractional interests							
	Books and publications		<b>然</b> 因此是例如此一种的					
	Clothing and household							
5	goods		Company of the Company of Company					
6	Cars and other vehicles				†	-		
7	Boats and planes							
8	Intellectual property						<u> </u>	
9	Securities — Publicly traded							
10	Securities — Closely held stock							
11	Securities - Partnership, LLC,							
	or trust interests							
12	Securities — Miscellaneous							
13	Qualified conservation							
10	contribution — Historic							
	structures							
14	Qualified conservation							
14	contribution — Other	1						
15	Real estate — Residential							
16	Real estate — Commercial							
17	Real estate — Other							
18	Collectibles							
19	Food inventory							
	Drugs and medical supplies							
20								
21	Taxidermy							
22	Historical artifacts							
23	Scientific specimens							
24	Archeological artifacts Other ( Outside Brands )	х	39000	53,000	Page Island Oyster	R	oas	t
25	Other (Outside Brands)	X	14000		Paddle Battle			
26		-	11000					
27	Other (							
28	Other ( ) Number of Forms 8283 received by	, the ergan	ization during the tay ve	ar for contributions for				
29	which the organization completed f	orm 9293	Part V. Donee Acknow	edgement	29			
	which the organization completed i	01111 0200	, rait v, bonce riomen				Yes	No
	During the year, did the organization	n rosoivo l	by contribution any prope	arty reported in Part I lines	1 through			
30a	28, that it must hold for at least 3 y	on receive i	the date of the initial con	tribution, and which isn't red	nuired to be			
						30a		X
	used for exempt purposes for the e		ng period r		REAR KANASARAK BANA BANAK TANTATAN TANTATAN			
b	If "Yes," describe the arrangement	in Part II.		ravious of any ponetandard				
31	Does the organization have a gift a				·	31		x
	contributions?			to colleit process or sell n	LANGE AND A REPORT OF THE REPORT OF THE PARTY OF THE PART	-		
32a						32a		x
		\$1.\$(\$1.4) \$1.40 \$						
b	If "Yes," describe in Part II.		antima (c) to a c time of	property for which column (a	a) is checked			
33	If the organization didn't report an	amount in	column (c) for a type of	property for which column (a	i) is showed,			
	describe in Part II.					_	_	-

Schedule M (For	rm 990) 2024 The Outside	Foundation		46-4305638	Page 2
Part II	Supplemental Information. the organization is reporting	Provide the informatio in Part I, column (b), the	n required by Part e number of contril	I, lines 30b, 32b, and 33, ar butions, the number of item	nd whether s received,
·	or a combination of both. Als	o complete this part for	r any additional info	ormation.	
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#### SCHEDULE O (Form 990)

(Rev. December 2024)

Department of the Treasury Internal Revenue Service

### Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or Form 990-EZ. Go to www.irs.gov/Form990 for instructions and the latest information. Open to Public Inspection

OMB No. 1545-0047

N

Employer identification number

ame of the organization	Employer identification	22.2
The Outside Foundation	46-43056	38
Form 990, Part III, Line 4d - All Other Accomp	olishments	· · · · · · · · · · · · · · · · · · ·
other		
Form 990, Part VI, Line 7a - Election of Members.	ers and Their Rights	
Form 990, Part VI, Line 11b - Organization's A draft of form 990 is circulated to the Fina comments prior to approval by the full Board	ncial Committee for	orm 990 review and
Form 990, Part VI, Line 12c - Enforcement of The Governance Committee regularly and consis compliance with the policy.	Conflicts Policy tently monitors and	enforces
Form 990, Part VI, Line 19 - Governing Docume No documents available to the public	nts Disclosure Expl	anation
Form 990, Part XI, Line 9 - Other Changes in	Net Assets Explanat	ion
Prior period adjustment	\$	19,613
Prior period depreciation adj.		-1,286
Prior period fixed asset adj.	\$	4,100
Total	\$	22,627
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Form 4562

Depreciation and Amortization

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

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

OMB No. 1545-0172

Department of the Treasury Internal Revenue Service Name(s) shown on return

The Outside Foundation

Identifying number 46-4305638

Business or activity to which this form relates Indirect Depreciation Election To Expense Certain Property Under Section 179 Note: If you have any listed property, complete Part V before you complete Part I 1,220,000 Maximum amount (see instructions) 2 2 Total cost of section 179 property placed in service (see instructions) 3,050,000 3 Threshold cost of section 179 property before reduction in limitation (see instructions) 3 4 Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-4 Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions 5 5 (b) Cost (business use only) (a) Description of property 6 7 Listed property. Enter the amount from line 29 8 Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7 8 9 Tentative deduction. Enter the smaller of line 5 or line 8 9 10 Carryover of disallowed deduction from line 13 of your 2023 Form 4562 10 11 Business income limitation. Enter the smaller of business income (not less than zero) or line 5. See instructions 11 12 Section 179 expense deduction. Add lines 9 and 10, but don't enter more than line 11 12 Carryover of disallowed deduction to 2025. Add lines 9 and 10, less line 12 13 Note: Don't use Part II or Part III below for listed property. Instead, use Part V. Special Depreciation Allowance and Other Depreciation (Don't include listed property. See instructions.) Special depreciation allowance for qualified property (other than listed property) placed in service 12,540 14 during the tax year. See instructions 15 Property subject to section 168(f)(1) election 1,286 16 Other depreciation (including ACRS) MACRS Depreciation (Don't include listed property. See instructions.) Part III Section A 0 17 MACRS deductions for assets placed in service in tax years beginning before 2024 17 If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here Section B-Assets Placed in Service During 2024 Tax Year Using the General Depreciation System (c) Basis for depreciation (b) Month and year (f) Method (g) Depreciation deduction (e) Convention (business/investment use placed in (a) Classification of property period only-see instructions) 19a 3-year property 200DB 1,672 HY 8,360 5.0 b 5-year property 7-year property 10-year property d 15-year property 20-year property S/L 25 yrs. 25-year property S/L 27.5 yrs. MM Residential rental S/L MM 27.5 yrs. property S/L MM 39 yrs. Nonresidential real S/L MM property Section C—Assets Placed in Service During 2024 Tax Year Using the Alternative Depreciation System S/L 20a Class life S/L 12 yrs b 12-year S/L MM 30 yrs 30-year MM S/L 40 yrs. 40-year d Summary (See instructions.) Part IV 21 Listed property. Enter amount from line 28 21 Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter 22 15,498 22 here and on the appropriate lines of your return. Partnerships and S corporations—see instructions For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs

Form **990** 

### **Event Income and Deduction Worksheet**

Description Fundraising

2024

Name

The Outside Foundation

Taxpayer Identification Number 46-4305638

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

ncome & Expense Summary:		Expense Details - Indirect Expense:
Gross receipts or sales     1	147,153	Advertising and promotion
Advertising income     2.		Office
Circulation income 3.		Printing/publication/postage
4. Other income 4.		Info technology/Maintenance
5. Returns and allowances 5.		Royalties & License Fees
6. Contributions received 6.		Occupancy/Real Estate Taxes
7. Total revenue. Add lines 1 through 6 7.	147,153	Travel & Repairs
8. Cost of Goods Sold 8.	42,900	Travel/entertainment (officials)
		Conferences/meetings
		Interest
		Insurance
		Total Indirect Expense
		8. T.
		Expense Details - Depreciation Expense:
14. Fundraising Expense 14.	42 900	On investment property
15. Total expenses. Add lines 8 through 1415.	104 253	On non-investment property
16. Net Income/Loss. Line 7 minus Line 1516.	104,233	
		Amortization
		Depletion
Expense Details - Cost of Goods Sold:		Total Depreciation Expense
Beginning inventory		Format Activity Evange:
Purchases	42,900	Expense Details - Exempt Activity Expense:
Labor		Repairs and Maintenance
Section 263A costs		Bad debts
Other costs		Taxes/licenses
Ending inventory	10.000	Charitable contributions
Total Cost of Goods Sold	42,900	Dividend recd deductions
		Readership costs
Expense Details - Employment Expense:		Other expenses
Compensation of officers		Total Exempt Activity Expense
Other salaries and wages		•
Pension plan contributions		Expense Details - Fundraising Expense:
Other employee benefits		Cash prizes
Payroll taxes		Non-cash prizes
Total Employment Expense		Rent and facility costs
THE SOCIETY OF THE PROPERTY OF		Food & beverages (Part II only)
Expense Details - Fees for Services:		Entertainment (Part II only)
Management		Other direct expenses
Legal		Total Fundraising Expense
Accounting Lobbying		
Investment management Other		
Other Total Fees for Services		
Total Fees for Services	-	
Information is indicated for use on Form 990-T,	Schedule A:	Allocation of Expense to Program Service Accomplishments:
Schedule A, UBIT Activity Code Seq		First
		Second
Part V, Debt Financing		
Part VI, Controlled Org Income		
Part VII, Investments for C(7)(9)(17)		All other
Part VIII, Exploited Activities		
Part IX, Advertising Income		

4365 The Outside Foundation

46-4305638

FYE: 12/31/2024

### **Federal Statements**

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

Description	E	Total xpenses	Program Service	Management & General	-	Fund Raising
Scholarship expense Payroll expense Recycling Services Insurance - health Meeting Expense Other expense Dues & Licenses Taxes - Real Estate Postage Trailer realloaction	\$	9,292 3,506 3,250 3,101 2,206 872 584 369 157 -16,800	\$ 9,292 3,506 3,250 3,101 2,206 872 584 369 157 -16,800	\$	\$	
Total	\$	6,537	\$ 6,537	\$ 0	\$	0

7/16/2025 9:29 AM

4365 The Outside Foundation 46-4305638

FYE: 12/31/2024

### **Federal Statements**

### Schedule A, Part III, Line 1(e)

Description	Amount
Grants Received Donations Received Donations Received Donations Received	\$ 81,404 96,943 39,000 14,000
Total	\$ 231,347

#### Schedule A, Part III, Line 2(e)

Description	Amount
Taxable Interest on Savings and Temporary Cash Investments Credit Card Rewards/Credits	\$ 74 1,79
Stale Checks Fundraising	147,15
Total	\$ 149,69

