# Form **990**

## **Return of Organization Exempt From Income Tax**

OMB No. 1545-0047

Open to Public Inspection

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

Depa	artment of t	he Treasury	Go to www.irs.gov/Form990 for instructions and the latest inf			Inspectio	_
A			endar year, or tax year beginning 7/1/2022 , and end		30/2023		
В		pplicable:	C Name of organization Kiawah Cares Foundation	D Employe	er identification	number	
	Address	hange	Doing business as				
$\equiv$		~	Number and street (or P.O. box if mail is not delivered to street address) Room/suite	46-514457			
ᆜ	Name cha	ange	23 Beachwalker Drive	E Telephor	ne number		
	Initial retu	m	City or town State ZIP code	(843) 768-	9194		
	Final return	terminated	Johns Island SC 29455				
			Foreign country name Foreign province/state/county Foreign postal coo	de G Gross re	Name of the last	,	307,403
Ш	Amended	return		G Gross le	Cespea		
	Applicatio	n pending	F Name and address of principal officer:	(a) Is this a group return	for subordinates?	Yes	X No
			Shannon White 230 Beachwalker Drive, Johns Island, SC 29455	(b) Are all subordina	ites included?	Yes	No
_	Tay-eyer	npt status:	X 501(c)(3) 501(c) ( (insert no.) 4947(a)(1) or 527	If No," attach a	list. See instruction	ons	
÷				(c) Group exemption	number		
J	Website						
K		organization	: X Corporation Trust Association Other L Year of	formation 2014	M State of	legal domicile	: SC
E	art I		nmary				
	1			rove the quality	of life of our	Sea	
Activities & Governance		Island n	eighbors on Johns Island and Wadmalaw Island through community partners	ships.			
E				.,,,		·	
Š	2	Check th	nis box if the organization discontinued its operations or disposed of	more than 25%	of its net as:	sets.	
Ö	3	Number			3		4
රේ	4	Number	of independent voting members of the governing body ( art VI, line 1b)		4		4
ţ	5		mber of individuals employed in calendar year 2022 (Part V, line 2a)		5		0
₹	6		mber of volunteers (estimate if necessary)		6		
Ac	7a		related business revenue from Part VIII, column (C), line 12	88 8	7a		0
	b		lated business taxable income from Form 990-T, Part I, line 11		7b		
				Prior Year		Current Yea	ir
Ф	8	Contribu	tions and grants (Part VIII, line 1h) 🎤 🗀	32	28,129	3	303,888
Revenue	9		service revenue (Part VIII, line 2g) . 💊 . 🛴		0		0
eVe	10		ent income (Part VIII, column (A), lines 3, 4, and 7d)		0		0
æ	11		venue (Part VIII, column (A), lines 5, 6d, 8c, 9ç, 10c, and 11e)		3,354		3,168
	12		enue—add lines 8 through 11 (must equal Part VIII, column (A), line 12).	33	31,483	3	307,056
	13		nd similar amounts paid (Part IX, column (A), lines 1–3)	35	53,476	3	313,769
	14		paid to or for members (Part IX, column (A), line 4)		0		0
(g)	15		other compensation, employee benefits (Part IX, column (A), lines 5–10) .		0		0
Expenses	16a		onal fundraising fees (Part IX, column (A), line 11e)		0		0
bel	b		draising expenses (Part IX, column (D), line 25)		U.S.		
Щ	17	Other ex	penses (Part IX, column (A), lines 11a-11d, 11f-24e)	4	19,321		14,590
	18		penses. Add lines 13–17 (must equal Part IX, column (A), line 25) .		02,797		328,359
	19		e less expenses. Subtract line 18 from line 12	-7	71,314		-21,303
Net Assets or Fund Balances				Beginning of Currer	nt Year	End of Year	г
sets	20	Total as	sets (Pan X, line 16),	44	12,521		419,338
t As	21		pilities (Part X, line 26)		60		120
5 2	22	Net asse	ets or fund balances. Subtract line 21 from line 20	44	12,461	4	419,218
Pá	art II	Sig	naturé Block				
Ųnd	er penalti	es of perium	declare that I have examined this return, including accompanying schedules and statements, an	id to the best of my l	knowledge		
and	belief, it is	s tode, corre	ct and complete. Declaration of preparer other then officer) is based on all information of which pr	eparer has any knov		10000	
Sig	ın		hanson M. White		11/10	0/2023	
He		Signatu	re of officer	Date			
110	10	Shani	non White Preside	ent			
_			Type or print name and title	Is. I		LDTIN	
		Print	/Type preparer's name Preparer's signature	Date	Check if	PTIN	
Pa		Kati	nryn M Abraham Ku 18 braham, CPA	1 1	self-employed	P0147685	53
	ерагег		AC AL	Firm's EIN	81-069023		
Use Only					843-494-23		
_	_		's address 1416 Ashley River Rd, Charleston, SC 29407	Phone no.	040-454-20	X Yes	<u> </u>
Ma	v tha ID	S dienne	s this return with the preparer shown above? See instructions	an room or		IAIYes	No

Form 99	90 (2022) Kiawah Cares Foundation	46-5144577 Page <b>2</b>
Par	Statement of Program Service Accomplishments Check if Schedule O contains a response or note to any line in this Part III	X
	Briefly describe the organization's mission: To improve the quality of life of our Sea Island neighbors on Johns Island and Wadmalaw Island through community partnerships.	
	Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?	Yes X No
	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	Yes X No
	Describe the organization's program service accomplishments for each of its three largest program service	ces, as measured by
	expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and the total expenses, and revenue, if any, for each program service reported.	
4a	(Code: ) (Expenses \$ 313,769 including grants of \$ 313,769) (Reve	enue \$ 335 )
	To improve the quality of life of our Sea Island neighbors on Johns Island and Wadmalaw Island	
	through community partnerships. Kiawah Cares Foundation partners with charitable organizations,	
	churches, schools and businesses to address social issues such as education, employment, health, housing, transportation, exposure to the arts and recreation, and the needs of seniors and	
	veterans, with a primary focus on eduction and student support services. This is accomplished	
	through south time of time I would do and financial compart of well at one time of voluntaire	
	mentors, advisors and sponsors in numerous opportunities throughout the community. Philanthropy	
	is at the core of those residing on Kiawah Island, SC and there is abundant desire to aid their neighboring community where resources are extremely limited.	
	(Code: ) (Expenses \$) (Reverses \$	
4c	(Code: including grants of \$ ) (Reve	enue \$)
- A-4	Other program conjects (Describe on Schedule C.)	
4d	Other program services (Describe on Schedule O.) (Expenses \$ 0 including grants of \$ 0 ) (Revenue \$	0)
4e	Total program service expenses 313,769	

