

# 2023 Accommodations Tax Funds Request Application

**Organization Name:** The Outside Foundation

**Project/Event Name:** Environmental Sustainability

## Executive Summary

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

The Outside Foundation is seeking \$60,000 in ATAX grant funding to expand our local environmental sustainability impact projects. We seek this funding to support our projects directed at preserving and protecting our local environment. We plan to enhance our educational outreach to tourists and visitors seeking to participate in any one of many ecotourism projects we offer: (1) waterway, beach, and park clean ups and #EARTHDAYHHI event, (2) an annual water festival, (3) our oyster shell recycling and bed restoration project, and (4) our Multi-day Lowcountry Boil Paddle Battle Event and Pinkney Island Wildlife Refuge Litter and Marine Debris sweep.

HHI prides itself in being a “world-class resort” with conservation written into it’s DNA. This nature-first mindset and emphasis on ecologically responsible development has drawn visitors and tourists to our beaches from all over the US and world for over 50 years. For the past 43 years, our founding company, Outside Hilton Head, has offered tourists opportunities to interact with, interpret, learn about, and appreciate the natural environment here on HHI through boat and kayak based programs. “Eco-tourism” is now one of the fastest growing sectors in the travel industry. In 2014 the non-profit Outside Foundation was created to continue, and expand, opportunities for children and their families to experience and enjoy nature, and to develop a sense of lasting environmental stewardship.

The Outside Foundation’s work directly enhances the visitor’s experience on this

island by ensuring that our local waterways, beaches, and parks remain clean and free of litter, and by providing opportunities to engage in activities which directly protect and preserve our local environment. Our beach, park, and waterway clean ups, and #EARTHDAYHHI event, provide accessible and ideal opportunities for locals, tourists, and visitors of all ages to join in and make a difference in keeping our environment clean and protecting local wildlife.

Our annual water festival was created to celebrate the deep respect locals and visitors alike have for the natural beauty of HHI and the common desire for sustainability of our pristine waterways and beaches. This year's water festival welcomed 20 local non-profits and organizations whose work and missions are focused on environmental education and protection.

Our "Community-based Oyster Shell Recycling and Bed Restoration" project was created in 2018 to capture a valuable natural resource, shucked oyster shell, to divert this shell away from our local landfill, and to use this shell to create "living shorelines" along HHI waterways. This first-ever project saw the establishment of a shell quarantine site and participation from 15 local restaurants. In just over 4 years we have collected over 100 tons of shell, over 1300 volunteers have helped fill 6481 bags with shell, and we have partnered with the SCDNR to use 5500 of these bags to construct 12 oyster reef along the shorelines of HHI. This past summer we began a multi-year project to protect the vulnerable shoreline along the 18th fairway of the Harbortown golf links by creating three new reefs using 1700 bags of shell.

In 2018 we began to capture shell at the annual HHI Oyster Festivals. At the past 4 festivals we have captured 15.5 tons of shucked shell for recycling, every bit of which would have ended up in the landfill. Now, it will help build new oyster reef habitat and stabilize our local shorelines. During the summer of 2022 we joined the SC Department of Natural Resources to construct 5 oyster reefs, using 2800 bags of locally recycled oyster shell. In one year, just 100 bags of shell will provide an attachment site for over 10,000 larval oysters. These reef will provide shoreline stabilization by slowing erosion from boat wake, filter our water, and create a habitat for larval fish, shrimp, and crab (over 120 species). We strongly feel this project operationalizes the Town's vision of "living shorelines" by investing in nature-based infrastructure to combat shoreline erosion and the impacts of climate change.

On April 22, 2022 we invited all HHI residents and visitors to participate in the 2nd annual #EARTHDAYHHI. 499 volunteers participated in the litter sweep which covered all 12 miles of local beach collecting 127 bags of trash (758 pounds).

20 local hotels, groups, and organizations gathered their volunteers for this “call to action.” Our goal was to not only clean the beaches but also to draw attention to the amount of litter that accumulates on our world class beaches. We are committed to make this an annual event.

In just 8 years The Outside Foundation as made quite an impact. The programs we provide leadership to include: “Kids in Kayaks” - a kayak-based program for local middle schools (over 5700 local 7th graders have participated in this program), and the “Learn to Paddle” kayaking and paddleboarding (over 370 Boys & Girls Club members). This past summer we began a paddle board "team" to encourage boys and girls from our local club to not only learn paddle skills and safety, but to also welcome them to join in at the Paddle Battle event in September.

Over the past 8 years we have hosted 92 beach, park, and waterway clean ups, with over 2700 volunteers participating, and more than 9.1 tons of trash and marine debris cleaned up. Our 2022 6th Annual “Keep the Broad Creek Clean” Water Festival brought together 20 environmentally-focused organizations and non-profits for an afternoon of hands-on and interactive nature displays, recycling information, an oyster reef build, eco-arts and crafts, salt marsh and other critters, and information on plastic-free environmental awareness, and wildlife protection.

From September 9th through the 11th this year we will invite visitors and locals to participate in the 4th Annual “Olukai Lowcountry Boil Paddle Battle” event. Over the three day event we expect to welcome over 500 tourists and visitors to our island. On the final day we will partner with three other local environmentally-focused nonprofits to remove marine debris and trash from Pinkney Island Wildlife Refuge and the surrounding shorelines.

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

The Town of HHI’s 2020-2040 “Our Plan” states that the environment and sustainability are the foundational values of our Island community, reminding all of us that Ecotourism could be, and should be, the future of HHI tourism. The Outside

Foundation's environmental sustainability impact programs are directed at protecting and preserving our local environment and uniquely aligned to deliver the Town of HHI's "healthy, sustainable environment" vision.