Form

Return of Organization Exempt From Income Tax

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

OMB No. 1545-0047 2023 Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

A	For the 2023	calendar year, or tax year be	ginning , and (	ending		-				
В	Check if applicable:	C Name of organization	e Outside Foundation			D Employe	r identii	fication number		
Ц	Address change			205						
	Name change	Doing business as Number and street (or P.O. box if n	46-4 E Telephon							
	Initial return	50 Shelter Cove	Room/suite	843-686-6996						
Ħ	Final return/	City or town, state or province, cour		-						
님	terminated	Hilton Head Isl	and SC 29928			G Gross rec	2 stries	226,333		
	Amended return	F Name and address of principal office			5 -					
	Application pending	Dr. Jean Fruh 50 Shelter Co	ove Lane Island SC 2992		H(a) Is this a g H(b) Are all su If "No		uded?	Yes No		
	Tax-exempt status:	X 501(c)(3) 501(c)		(1) or 527	6.45					
_		www.outsidefound			H(c) Group ex					
_	Form of organization		Association Other	IL Y	ear of formation: 2	1014	M Sta	te of legal domicile: SC		
F		ummary	sion or most significant activities:							
Sovernance	2 Check th	ic Education  is box if the organization of voting members of the gove	discontinued its operations or dispo	sed of more than 25%	of its net asse	ets.	117111	restationes massaulti		
රේ ග			s of the governing body (Part VI, lin	16 1h)			8			
Activities	5 Total pur	wher of individuals employed in	n calendar year 2023 (Part V, line 2	ie (b)	101100111001100	5	1			
ctiv	6 Total nur	mber of volunteers (estimate if	necessary	a)		6	0			
ď	The state of the s	related business revenue from	Dest VIII selvers (C) Viet 40			-	0	0		
			from Form 990-T, Part I, line 11	····×··×···×··×	. 1		-	0		
	D Net unie	ated business taxable income	nom rom 990-1, Part I, line 11		Prior Ye	7b		Current Year		
Revenue	8 Contribut	ions and grants (Part VIII. line	1h)			7,980		110,499		
	9 Program	service revenue (Part VIII, line		DERRICHEACH DE LA CELLE		1,000	-	0		
		ent income (Part VIII, column (/		2		0				
	11 Other rev	venue (Part VIII column (A) lir	nes 5, 6d, 8c, 9c, 10c, and 11e)		5	5,690				
	The second second second		(must equal Part VIII, column (A),	ine 12)		3,672		184,950		
		nd similar amounts paid (Part	14 1 441 2 4 61			0,012		0		
		paid to or for members (Part I)	Combined (A) time (A)	1111111111111111111111111111				0		
			e benefits (Part IX, column (A), line	s 5–10)	5	4,920	_	57,119		
Expenses	16a Professio	nal fundraising fees (Part IX	column (A), line 11e)	-		1,020	_	0,7110		
nec	b Total fund	draising expenses (Part IX, co	lumn (D) line 25)	0						
K	the second secon	penses (Part IX, column (A), li		million 5 million	9.	4,923		155,889		
	The state of the s		equal Part IX, column (A), line 25)			9,843		213,008		
	The Court Court Court Court of the Court of	less expenses. Subtract line 1	아이는 일이 가는 그 모으면 모든 모든 사람이 되었다. 그렇게 되는 그 없는 그 없는 그 없는 것이 없었다.			3,829		-28,058		
Net Assets or Fund Balances	10 110101100	ios orbanisos. Gabriadi into	O WORTH MICE TELESCOPE		Beginning of Cu			End of Year		
sets	20 Total ass	ets (Part X, line 16)	ATTENTION OF THE OWNER, ON THE	L. I C. O O. D O 1 O [		1,637		175,114		
AB	21 Total liab	ilities (Part X, line 26)		The state of the s		2,266		3,801		
影	22 Net asset	ts or fund balances. Subtract li		**************	19	9,371		171,313		
		gnature Block								
Ui tr.	nder penalties of pue, correct, and co	perjury, I declare that I have examomplete. Declaration of preparer (	ined this return, including accompanying other than officer) is based on all inform	g schedules and statemer ation of which preparer h	nts, and to the bo as any knowledg	est of my kno je.	owledg	e and belief, it is		
	0	7.6								
Sig	150	of officer		American Company	S. Markey	Date				
He		Jean Fruh		Executive :	Director	<u> </u>				
		print name and title					-			
		preparer's name	Preparer's signature		Date	Check	if	PTIN		
aic		Patrick P. Carey, Jr., CPA Patrick P. Carey, Jr., CPA						P00033247		
20.00	parer Firm's nad		Company P.A.		F	irm's EIN	5'	7-0927046		
JSe	Only		Street, Suite 100				200	والمسابات وكالوامة		
_	Firm's add			9926	F	hone no.	843	3-681-4430		
_			shown above? See instructions	Example Commence (			W.W.	X Yes No		
or	Paperwork Redu	uction Act Notice, see the separ	rate instructions.					Form 990 (2023)		

om 990 (2023) The Outside For		46-4305638	Page
	Service Accomplishme	nts	Total Control of the
Briefly describe the organization's missio	n:	to any line in this Part III	
Dublic Education			
		******************************	
7.44		TFFEEDER FREE CONTRACTOR CONTRACT	*********************************
			***************************************
Did the organization undertake any significant	cant program services during the	ne year which were not listed on the	
prior Form 990 or 990-EZ?		······································	Yes X N
If "Yes," describe these new services on	Schedule O.		100 [25]
Did the organization cease conducting, or	make significant changes in h	ow it conducts, any program	
services?	************		Yes X No
If "Yes," describe these changes on Sche			
Describe the organization's program servi	ce accomplishments for each of	of its three largest program services, a	as measured by
expenses. Section 501(c)(3) and 501(c)(4 the total expenses, and revenue, if any, for	organizations are required to	report the amount of grants and alloc	ations to others,
the total expenses, and revenue, if any, it	or each program service reporte	ed.	
(Code: ) (Expenses \$	47 864 includios	-1-70	
		ants of \$	
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VII	***********************		*******************************
Environmental services and the services	******	?****************************	**********************************
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Other program services (Describe on Sche	dule O.)		
	ncluding grants of \$	) (Revenue \$	
Total program service expenses	188,194	/ (1.52011d0 · p	

# Form 990 (2023) The Outside Foundation Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	х	
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,	110		
	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		х
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	100	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,	10	-	
	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,"	11a	ж	
b	Did the organization report an amount for investments—other securities in Part X, line 12, that is 5% or more	110		
	of its total assats reported in Part V. line 162 If "Vas." complete Schedule D. Part VIII	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		х
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets	110		
	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			7.7
	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	1		
	"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			10
	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	73.4		To a
40	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	Ш	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
DAA		441.1	000	(cones)

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 X 22 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the 23 organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J 23 X Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than 24a \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a X 24a Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? 24b Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? 24c Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? 24d 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 X 25a 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 X Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II X Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key 27 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 X 27 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 current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV X 28a A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV 28b 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 X 28c Did the organization receive more than \$25,000 in noncash contributions? If "Yes," complete Schedule M 29 X 29 30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M X 30 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I 31 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 X 32 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations 33 sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I X 33 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, 34 or IV, and Part V, line 1 X 34 Did the organization have a controlled entity within the meaning of section 512(b)(13)? 35a X 35a If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 35b Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable 36 related organization? If "Yes," complete Schedule R, Part V, line 2 X 36 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI 37 X 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. 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 Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 0 Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?

Pa	ort V Statements Regarding Other IRS Filings and Tax Compliance (continu	ued)			Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax					1
	Statements, filed for the calendar year ending with or within the year covered by this return	2a	1	100	33	
b	If at least one is reported on line 2a, did the organization file all required federal employment tax return	ns?	annama (ili amas	2b	X	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?		ilava lav l Xana la co-conscioni	3a		X
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule	0	C117 (111 111 111 111 111 111 111 111 111	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other a	author	ity over,	0.00		78
	a financial account in a foreign country (such as a bank account, securities account, or other financial	acco	unt)?	4a		X
b	If "Yes," enter the name of the foreign country			200		
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial A	ccou	nts (FBAR).	1,111		VE.
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 transact			5b	1	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	е		200	7.50	
	organization solicit any contributions that were not tax deductible as charitable contributions?	Lilia		6a	X	
b	If "Yes," did the organization include with every solicitation an express statement that such contribution	ns or		75	100	
	gifts were not tax deductible?			6b	X	_
7	Organizations that may receive deductible contributions under section 170(c).			1000	1110	
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for g	oods		100		
	and services provided to the payor?			7a		
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?			7b	1	
C	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	s		162		
	required to file Form 8282?	Helph	olekharnikkan kamitian a	7c		-
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d			1	
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit co	ontrac	17	7e		_
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contra	ct?	eria da estado vintro mo	7f		
g	If the organization received a contribution of qualified intellectual property, did the organization file For			7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization			7h	1	
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained	by ti	ne			
	sponsoring organization have excess business holdings at any time during the year?			8		
9	Sponsoring organizations maintaining donor advised funds.				+	
a		101101	is the model anyther.	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:		i			
a	The state of the s	10a		-	H N	
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b		-		
11	Section 501(c)(12) organizations. Enter:					
а	Gross income from members or shareholders	11a		4		
b	Gross income from other sources. (Do not net amounts due or paid to other sources	100				
	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		(amanana ana ana ana ana ana ana ana ana	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b		-	11	
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			420		
а	Is the organization licensed to issue qualified health plans in more than one state?			13a		
	Note: See the instructions for additional information the organization must report on Schedule O.					
b	Enter the amount of reserves the organization is required to maintain by the states in which	401				
	the organization is licensed to issue qualified health plans	13b				
C	Enter the amount of reserves on hand	13c		14a	-	x
14a				14b		45
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule		or	140		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuner			15		x
	excess parachute payment(s) during the year?	111321		15		d'h
40	If "Yes," see instructions and file Form 4720, Schedule N.	inace	102	16		x
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment	moon	(a)	10		
47	If "Yes," complete Form 4720, Schedule O.	ities				
17	Section 501(c)(21) organizations. Did the trust, any disqualified or other person engage in any activitat would result in the imposition of an excise tax under section 4951, 4952 or 4953?			17	VI	
	If "Yes," complete Form 6069.	111111		120		SCHOOL SECTION
	II TOD, GOLIDIOUS LOTTI VOVO.					

Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI Section A. Governing Body and Management Yes No 1a Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O. Enter the number of voting members included on line 1a, above, who are independent 8 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? X Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person? X 3 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4 Did the organization become aware during the year of a significant diversion of the organization's assets? 5 5 6 Did the organization have members or stockholders? 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? Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? 7b х Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: The governing body? X 8a Each committee with authority to act on behalf of the governing body? X 8b Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O X Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Yes No 10a Did the organization have local chapters, branches, or affiliates? x 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 Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11a 11a X Describe on Schedule O the process, if any, used by the organization to review this Form 990. Did the organization have a written conflict of interest policy? If "No," go to line 13 12a b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? X 12b c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done x 12c Did the organization have a written whistleblower policy? 13 13 Did the organization have a written document retention and destruction policy? 14 14 Did the process for determining compensation of the following persons include a review and approval by 15 independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? The organization's CEO, Executive Director, or top management official 15a Other officers or key employees of the organization 15b If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions. Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? 16a If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? Section C. Disclosure 17 List the states with which a copy of this Form 990 is required to be filed None Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c) (3)s only) available for public inspection. Indicate how you made these available. Check all that apply. Own website Another's website Upon request Other (explain on Schedule O) Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, 19 and financial statements available to the public during the tax year. State the name, address, and telephone number of the person who possesses the organization's books and records. 20 Dr. Jean Fruh 32 Shelter Cove Lane Hilton Head Island

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

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

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

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

(A) Name and title	(B) Average hours per week	bo	x, unle	Pos check ess pe	erson	than o is both or/truste	an	(D) Reportable compensation from the	(E) Reportable compensation from related	(F) Estimated amount of other compensation
	(list any hours for related organizations below dotted line)	individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/ 1099-MISC/ 1099-NEC)	organizations (W-2/ 1099-MISC/ 1099-NEC)	from the organization and related organizations
(1)Dr. Jean Fruh Executive Director	30.00	x		x				47,000	0	0
(2) Ron Miele Chairperson	3.00	x		ж				0	0	0
(3) Michael Overton Vice Chairperson	1.00	x		X				0	0	0
(4) Brian Kinard Treasurer	2.00	x		x				0	0	0
(5) Dr. John Batson Board Member	1.00	x						0	0	0
(6) Melissa Krauss Board Member	1.00	x						0	0	0
(7) Michael Cerrati	1.00	x						0	0	0
(8) John Taylor Board Member	1.00	x						0	0	0
(9) Jake Gartner Board Member	1.00	x						0	0	0
(10) Ted K. Neely II Board Member	1.00	x						0	0	0
(11)										

-	m 990 (2023) The Outs	a Directors Tru	da	CIC	nc	-	lain.	_	46-4305	638		Page
(A) Name and title		(B) Average hours	(d	o not	Pos check ess pe	(C) sition more erson	than one is both an lor/trustee)		(D) Reportable compensation	(E) Reportable compensation	(F) Estimated of oth	amount
		per week (list any hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	from the organization (W-2/ 1099-MISC/ 1099-NEC)	from related organizations (W-2/ 1099-MISC/ 1099-NEC)	compens from the organization related organization	he in and
(12)												
(13)		11277777777777777			1							
(14)	***************************************	••••										
(15)	***************************************					1 = 1						
(16)	**************************************	#.Tr. *										
17)												
18)	HTTP-04111-0-1411-141-1-1411-1511-151				Ĭ							
19)	······································	L-nu-monto-										
	Subtotal		1000	20.01	d inte	v i dle	aniska		47,000			
d 2	Total from continuation shee Total (add lines 1b and 1c) Total number of individuals (increportable compensation from	cluding but not lin	nited						47,000 who received more than \$1	00,000 of		
3	Did the organization list any for								Tri. Yestermon um			es No
4	employee on line 1a? If "Yes," For any individual listed on line	complete Schedi	ıle J	for s	such	indi	vidua	I		***********************	3	ж
	organization and related organi	zations greater t	han	\$150	0,000	)? If	"Yes,	" соп	plete Schedule J for such			
5	Did any person listed on line 1a for services rendered to the org	a receive or accr	ue o	omp	ensa	tion	from	any t	inrelated organization or in-	dividual	4	Х
6	on B. Independent Contractor	S								ARTICLE STATE OF THE STATE OF T	5	X
1	Complete this table for your five compensation from the organization	auon. Report con	nsate npen:	ed in	depe	ende r the	nt co	ntract ndar	ors that received more than year ending with or within t	1 \$100,000 of the organization's tax year.		
_	Name and b	(A) ousiness address	_			_	-		(B) Description of	of services	Comp	C) ensation
			_		-		1					
							1					
2	Total number of independent co	entractors (includi	ng b	ut no	ot lim	nited	to th	ose li	sted above) who		1	
A	received more than \$100,000 of	compensation f	rom	the c	orgai	nizat	on			0		90 (2023

Statement of Revenue Check if Schedule O contains a response or note to any line in this Part VIII (A) Total revenue (C) Unrelated (B) Related or exempt (D) Revenue excluded function revenue business revenue from tax under sections 512-514 1a Federated campaigns 1a b Membership dues 1b c Fundraising events 1c d Related organizations 1d 1e e Government grants (contributions) All other contributions, gifts, grants, and similar amounts not included above 11 110,499 Noncash contributions included in lines 1a-1f ........ 26,518 1g h Total. Add lines 1a-1f 110,499 Business Code Program Service f All other program service revenue g Total. Add lines 2a-2f. Investment income (including dividends, interest, and other similar amounts) Income from investment of tax-exempt bond proceeds Royalties (i) Real (ii) Personal 6a 6a Gross rents b Less: rental expenses 6b 6c c Rental inc. or (loss) d Net rental income or (loss) Gross amount from (i) Securities (ii) Other sales of assets other than inventory b Less: cost or other 7b basis and sales exps. c Gain or (loss) 7c d Net gain or (loss) ..... 8a Gross income from fundraising events (not including \$ of contributions reported on line 107,047 1c). See Part IV, line 18 b Less: direct expenses 41,383 65,664 c Net income or (loss) from fundraising events 9a Gross income from gaming activities. See Part IV, line 19 b Less: direct expenses 9b c Net income or (loss) from gaming activities 10a Gross sales of inventory, less returns and allowances 10a b Less: cost of goods sold 10b c Net income or (loss) from sales of inventory Business Code Stale Checks 8,537 8,537 Credit Card Rewards/Credits 250 250 All other revenue Total. Add lines 11a-11d ... 8,787 8,787 Total revenue. See instructions 184,950 0

0

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A) Check if Schedule O contains a response or note to any line in this Part IX Do not include amounts reported on lines 6b, 7b, (A) Total expenses (B) Program service expenses (C) (D) Fundraising Management and 8b, 9b, and 10b of Part VIII. general expenses expenses Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 Grants and other assistance to domestic individuals. See Part IV, line 22 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Other salaries and wages 47,000 47,000 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) Other employee benefits Payroll taxes 10,119 10,119 Fees for services (nonemployees): a Management Legal Accounting 4,678 4,678 Professional fundraising services. See Part IV, line 17 Investment management fees g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.) Advertising and promotion 18,964 18,964 Office expenses 627 114 513 Information technology Royalties 15 Occupancy 16 1,630 1,630 17 Travel 530 530 Payments of travel or entertainment expenses for any federal, state, or local public officials Conferences, conventions, and meetings 19 20 Payments to affiliates 21 Depreciation, depletion, and amortization 22 1,286 1,286 23 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 ().) Contract Labor 57,658 57,658 Program Expenses 47,864 47,864 Operating Supplies 8,929 8,929 Insurance 7,344 7,344 All other expenses 6,379 6,379 Total functional expenses. Add lines 1 through 24e 213,008 188,194 24,814 0 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here if following SOP 98-2 (ASC 958-720)

Form 990 (2023) The Outside Foundation
Part X Balance Sheet

				(A) Beginning of year		(B) End of year
1	Cash—non-interest-bearing	Marking Control	192,421	1	167,184	
2	Savings and temporary cash investments	500 1 30 0 3 0 0 1 0 0 0 0 0 2 1 5 1 3 6 5 1 3 1 5 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	dramatic states		2	
3	Pledges and grants receivable, net	e de nominación de la Companya de la		3		
4	Accounts receivable, net		400	4	400	
5	Loans and other receivables from any current or form					
	trustee, key employee, creator or founder, substantia	I contributor, or	35%		0.0	
	controlled entity or family member of any of these pe	rsons			5	
6	Loans and other receivables from other disqualified p	ersons (as defin	ed			
3	under section 4958(f)(1)), and persons described in s	B)(B)		6		
7	Notes and loans receivable, net			7		
8	Inventories for sale or use			8		
9					9	
10a	Land, buildings, and equipment: cost or other	4 1 1 1 1 1				
12.7	basis. Complete Part VI of Schedule D	10a	19,165	27312		9 4 2 2
b	Less: accumulated depreciation	10b	13,058	7,393	10c	6,107
11	Investments—publicly traded securities			11		
12	Investments—other securities. See Part IV, line 11			12		
13	Investments—program-related. See Part IV, line 11				13	
14	Intangible assets			1 400	14	1 400
15	Other assets. See Part IV, line 11	en montro e	1,423	15	1,423 175,114	
16	Total assets. Add lines 1 through 15 (must equal line			201,637	16	1/5,114
17	Accounts payable and accrued expenses			17		
18	Grants payable			18		
19	Deferred revenue			19		
20	Tax-exempt bond liabilities  Escrow or custodial account liability. Complete Part IV	/ of Cohodulo D	granimum -		20	
22	Loans and other payables to any current or former of		***********		21	
22	trustee, key employee, creator or founder, substantial		2504			
	controlled entity or family member of any of these per		CONT.		22	
23	Secured mortgages and notes payable to unrelated the		mismanianiania		23	
24	Unsecured notes and loans payable to unrelated third				24	
25	Other liabilities (including federal income tax, payable	THE RESERVE OF THE RE				
	parties, and other liabilities not included on lines 17-2		2371	4 ( )	OH H	
1	of Schedule D		W 11	2,266	25	3,801
26	Total liabilities. Add lines 17 through 25			2,266		3,801
	Organizations that follow FASB ASC 958, check h					
	and complete lines 27, 28, 32, and 33.	Y		and the second		
27	Net assets without donor restrictions			199,371	27	171,313
28	Net assets with donor restrictions	1001.010011.010	The second section of the second seco		28	
	Organizations that do not follow FASB ASC 958, of					
	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			30		
27 28 29 30 31 32	Retained earnings, endowment, accumulated income,	or other funds			31	
32	Total net assets or fund balances			199,371	32	171,313
33	Total liabilities and net assets/fund balances			201,637	33	175,114

5638	om 990 (2023) The Outside Foundation
	Part XI Reconciliation of Net Assets
	Check if Schedule O contains a response or note to a
	1 Total revenue (must equal Part VIII, column (A), line 12)
2	- Total expenses (must equal Part IX, column (A), line 25)
	The state of the s
A .	4 Net assets or fund balances at beginning of year (must equal Part X, li
5	s iver unrealized gains (losses) on investments
6	a district de di lacilities
7	
	o Filor bellog adjustments
9	9 Other changes in net assets or fund balances (explain on Schedule O)
	and selections at one of year. Combine lines 3 mildugit 9
10	32, column (B))
	Part XII Financial Statements and Reporting
	Check if Schedule O contains a response or note to a
1	If the organization changed its method of accounting from a prior year
	Schedule O.
	2a Were the organization's financial statements compiled or reviewed by a
or	If "Yes," check a box below to indicate whether the financial statements
	reviewed on a separate basis, consolidated basis, or both.
	Separate basis Consolidated basis Both consolidated
	b Were the organization's financial statements audited by an independent
a	If "Yes," check a box below to indicate whether the financial statements
	separate basis, consolidated basis, or both.
	Separate basis Consolidated basis Both consolida
sight of	c If "Yes" to line 2a or 2b, does the organization have a committee that a
int?	the audit, review, or compilation of its financial statements and selection
ain on	If the organization changed either its oversight process or selection proc
	Schedule O.
h in the	3a As a result of a federal award, was the organization required to undergo
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?
the	b If "Yes," did the organization undergo the required audit or audits? If the
udits	required audit or audits, explain why on Schedule O and describe any s
MMIM CLEANERS CONTRACTOR CONTRACTOR	
2 3 4 5 6 7 8 9	me 32, column (A))  (must equal Part X, line  In white in this Part XII  Accrual Other or checked "Other," explain on an independent accountant? for the year were compiled or ated and separate basis accountant? for the year were audited on a ated and separate basis ssumes responsibility for oversight of a of an independent accountant? cess during the tax year, explain on an audit or audits as set forth in the

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.