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.  If the organization swewer to any of the following questions is "Yes," then complete Schedule D, Part VI.  VII, VIII, IX, or X, as applicable.  a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VII.  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 VIII.  d Did the organization report an amount for other assets 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 VIII.  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 VIII.  d Did the organization 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.  116	<sup>2</sup> art	Checklist of Required Schedules	_		
zomplate Schedule A.  2 x   She drog analyzation required to complete Schedule B. Schedule of Contributors? See instructions.  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 II.  4 Section \$51(c)(3) organizations. Did the organization engage in lobbying activities, or have a section \$01(h) election in effect during the tax year? If "Yes," complete Schedule C. Part II.  5 Is the organization a section \$01(c)(4), \$01(c)(5), or \$01(c)(6) organization that receives memberahin dues, assessments, or smillar amounts as defined in Rev. Proc. \$98-19? If "Yes," complete Schedule C. Part III.  5 Did the organization maintain any donor advised funds or any similar funds or accounts for which defined, have the right to provide advice on the distribution or investment of amounts in such funds or accounts."  7 Did the organization maintain any donor advised funds or any similar funds or accounts for which defined, have the right to provide advice on the distribution or investment of amounts in such funds or accounts."  8 Did the organization receive or hold a conservation essement, including essements to preserve 6then space, the environment, historical review structures? If "Yes," complete Schedule D. Part V.  9 Did the organization maintain collections of works of ant, historical treasures, or other sin lar asserb. If "Yes," complete Schedule D. Part VI.  10 Did the organization report an amount for investments—other securities, debt management, credit repair, or debt in quasil endowments? If "Yes," complete Schedule D. Part VI.  10 Did the organization same of any of the following questions is "Yes," they complete Schedule D. Part VI.  11 Did the organization same of any of the following duestions is "Yes," they complete Schedule D. Part XI.  11 Did the organization report an amount for investments—other securities in Part X, line 13; that is 5% or more of its total assets reported in Part X				Yes	No
2 Is the organization required to complete Schedule 8. Schedule of Contributors? See instructions 3 Did the organization engage in direct or indirect political earnpaign activities on behalf of or in opposition to candidates for public office? If "Vas." complete Schedule C. Part I. 4 Section 801(c)(3) organizations. Did the organization engage in lobbying activities. or have a section 501(h) election in effect during the tax year? If "Vas." complete Schedule C. Part II. 5 Is the organization section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Rev. Proc. 98-197 if "Vas." complete Schedule C. Part III. 6 Did the organization maintain any denor advised funds or any similar funds or accounts for which dehors have the right to provide advise on the distribution or investment of amounts in such funds or accounts I/ "Yes," complete Schedule D. Part II. 7 Did the organization memoral collections of works of art, historical treasures, or other similar sasety? If "Yes," complete Schedule D. Part II. 8 Did the organization memoral collections of works of art, historical treasures, or other similar sasety? If "Yes," complete Schedule D. Part II. 8 Did the organization memoral collections of works of art, historical treasures, or other similar asset; If "Yes," complete Schedule D. Part IV. 9 Did the organization report an amount in Part X, line 21, for escrow or custodial account liabitity, 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 Did the organization report an amount for investments—organization advised to may of the following questions is "Yes," the provide bchedule D, Part XI. 9 Did the organization asserted to may of the following questions is "Yes," the provide Schedule D, Part XI. 9 Did the organization asserted in Part X, line 16? If "Yes," complete Schedule D, Part XIII. 9 Did the organizati	1		الما	,	
3 X Section 601(c)(3) organizations engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule D. Part I.  4 Section 601(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 D. Part III.  5 Is the organization assertion 501(c)(4), 501(c)(6), 501(c		complete Schedule A	_		-
candidates for public office? If "Yes," complete Schedule C, Part I.  Section 50*(15)) organizations. Did the organization engage in lobbying activities, or have a section 50*(16) the election in effect during the tax year? If "Yes," complete Schedule C, Part II.  Is the organization a section 50*(16), 50*(16), 60*(16)(16), orabilization that receives membership dues, assessments, or similar amounts as defined in Rev, Proc. 98-19? If "Yes," complete Schedule C, Part III.  Did the organization maintain any donor advised funds or any similar funds or accounts for which defined have the right to provide advise on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part II.  Did the organization received or hold a conservation easement, including easements to preserve 5pm space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part III.  Did the organization maintain collections of works of art, historical treasures, or other similar sense? If "Yes," complete Schedule D, Part III.  Did the organization maintain collections of works of art, historical treasures, or other similar sense? If "Yes," complete Schedule D, Part IV.  Did the organization, directly or through a related organization, hold assets in donoracsipliced endowments or in quasi endowments? If "Yes," complete Schedule D, Part V.  If the organization's answer to any of the following questions is "Yes," "they complete Schedule D, Part V.  If the organization report an amount for land, buildings, and equipment in Part X, line 10; that is 5% or more of its total assets reported in Part X, line 13? If "Yes," complete Schedule D, Part VIII.  X Did the organization separate or consolidated financial statements for the tax year include a follonic bit addresses 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 15? If "Yes," complete Schedule D, Part VIII.  X Did the organ			-	^	
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 III.  5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III.  5 Did the organization and the distribution or investment of amounts in such funds or accounts?" "Yes," complete Schedule D, Part I.  7 Did the organization receive or hold a conservation easement, including easements to preserve 5 an space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part III.  8 Did the organization maintain collections of works of art, historical treasures, or other similar asset ? If "Yes," complete Schedule D, Part III.  9 Did the organization report an amount in Part X, line 21, for escrow or custodial account liabury, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt managément, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV.  10 Did the organization, directly or through a related organization, hold assets in donorestylicted endowments or in quasi endowments? If "Yes," complete Schedule D, Part IV.  11 If the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part V.  12 Did the organization report an amount for investments—other securios in Part X, line 10? If "Yes," complete Schedule D, Part VII.  13 Did the organization report an amount for investments—other securios 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 VII.  14 Did the organization report an amount for investments—program relead in Part X, line 15.  15 Did the organization report an amount for other assets in Part X, line 13. that is 5% or more of its total	3		,		v
election in effect during the tax year? If "Yes," complete Schedule C, Part II.  5 Is the organization a section 501(c)(4), 501(c)(6), or 610(c)(6) or call zizion that receives membership dues, assessments, or similar amounts as defined in Rev, Proc. 98-19? If "Yes," complete Schedule C, Part III.  5 X  5 Did the organization maintain any donor advised funds or any similar funds or accounts for which defined 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.  7 Did the organization received or hold a conservation easement, including easements to preserve 5 en space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Fart II.  8 Did the organization maintain collections of works of art, historical treasures, or other similar asset? If "Yes," complete Schedule D, Part IV.  9 Did the organization 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 managément, credit repair, or debt negoliation services? If "Yes," complete Schedule D, Part IV.  10 Did the organization disease or the organization, hold assets in donor-estificid endowments or in quasi endowments? If "Yes," complete Schedule D, Part V.  11 If the organization save or any of the following questions is "Yes," then complete Schedule D, Part VI.  12 Did the organization report an amount for investments—other securities in Part X, line 10? If "Yes," complete Schedule D, Part VII.  13 Did the organization report an amount for investments—other securities in Part X, line 10; that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII.  14 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 VIII.  15 Did the organization report an amount for orb			3	-	^
5 is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Rev. Proc. 98-191 **Tos** Complete Schedule C, Part III.*  5	4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 50 I(n)			v
assessments, or similar amounts as defined in Rev. Proc. 98-197 if "Yes," complete Schedule C, Part III.  5	_	election in effect during the tax year? If "Yes," complete Schedule C, Part II.	4	-	^
Did the organization maintain any donor advised funds or any similar funds or accounts for which defines have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yos," compilete Schedule D, Part I.  Did the organization receive or hold a conservation easement, including easements to preserve Senn space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II.  Did the organization maintain collections of works of art, historical treasures, or other similar assets I/I "Yes," complete Schedule D, Part III.  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, ine 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, ine 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts or liability o	5		_		v
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.  Did the organization receive or hold a conservation easement, including easements to preserve fiven space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Fart II.  Did the organization maintain collections of works of art, historical treasures, or other similar asset? If "Yes," ocmplete Schedule D, Part III.  Did the organization or amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, ine 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, ine 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, ine 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, ine 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X.  If I in a custodian for amounts in the following questions is "Yes," (fleg complete Schedule D, Part V.  If If the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VIII.  Did the organization report an amount for investments—other securities 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.  Did the organization report an amount for other assets in Part X line 25? If "Yes," complete Schedule D, Part X VIII.  Did the organization report an amount for other assets in Part X line 25? If "Yes," complete Schedule D, Part X.  Did the organization report an amount for other liabilities in Part X, line 2			9		^
"Yes," complete Schedule D, Part I.  10 bid the organization nearbies or hold a conservation easement, including easements to preserve their space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part III.  2 bid the organization maintain collections of works of art, historical treasures, or other straint assets? If "Yes," complete Schedule D, Part IIII.  3 bid 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 negatitation services? If "Yes," complete Schedule D, Part V II.  2 bid the organization directly or through a related organization, hold assets in donor-restricted endowments or in quasil endowments? If "Yes," complete Schedule D, Part V II.  2 bid the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part V II.  3 bid the organization report an amount for investments—other securities in Part X, line 10? If "Yes," complete Schedule D, Part V III.  4 bid 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 V III.  4 bid the organization report an amount for their lapitilias in Part X, line 16? If "Yes," complete Schedule D, Part V III.  5 bid the organization report an amount for their lapitilias in Part X, line 16? If "Yes," complete Schedule D, Part X III.  5 bid the organization and amount for their lapitilias in Part X, line 16? If "Yes," complete Schedule D, Part X III.  5 bid the organization and amount for other lapitilias in Part X, line 16? If "Yes," complete Schedule D, Part X III.  5 bid the organization and amount for lapitilias in Part X, line 16? If "Yes," complete Schedule D, Part X III and IV.  5 bid the organization and several development audited financial statements for the	6				
Did the organization receive or hold a conservation easement, including easements to preserve $S_1$ in space, the environment, historic land reases, or historic structures? If "Yes," complete Schedule D, Part III.  8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III.  9 Did the organization collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part IVI.  10 Did the organization of amounts 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 IVI.  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 VI.  11 If the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI.  11 If the organization report an amount for investments—othe securifies in Part X, line 10? If "Yes," complete Schedule D, Part VII.  12 Did the organization report an amount for investments—othe securifies in Part X, line 10? If "Yes," complete Schedule D, Part VII.  12 Did the organization report an amount for other liabilities in Part X, line 15; that is 5% or more of its total assests reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII.  13 Did the organization separate or consolidated financial statements for the tax year include a footnote that addresses the organization's slability from constination solities under Schedule D, Part X.  14 Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Part X.  15 Did the organization maintain an effice, employees, or agents outside the United States?  16 Did the organization maintain an effi			6		x
the environment, historic land areas, or historic attructures? If "Yes," complete Schedule D, Part II.  2 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," a complete Schedule D, Part III.  3 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.  4 Did the organization, directly or through a related organization, hold assets in donor estificted endowments or in quasi endowments? If "Yes," complete Schedule D, Part IV.  5 If the organization's answer to any of the following questions is "Yes," "feet Complete Schedule D, Part V.  6 If the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VII.  8 Did the organization report an amount for investments—other securities in Part X, line 10? If "Yes," complete Schedule D, Part VII.  9 Did the organization report an amount for investments—other securities in Part X, line 10? If "Yes," complete Schedule D, Part VIII.  10 Did the organization report an amount for other assets 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.  11 Did the organization report an amount for other assets in Part X, line 25? If "Yes," complete Schedule D, Part X.  11 Did the organization report an amount for other assets in Part X, line 25? If "Yes," complete Schedule D, Part X.  11 Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Part X II and XIII.  12 Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Part X II and XIII.  13 Did the organization maintain an office, employees, or agents unside of t	-		Ů		^
Bold the organization maintain collections of works of art, historical treasures, or other smillar assets? If "Yes," complete Schedule D, Part III.  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 negotation services? If "Yes," complete Schedule D, Part IV.  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.  If the organization answer to any of the following questions is "Yes," then complete Schedule D, Part V.  If the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VII.  Did the organization report an amount for investments—other securities in Part X, line 10? If "Yes," complete Schedule D, Part VIII.  Did the organization report an amount for investments—other securities in Part X, line 13, that is 5% or more of its total assests 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 assests 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 25? If "Yes," complete Schedule D, Part X.  Did the organization in Separate or consolidated financial statements for the tax year include a foothote that addresses the organization siblicity from uncertain tax positions vide Eith 48 (ASC 740)* If "Yes," complete Schedule D, Part X.  Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts X I and XIII so plional.  Schedule D, Parts XI and XIII.  Was the organization maintain an effice, amployees, or agents outside the United States?  Did the organization shall be a so	•		7		Х
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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.  e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X.  f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X.  11a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Part X.  b Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if 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 as school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E.  13 Is the organization nave 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 II and IV.  15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of garegate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts II and IV.  15 Is Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part VIII, lines 9a?  16 If "Yes," complete Schedule G, Part II.  17 Is Did the organization report more than \$15,000 of grants or other assistance to an other assistance to a for foreign individuals? If "Yes," complete Schedule F, Parts III and IV.  18 Did the organization report	C	Did the organization report an amount for investments—program related in Part X, line 13, that is 5% or more	الما		v
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the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X.  f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X.  112a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Part X I and XII.  115 Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "Ne's to line 12a, then completing Schedule D, Parts XI and XII is optional.  116 X  117 Was the organization as school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E.  118 Is the organization as school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E.  119 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 II and IV.  119 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.  119 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services 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 G, Part I. See instructions.  120 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions.  121 Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets	444		v
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.  12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII.  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 Is 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.  15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV.  16 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV.  16 X  17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions.  17 X  18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II.  19 X  20a X  10 bid the organization operate one or more hospital facilities? If "Yes," complete Schedule H.  19 Life Yes" to line 20a, did the		reported in Part X, line 16? If "Yes," complete Schedule D, Part IX			
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assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV			15		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	16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other			
on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions			16		<u>X</u>
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	17				v
Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II			17	$\rightarrow$	
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	18		40		Y
If "Yes," complete Schedule G, Part III	46	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	10		^
20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	19	Dig the organization report more than \$15,000 or gross income from gaming activities on Part VIII, line 9a?	10		X
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20-	Did the ergonization energies one or more hospital facilities? If "Vas " complete Schedule H			
21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or					Ť
domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II.					
	- '	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II.	21	x	

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Par	t IV Checklist of Required Schedules (continued)			
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on		Yes	No
22	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		x
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the			
	organization's current and former officers, directors, trustees, key employees, and highest compensated			
	employees? If "Yes," complete Schedule J	23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than			
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines			
	24b through 24d and complete Schedule K. If "No," go to line 25a	24a		Х
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
C	Did the organization maintain an escrow account other than a refunding escrow at any time during the very	24c		
d	to defease any tax-exempt bonds?	24d		
25a		240		
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part.	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a			
	prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or			
	990-EZ? If "Yes," complete Schedule L, Part I	25b		Х
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26	-	X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key			
	employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these			
	persons? If "Yes," complete Schedule L, Part III	27		x
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L,			T.
	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		Х
b	A family member of any individual described in line 28a? / "Yes," complete Schedule L, Part IV	28b		Х
C	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If			
	"Yes," complete Schedule L, Part IV	28c	_	X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		Х
30	Did the organization receive contributions of art, distorical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		x
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"			
-	complete Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II,			
	III, or IV, and Part V, line 1.	34		X
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	-	
b	If "Yes" to line 35a plid the organization receive any payment from or engage in any transaction with a controlled	35b		
26	entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	350		
36	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		Х
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	
Par	t 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	- 90		Ш
	a car		Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable	1		
b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable	150	6	
C	Did the organization comply with backup withholding rules for reportable payments to vendors and			4
	reportable gaming (gambling) winnings to prize winners?	1c		

Par	t V Statements Regarding Other IRS Filings and Tax Compliance (continued)		Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax		100	
	Statements, filed for the calendar year ending with or within the year covered by this return 2a 0			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		Х
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O . 🗴	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over,			
	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		Х
b	If "Yes," enter the name of the foreign country			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).		0 1	
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a	_	X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction.	5b		Х
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	6a		Х
	organization solicit any contributions that were not tax deductible as charitable contributions? . •	0a		<u>^</u>
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or	6b		
7	gifts were not tax deductible?	0.5		
7 a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods			
a	and services provided to the payor?	7a		Х
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			
•	required to file Form 8282?	7c		Х
d	If "Yes," indicate the number of Forms 8282 filed during the year			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		Х
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
	sponsoring organization have excess business holdings at any time during the year?	8	_	
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a	_	
b	Did the sponsoring organization make a distribution to a donot, donor advisor, or related person?	9b	- 0	
10	Section 501(c)(7) organizations. Enter: Initiation fees and capital contributions included on Part VIII. line 12			
а	Initiation fees and capital contributions included on Part VIII, line 12			
_b	Section 501(c)(12) organizations. Enter:			
11	Gross income from members or shareholders			
a b	Gross income from other sources (Do not net amounts due or paid to other sources			
D	against amounts due or received from them		-46	
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
a	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note: See the instructions for additional information the organization must report on Schedule O.		-Al	
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	100		
C	Enter the amount of reserves on hand	4.4		V
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a	_	Х
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O.	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or	45		x
	excess parachute payment(s) during the year?	15		Ĥ
	If "Yes," see the instructions and file Form 4720, Schedule N.			V
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		Х
	If "Yes," complete Form 4720, Schedule O.			
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities			
	that would result in the imposition of an excise tax under section 4951, 4952, or 4953?	17		
	If "Yes," complete Form 6069.			

Sect	tion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year			15
	If there are material differences in voting rights among members of the governing body, or			
	if the governing body delegated broad authority to an executive committee or similar		100	
	committee, explain on Schedule O.	Ays"	5 T.	70
b	Enter the number of voting members included on line 1a, above, who are independent 1b 4		- 1	
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with			
	any other officer, director, trustee, or key employee?	2		Х
3	Did the organization delegate control over management duties customarily performed by or under the direct			
	supervision of officers, directors, trustees, or key employees to a management company or other person?	3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		Х
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		Х
6	Did the organization have members or stockholders?	6		Х
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint			
ıa	one or more members of the governing body?	7a		x
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,			<u> </u>
D	stockholders, or persons other than the governing body?	7b		x
	Did the organization contemporaneously document the meetings held or written actions undertaken during	7.0		_^
8				33
_	the year by the following:	8a	Х	
a	The governing body?	8b	x	_
b	Each committee with authority to act on behalf of the governing body	OD	^	_
9	Is there any officer, director, trustee, or key employee listed in Part-VII. Section A, who cannot be reached	ایا		,
0	at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9		X
Seci	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue C	oue.		Na
40-	Did the accomination have local shoutons because or affiliates?	400	Yes	No X
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,	406		
	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b	V	_
11a		11a	Х	
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.	10		
12a		12a	X	_
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Х	
C	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"		\ ,	
	describe on Schedule O how this was done	12c	X	_
13	Did the organization have a written whistleblower policy?	13	X	_
14	Did the organization have a written document retention and destruction policy?	14	Х	
15	Did the process for determining compensation of the following persons include a review and approval by			H.
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official.	15a		X
b	Other officers or key employees of the organization	15b		Х
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.	100		73.
16a				
	with a taxable entity during the year?	16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its		W	l poli
	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard			De.
	the organization's exempt status with respect to such arrangements?	16b		
Sect	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed SC			
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 5	i01(c)		
	(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.			
	X Own website			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest pol	icy,		
	and financial statements available to the public during the tax year.			
20	State the name, address, and telephone number of the person who possesses the organization's books and records			
	Shannon White 843-768-9194			
	23 Beachwalker Drive, Kiawah Island, SC 29455			

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

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

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

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

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

Check this box in heither the organization for any	y related organiz	allon	001	ipo	11041	ou un	, -	and in our con, an	00.01, 01 11 11 11 11	
(A) Name and title	(B) Average	(do box,	not ch	Pos neck as pe	ition more	than or	ne an	(D) Reportable	(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) Shannon White Predent	5.00 0.00	X	9	х						
(2) Ian Freeman Vice President	5.00	x		х						
(3) Elizabeth Burwell Treasurer	5.00 0:00	X		х						
(4) Ruth Flynn Director	5.00 0.00									
(5)	<i></i>									
(6)										
(7)										
(8)										
(9)										
(10)										
(11)										
(12)										
(13)										
(14)										

Pa	art VII Section A. Officers, Directors, Tru	ıstees, Key Em	ploye	es,	and	iH t	ghes	t C	ompensated Em	ployees (contin	ued)	
	(A) Name and title	(B) Average hours	box,	unles	Pos neck ss pe d a d	rson	than is both	n an tee)	(D) Reportable compensation	(E) Reportable compensation	0	(F) ated amount of other
		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)	fr organ	pensation om the ization and organizations
		dolled (ine)	"	8			sated					
(15)										A		
(16)												
(17)												
(18)												
(19)							d					
		~				40	-					
				4		1		H				
			4	0		1						
		4						H				
				b.								
		. (										
(25)			<b>"</b>									
1b	Subtotal	or on A		12	90 A				0	0	_	0
c d	Total (add lines 1b and 1c)		S S	٠.		* *	Ψ.		0	0		0
2	Total number of individuals (including but not lin	mited to those lis		bov	e) v	vho	rece	ive	more than \$100	,000 of		
	reportable compensation from the organization	11		_		_		_				Yes No
3	Did the organization list any former officer, dire	ector, trustee, ke	v emi	ploy	ee,	or h	ighe	st c	ompensated			165 140
	employee on line 1a? If "Yes," complete Sched						-			0.000.00.00	3	Х
4	For any individual listed on line 1a, is the sum of											
	the organization and related organizations great										4	X
5	individual											
	for services rendered to the organization? If "Yo										5	X
Sec	tion B. Independent Contractors											
1	Complete this table for your five highest compecompensation from the organization. Report co										lax vea	ar.
,	(A)	inpendation for	110 00	41011	-	,	. 0110		(B)	0.941.1241.011.0	(C)	
_	Name and business add	ress							Description of sen	vices (	Compens	
-			_	_		_		H				0
						_		_				0
												0
-												0
2	Total number of independent contractors (inclu-	-	ted to	tho	se l	iste	_		) who received			
_	more than \$100,000 of compensation from the	organization	_	_	-	_	0	_				200