OMB No. 1545-0047 2022 Open to Public

Department of the Treasury Internal Revenue Service Go to www.irs.gov/Form990 for instructions and the latest information. Inspection For the 2022 calendar year, or tax year beginning and ending D Employer identification number C Name of organization Check if applicable: Address change The Outside Foundation Doing business as 46-4305638 Name change Number and street (or P.O. box if mail is not delivered to street address) 843-686-6996 Initial return 50 Shelter Cove Lane Suite H Final return/ City or town, state or province, country, and ZIP or foreign postal code Hilton Head Island SC 29928 346,974 **G** Gross receipts\$ X Amended return Name and address of principal officer: H(a) Is this a group return for subordinates? Application pending Jean Fruh 50 Shelter Cove Lane H(b) Are all subordinates included? If "No," attach a list. See instructions Hilton Head Island SC 29928 **X** 501(c)(3) | 501(c) ( ) (insert no.) 4947(a)(1) or Tax-exempt status: www.outsidefoundation.org Website: H(c) Group exemption number Year of formation: 2014 Trust X Corporation Association Form of organization: M State of legal domicile: Part I Summary 1 Briefly describe the organization's mission or most significant activities: Public Education Governance 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) Activities & 4 Number of independent voting members of the governing body (Part VI, line 1b) 9 5 Total number of individuals employed in calendar year 2022 (Part V, line 2a) 2 5 6 Total number of volunteers (estimate if necessary) 7a Total unrelated business revenue from Part VIII, column (C), line 12 7a **b** Net unrelated business taxable income from Form 990-T, Part I, line 11 Current Year 8 Contributions and grants (Part VIII, line 1h) 257,980 Revenue 9 Program service revenue (Part VIII, line 2g) 0 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 37,972 55,690 111,414 313,672 12 Total revenue – add lines 8 through 11 (must equal Part VIII, column (A), line 12) 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 0 14 Benefits paid to or for members (Part IX, column (A), line 4) 0 36,961 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 54,920 16a Professional fundraising fees (Part IX, column (A), line 11e) **b** Total fundraising expenses (Part IX, column (D), line 25) 94,923 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 71,866 108,827 149,843 18 Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25) 2,587 163,829 19 Revenue less expenses. Subtract line 18 from line 12. Beginning of Current Year End of Year 20,4 34,768 201,637 20 Total assets (Part X, line 16) 21 Total liabilities (Part X, line 26) 1,827 2,266 22 Net assets or fund balances. Subtract line 21 from line 20 32,941 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. Sian Signature of officer Executive Director Here Jean Fruh Type or print name and title Print/Type preparer's name Preparer's signature Check Paid Patrick P. Carey, Jr., CPA Patrick P. Carey, Jr., CPA self-employed P00033247 Preparer Company P.A. 57-0927046 Carey & Firm's name Firm's EIN **Use Only** 70 Main Street, Suite 100

29926

May the IRS discuss this return with the preparer shown above? See instructions

Hilton Head Island, SC

843-681-4430

DAA

Form **990** (2022)

Pa	rt 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:	
P	ublic Education	
	·	
	·	
2	Did the organization undertake any significant program services during the year which were not listed on the	
		Yes X No
	prior Form 990 or 990-EZ?  If "Yes," describe these new services on Schedule O.	163 22 140
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.	
	06.850	
	(Code: ) (Expenses \$ 26,752 including grants of \$ ) (Revenue \$	)
<u> </u>	ducation	
	•	
	•	
	*	
	•	
	•	
	• • • • • • • • • • • • • • • • • • • •	
4b	(Code: ) (Expenses \$ including grants of \$ ) (Revenue \$	)
N	I/A	
	•	
	·	
	*	
	•	
	•	
	*	
	(Code: ) (Expenses \$ including grants of \$ ) (Revenue \$	)
N	I/A	
	•	
	······	
	*	
	•	
	•	
	•	
	······································	
4d	Other program services (Describe on Schedule O.)	
	(Expenses \$ 104,766 including grants of \$ ) (Revenue \$	)
4e	Total program service expenses 131,518	

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"		37	
•	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	,		х
4	candidates for public office? If "Yes," complete Schedule C, Part I  Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)	3		
-	alastics in offert during the tay years If IVan II complete Calcabula C. Bort II	4		x
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,	<b> </b>		
Ū	assessments, or similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors	<u> </u>		
-	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		х
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		<u> </u>
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,			
	VII, VIII, IX, or X, as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"			
	complete Schedule D, Part VI	11a	X	
b	Did the organization report an amount for investments—other securities in Part X, line 12, that is 5% or more	<b> </b>		v
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		<u> </u>
С	Did the organization report an amount for investments—program related in Part X, line 13, that is 5% or more	140		х
٨	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII  Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets	11c		
d	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		x
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	х	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
•	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If</i> "Yes," <i>complete Schedule D, Part X</i>	11f		х
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	<u> </u>		
	Schedule D, Parts XI and XII	12a		х
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If			
	"Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		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		<u> </u>
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		<u> </u>
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other	l		3.5
	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		<u> </u>
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on			v
40	Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		<u> </u>
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on	10	х	
10	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	Λ	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?	19		х
20a	If "Yes," complete Schedule G, Part III  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?	20a		<del></del>
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
		_		

Checklist of Required Schedules (continued) Yes No Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on X Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III 22 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 X employees? If "Yes," complete Schedule J 23 Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a X **b** Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? 24b Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? 24c d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? 24d 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 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? X If "Yes," complete Schedule L, Part I 25b 26 Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II X 26 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 X 27 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 current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV ..... **b** A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV 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 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M 29 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I 31 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II 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 X Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, 34 X Did the organization have a controlled entity within the meaning of section 512(b)(13)? 35a 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 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable X related organization? If "Yes," complete Schedule R, Part V, line 2 Did the organization conduct more than 5% of its activities through an entity that is not a related organization X and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and X 19? Note: All Form 990 filers are required to complete Schedule O. Part V Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part V Yes No **1a** Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable **b** Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable Did the organization comply with backup withholding rules for reportable payments to vendors and X reportable gaming (gambling) winnings to prize winners?

_ Pa	irt V Statements Regarding Other IRS Filings and Tax Compliance (continu	ued)			Yes	No					
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax										
	Statements, filed for the calendar year ending with or within the year covered by this return	2a	2								
b	If at least one is reported on line 2a, did the organization file all required federal employment tax retur	ns?		2b		X					
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?			3a		X					
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule	0		3b							
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other a		-								
	a financial account in a foreign country (such as a bank account, securities account, or other financial	acco	unt)?	4a		X					
b	If "Yes," enter the name of the foreign country										
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial A	Accour	its (FBAR).								
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			5a		X					
b	<b>b</b> Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?										
С				5c							
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	е									
	organization solicit any contributions that were not tax deductible as charitable contributions?			<u>6a</u>		X					
b	If "Yes," did the organization include with every solicitation an express statement that such contribution	ns or									
				6b							
7	Organizations that may receive deductible contributions under section 170(c).										
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for g	joods		_							
				7a							
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?			7b							
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it wa	S		l _							
	required to file Form 8282?			7c							
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d	0	٠							
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit or		:?	7e 7f							
f	f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?  g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?										
	h If the organization received a contribution of qualified intellectual property, and the organization file in office as required:  h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?										
8											
Ü	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?										
9	Sponsoring organizations maintaining donor advised funds.			8							
а	Pid the appropriate and appropriate and the second of the			9a							
_	<ul><li>b Did the sponsoring organization make any taxable distributions under section 4966?</li><li>b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?</li></ul>										
10	Section 501(c)(7) organizations. Enter:			9b							
а	Initiation fees and capital contributions included on Part VIII, line 12	10a									
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b		1							
11	Section 501(c)(12) organizations. Enter:			1							
а		11a									
b	Gross income from other sources. (Do not net amounts due or paid to other sources			1							
	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.										
а	Is the organization licensed to issue qualified health plans in more than one state?			13a							
	Note: See the instructions for additional information the organization must report on Schedule O.										
b	Enter the amount of reserves the organization is required to maintain by the states in which										
	the organization is licensed to issue qualified health plans	13b		1							
C	Enter the amount of reserves on hand	13c									
14a				14a		X					
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule			14b							
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuner	ation	or								
	excess parachute payment(s) during the year?			15		X					
	If "Yes," see instructions and file Form 4720, Schedule N.										
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment	incom	e?	16		X					
	If "Yes," complete Form 4720, Schedule O.										
17	Section 501(c)(21) organizations. Did the trust, any disqualified or other person engage in any activ										
	that would result in the imposition of an excise tax under section 4951, 4952 or 4953?			17							
	If "Yes." complete Form 6069.										