Part VIII Statement of Revenue

		Check if Schedule O contains a respon	se or	note to any line in	this Part VIII			
					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512–514
9 50	1a	Federated campaigns	1a	0				
Contributions, Gifts, Grants and Other Similar Amounts	b	Membership dues	1b	0				
P S	С	Fundraising events	1c	0			112	
fts,	d	Related organizations	1d	0				
<u>.</u> <u>.</u> <u>.</u> <u>.</u>	e	Government grants (contributions)	1e	0			4	
ns,	f							
양양		similar amounts not included above	1f	303,888		4.5	100	
년 본	g	Noncash contributions included in						
id of		lines 1a–1f	1g	s o		-	A 4	T. F. F. G. L.
ğ ğ	h	Total. Add lines 1a-1f			303,888			
				Business Code		00		
e	2a				0			
Program Service Revenue	b				0			
gram Serv Revenue	С				0			
E Š	d				0			
P. S.	e				0			
ç	f	All other program service revenue			0			
-	g	Total. Add lines 2a-2f			0,			
	3	Investment income (including dividends, in	teres	t, and	-			
		other similar amounts)			0			
	4	Income from investment of tax-exempt bor	nd pro	ceeds	0			
	5	Royalties	180	· · · · · · · · · · · · · · · · · · ·	0			
		(i) Re	al	(ii) Personal				100
	6a	Gross rents 6a						
	b	Less: rental expenses . 6b					and the same	e Floor
	С	Rental income or (loss) 6c	0	0				
	d	Net rental income or (loss)		()	0			
	7a	Gross amount from (i) Secur	ities	(ii) Other				
		sales of assets	100		RANGE TO SERVICE	10 2 h	To a Marin	
		other than inventory 7a	1 0	0			TRUE TO THE	
Ĕ.	b	Less: cost or other basis	1					
/er		and sales expenses 7b	0	0			FI F I S	
Ş.	С	Gain or (loss) 7c	) 0	0				
<u>-</u>	d	Net gain or (loss)			0			
Other Revenue	8a	Gross income from fundraising						and the second
0		events (not including \$ 0				The state of		T - 9-
		of contributions reported on line 1c).		2 400				10-10-10-10-10-10-10-10-10-10-10-10-10-1
	Ι.	See Part IV, line 18	8a	3,180				
	D D	Less: direct expenses	8b		2,833			2,833
	C	Gross income from gaming activities.	IIS .	4	2,033		7 =	2,000
	ya	See Part IV, line 19	00	o				0 3 0
	١.	Less: direct expenses	9a 9b	0				
	b	Net income or (loss) from gaming activities			0			
	10°	Gross sales of inventory, less	<u> </u>					12 3 1 1 2 2
	TUA	returns and allowances	10a	٥				Ballio.
	[		10a	0		THE RESIDENCE		
		Less: cost of goods sold		L .	0			
-	С	Net income or (loss) from sales of inventor	у	Business Code	0			144,000,000
Snc 4	110	Miscellaneous Revenue		900099	335	335		
Jue Jue	b			555555	0	333		
scellaneo Revenue	^				0			
Miscellaneous Revenue	٦,	All other revenue			0			
Σ	°	Total. Add lines 11a–11d			335			
_	12	Total royanua See instructions	2 0		307.056	335	0	2.833

	Statement of Functional Expenses								
Section	on 501(c)(3) and 501(c)(4) organizations must complete all c	columns. All other or	rganizations must c	omplete column (A).					
	Check if Schedule O contains a response or note to any line in this Part IX								
	not include amounts reported on lines 6b, 7b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses				
1	Grants and other assistance to domestic organizations								
	and domestic governments. See Part IV, line 21	313,769	313,769						
2	Grants and other assistance to domestic								
	individuals. See Part IV, line 22	0							
3	Grants and other assistance to foreign								
	organizations, foreign governments, and foreign								
	individuals. See Part IV, lines 15 and 16	o		8-09					
4	Benefits paid to or for members	0							
5	Compensation of current officers, directors,								
	trustees, and key employees	ol	9	0					
6	Compensation not included above to disqualified			-					
-	persons (as defined under section 4958(f)(1)) and		( )	1					
	persons described in section 4958(c)(3)(B)	ol		7					
7	Other salaries and wages	0							
8	Pension plan accruals and contributions (include								
·	section 401(k) and 403(b) employer contributions)	o							
9	Other employee benefits	0							
10	Payroll taxes	6							
11	Fees for services (nonemployees):	•	-						
a	Management	00							
h	Legal	8 15 4	b						
C	Accounting	3,927		3,927					
d	Lobbying	0		0,027					
e	Professional fundraising services. See Part IV, line 17.	0							
f	Investment management fees	0							
g	Other. (If line 11g amount exceeds 10% of line 25, column	J							
9	(A), amount, list line 11g expenses on Schedule O.)	0		0					
12	Advertising and promotion								
13	Office expenses	0							
14	Information technology	0							
15	Royalties	0							
16	Occupancy	0							
17	Travel	0							
18	Payments of travel or entertainment expenses								
	for any federal, state, or local public officials	0							
19	Conferences, conventions, and meetings	0							
20	Interest	0							
21	Payments to affiliates	0							
22	Depreciation, depletion, and amortization	0	0	0	0				
23	Insurance	963		963					
24	Other expenses. Itemize expenses not covered		The Little College						
	above. (List miscellaneous expenses on line 24e. If								
	line 24e amount exceeds 16% of line 25, column								
	(A), amount, list line 24e expenses on Schedule O.)								
а	Administrative Costs	7,203		7,203					
b	B. J. F	2,497		2,497					
C		0		_,,					
d		0							
e	All other expenses	0							
25	Total functional expenses. Add lines 1 through 24e	328,359	313,769	14,590	0				
26	Joint costs. Complete this line only if the	020,000	2.2,, 00	,200					
	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 .		3 m 4	n runa e al
			(A) Beginning of year		( <b>B)</b> End of year
	1	Cash—non-interest-bearing	419,949	1	419,266
	2	Savings and temporary cash investments	0	2	
	3	Pledges and grants receivable, net	22,500	3	0
	4	Accounts receivable, net	0	4	0
	5	Loans and other receivables from any current or former officer, director,			
	_	trustee, key employee, creator or founder, substantial contributor, or 35%		6	
		controlled entity or family member of any of these persons	0	6	
	6	Loans and other receivables from other disqualified persons (as defined	100	100	
		under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)	0	6	
ţ	7	Notes and loans receivable, net	(0	7	0
Assets	8	Inventories for sale or use	0'	8	
Ä	9	Prepaid expenses and deferred charges	0	9	
	10a	Land, buildings, and equipment: cost or			
		other basis. Complete Part VI of Schedule D 10a 0			
	b	Less: accumulated depreciation 10b 0	0	10c	0
	11	Investments—publicly traded securities	0	11	0
	12	Investments—other securities. See Part IV, line 11	0	12	0
	13		0	13	0
	14	Investments—program-related. See Part IV, line 11	0	14	0
	15	Other assets. See Part IV, line 11.	72	15	72
	16	Other assets. See Part IV, line 11	442,521	16	419,338
	17	Accounts payable and accrued expenses	60	17	120
	18	Grants payable	0	18	
	19	Deferred revenue	0	19	
	20	Tax-exempt bond liabilities	0	20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D .	0	21	
ຜ	22	Loans and other payables to any current or former officer, director,			
Liabilities	22	trustee, key employee, creator or founder, substantial contributor, or 35%			
Ē		controlled entity or family member of any of these persons	0	22	
<u>=</u>	23	Secured mortgages and notes payable to unrelated third parties	0	23	0
	24	Unsecured notes and loans payable to unrelated third parties	0	24	0
	25	Other liabilities (including federal income tax, payables to related third	<u>_</u>		
	25	parties, and other liabilities not included on lines 17–24). Complete			
		Part X of Schedule D	0	25	0
	26	Total liabilities. Add lines 17 through 25	60	26	120
<i>m</i>	2.0	Organizations that follow FASB ASC 958, check here X			
ĕ		and complete lines 27, 28, 32, and 33.			
an	.=		222,507	27	229,744
Ba	27	Net assets without donor restrictions	219,954	28	189,474
פַ	28		215,554	20	100,111
֚֚֚֚֓֡֞֞֞֞֞֝֞֞֞֡		Organizations that do not follow FASB ASC 958, check here			
Net Assets or Fund Balances		and complete lines 29 through 33.	0	20	
ts	29	Capital stock or trust principal, or current funds	0	30	
38	30	Paid-in or capital surplus, or land, building, or equipment fund	0	31	
Ą	31	Retained earnings endowment, accumulated income, or other funds			419,218
é	32	Total net assets or fund balances	442,461 442,521	32	419,218
_	33	Total liabilities and net assets/fund balances	442,521	33	419,336

Other changes in net assets or fund balances (explain on Schedule O).  Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B)).  Part XII Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII  Accounting method used to prepare the Form 990:  If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.  Were the organization's financial statements compiled or reviewed by an independent accountant?  If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:  Separate basis  Consolidated basis  Both consolidated and separate basis			46	E144E77	D. (2)	. 49
Check if Schedule O contains a response or note to any line in this Part XI.  1 Total revenue (must equal Part VIII, column (A), line 12)	_		40-	5144577	Pag	e IZ
2 Total expenses (must equal Part IX, column (A), line 25)	rait			58)	. [	
Total expenses (must equal Part IX, column (A), line 25).  Revenue less expenses. Subtract line 2 from line 1.  Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)).  Net unrealized gains (losses) on investments.  Donated services and use of facilities.  Prior period adjustments.  Other changes in net assets or fund balances (explain on Schedule O).  Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B)).  Part XII Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII  Accounting method used to prepare the Form 990: Cash X Accrual Other If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.  Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis Consolidated basis, or both:  Separate basis Consolidated basis, or both:	1	Total revenue (must equal Part VIII, column (A), line 12)	1		307	,056
3	_		2			_
A Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))  Net unrealized gains (losses) on investments  Donated services and use of facilities  Investment expenses  7  8 Prior period adjustments  Other changes in net assets or fund balances (explain on Schedule O)  Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))  Part XII Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII  Accounting method used to prepare the Form 990: Cash X Accrual Other If the organization changed its method of accounting from a prior year or checked "Other, explain on Schedule O.  2a Were the organization's financial statements compiled or reviewed by an independent accountant?  If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis. Consolidated basis, or both:  Separate basis Consolidated basis Both consolidated and separate basis  b Were the organization's financial statements audited by an independent accountant?  If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:			3		-21	,303
Net unrealized gains (losses) on investments	4		4		442	,461
6 Donated services and use of facilities	5		5			
9 Other changes in net assets or fund balances (explain on Schedule O). 10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B)).  Part XII Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII  1 Accounting method used to prepare the Form 990: Cash X Accrual Other If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O. 2a Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis Both consolidated and separate basis  b Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:	6	<del>-</del>	6			
9 Other changes in net assets or fund balances (explain on Schedule O). 10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B)).  Part XII Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII  1 Accounting method used to prepare the Form 990: Cash X Accrual Other If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O. 2a Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis Both consolidated and separate basis  b Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:	7	Investment expenses	7			
Column (B))	8	Brian pariod adjustments	8		-1	,940
Column (B))	9	Other changes in net assets or fund balances (explain on Schedule O)	9			
Check if Schedule O contains a response or note to any line in this Part XII  1 Accounting method used to prepare the Form 990: Cash X Accrual Other If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.  2a Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis Both consolidated and separate basis  b Were the organization's financial statements audited by an independent accountant? 2b  If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:	10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,				
Check if Schedule O contains a response or note to any line in this Part XII  1 Accounting method used to prepare the Form 990: CashX Accrual Other If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.  2a Were the organization's financial statements compiled or reviewed by an independent accountant?		column (B))	10		419	,218
1 Accounting method used to prepare the Form 990: Cash X Accrual Other If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.  2a Were the organization's financial statements compiled or reviewed by an independent accountant?  If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:  Separate basis Consolidated basis Both consolidated and separate basis  b Were the organization's financial statements audited by an independent accountant?  If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:	Part	XII Financial Statements and Reporting				
Accounting method used to prepare the Form 990:		Check if Schedule O contains a response or note to any line in this Part XII	¥		. [	
If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.  2a Were the organization's financial statements compiled or reviewed by an independent accountant?					Yes	No
Schedule O.  Were the organization's financial statements compiled or reviewed by an independent accountant?  If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:  Separate basis  Consolidated basis  Both consolidated and separate basis  Were the organization's financial statements audited by an independent accountant?  If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:	1	Accounting method used to prepare the Form 990: Cash X Accrual Other				
Were the organization's financial statements compiled or reviewed by an independent accountant?  If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:  Separate basis  Consolidated basis  Both consolidated and separate basis  Were the organization's financial statements audited by an independent accountant?  If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:		If the organization changed its method of accounting from a prior year or checked "Other," explain on		8 4		
If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:  Separate basis Consolidated basis Both consolidated and separate basis  Were the organization's financial statements audited by an independent accountant?		Schedule O.				
reviewed on a separate basis, consolidated basis, or both:  Separate basis  Consolidated basis  Both consolidated and separate basis  Were the organization's financial statements audited by an independent accountant?	2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	* (6.700)	2a		X
Separate basis Consolidated basis Both consolidated and separate basis  b Were the organization's financial statements audited by an independent accountant?		If "Yes," check a box below to indicate whether the financial statements for the year were compiled or				
b Were the organization's financial statements audited by an independent accountant?		reviewed on a separate basis, consolidated basis, or both:			3	
If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:		Separate basis Consolidated basis Both consolidated and separate basis		200		
If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:	b	Were the organization's financial statements audited by an independent accountant?		2b		Х
separate basis, consolidated basis, or both:	_					
					10	
				100		
c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of				000	- 1	
the audit, review, or compilation of its financial statements and selection of an independent accountant?	C			20		
If the organization changed either its oversight process or selection process during the tax year, explain on			* 3 37		15.0	
Schedule O.					516	
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the	3a					

3b

Form 990 (2022)

Uniform Guidance, 2 C.F.R. Part 200, Subpart F7.

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.

#### **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.

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury

990 or Form 990-EZ.

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

Internal Revenue Service Employer identification number Name of the organization Kiawah Cares Foundation Reason for Public Charity Status. (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).) 2 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). 3 A medical research organization operated in conjunction with a hospital described in section 170(1)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v) An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) 8 An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross 10 receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes 12 of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having b control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization. Enter the number of supported organizations . 0 Provide the following information about the supported organization(s). (III) Type of organization (vi) Amount of (Iv) Is the organization (v) Amount of monetary (i) Name of supported organization (ii) EIN other support (see (described on lines 1-10 listed in your governing support (see instructions) above (see instructions)) document? instructions) (A) (B) (C) (D)

0

(E)

Total

46-5144577 Schedule A (Form 990) 2022 Kiawah Cares Foundation Page 2 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 (d) 2021 (e) 2022 (f) Total (a) 2018 (b) 2019 (c) 2020 Calendar year (or fiscal year beginning in) 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 . . . . . . 0 0 0 0 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) . . . . . . 6 Public support. Subtract line 5 from line 4 Section B. Total Support (a) 2018 (b) 2019 (c) 2020 (d) 2021 (e) 2022 (f) Total Calendar year (or fiscal year beginning in) 0 Amounts from line 4 . . . . . . . . . Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources . . . . . . . . . . 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 0 (Explain in Part VI.) . . . . . . . . 0 Total support. Add lines 7 through 10. . . 12 Gross receipts from related activities, etc. (see instructions) 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 14 0.00% 14 Public support percentage for 2022 (line 6, column (f), divided by line 11, column (f)) . . . . . . . . . . . . . . . . 0.00% 16a 33 1/3% support test-2022. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box b 33 1/3% support test- 021, if the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this

	organization	
	10%-facts-and-circumstances test—2021. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported	
	organization	
3	Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see	
	instructions.	

17a 10%-facts-and-circumstances test—2022. If the organization did not check a box on line 13, 16a, or 16b, and line 14 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

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

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II.)

If the organization fails to qualify under the tests listed below, please complete Part II.)

Sec	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1	Gifts, grants, contributions, and membership fees						
	received. (Do not include any "unusual grants.")	515,485	378,994	225,484	328,129	303,888	1,751,980
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						0
3	Gross receipts from activities that are not an						
3	unrelated trade or business under section 513				4.4	1	0
					-		
4	Tax revenues levied for the					<b>\</b> 1	
	organization's benefit and either paid to				4( )	la control	0
	or expended on its behalf					2	
5	The value of services or facilities				1		
	furnished by a governmental unit to the						0
	organization without charge				200.000	200.000	0
6	Total. Add lines 1 through 5	515,485	378,994	225,484	328,129	303,888	1,751,980
7a	Amounts included on lines 1, 2, and 3			-			_
	received from disqualified persons						0
b	Amounts included on lines 2 and 3				7)		
	received from other than disqualified						
	persons that exceed the greater of \$5,000						
	or 1% of the amount on line 13 for the year		•	100			0
c	Add lines 7a and 7b	0	0	0	0	0	0
8	Public support (Subtract line 7c from	THE RELEASE					
٠	line 6.)		1 11				1,751,980
Sec	ction B. Total Support		V				
	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
	Amounts from line 6	515,485	378,994	225,484	328,129	303,888	1,751,980
9		313,403	370,334	220,404	020,120	000,000	.,,
10a	Gross income from interest, dividends,	•					
	payments received on securities loans, rents,						0
	royalties, and income from similar sources		4				
þ	Unrelated business taxable income (less	4	4				
	section 511 taxes) from businesses		b				
	acquired after June 30, 1975		=				0
C	Add lines 10a and 10b	0	0	0	0	0	0
11	Net income from unrelated business	1					
	activities not included on line 10b, whether	100					
	or not the business is regularly carried on.						0
12	Other income. Do not include gain or	.)					
	loss from the sale of capital assets						
	(Explain in Part VI.)			668	343	335	1,346
13	Total support. (Add lines/9, 10c, 11,						
. •	and 12.)	515,485	378,994	226,152	328,472	304,223	1,753,326
14	First 5 years. If the Form 990 is for the orga				section 501(c)(3)	: <del>`</del>	
	organization, check this box and stop here					. 040 . 20 20 04 04 00	
500	ction C. Computation of Public Su						
				(A) = = = = = = =		15	99.92%
15	Public support percentage for 2022 (line 8, c					16	0.00%
16	Public support percentage from 2021 Sched			* * * * * *		10	0.0070
Sec	ction D. Computation of Investmen					47	0.000/
17	Investment income percentage for 2022 (line					17	0.00%
18	Investment income percentage from 2021 S	chedule A, Part III,	line 17 🚌 .		§ (a)	18	0.00%
19a	33 1/3% support tests—2022. If the organi	zation did not chec	k the box on line 1	4, and line 15 is m	ore than 33 1/3%,	and line 17 is	
	not more than 33 1/3%, check this box and s	stop here. The orga	anization qualifies	as a publicly supp	orted organization.	(6)	6 . GE 52 . X
b	33 1/3% support tests—2021. If the organi	zation did not chec	k a box on line 14	or line 19a, and lin	e 16 is more than 3	33 1/3%, and	
	line 18 is not more than 33 1/3%, check this						
20	Private foundation. If the organization did	not check a box on	line 14, 19a, or 19	b, check this box a	ind see instructions		

### Part IV Suppo

#### **Supporting Organizations**

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

Section A. A	II Sı	pporting	Org	ganizations
--------------	-------	----------	-----	-------------

- 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).
- 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below.
- b Did the organization confirm that each supported organization qualified under section 501(c)(4) (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in **Part VI** when and help the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2) (B) purposes? If "Yes," explain in **Part VI** what controls the organization put in place to ensure such use.
- Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.
- b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in **Part VI** how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in **Part VI**.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).
- Bid the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7?