Hilton Head Island

Form 990 (2022) The Outside Foundation 46-4305638 Page 6 Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI Section A. Governing Body and Management Yes No 1a Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O. Enter the number of voting members included on line 1a, above, who are independent ..... 9 1b Did any officer, director, trustee, or key employee have a family relationship or a business relationship with 2 X 2 any other officer, director, trustee, or key employee? 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? 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? Did the organization become aware during the year of a significant diversion of the organization's assets? 5 Did the organization have members or stockholders? 6 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? Х b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? X 7b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: The governing body? 8a **b** Each committee with authority to act on behalf of the governing body? X 8b Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O... 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 Х b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? X 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? **b** Describe on Schedule O the process, if any, used by the organization to review this Form 990. X Did the organization have a written conflict of interest policy? If "No," go to line 13 12a b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12b 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 Did the organization have a written whistleblower policy? X 13 13 Did the organization have a written document retention and destruction policy? X 14 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? a The organization's CEO, Executive Director, or top management official X 15a X Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions. Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? Х 16a 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? ..... Section C. Disclosure 17 List the states with which a copy of this Form 990 is required to be filed **None** Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c) (3)s only) available for public inspection. Indicate how you made these available. Check all that apply. Own website Another's website Upon request Other (explain on Schedule O) 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. State the name, address, and telephone number of the person who possesses the organization's books and records Foundation 32 Shelter Cove Lane

DAA

SC 29928

843-686-6996

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

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

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

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

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

	Check this box if neither th	ne organization nor an	y related organization	compensated any curre	nt officer, director, or trustee.
--	------------------------------	------------------------	------------------------	-----------------------	-----------------------------------

(A) (B)  Name and title Average hours per week			x, unle ficer ar	Posi check ess per nd a c	erson is directo	than or	an e)	(D)  Reportable compensation from the	(E) Reportable compensation from related	<b>(F)</b> Estimated amount of other compensation
	(list any hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/ 1099-MISC/ 1099-NEC)	organizations (W-2/ 1099-MISC/ 1099-NEC)	from the organization and related organizations
(1) Jean Fruh	20.00									
Executive Director	30.00	X		x				47,917	0	0
(2) Denise Spencer										<u> </u>
	3.00									•
Chairperson (3) Michael Overton	0.00	X	<u> </u>	Х	├			0	0	0
(3) MICHAEL OVERCOIL	1.00									
Vice Chairperson	0.00	x		x				o	0	0
(4) Brian Kinard										
	2.00									
Treasurer	0.00	X	<u> </u>	X	<u> </u>			0	0	0
(5) Dr. John Batson	1.00									
Board Member	0.00	x						o	0	0
(6) Melissa Krauss										
	1.00									
Board Member (7) Michael Cerrati	0.00	X	-		├			0	0	0
(/)MICHAEL CELLACT	1.00									
Board Member	0.00	x						ol	0	0
(8) John Taylor										
	1.00							_		
Board Member	0.00	X	_		├			0	0	0
(9) Ron Miele	2.00									
Board Member	0.00	x						o	0	0
(10)	0.00	<u> </u>								
(11)		$\vdash$	$\vdash$		$\vdash$					
(**)										
					1					

Pa	rt VII Section A. Officers	s, Directors, Tru	stee	s, K	ey E	mpl	oyee	es, a	and Highest Compensated	Employees (continued)	т			
(A) Name and title		(B) Average hours per week	bo	x, unle	Pos check ess pe	rson i	than dis both	an	<b>(D)</b> Reportable compensation from the	<b>(E)</b> Reportable compensation from related		(F) imated of oth	amount er	
		(list any hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/ 1099-MISC/ 1099-NEC)	organizations (W-2/ 1099-MISC/ 1099-NEC)	org	from t ganizatio	he	s
1b c	Subtotal								47,917		<u> </u>			
d	Total (add lines 1b and 1c)	•							47,917					
2	Total number of individuals (in	cluding but not l	imite						e) who received more than	\$100,000 of				
	reportable compensation from	the organization	1										Yes	No
3	Did the organization list any for employee on line 1a? If "Yes,"	<b>ormer</b> officer, dir "complete Sched	ecto	r, tru J foi	stee suc	, key h ind	, em dividi	ploy <i>ıal</i>	ee, or highest compensated	d		3		х
4	For any individual listed on lin organization and related organization and related organization.	e 1a, is the sum nizations greater	of r	eport	table 50,00	con 00? /	npen: If "Ye	satio s," o	on and other compensation complete Schedule J for su	from the ch		4		х
5	Did any person listed on line	1a receive or acc	crue	com	pens	ation	n fror	m ar	ny unrelated organization or	individual				
Sect	for services rendered to the o ion B. Independent Contracto		es,	com	ipiete	SC	neau	ie J	tor such person			5		X
1	Complete this table for your fi													
	compensation from the organi	(A) I business address	тре	ensai	lion i	OI II	ie ca	lenc		(B) ion of services	<del>3</del> ar.	Co	(C) mpensat	ion
	Nume die	business dudiess							Безепре	ion of services			препас	1011
2	Total number of independent received more than \$100,000								se listed above) who	0				

				f Povenue	und	acton		-4303030		Page :
Pa	rt V			f Revenue edule O conta	ains a	a response or note	to any line in this	s Part VIII		
							(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
ıts ts	1a	Federated camp	paigns		1a					
Contributions, Gifts, Grants and Other Similar Amounts	b	Membership du			1b					
Α̈́,	C	Fundraising eve	ents		1c					
ifts ar /	d	Related organiz			1d					
s, G	е	Government grants (c			1e					
ions r Si	f All other contributions, gifts, grants,				257 200					
but	а	and similar amounts no Noncash contributions			1f	257,980				
n d O	9				1g	\$				
Solution	h	Total. Add lines	1a-1f	f			257,980			
						Business Code				
ce	2a									
Program Service Revenue	b									
n S enu	С									
grar Rev	d									
Pro	е									
		All other program								
	3	Investment inco		_			2	2		
	4	other similar and Income from inv				nraganda	2			
	4 5					proceeds				
	3	Noyalles		(i) Real		(ii) Personal				
	6a	Gross rents	6a	(i) Noti		(ii) T didditai				
		Less: rental expenses	6b							
		Rental inc. or (loss)	6c							
		Net rental incom		loss)						
		Gross amount from		(i) Securities		(ii) Other				
		sales of assets other than inventory	7a	, ,						
<u>e</u>	b	Less: cost or other								
Revenue		basis and sales exps.	7b							
Rev	С	Gain or (loss)	7c							
e	d	Net gain or (loss	s)		<u> </u>					
퉏	8a	Gross income from	n fundra	aising events						
		(not including \$								
		of contributions rep	oorted c	on line						
		1c). See Part IV, li	ne 18		8a	88,917				
		Less: direct exp			8b	33,123				
				_	events		55,794			
	9a	Gross income fr								
		activities. See P			9a					
		Less: direct exp			9b					
					vities .	 I				
	IUa	Gross sales of i		•	100	75				
	returns and allowances 10a  b Less: cost of goods sold 10b			179						
		_					-104	-104		
_		. tot moonie or (	.555) 11	S.II GAIGG OF HIVE	or y	Business Code	201	201		
Miscellaneous Revenue	11a									
ane	b									
Selk	С									
Misc	d	All other revenu								
_										
							313,672	-102	0	C

12 Total revenue. See instructions .

### 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)

Secu	Check if Schedule O contains a respons			npiete column (A).	
Do 10	· ·			(C)	(D)
	not include amounts reported on lines 6b, 7b, Pb, and 10b of Part VIII.	(A) Total expenses	(B) Program service	Management and	Fundraising
	·		expenses	general expenses	expenses
1	Grants and other assistance to domestic organizations				
_	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and				
	foreign individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees				
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	51,017	51,017		
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes	3,903		3,903	
11	Fees for services (nonemployees):				
а	Management				
b	Legal				
С	Accounting	2,150		2,150	
d	, , , , , , , , , , , , , , , , , , ,				
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	, , , , , , , , , , , , , , , , , , ,				
	(A) amount, list line 11g expenses on Schedule O.)				
12	Advertising and promotion	24,508	17,156	7,352	
13	Office expenses	1,333	203	1,130	
14	Information technology				
15	Royalties				
16	Occupancy	1,638		1,638	
17	Travel	51		51	
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	1,905	1,905		
23	Insurance				
24	Other expenses. Itemize expenses not covered				
	above (List miscellaneous expenses on line 24e. If				
	line 24e amount exceeds 10% of line 25, column				
	(A) amount, list line 24e expenses on Schedule O.)				
а	Contract Labor	31,008	31,008		
b	Supplies	26,752	26,752		
С	Recycling Services	3,374	3,374		
d	Insurance	1,024		1,024	
е	All other expenses	1,180	103	1,077	
25	Total functional expenses. Add lines 1 through 24e	149,843	131,518	18,325	0
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs				
	from a combined educational campaign and				
	fundraising solicitation. Check here 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) (B) Beginning of year End of year 26,249 192,421 Cash—non-interest-bearing 1 2 Savings and temporary cash investments 2 3 Pledges and grants receivable, net 3 Accounts receivable, net 400 400 4 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 Notes and loans receivable, net 7 8 Inventories for sale or use 8 10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D ..... 19,165 10a b Less: accumulated depreciation 10b 11,772 6,696 7,393 10c Investments—publicly traded securities ..... 11 11 12 Investments—other securities. See Part IV, line 11 13 Investments—program-related. See Part IV, line 11 13 14 Intangible assets 14 1,423 1,423 15 Other assets. See Part IV, line 11 15 Total assets. Add lines 1 through 15 (must equal line 33) 201,637 34,768 16 Accounts payable and accrued expenses \_\_\_\_\_ 17 17 Grants payable 18 18 Deferred revenue 19 19 Tax-exempt bond liabilities 20 20 Escrow or custodial account liability. Complete Part IV of Schedule D 21 21 22 Loans and other payables to any current or former officer, director, Liabilities trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons 22 Secured mortgages and notes payable to unrelated third parties ..... 23 Unsecured notes and loans payable to unrelated third parties 24 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 1,827 of Schedule D 2,266 1,827 2,266 Total liabilities. Add lines 17 through 25 ..... 26 Organizations that follow FASB ASC 958, check here Net Assets or Fund Balances and complete lines 27, 28, 32, and 33. Net assets without donor restrictions 32,941 199,371 27 27 Net assets with donor restrictions 28 Organizations that do not follow FASB ASC 958, check here and complete lines 29 through 33. Capital stock or trust principal, or current funds 29 29 Paid-in or capital surplus, or land, building, or equipment fund 30 Retained earnings, endowment, accumulated income, or other funds 31 31 Total net assets or fund balances 32,941 199,371 32 34,768 201,637 Total liabilities and net assets/fund balances .....