  If "Yes," complete Part For Schedule L (Form 990).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in **Part VI**.
- b Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in **Part VI**.
- c Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer line 10b below.
  - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

	Yes	No
1		
2		
3a		
3b		
Зс		
4a		
4b		
40		
	1	
4c	-	
72		
5a		
5h		78.
5b 5c		
		20
6		
197		
7	1	W
11.00		
8		
	12.5	
9a		
Q.		
9b		183
9с		
		1-1
10a		
10b		

Part	Supporting Organizations (continued)	_		
		_	Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
a	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and			
	The bolow, and governing body or a deposited disjunction	a	_	
b	A reality mornior of a porton accompany of the second of t	b	_	
C	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide	=		
	Octal In F die VI.	С		
Secti	on B. Type I Supporting Organizations	1	V I	NI -
		-	Yes	NO
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or		11	
	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		er to	
	organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the			
_	Supported organizations and what contained or reduced on, it any, approve to their persons			
2	Did the organization operate for the benefit of any supported organization other than the supported		10	
	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,			
041	superviseu, or controlled the supporting organization.			
Secti	on C. Type II Supporting Organizations	T	Yes	No
	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors		163	140
1	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).			
Sacti	on D. All Type III Supporting Organizations			
Jecu	On D. All Type III Supporting Organizations	T	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	3		
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the	-		
		П		
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			
		:		
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			
Secti	on E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructi	ons	).	
а	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
		unti-	ne!	
C	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see inst	-		
2	Activities Test. Answer lines 2a and 2b below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that those download danatation y and the destrict.	a		
b	Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement,		532	
	one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in			
	Part VI the reasons for the organization's position that its supported organization(s) would have engaged in			
	those detrition but for the organization of the contract of the organization of the or	b		
3	Parent of Supported Organizations. Answer lines 3a and 3b below.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
	trustees of each of the capported organizations. If the of the province and the second	a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each		0.70	
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	b		

•	emergency temporary reduction (see instructions).	6	
7	Check here if the current year is the organization's first as a non-functionally instructions)	int	egrated Type III supporting organization (see

1

2

3

4

5

1 Adjusted net income for prior year (from Section A, line 8, column A)

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

3 Minimum asset amount for prior year (from Section B, line 8, column A)

2 Enter 0.85 of line 1.

4 Enter greater of line 2 or line 3.

5 Income tax imposed in prior year

0

0

0

0

0

Schedule	A (Form 990) 2022 Kiawah Cares Foundation			46-5144577	7 Page <b>7</b>
Part	V Type III Non-Functionally Integrated 509(a)(3	) Supporting Organi	zations (continue	ed)	
Section	on D - Distributions			Curr	ent Year
1	Amounts paid to supported organizations to accomplish exe	empt purposes		1	
	Amounts paid to perform activity that directly furthers exemp				
_	organizations, in excess of income from activity			2	
3	Administrative expenses paid to accomplish exempt purpos	es of supported organiza	ations	3	
4	Amounts paid to acquire exempt-use assets			4	
5		provide details in Part V	()	5	
6				6	
7	Total annual distributions. Add lines 1 through 6.			W.	0
8	Distributions to attentive supported organizations to which t	he organization is respo	nsive 🔈 🧆	N.	
•	(provide details in Part VI). See instructions.		1	8	
9	Distributable amount for 2022 from Section C, line 6			9	0
10	Line 8 amount divided by line 9 amount		4	10	0.000
-	Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributio Pre-2022	ns Distr	(iii) ributable nt for 2022
1	Distributable amount for 2022 from Section C, line 6				0
2	Underdistributions, if any, for years prior to 2022				
	(reasonable cause required—explain in Part VI). See		No.	-	
	instructions.		7		
3	Excess distributions carryover, if any, to 2022		1		
а	From 2017	4 4 4			350.00
b	From 2018	680			
С	From 2019	4 8 4	فيطانان		
d	From 2020				
е	From 2021				
f	Total of lines 3a through 3e	0			
g	Applied to underdistributions of prior years			0	
h	Applied to 2022 distributable amount				0
i	Carryover from 2017 not applied (see instructions)				
	Remainder. Subtract lines 3g, 3h, and 3i from line of	0			
4	Distributions for 2022 from			- 14 10	
	Section D, line 7: \$ 0			والمرابع والما	
а	Applied to underdistributions of prior years			0	
b	Applied to 2022 distributable amount				0
С	Remainder. Subtract lines 4a and 4b from line A.	0			
5	Remaining underdistributions for years prior to 2022, if				
	any. Subtract lines 3g and 4a from line 2. For result	8 11-1 1-1		T 9 1 9	
	greater than zero, explain in Part VI. See instructions.			0	
6	Remaining underdistributions for 2022. Subtract lines 3h			3.00	
	and 4b from line 1. For result greater than zero, explain				
	in Part VI. See instructions				0
7	Excess distributions carryover to 2023. Add lines 3j				
	and 4c.	0			LXIE
8	Breakdown of line 7:				
а	Excess from 2018				I LIE TO
b	Excess from 2019 . 0				
С					I was
d				100	- Illian
е	Excess from 2022				

Schedule A (Fo	orm 990) 2022 Kiawah Cares Foundation		46-5144577	Page 8
Part VI	Supplemental Information. Provide the explanations requ	ired 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	s 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.)		
			4	
			-11	
			-	
	d.	•		
		*		
	e			

# Schedule B (Form 990)

### **Schedule of Contributors**

OMB No. 1545-0047

2022

Department of the Treasury Internal Revenue Service

Name of the organization

Attach to Form 990 or Form 990-PF.

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

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

Employer identification number

46-5144577

Kiawah Cares Foundation	46-5144577
Organization type (check	one):
Filers of:	Section:
Form 990 or 990-EZ	X 501(c)( 3 ) (enter number) organization
	4947(a)(1) nonexempt charitable trust <b>not</b> treated as a private foundation
	527 political organization
Form 990-PF	501(c)(3) exempt private foundation
	4947(a)(1) nonexempt charitable trust treated as a private foundation
	501(c)(3) taxable private foundation
Check if your organization	is covered by the General Rule or a Special Rule.
	)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See
instructions.	
General Rule	
or more (in mone) contributor's total	n filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributions.
Special Rules	
regulations under 16b, and that rece (2) 2% of the amo  For an organization contributor, during literary, or educations.	n described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3 % support test of the sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or ived from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or unt on (i) Form 990, Part VIII line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.  In described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, and purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering
For an organization contributor, during contributions total during the year for General Rule app	instead of the contributor name and address), II, and III.  described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one the year, contributions exclusively for religious, charitable, etc., purposes, but no such an exclusively religious, charitable, etc., purposes, but no such an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the lies to this organization because it received nonexclusively religious, charitable, etc., contributions more during the year
must answer "No" on Part	hat isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line neet the filing requirements of Schedule B (Form 990).

Name of organization
Kiawah Cares Foundation

Employer identification number
46-5144577

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.				
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
1	Exchange Club of Kiawah-Seabrook  130 Gardners Circle PMB-J  Johns Island SC 29455  Foreign State or Province:  Foreign Country:	\$ 20,000	Person X Payroll Noncash (Complete Part II for noncash contributions.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
2	The Peter B and Adeline W Ruffin Foundation  1192 Park Avenue  New York NY 10128  Foreign State or Province:  Foreign Country:	\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)		
(a) No.	(b) Name, address, and ZIP + 4	(c)	(d) Type of contribution		
3	Anonymous  N/A  Foreign State or Province:  Foreign Country:	\$ 5,000	Person X Payroll Noncash (Complete Part II for noncash contributions.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
4	Saunders and Joanne Morton  9 Ocean Course Dr  Kiawah Island SC 29455  Foreign State or Province: Foreign Country:	\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)		
(a) No.	Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
5	Ernst & Young, US LCP  1201 Elm Street Suite 1400  Dallas TX 75270  Foreign State or Province: Foreign Country:	\$5,000	Person X Payroll Noncash (Complete Part II for noncash contributions.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
6	Sig & Anna Weiler 6840 Crystal Springs Rd Bull Valley IL 60012 Foreign State or Province: Foreign Country:	\$21,000	Person X Payroll Noncash (Complete Part II for noncash contributions.)		

Name of organization Employer identification number Kiawah Cares Foundation 46-5144577

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.					
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
7	Kelly Family Foundation KK  215 Ocean Course Dr  Kiawah Island SC 29455  Foreign State or Province:  Foreign Country:	\$5,000	Person X Payroll Noncash (Cumplete Part II for noncash contributions.)			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
88	Charles and Brenda Larsen Family Foundation  10 Terrapin Island Lane  Johns Island SC 29455  Foreign State or Province:  Foreign Country:	\$	Person X Payroli Noncash (Complete Part II for noncash contributions.)			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
9	Stroup Family Fund  119 Middle Farm Road  Wilton CT 06897  Foreign State or Province: Foreign Country:	\$ <u>5,000</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)			
(a)	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
10	Foundation for the Carolinas  2925 Camden Park Place Charlotte NC 28210  Foreign State or Province: Foreign Country:	\$ 10,000	Person X Payroll Noncash (Complete Part II for noncash contributions.)			
(a) No.	Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
11	The MCH Foundation// 2 Juniper Larie  Darien / CT 66820  Foreign State or Province: Foreign Country:	\$ 80,000	Person X Payroll Noncash (Complete Part II for noncash contributions.)			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
12	Fredrick and Martha Eubank II  2145 Malvern Rd  Charlotte NC 28207-2623  Foreign State or Province: Foreign Country:	\$5,000	Person X Payroll Noncash (Complete Part II for noncash contributions.)			

Name of organization

Kiawah Cares Foundation

Employer identification number
46-5144577

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.				
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
13	Jodi & Shree Ramasamy  200 Highland Ave  Ridgewood  Foreign State or Province:  Foreign Country:	\$10,000_	Person X Payroll Noncash (Complete Part II for noncash contributions.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
14	The Central Florida Foundation 800 North Magnolia Ave Ste 1700 Orlando FL 32803 Foreign State or Province: Foreign Country:	\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)		
(a) No.	(b) Name, address, and ZIP + 4	(c)	(d) Type of contribution		
15	William Andrew McKenna  18 Ocean Course Drive  Kiawah Island SC 29455  Foreign State or Province:  Foreign Country:	\$ 5,000	Person X Payroll  Noncash (Complete Part II for noncash contributions.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
16	The Capellas Family Charitable Fund  180 Flyway Dr  Kiawah Island SC 29455  Foreign State or Province: Foreign Country:	\$5,000	Person X Payroll  Noncash (Complete Part II for noncash contributions.)		
(a) No.	Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
17	Gene and Amy Lee Fund  800 North Magnolia Ave Ste 1700  Orlando FL 32803  Foreign State or Province: Foreign Country:	\$5,000	Person X Payroll Noncash (Complete Part II for noncash contributions.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
	Foreign State or Province: Foreign Country:	\$	Person Payroll Noncash (Complete Part II for noncash contributions.)		

Name of organization Kiawah Cares Foundation Employer identification number 46-5144577

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

Name of org				Employer identification number				
	res Foundation	4		46-5144577				
Part III	Exclusively religious, charitable, etc., cor							
	(10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc.,							
	contributions of <b>\$1,000 or less</b> for the year.							
				dolla.)				
(a) No.	Use duplicate copies of Part III if additional s	pace is need	lea.					
from	(b) Purpose of gift	(c	) Use of gift	(d) Description of how gift is held				
Part I	.,,	`						
		4.3.7						
		(e) i	ransfer of gift					
			- 1 a M.					
	Transferee's name, address, and Zi	P+4	Kelationshij	of transferor to transferee				
				/				
	5 D							
(a) No.	For. Prov. Country							
from	(b) Purpose of gift	(c	) Use of gift	(d) Description of how gift is held				
Part I	\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\							
			<b>4</b>					
	(a) Transfer of mitt							
	(e) Transfer of gift							
	Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee							
	Transferee's name, address, and ZI	or transferor to transferee						
		{						
	For Brown Countries	6						
(a) No.	For. Prov. Country	1	1					
from	(b) Purpose of gift	(c	) Use of gift	(d) Description of how gift is held				
Part I		6						
		<u></u>						
		(e) T	ransfer of gift					
	(e) Transfer of gift							
	Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee							
	Transletee's flame, aderess, and El		Relationsin	of transferor to transferee				
	For. Prov. Country							
(a) No.								
from	(b) Purpose of gift	(c	) Use of gift	(d) Description of how gift is held				
Part I								
		(e) Transfer of gift						
		(5)						
	Transferee's name, address, and ZI	P+4	Relationship	Relationship of transferor to transferee				
	Transfero o Traine, address, and Eli	•						
	For Prov. Country							

# SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

# **Supplemental Financial Statements**

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

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

OMB No. 1545-0047

Open to Public Inspection

Ivaille	of the organization		
Kiawa	ah Cares Foundation		46-5144577
Pari	Organizations Maintaining Donor A	dvised Funds or Other Similar Fur	ds or Accounts.
	Complete if the organization answere	d "Yes" on Form 990, Part IV, line 6.	
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		A
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		1-21
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor	or advisors in writing that the assets held in	donor/advised V
	funds are the organization's property, subject to	the organization's exclusive legal control?	Yes No
6	Did the organization inform all grantees, donors	, and donor advisors in writing that grant	unds can be used
	only for charitable purposes and not for the ben	efit of the donor or donor advisor, or for an	y other purpose
	conferring impermissible private benefit?		
Part			
T GI	Complete if the organization answere	d "Yes" on Form 990. Part IV. line 7.	
1	Purpose(s) of conservation easements held by		
•	Preservation of land for public use (for example	e recreation or education) Preservation	of a historically important land area
			n of a certified historic structure
	Protection of natural habitat	Preservatio	II of a certified historic structure
	Preservation of open space	4.4	
2	Complete lines 2a through 2d if the organization	n held a qualified conservation contribution	
	easement on the last day of the tax year.		Held at the End of the Tax Year
а	Total number of conservation easements		2a
b	Total acreage restricted by conservation easem	nents	2b
C	Number of conservation easements on a certific		<u>2c</u>
d	Number of conservation easements included in		
_	on a historic structure listed in the National Reg		2d
3	Number of conservation easements modified, to	rapsferred, released, extinguished, or term	nated by the organization during
_	the tax year	and the least of	
4	Number of states where property subject to con	servation easement is located	Landing of
5	Does the organization have a written policy reg	arding the periodic monitoring, inspection,	Yes No
	violations, and enforcement of the conservation		
6	Staff and volunteer hours devoted to monitoring, ins	pecting, handling of violations, and emorcing c	onservation easements during the year
-		handling of violations, and enforcing conce	nuction oncoments during the year
7	Amount of expenses incurred in monitoring, inspecti	ng, nandling of violations, and emorcing conse	rvation easements during the year
•	Does each conservation easement reported on	line 2(d) above natisfy the requirements of	section 170(h)(4)(B)(i)
8			Yes No
	and section 170(h)(4)(B)(ii)?		
9	balance sheet, and include, if applicable, the te	et of the feetnets to the organization's final	and expense statement and
	organization's accounting for conservation ease		iolal statemente that assemble the
Pari	III Organizations Maintaining Collection	one of Art Historical Treasures or	Other Similar Assets.
ran	Complete if the organization answere	d "Ves" on Form 990 Part IV line 8	
1a	If the organization elected, as permitted under I		statement and balance sheet
Ia	works of art, historical treasures, or other similar	r assets held for public exhibition, education	on or research in furtherance of
	public service, provide in Part XIII the text of the	e footnote to its financial statements that de	escribes these items.
b	If the organization elected, as permitted under f	FASB ASC 958 to report in its revenue sta	tement and balance sheet
D	works of art, historical treasures, or other similar	r assets held for public exhibition, education	on, or research in furtherance of
	public service, provide the following amounts re		,
	(i) Revenue included on Form 990, Part VIII, lir	ne 1	\$
	(ii) Assets included in Form 990, Part X		
2	If the organization received or held works of art.	historical treasures, or other similar asset	s for financial gain, provide the
_	following amounts required to be reported unde	r FASB ASC 958 relating to these items:	Omericania Santi bi Er arrana arra
а	Revenue included on Form 990, Part VIII, line 1		\$
	Assets included in Form 990, Part X		

Par	t III Organizations Maintaining Collect	tions of Art, Histo	rical Trea	asures, or O	ther Similar Asset	s (conti	nued)	
3	Using the organization's acquisition, accession	on, and other records,	check any	of the following	g that make significant	use of it	s	
	collection items (check all that apply):		_					
а	Public exhibition	d	Loan or	exchange prog	ıram			
b	Scholarly research	e	Other					
C	Preservation for future generations		0 . 6			:- D		
4	Provide a description of the organization's co XIII.	ilections and explain n	ow tney tu	rtner the organ	nization's exempt purpo	ose in Pa	art	
5	During the year, did the organization solicit or	r receive donations of	art, historio	cal treasures, c	or other similar ू			
	assets to be sold to raise funds rather than to	be maintained as par	t of the org	anization's col	lection?	Y	es	No
Par	IV Escrow and Custodial Arrangeme	ents.			1.00			
	Complete if the organization answe	red "Yes" on Form !	990, Part	IV, line 9, or	reported an amoun	on Fo	rm	
	990, Part X, line 21.				100			
1a	Is the organization an agent, trustee, custodia	an or other intermedia	y for contr	ibutions or oth	er assets not			
	included on Form 990, Part X?			/	200	Y	es 🔙	No
b	If "Yes," explain the arrangement in Part XIII	and complete the follo	wing table:	- (				
						Amount		
C	Beginning balance				1c			
d	Additions during the year				1d			
e	Distributions during the year				1e			
f	Ending balance				1f			0
2a	Did the organization include an amount on Fo	orm 990, Part X, line 2	1, for esor	ow or custodial	account liability?	Y	es X	No
b	If "Yes," explain the arrangement in Part XIII.					,		
Par	The state of the s	•	11	2				
1 4	Complete if the organization answe	red "Yes" on Form	90 Part	IV line 10.				
			or year	(c) Two years b	ack (d) Three years back	(e) Fo	our years	back
1a	Beginning of year balance	1				1 '		
b	Contributions							
c	Net investment earnings, gains,	49						
•	and losses	. (1 )						
d	Grants or scholarships							
е	Other expenditures for facilities							
	and programs	1						
f	Administrative expenses							
g	End of year balance	0	0			0		0
2	Provide the estimated percentage of the curr	ent year end balance (	line 1g, co	lumn (a)) held	as:			
а	Board designated or quasi-endowment	%						
b	Permanent endowment	<u>%</u>						
С	Term endowment %							
	The percentages on lines 2a, 2b, and 2c sho							
3a	Are there endowment funds not in the posses	ssion of the organization	n that are	held and admi	nistered for the	9	¥ 1	
	organization by:					0-43	Yes	No
	(i) Unrelated organizations					3a(i)	_	
						3a(ii)		
b	If "Yes" on line 3a(ii) are the related organiza					3b		
4 Dor	Describe in Part XIII the intended uses of the		nent tunas	o				
Par	Land, Buildings, and Equipment. Complete if the organization answe		OOA Dort	IV line 11a	See Form 990 Par	t Y line	10	
			T T					
	Description of property	(a) Cost or other basis (investment)		or other basis other)	(c) Accumulated depreciation	(a) D	ook valu	8
40	Land	0		0				0
1a b	Land	0		0	0			0
C	Leasehold improvements	0		0	0			0
d	Equipment	0		0	0			0
e	Other	0		0	0			0
	I. Add lines 1a through 1e. (Column (d) must e		column (E					0