Form **990** (2022)

Part	XI Reconciliation of Net Assets					
	Check if Schedule O contains a response or note to any line in this Part XI	<u> </u>				X
1 T	Total revenue (must equal Part VIII, column (A), line 12)	1		313		
<b>2</b> T	Total expenses (must equal Part IX, column (A), line 25)	2		149		
3 F	Revenue less expenses. Subtract line 2 from line 1	3		163		
4 N	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4		32	2,9	41
5 N	Net unrealized gains (losses) on investments	5				
6 E	Donated services and use of facilities	6				
7 li	nvestment expenses	7				
<b>8</b> F	Prior period adjustments	8				
9 (	Other changes in net assets or fund balances (explain on Schedule O)	9		2	2,6	01
10 N	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line					
3	32, column (B))	10		199	3,3	71
Part						
	Check if Schedule O contains a response or note to any line in this Part XII					Ш
				Υ	es	No
1 A	Accounting method used to prepare the Form 990: Cash X Accrual Other					
ľ	f the organization changed its method of accounting from a prior year or checked "Other," explain on					
5	Schedule O.					
<b>2</b> a V	Nere the organization's financial statements compiled or reviewed by an independent accountant?		2	а		X
lf	f "Yes," check a box below to indicate whether the financial statements for the year were compiled or					
r	reviewed on a separate basis, consolidated basis, or both:					
	Separate basis Consolidated basis Both consolidated and separate basis					
b V	Were the organization's financial statements audited by an independent accountant?		2	b		X
Įf	f "Yes," check a box below to indicate whether the financial statements for the year were audited on a					
s	separate basis, consolidated basis, or both:					
	Separate basis Consolidated basis Both consolidated and separate basis					
c lí	f "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of					
ť	he audit, review, or compilation of its financial statements and selection of an independent accountant?		2	С		
Įf	f the organization changed either its oversight process or selection process during the tax year, explain on					
ξ	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					
	Jniform Guidance, 2 C.F.R. Part 200, Subpart F?		3	а		
<b>b</b> If	f "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	<u></u>	з	b		

Form **990** (2022)

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

June 22, 2022

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

#### **Statement of Charges for Services Rendered:**

Statement of Charges for Services Rendered.	
Tax Preparation Fees:	
TAX RETURN PREPARATION FEE-2021	\$ 850.00
Miscellaneous Fees and Adjustments:	
LESS: CHARITABLE ORGANIZATION DISCOUNT	-425.00
Total fee	\$ 425.00

## Form **990-EZ**

Department of the Treasury Internal Revenue Service

# Short Form Return of Organization Exempt From Income Tax

OMB No. 1545-0047

2021

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

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

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

Open to Public Inspection

ΑI	For the	2021 calenda	ar year, or tax year beginning , 2021, and ending		, 20
В	Check if ap	oplicable:	C Name of organization	Employer ic	lentification number
	Address c	change	46-430	5638	
	Name cha	ange	Telephone r	umber	
=	Initial retu		50 SHELTER COVE LANE	843686	5996
=	Final retur Amended	n/terminated	Group Exe	mption	
		neturn on pending	HILTON HEAD ISLAND, SC 29928	Number	•
_		ting Method:		nack <b>X</b>	if the organization is <b>not</b>
	Vebsite	J			ach Schedule B
				orm 990).	don coneddie B
			X Corporation ☐ Trust ☐ Association ☐ Other	01111 000).	
			7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total as	ssets	
			5500,000 or more, file Form 990 instead of Form 990-EZ.		131,790.
_	art I		e, Expenses, and Changes in Net Assets or Fund Balances (see the in		
ш	arti		the organization used Schedule O to respond to any question in this Part I.		
	4				
	1		ons, gifts, grants, and similar amounts received		73,442.
	2	•			
	3		ip dues and assessments		
	4	Investment		. 4	
	5a		ount from sale of assets other than inventory		
	b		or other basis and sales expenses		
ine	6	,	ss) from sale of assets other than inventory (subtract line 5b from line 5a) d fundraising events:	. <u>5c</u>	
	а		ome from gaming (attach Schedule G if greater than		
Revenue	b	Gross inco	me from fundraising events (not including \$ of contributions	;	
è			aising events reported on line 1) (attach Schedule G if the		
_			th gross income and contributions exceeds \$15,000)   6b   48,3	02.	
	С	Less: direc	t expenses from gaming and fundraising events 6c 18,2		
	d		e or (loss) from gaming and fundraising events (add lines 6a and 6b and subtr		
		line 6c) .		. 6d	30,069.
	7a	Gross sale	s of inventory, less returns and allowances		307003.
	b		of goods sold		
	C		it or (loss) from sales of inventory (subtract line 7b from line 7a)		603.
	8		nue (describe in Schedule O) See. Line 8 Stmt.		7,300.
	9		<b>nue.</b> Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8		111,414.
_	10		I similar amounts paid (list in Schedule O)		
	11		aid to or for members	. 11	0.
w	12	•	ther compensation, and employee benefits		36,961.
Expenses	13		al fees and other payments to independent contractors		1,850.
en	14		/, rent, utilities, and maintenance		1,201.
X			ublications, postage, and shipping		1,201.
	15	• • •			£0 01F
	16		enses (describe in Schedule O)		68,815.
	17	Total expe	enses. Add lines 10 through 16	<b>▶</b> 17	108,827.
ţ	18		(deficit) for the year (subtract line 17 from line 9)		2,587.
SSE	19		or fund balances at beginning of year (from line 27, column (A)) (must agree v		04.004
Net Assets		=	r figure reported on prior year's return)		84,824.
<u>F</u>	20		nges in net assets or fund balances (explain in Schedule O)		-54,470.
_	21	Net assets	or fund balances at end of year. Combine lines 18 through 20	▶ 21	32,941.

Page 2

Pai	t II Balance Sheets (see the instructions	for Part II)				
	Check if the organization used Schedule	O to respond to a	ny question in this	Part II		🗵
			•	(A) Beginning of year		(B) End of year
22	Cash, savings, and investments			84,014.	_	26,249.
23	Land and buildings			8,062.	23	6,696.
24	Other assets (describe in Schedule O)			3,523.	24	1,823.
25 26	Total assets			95,599. 10,775.	25 26	34,768. 1,827.
27	Net assets or fund balances (line 27 of column		+	84,824.	27	32,941.
Par	,	<u> </u>				
	Check if the organization used Schedule					Expenses
What	t is the organization's primary exempt purpose?	PUBLIC EDUCAT	'ION			uired for section c)(3) and 501(c)(4)
	ribe the organization's program service accompli				orga	nizations; optional for
	leasured by expenses. In a clear and concise means handfitted and other relevant information for		e services provide	d, the number of	othe	rs.)
	ons benefited, and other relevant information for ea	ach program title.				
28	EDUCATION					
	(Grants \$ 0. ) If this amount	includes foreign gra	ants, check here .	• 🗆	28a	19,116.
29			·			
	(Grants \$ ) If this amount	includes foreign gra	ants, check here .	▶ 📙	29a	
30						
	(Grants \$ ) If this amount	includes foreign gra	ents check here	▶ □	30a	
31	Other program services (describe in Schedule O)					
	. •	includes foreign gra	ants, check here .	▶ □	31a	
32	Total program service expenses (add lines 28a	through 31a)		🕨	32	19,116.
Part					nstruc	ctions for Part IV)
	Check if the organization used Schedule	O to respond to a	ny question in this	Part IV		
		(b) Average	(c) Reportable compensation	(d) Health benefits,		
	(a) Name and title	hours per week	(Forms W-2/1099-MIS	contributions to employ benefit plans, and		Estimated amount of other compensation
		devoted to position	1099-NEC) (if not paid, enter -0-	deferred compensation	n	·
JEA	N FRUH					
EXE	CUTIVE DIRECTOR-SECRETARY	20.00	26,667	. 0		0.
DEN	ISE SPENCER					
CHA	IRPERSON	1.00	0	. 0		0.
	HAEL OVERTON	_				
	E CHAIRPERSON	1.00	0	. 0	•	0.
	ISSA KRAUSS ECTOR	. 1 00				0
	AN KINARD	1.00	0	. 0	•	0.
	ASURER	1.00	0	. 0		0.
	JOHN BATSON	1.00			•	0.
	RD MEMBER	1.00	0	. 0		0.
MIC	HAEL CERRATI					
BOA	RD MEMBER	1.00	0	. 0		0.
		_				
		-				

Part V

	instructions for Part V.) Check if the organization used Schedule O to respond to any question in this	3 Part	۷.	
			Yes	No
33	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O	33		×
34	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O. See instructions	0.4		,
35a	Did the organization have unrelated business gross income of \$1,000 or more during the year from business	34		×
b	activities (such as those reported on lines 2, 6a, and 7a, among others)?	35a 35b		×
c	Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III	35c		×
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N	36		×
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions ▶ 37a			
b 38a	Did the organization file <b>Form 1120-POL</b> for this year?	37b		×
oou	any such loans made in a prior year and still outstanding at the end of the tax year covered by this return? .	38a		×
b	If "Yes," complete Schedule L, Part II, and enter the total amount involved			
39	Section 501(c)(7) organizations. Enter:			
a b	Initiation fees and capital contributions included on line 9	-		
40a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ► ; section 4915 ► ; section 4955 ►	-		
b	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4958			
	excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b		×
С	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958			
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization			
е	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T	40e		×
41	List the states with which a copy of this return is filed ▶			
42a	The organization's books are in care of ► FOUNDATION Telephone no. ► (843)	3)68	6-69	96
h	Located at ▶ 32 SHELTER COVE LANE, HILTON HEAD ISLAND SC ZIP + 4 ▶ 2992 At any time during the calendar year, did the organization have an interest in or a signature or other authority over		V	NI.
b	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	42b	Yes	NO ×
	If "Yes," enter the name of the foreign country ▶			
	See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
С	At any time during the calendar year, did the organization maintain an office outside the United States? . If "Yes," enter the name of the foreign country	42c		×
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of <b>Form 1041</b> —Check here and enter the amount of tax-exempt interest received or accrued during the tax year		. )	<b>▶</b> □
			Yes	No
44a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44a		×
b	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44b		×
С	Did the organization receive any payments for indoor tanning services during the year?	44c		×
d	If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an			
4-	explanation in Schedule O	44d		
45a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a		×
b	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," Form 990 and Schedule R may need to be completed instead of Form 990-F7. See instructions	15h		¥

Other Information (Note the Schedule A and personal benefit contract statement requirements in the

Form 990-EZ (2021) Page **4** 

								Yes	i∣ No	J
46		ne organization engage, directly or in								
B		ndidates for public office? If "Yes," o		Part I			. 4	46	×	_
Part '		Section 501(c)(3) Organizations		otiona 17 10b and	I EO and as	malata th	o toble	o for lin		
		All section 501(c)(3) organization: 50 and 51.	s must answer que	Suons 47–490 and	i 52, and coi	ribiete tri	e table	S IOI III	ies	
		So and 31. Check if the organization used Sch	nedule () to respond	to any question in	this Part VI				Г	٦
		Oncok ii the organization acca cor	icadic O to respond	to arry question in	tillo i ait vi			Yes	No	
47	Did th	ne organization engage in lobbying	activities or have a s	section 501(h) electi	on in effect o	during the	tax	1.00	110	-
		If "Yes," complete Schedule C, Part						47	×	
48	Is the	organization a school as described in	section 170(b)(1)(A)(ii	)? If "Yes," complete	Schedule E		. 4	48	×	_
49a		ne organization make any transfers to					. 4	9a	×	
b		s," was the related organization a se						9b		
50	Comp	plete this table for the organization's	five highest compens	sated employees (ot	her than offic	ers, direct	ors, tru	stees, ar	nd ke	y
	emplo	oyees) who each received more than	\$100,000 of comper	sation from the orga	anization. If th	ere is non	e, ente	r "None.	"	
			(b) Average	(c) Reportable compensation	(d) Health contributions		(a) Estir	nated amo	ount of	
	(a)	Name and title of each employee	hours per week devoted to position	(Forms W-2/1099-MISC	/ benefit plans,	and deferred		compensa		
				1099-NEC)	compen	sation				_
NONE										
										_
										-
										-
										_
f	Total	number of other employees paid over	er \$100,000	. ▶						
51		olete this table for the organization'			t contractors	who each	n receiv	ed more	e tha	n
	\$100,	000 of compensation from the organ	nization. If there is no	ne, enter "None."						
	(a)	Name and business address of each independ	ent contractor	<b>(b)</b> Type of se	rvice	(c	) Comper	sation		
										_
NONE										
										_
										-
										-
d	Total	number of other independent contra	ctors each receiving	over \$100,000 .	. ▶					
52		he organization complete Schedu	le A? <b>Note:</b> All se	ction 501(c)(3) orga	anizations m	ust attacl	n a			
	comp	leted Schedule A					<b>▶</b> 🛛 \	es 🗌	No	_
		of perjury, I declare that I have examined this r					nowledge	and belief	f, it is	
true, cor	rect, and	d complete. Declaration of preparer (other than	oπicer) is based on all info	rmation of which preparer						_
Ci~~		Signature of officer				25/2022	2			_
_		Signature of officer JEAN FRUH, EXECUTIVE	₽₽₽₽₽₽₽		Date	•			and key and key and sey nount of sation  No ef, it is	
nere		Type or print name and title	DIVECTOR							_
			Preparer's signature		)ate	r.	PT	IN		_
		Print/Type preparer's name Preparer's signature Date HUBERT L BERNHEIM 05/25.		)5/25/2022	Check X	if		0.5		
		IIIDDDD I DDD	_   HEIM, CPA			's EIN ►36				-
Sign Here Paid Prepar Use Ou	Unly	Firm's name ► HUBERT L. BERN Firm's address ► POST OFFICE DRAN	<u> </u>	HEAD ISLAND. SO	C 29938 Phoi			1-600	5	-
			, , , , , , , , , , , , , ,		Y FIIO	10 110. V	,_,	_ 550	~	_

THE OUTSIDE FOUNDATION 46-4305638

### Additional information from your Form 990-EZ: Short Form Return of Organization Exempt from Income Tax

## Form 990-EZ: Short Form Return of Organization Exempt from Income Tax

### Line 8: Other Revenue Continuation Statement

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

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

#### **Continuation Statement**

1

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

#### **SCHEDULE A** (Form 990)

**Public Charity Status and Public Support** 

OMB No. 1545-0047 2021

Open to Public

Department of the Treasury Internal Revenue Service Name of the organization 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.

Inspection

Employer identification number

			FOUNDATION					46-4305638		
Par					l organizations mus				ons.	
The c	•		•		s: (For lines 1 through	•	•	,		
1					on of churches descri			'0(b)(1)(A)(i).		
2					(Attach Schedule E (F	-		1\/ A\/:::\		
3		•	-		ganization described i onjunction with a hosp				/:::\	tor the
4			's name, city, and sta	•	orijuniction with a nosp	Jilai uesc	indea iii s	section 170(b)(1)(A)	( <b>111).</b> LII	ter trie
5	☐ An	orga	-	the benefit of a	college or university	owned c	r operate	ed by a government	al unit	described in
6 7					mental unit described tantial part of its sup				n the g	eneral public
			ed in section 170(b)(1			-			_	•
8					(1)(A)(vi). (Complete					
9	or uni	univei iversit	rsity or a non-land-gr ty:	ant college of agr	d in <b>section 170(b)(1)</b> iculture (see instruction	ons). Ente	er the nan	ne, city, and state of	the co	llege or
10	rec sup	eipts oport	from activities related from gross investment	d to its exempt funt income and un	e than 33 <sup>1</sup> /3% of its sunctions, subject to ce related business taxal 75. See <b>section 509(</b> 2	rtain exc ble incon	eptions; a ne (less s	and (2) no more than ection 511 tax) from	331/39	6 of its
11	☐ An	orgar	nization organized an	d operated exclus	sively to test for public	c safety.	See <b>sect</b>	ion 509(a)(4).		
12	one	e or m	nore publicly supporte	ed organizations d	vely for the benefit of, escribed in <b>section 5</b> 0 the type of supporting	<b>09(a)(1)</b> o	r section	509(a)(2). See secti	on 509	<b>(a)(3).</b> Check
а		the s	supported organization	n(s) the power to	l, supervised, or contr regularly appoint or e ete Part IV, Sections	lect a ma	ajority of t			
b		conti	rol or management of	the supporting o	sed or controlled in co organization vested in V, Sections A and C	the same				
С					ting organization oper ns). <b>You must comp</b>				ally inte	egrated with,
d		that i	is not functionally inte	egrated. The orga	pporting organization nization generally mu omplete Part IV, Sec	st satisfy	a distribu	ution requirement an		
е		funct	tionally integrated, or	Type III non-fund	a written determination				e II, Typ	oe III
f			number of supported	•						
<u> </u>					orted organization(s).					
	(I) Nam	e ot su	pported organization	(ii) EIN	(iii) Type of organization (described on lines 1–10 above (see instructions))	listed in you	organization ur governing ment?	(v) Amount of monetary support (see instructions)	other	Amount of support (see structions)
						Yes	No			
(A)										
(B)										
(C)										
(D)										
(E)										
Total										

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

Part II

(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 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") . . . Tax revenues levied for the organization's benefit and either paid to or expended on its behalf . . . . The value of services or facilities furnished by a governmental unit to the organization without charge . . . . Total. Add lines 1 through 3. . . . 4 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) . . . . Public support. Subtract line 5 from line 4 Section B. Total Support Calendar year (or fiscal year beginning in) ▶ (a) 2017 **(b)** 2018 (c) 2019 (d) 2020 (e) 2021 (f) Total 7 Amounts from line 4 . . . . . . 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources . . . . . . . . Net income from unrelated business 9 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.) . . . . . . . **Total support.** Add lines 7 through 10 11 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) Section C. Computation of Public Support Percentage Public support percentage for 2021 (line 6, column (f), divided by line 11, column (f)) . . . . . 14 % Public support percentage from 2020 Schedule A, Part II, line 14 . . . . . . . . . . . . . . . 15 331/3% support test - 2021. If the organization did not check the box on line 13, and line 14 is 331/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization . . . . . . . . . . . . . . . . . . 331/3% support test - 2020. If the organization did not check a box on line 13 or 16a, and line 15 is 331/3% or more, check 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 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 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see 18 

#### 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								
Calen	dar year (or fiscal year beginning in) 🕨	(a) 2017	<b>(b)</b> 2018	<b>(c)</b> 2019	(d) 2020	(e) 2021	(f) Total	
1	Gifts, grants, contributions, and membership fees							
_	received. (Do not include any "unusual grants.")	69,810.	104,451.	89,427.	102,310.	124,491.	490,489.	
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose							
3	Gross receipts from activities that are not an unrelated trade or business under section 513							
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf							
5	The value of services or facilities furnished by a governmental unit to the organization without charge							
6 7a	<b>Total.</b> Add lines 1 through 5 Amounts included on lines 1, 2, and 3 received from disqualified persons .	69,810.	104,451.	89,427.	102,310.	124,491.	490,489.	
	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year Add lines 7a and 7b							
8	Public support. (Subtract line 7c from line 6.)						490,489.	
Secti	on B. Total Support							
Calen	dar year (or fiscal year beginning in) ▶	(a) 2017	<b>(b)</b> 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total	
9	Amounts from line 6	69,810.	104,451.	89,427.	102,310.	124,491.	490,489.	
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources.		217.	313.	90.		620.	
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975							
С	Add lines 10a and 10b		217.	313.	90.		620.	
11	Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on							
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)							
13	<b>Total support.</b> (Add lines 9, 10c, 11, and 12.)	69,810.	104,668.	89,740.	102,400.	124,491.	491,109.	
14	First 5 years. If the Form 990 is for the organization, check this box and stop her	organization's	first, second	, third, fourth,	or fifth tax ye		n 501(c)(3)	
Secti	on C. Computation of Public Suppor							
15	Public support percentage for 2021 (line 8	3, column (f), di	ivided by line 1			15	99.87 %	
16	Public support percentage from 2020 Sch					16	99.85 %	
Secti	on D. Computation of Investment In							
17	Investment income percentage for 2021 (			-		17	0.13 %	
18	Investment income percentage from 2020					18	0.15 %	
19a	331/3% support tests—2021. If the organi							
1.	17 is not more than 33 <sup>1</sup> / <sub>3</sub> %, check this box	_	-	-		=	_	
b	331/3% support tests—2020. If the organiz line 18 is not more than 331/3%, check this b	oox and <b>stop h</b>	<b>ere.</b> The organi	zation qualifies	as a publicly s	upported organ	ization $ ightharpoonup$	
20	Private foundation. If the organization di	d not check a l	oox on line 14,	19a, or 19b, c	heck this box	and see instru	ctions $ ightharpoonup$	

#### 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.)

#### Se

Secti	on 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 <b>Part VI</b> 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 <b>Part VI</b> 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 <b>Part VI</b> when and how the organization made the determination.	3b		
С	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in <b>Part VI</b> 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 <b>Part VI</b> how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.	4b		
С	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 <b>Part VI</b> 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 <b>Part VI</b> , 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		
С	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? <i>If "Yes," provide detail in Part VI.</i>	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).			
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 <b>Part VI.</b>	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 <b>Part VI.</b>	9b		
С	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 <b>Part VI.</b>	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.)