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.	Part VII Investments—Other Securities.	rod "Vos" on Form 990	Part IV line 11h See Form 990 Part X line 12
Cost or end-of-year market value   Cost or end-of-year market value			
2  Closely held equity interests	(including name of security)	(b) Book value	
(A) (B) (C) (C) (C) (C) (C) (C) (C) (C) (C) (C	(1) Financial derivatives	0	
(A) (B) (C) (C) (D) (E) (F) (F) (F) (F) (F) (F) (F) (F) (F) (F	(2) Closely held equity interests	g. 0	
(A) (B) (C) (C) (C) (C) (C) (C) (C) (C) (C) (C	(3) Other		
(E)			
(C) (P)			
(5) (7) (9) (H) Investments—Program Related. Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.  (a) Description of investment (b) Book value (c) Method of valuation: Cost or enci-of-year market value (l) Book value (l) Federal income taxes (l) Federal income taxes (l) Book value (l) Federal income taxes (l) Federal income taxes (l) Book value (l) Federal income taxes (l) Federal income taxes (l) Book value (l) Federal income taxes (l) Federal Income taxes (l) Book value (l) Federal Income taxes (l) Book value (l) Federal Income taxes (l) Federal Income taxes (l) Book value (l) Federal Income taxes (l) Book	(C)		4
(F) (G) (H) Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.)  Part VIII  (a) Description of investment  (b) Book value  (c) Method of valuation: Cost of end-of-year market value  (d) (e) Book value  (e) Method of valuation: Cost of end-of-year market value  (f) (g) (g) (g) (g) (g) (g) (g) (g) (g) (g	(D)		
(6) (H) Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.)  Part VIII Investments—Program Related. Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.  (a) Description of investment (b) Book value (c) Method of valuation: Cost of end-of-year market value  (1) (2) (3) (4) (5) (6) (6) (7) (8) (9) Part IX Other Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.  (b) Book value  (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 13.) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)  Part X Other Liabilities.  (a) Description of liability (b) Book value  (1) Federal income taxes (2) (3) (4)	(E)		1 21
Total, Column (b) must equal Form 990, Part X, col. (B) line 12.)			
Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.)   O			
Part Vill   Investments—Program Related.   Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.			
Complete if the organization answered "Yes" on Form 990, Part IV, Iina 11c. See Form 990, Part X, Iine 13.  (a) Description of investment (b) Book value Cost of end-of-year market value  (1)  (2)  (3)  (4)  (5)  (6)  (7)  (8)  (9)  Total. (Column (b) must equal Form 990, Part X, col. (B) line 13.).  (9)  Part IX Other Assets.  Complete if the organization answered "Yes" on Form 990, Part IV, Iine 11d. See Form 990, Part X, Iine 15.  (1)  (2)  (3)  (4)  (4)  (5)  (6)  (7)  (8)  (9)  Total. (Column (b) must equal Form 990, Part X, col. (B) line 13.).  (9)  Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.).  Part X Other Liabilities.  Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.  1. (a) Description of liability (b) Book value  (1) Federal income taxes  (2)  (3)  (4)		.).	
(a) Description of investment (b) Book value Cost or end-of-year market value  (1) (2) (3) (4) (5) (6) (7) (8) (9)  Part IX Other Assets.  Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.  (a) Description (b) must equal Form 990, Part X, col. (B) line 15.)  (b) Book value  (1) (2) (3) (4) (5) (6) (7) (8) (9)  Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)  Part X Other Liabilities.  Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.  1. (a) Description of liability (b) Book value  (1) Federal income taxes (2) (3) (4)	Complete if the organization answer	red "Yes" on Form 990,	Part IV, line 11c. See Form 990, Part X, line 13.
(2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 13.).  (a) Description (b) Book value (1) (2) (3) (4) (5) (6) (77) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.).  Part X Other Liabilities.  Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 15.  Part X Other Liabilities.  Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.  1. (a) Description of liability (b) Book value (1) Federal income taxes (2) (3) (4)			(c) Method of valuation:
(2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 13.).  (a) Description (b) Book value (1) (2) (3) (4) (5) (6) (77) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.).  Part X Other Liabilities.  Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 15.  Part X Other Liabilities.  Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.  1. (a) Description of liability (b) Book value (1) Federal income taxes (2) (3) (4)	(1)		
(3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 13.).  (a) Description of liability  Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)  (b) Book value  (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.).  Part X Other Liabilities.  Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.  1. (a) Description of liability (b) Book value  (1) Federal income taxes (2) (3) (4)			
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1. (a) Description of liability (b) Book value  (1) Federal income taxes  (2)  (3)  (4)	Complete if the organization answer	red "Yes" on Form 990,	Part IV, line 11e or 11f. See Form 990, Part X,
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(2) (3) (4)		escription of liability	
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(9) Takal (Caluman /h) must agual Form 000. Part X and (P) line 25.)		(P) lino 251	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)  2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the			
organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII.	organization's liability for uncertain tax positions. In Part Alli, provide to	SB ASC 740. Check here if the	e text of the footnote has been provided in Part XIII

Schedu	ule D (Form 990) 2022 Kiawah Cares Foundation	46-5144577	Page 4
Par	Reconciliation of Revenue per Audited Financial Statements With Revenue per	r Return.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.		
1	Total revenue, gains, and other support per audited financial statements	<sub>1</sub> 1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
а	Net unrealized gains (losses) on investments		
b	Donated services and use of facilities		
C	Recoveries of prior year grants		
d	Other (Describe in Part XIII.)		
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:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	1	
b	Other (Describe in Part XIII.)		
С	Add lines 4a and 4b	4c	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	(
Part	XII Reconciliation of Expenses per Audited Financial Statements With Expenses p	er Return.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.		
1	Total expenses and losses per audited financial statements	. 1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
а	Donated services and use of facilities	1994	
b	Prior year adjustments	= 1	
C	Other losses	4.00	
d	Other (Describe in Part XIII.)	535 5	
е	Add lines 2a through 2d	. 2e	(
3	Other (Describe in Part XIII.)  Add lines 2a through 2d.  Subtract line 2e from line 1.  Amounts included on Form 990, Part IX, line 25, but not on line 1:	3	
4			
а	Investment expenses not included on Form 990, Part VIII, light 7b		
b	Other (Describe in Part XIII.)	Control of	
C	Add lines 4a and 4b		(
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	.   5	
	XIII Supplemental Information.		
	de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b		X, line
2; Pa	rt XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional info	ormation.	

Schedule D (Form 990) 2022	Kiawah Cares Foundation	46-5144577	Page 5
Part XIII Suppleme	ental Information (continued)		
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#### **SCHEDULE I** (Form 990)

HTA

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

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

Attach to Form 990.

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

OMB No. 1545-0047 2022

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization Employer identification number 46-5144577 Kiawah Cares Foundation Part I General Information on Grants and Assistance

the selection criteria used to Describe in Part IV the organ	award the grant	s or assistance?.		n en entene de de de de		, and	. X Yes No
Part II Grants and Other	Assistance to	Domestic Orga	nizations and Dom	estic Governmen	ts. Complete if the or cated if additional sp	ganization answer	ed "Yes" on Form
1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) Sea Island Hunger Awareness PO Drawer 268 Johns Island, SC 2945			20,500		$\mathbb{Q}_{\mathbb{Q}}$		Program Sponsorship and Support
(2) Live Oak Church PO Box 122 Johns Island, SC 29457			6,000				Program Sponsorship and Support
(3) Palmetto Project dba Begin with Bo 6296 Rivers Ave Ste 100 North Charle	1		10,000	111.			Program Sponsorship and Support
(4) Reading Partners 6296 Rivers Ave Ste 305 North Charle			20,000				Program Sponsorship and Support
(5) Clemson University 201 Sikes Hall Clemson, SC 29634			21,000				Program Sponsorship and Support
(6) Mt Zion Elementary School 3464 River Rd Johns Island, SC 2945			7,151				Program Sponsorship and Support
(7) St Johns High School 1518 Main Rd Johns Island SC 29455		45	10,000				Program Sponsorship and Support
(8) Angel Oak Elementary School 6134 Chisolm Rd Johns Island, SC 29			174,476				Program Sponsorship and Support
(9) Vision to Learn 101 Ashley Avenue Charleston, SC 29	10	0	5,000				Program Sponsorship and Support
(10)	710						
(11)							
(12)	504( )(0)		Africa Bada d Sadda P	4.4.4.1.			
2 Enter total number of section	1 501(c)(3) and g	overnment organiza	ations listed in the line	i table		8 800	

Enter total number of other organizations listed in the line 1 table For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule I (Form 990) 2022

Schedule I (Form 990) 2022

Schedule I (F	orm 990) 2022					Page à
Part III	Grants and Other Assistance to D	omestic Individu	als. Complete if the	e organization answ	ered "Yes" on Form 990,	Part IV, line 22.
	Part III can be duplicated if additiona					
	(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
1					5.0	1
2						4
3						*
4					V	
5				C		
6				100	0	
7				1111		
Part IV	Supplemental Information. Provide	e the information r	equired in Part I, Iir	ne 2; Pant III, column	(b); and any other addit	onal information.
Part I Line	2 Interested Parties submit a grant applicat	ion via the organizat	ion's website. The org	anization verifies the fo	ollowing:	
(1) Each a	pplicant is an IRS approved 501(c) tax exer	npt organization, (2)	The request to meet	Kiawah Cares Foundat	ion's mission to the	
Sea Island	s is present, (3) Appropriate funding is avai	lable and (4) Gran	equests and services	are not being duplicate	d. Qualified	
applicants	are then either approved or denied. Subsec	quent reporting to lis	wah Cares Foundation	on by the Recipient Org	anization may be	
required a	required and failure to comply prevents approval of fitting insurance is a supplication of the control of fitting insurance is a supplication of fitting insurance in the control of fitting insurance is a supplication of fitting insurance in the control of fitting insurance is a supplication of fitting insurance in the control of fitting insurance is a supplication of fitting insurance in the control of fitting insurance is a supplication of fitting insurance in the control of fitting insurance is a supplication of fitting insurance in the control of fitting insurance is a supplication of fitting insurance in the control of fitting insurance is a supplication of fitting insurance in the control of fitting insurance is a supplication of fitting insurance in the control of fitting insurance is a supplication of fitting insurance in the control of fi					
individuals		J				
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#### SCHEDULE O (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

Kiawah Cares Foundation

### 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

2022

Open to Public Inspection

Employer identification number

46-5144577

Form 990, Part III, Line 1: To improve the quality of life of our Sea Island neighbors on
Johns Island and Wadmalaw Island through community partnerships. Kiawah Cares Foundation
partners with charitable organizations, churches, schools and businesses to address social
issues such as education, employment, health, housing, transportation, exposure to the arts
and recreation, and the needs of seniors and veterans, with a primary focus on eduction and
student support services. This is accomplished through contribution of time, knowledge, and
financial support as well as serving as volunteers, mentors, advisors and sponsors in numerous
opportunities throughout the community. Philanthropy is at the core of those residing on
Kiawah Island, SC and there is abundant desire to aid their neighboring community where
resources are extremely limited.
Form 990, Part III, Line 4a: To improve the quality of life of our Sea Island neighbors on
Johns Island and Wadmalaw Island through community partnerships. Klawah Cares Foundation
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Kiawah Island, SC and there is apundant desire to aid their neighboring community where
resources are extremely limited.
Form 990, Part VI, Section 8, Line 11B: All Board members review the Form 990 tax return
before it is filed.
Form 990, Part VI, Section B, Line 12C: A review of each transaction by the Director and
President are performed to ensure there are no conflicts of interest.
Form 990, Part VI, Section C, Line 18: Available via Organization's website.

Form 990, Part VI, Section C, Line 19: Governing documents are made available upon request.

Schedule O (Form 990) 2022	Page <b>2</b>
Name of the organization	Employer identification number
Kiawah Cares Foundation	46-5144577
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