Part	V Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and 11c below, the governing body of a supported organization?	44-		
h		11a 11b		
	A family member of a person described on line 11a above?  A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c,	110		
U	provide detail in <b>Part VI.</b>	11c		
Section	on B. Type I Supporting Organizations	10		
	71 11 0 0		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 <b>Part VI</b> 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 <b>Part VI</b> how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.	2		
Section	on C. Type II Supporting Organizations			
			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 <b>Part VI</b> how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).	1		
Section	on D. All Type III Supporting Organizations	_ •		
	Alternative Control of the Control o		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?			
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 <b>Part VI</b> 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 <b>Part VI</b> the role the organization's supported organizations played in this regard.	3		
Section	on E. Type III Functionally Integrated Supporting Organizations			
1 a b c	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see in the organization satisfied the Activities Test. Complete line 2 below.  The organization is the parent of each of its supported organizations. Complete line 3 below.  The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity or the part VI how you supported a governmental entity o			,
2	Activities Test. Answer lines 2a and 2b below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in <b>Part VI identify those supported organizations and explain</b> 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 <b>Part VI</b> 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 a	Parent of Supported Organizations. <i>Answer lines 3a and 3b below.</i> 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? <i>If "Yes" or "No," provide details in Part VI.</i>	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 <b>Part VI</b> the role played by the organization in this regard.	3h		

				9			
Par	Type III Non-Functionally Integrated 509(a)(3) Supporting Org	jan	izations				
1	☐ Check here if the organization satisfied the Integral Part Test as a qualifying	j tru	st on Nov. 20, 1970 (expl	ain in <b>Part VI</b> ). <b>See</b>			
	instructions. All other Type III non-functionally integrated supporting organ	nizat	ions must complete Sect	ions A through E.			
Sec	tion A—Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)			
1	Net short-term capital gain	1					
2	Recoveries of prior-year distributions	2					
3	Other gross income (see instructions)	3					
4	Add lines 1 through 3.	4					
5	Depreciation and depletion	5					
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6					
7_	Other expenses (see instructions)	7					
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8					
Sect	tion B—Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)			
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):						
а	Average monthly value of securities	1a					
b	Average monthly cash balances	1b					
С	Fair market value of other non-exempt-use assets	1c					
d	Total (add lines 1a, 1b, and 1c)	1d					
е	Discount claimed for blockage or other factors (explain in detail in <b>Part VI</b> ):						
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					
Sec	tion 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-functional	ally	integrated Type III suppo	rting organization			
	(see instructions)						

Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued) Part V Section D-Distributions **Current Year** 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 Administrative expenses paid to accomplish exempt purposes of supported organizations 3 4 Amounts paid to acquire exempt-use assets 4 Qualified set-aside amounts (prior IRS approval required - provide details in Part VI) 5 5 Other distributions (describe in Part VI). See instructions. 6 6 7 Total annual distributions. Add lines 1 through 6. 7 Distributions to attentive supported organizations to which the organization is responsive 8 (provide details in Part VI). See instructions. 8 Distributable amount for 2021 from Section C, line 6 9 9 10 10 Line 8 amount divided by line 9 amount (ii) (iii) **Underdistributions** Section E—Distribution Allocations (see instructions) **Distributable Excess Distributions** Pre-2021 Amount for 2021 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. Excess distributions carryover, if any, to 2021 **a** From 2016 . . . . . From 2017 **c** From 2018 **d** From 2019 . . . . . **e** From 2020 Total of lines 3a through 3e Applied to underdistributions of prior years Applied to 2021 distributable amount Carryover from 2016 not applied (see instructions) j Remainder. Subtract lines 3g, 3h, and 3i from line 3f. Distributions for 2021 from 4 Section D, line 7: Applied to underdistributions of prior years Applied to 2021 distributable amount Remainder. Subtract lines 4a and 4b from line 4. 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. Remaining underdistributions for 2021. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions. Excess distributions carryover to 2022. Add lines 3j and 4c. Breakdown of line 7: Excess from 2017 . . . Excess from 2018 . . . Excess from 2019 . . . Excess from 2020 . . . Excess from 2021 . . .

Schedule A (Form 990) 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 G (Form 990)

#### **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

Department of the Treasury Internal Revenue Service Name of the organization

Employer identification number

THE	OUTSIDE FOUNDATION					46-4305638	
Par	Fundraising Activities. Form 990-EZ filers are n				vered "Yes" on	Form 990, Part IV,	line 17.
1	Indicate whether the organizatio	n raised funds t	hrough any	of the follo	owing activities. C	Check all that apply.	
а	☐ Mail solicitations		<b>e</b> [	Solicitati	ion of non-goverr	nment grants	
b	☐ Internet and email solicitation	าร	f [	Solicitati	ion of governmen	t grants	
С	☐ Phone solicitations		g □	Special 1	fundraising event	S	
d	☐ In-person solicitations						
<b>2</b> a	Did the organization have a writ or key employees listed in Form						
b	If "Yes," list the 10 highest paid compensated at least \$5,000 by			draisers) pu	ursuant to agreen	nents under which th	e fundraiser is to be
	(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
			Yes	No			
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							
Total				<u> ▶</u>			
3	List all states in which the orga registration or licensing.	nization is regis	tered or lic	ensed to s	olicit contribution	ns or has been notific	ed it is exempt from

**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.

Revenue			(a) Event #1 PAGE ISLAND (event type)	(b) Event #2 PADDLE BATTLE (event type)	(c) Other events  None (total number)	(d) Total events (add col. (a) through col. (c))
	1	Gross receipts		44,370.		44,370.
æ	2	Less: Contributions		14,953.		14,953.
	3	Gross income (line 1 minus line 2)		29,417.		29,417.
Direct Expenses	4	Cash prizes				
	5	Noncash prizes				
	6	Rent/facility costs				
	7	Food and beverages				
	8	Entertainment				
	9	Other direct expenses .				
	10 11	Direct expense summary. Ad Net income summary. Subtra	act line 10 from line 3, c	olumn (d)		29,417.
Pa	rt III	Gaming. Complete if the \$15,000 on Form 990-E2	e organization answe Z, line 6a.	ered "Yes" on Form S	990, Part IV, line 19,	or reported more than
Revenue			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Rev	1	Gross revenue				
ses	2	Cash prizes				
Direct Expenses	3	Noncash prizes				
<b>Direct</b>	4	Rent/facility costs				
_	5	Other direct expenses .				
	6	Volunteer labor	<ul><li>☐ Yes %</li><li>☐ No</li></ul>	☐ Yes % ☐ No	☐ Yes % ☐ No	
	7	Direct expense summary. Ad	d lines 2 through 5 in c	olumn (d)		
	8	Net gaming income summary	y. Subtract line 7 from li	ne 1, column (d)		
	<b>a</b> Is	nter the state(s) in which the oresthe organization licensed to co	onduct gaming activities	s in each of these states		🗌 Yes 🗌 No
10		Vere any of the organization's g "Yes," explain:	_	•	ated during the tax year	

Schedu	ale G (Form 990) 2021		Page <b>3</b>
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:		
а	The organization's facility		<u>%</u>
b	An outside facility		<u>%</u>
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records:		
	Name ►		
	Address►		
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?	☐ Yes	☐ No
b	If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ and the		
	amount of gaming revenue retained by the third party ► \$		
С	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:		
а	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		
Dowt	spent in the organization's own exempt activities during the tax year ▶ \$	····	· · · · · · · · · · · · · · · · · · ·
Part	Supplemental Information. Provide the explanations required by Part I, line 2b, columns (Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any addition See instructions.		

#### SCHEDULE O (Form 990)

Department of the Treasury

Internal Revenue Service

Name of the organization

#### Supplemental Information to Form 990 or 990-EZ

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

► Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047
2021

Open to Public Inspection

Employer identification number

46-4305638 THE OUTSIDE FOUNDATION Pt I, Line 8: Description: WAIVER OF PPP GRANT \$7,300 Pt I, Line 16: Description: BANK CHARGES \$67 Description: DUES AND LICENSES \$394 Description: INSURANCE-LIABILITY \$510 Description: MEETING EXPENSE \$217 Description: OFFICE SUPPLIES \$361 Description: OPERATING SUPPLIES \$237 Description: POSTAGE AND SHIPPING \$73 Description: RECYCLING SERVICE EXPENSE \$2,518 Description: PROGRAM SERVICE EXPENSE \$16,598 Description: CHRISTMAS EXPENSE \$300 Description: REPAIRS AND MAINTENANCE \$112 Description: PUBLIC EDUCATION EXPENSE \$46,062 Description: Depreciation \$1,366 Pt I, Line 20: Description: TRANSFER OF INVESTMENT FUND TO COMMUNITY FOUNDATION -\$54,470 Pt II, Line 24: Description: INVENTORY Beginning of Year: \$3,523 End of Year: \$1,823 Pt II, Line 26: Description: PAYROLL TAXES WITHHELD Beginning of Year: \$1,280 End of Year: \$1,827 Description: CREDIT CARD PAYABLE Beginning of Year: \$2,195 End of Year: \$0 Description: ADVANCE FROM SBA OF PPP FUNDS Beginning of Year: \$7,300 End of Year: \$0

### Form **8879-TE**

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

OMB No. 1545-0047	
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Department of the Treasury

For calendar year 2021, or fiscal year beginning , 2021, and ending \_\_\_\_\_\_, ▶ Do not send to the IRS. Keep for your records.

► Go to www.irs.gov/Form8879TE for the latest information. Internal Revenue Service Name of filer EIN or SSN 46-4305638 THE OUTSIDE FOUNDATION Name and title of officer or person subject to tax JEAN FRUH, EXECUTIVE DIRECTOR Type of Return and Return Information Check the box for the return for which you are using this Form 8879-TE and enter the applicable amount, if any, from the return. Form 8038-CP and Form 5330 filers may enter dollars and cents. For all other forms, enter whole dollars only. If you check the box on line 1a, 2a, 3a, 4a, 5a, 6a, 7a, 8a, 9a, or 10a below, and the amount on that line for the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, 5b, 6b, 7b, 8b, 9b, or 10b, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. **Do not** complete more than one line in Part I. Form 990 check here . . ▶ **b Total revenue.** if any (Form 990, Part VIII, column (A), line 12) . . . 1b Form 990-EZ check here . ▶ 🗵 **b Total revenue,** if any (Form 990-EZ, line 9) . . . . . . . . 111,414. 3a Form 1120-POL check here ► **b** Total tax (Form 1120-POL, line 22) . . . . . . . . . . . 3b Form 990-PF check here . ▶ □ **b** Tax based on investment income (Form 990-PF, Part V, line 5) . 4a 4b **b Balance due** (Form 8868, line 3c) . . . . . . . . . . . . Form 8868 check here . . ▶ □ 5b Form 990-T check here . ▶ □ **b Total tax** (Form 990-T, Part III, line 4) . . . . . . . . . . . . Form 4720 check here . . ▶ **b Total tax** (Form 4720, Part III, line 1) . . . . . . . . . . . 7a 7b Form 5227 check here . . ▶ □ **b FMV** of assets at end of tax year (Form 5227, Item D) . . . Form 5330 check here . . ▶ □ **b Tax due** (Form 5330, Part II, line 19) . . . . . . . . . . . 9b 92 Form 8038-CP check here ▶ **b** Amount of credit payment requested (Form 8038-CP, Part III, line 22) 10a **Declaration and Signature Authorization of Officer or Person Subject to Tax** Part II Under penalties of perjury, I declare that 🗵 I am an officer of the above entity or 🗌 I am a person subject to tax with respect to (name of entity) , (EIN) and that I have examined a copy of the 2021 electronic return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the electronic return and, if applicable, the consent to electronic funds withdrawal. PIN: check one box only ☐ I authorize to enter my PIN as my signature **ERO** firm name Enter five numbers, but on the tax year 2021 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen. 🗵 As an officer or person subject to tax with respect to the entity, I will enter my PIN as my signature on the tax year 2021 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen. Signature of officer or person subject to tax ▶ Date ► 05/25/2022 **Certification and Authentication** Part III **ERO's EFIN/PIN.** Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN. 2 5 4 Do not enter all zeros I certify that the above numeric entry is my PIN, which is my signature on the 2021 electronically filed return indicated above. I confirm that I am submitting this return in accordance with the requirements of Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns. ERO's signature ▶ Date ► 05/25/2022

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