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

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



# 2023 Accommodations Tax Funds Request Application

Date Received: 08/31/2022	Time Received: 10:13 AM	By: Online Submittal
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*Applications will not be accepted if submitted after 4 pm on September 2, 2022*

## A. SUMMARY OF GRANT REQUEST:

**ORGANIZATION NAME:** The Outside Foundation

**Project/Event Name:** Environmental Sustainability

Contact Name: Dr. Jean Fruh Title: Executive Director

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

Email Address:

jean@outsidefoundation.org

Contact Phone: 304-642-1820

Event Date: January 1, 2023

Event Location: Hilton Head Island  
beaches, waterways and parks

**Total Budget:** \$180,000.00

**Grant Requested:** \$60,000.00

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

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

which provide participants of all ages with direct ways in which they can learn about, engage in, and help sustain our environment.

How does the organization/event either drive tourism to Hilton Head Island or enhance the visitor experience on Hilton Head Island? How is this impact being measured? (100 words or less)

TOF provides opportunities for people to become environmental stewards. Cleanups provide ideal opportunities for visitors to keep our environment clean and protect local wildlife. Our annual water festival was created to celebrate the deep respect locals and visitors alike have for the natural beauty of HHI and the common desire for sustainability of clean waterways. Our shell recycling program partners with 13 local restaurants to ensure sustainability of our oyster population. The Paddle Battle is a multiday event attracting competitors/visitors from the Southeast. Our impact is measured in the number of visitors who engage in any of these programs.

A. Total Number of Physical Tourists Served: 1688

*A Tourist is considered a non-resident, traveling more than 50 miles to the Town of Hilton Head Island.*

B. Total Number of Physical Visitors Served: 533

*A Visitor is considered a non-resident, who travels 50 miles or less to visit the Town of Hilton Head Island.*

C. Total Number of Physical Residents Served: 4723

*A Resident is considered any person who claims their property address within the limits of the Town of Hilton Head Island as their primary residence.*

D. Total Number of Physical Patrons Served (A+B+C=D): 6944

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

2021-22 HHI Oyster Festivals ticket sales; attendance at annual water festival; sign-ins at beach, waterway, and park clean ups (including the 2022 #EARTHDAYHHI event); sign-ins at shell bagging and oyster reef building events; attendance at the Page Island Oyster Roast and Olukai Lowcountry Boil Paddle Battle events. These totals do not include the number of competitors, visitors, and tourists who are scheduled to attend the 3 days of the 2022 OluKai Lowcountry Boil Paddle Battle and Pinckney Island Wildlife Refuge litter sweep scheduled for September 9-11.

## B. DESCRIPTION OF OPERATIONS:

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

The Outside Foundation (TOF) was formed in 2014 with a mission to get kids outside and to preserve and protect our local environment. Consistent with the guiding principles of its founding company, Outside Hilton Head, TOF seeks to provide to visitors and locals outdoor experiences that will have a positive impact by creating awareness, expanding knowledge, and developing responsible understanding of nature and the local environment. With the goal to foster the development of environmental stewardship TOF's focus is threefold: education, involvement, and empowerment. Our programs focus on our two most valuable resources: our children and our local environment. Our programs include: "Kids in Kayaks" with 7th graders, "Learn to Paddle" kayaking and paddle boarding and with the Boys & Girls Clubs, beach, park, and waterway cleanups, #EARTHDAYHHI, an annual water festival, and a "Community-based Oyster Shell Recycling and Bed Restoration" project. In just 8 short years we have provided environmental immersion experiences for over 5700 local youth and engaged over 1800 volunteers to remove 9.1 tons of trash from our local parks, beaches and waterways. In just four years our oyster shell recycling programs has partnered with 13 local restaurants, and the HHI Oyster Festival, to capture over

100 tons of shucked shell. 822 volunteers have filled over 6000 bags with shucked shell and, to date, and helped build 12 reef along the shorelines of HHI. Every one of our programs helps sustain the remarkable natural beauty that so many tourists and visitors travel to HHI to enjoy.

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

The Outside Foundation is requesting \$60,000 in The Town of HHI ATAX funds to be used for:

**A contract to provide website enhancement and increased marketing** directed at focused digital, radio, social and print media advertising. Funding would also be used to develop and purchase educational rack cards and signage at local businesses, as well as table tents and flyers at local restaurants. **\$6000 is requested for this purpose.**

**Beach/Park/Kayak Based Cleanups and #EARTHDAYHHI**

**(\$5000)** \$1000 Print Advertising \$2000 Digital Magazine Advertising \$1250 Social Media Advertising \$750 TOF Marketing Employee Compensation

**5th Annual "Keep the Broad Creek Clean" Water Festival (\$5000)**

\$1000 Print Advertising \$2000 Digital Magazine Advertising \$1250 Social Media Advertising \$750 TOF Marketing Employee Compensation

**"Community-based Oyster Shell Recycling and Bed**

**Restoration" project (\$5000)** \$1000 Print Advertising \$2000 Digital Magazine Advertising \$1250 Social Media Advertising \$750 TOF Marketing Employee Compensation

**2023 Paddle Battle event (\$20,000)** \$8000 out-of-market print ad buys including paddling and destination magazines; \$5000 - social media marketing; \$5000 event signage and local marketing materials; \$2000 event website and graphic design

Funds would be used to support and grow our community-based oyster shell recycling and bed restoration project allowing the program to increase the amount of shell that can be captured from local restaurants and oyster roasts. \$20,000 is requested for this as below:

**"Community-based Oyster Shell Recycling and Bed Restoration" project (\$20,000)** \$18,000 shell hauling fees for 13 local seafood restaurants twice weekly pick ups for 1 year; \$2000 TOF Programs Manager Compensation

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

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

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

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

According to survey research by the HHI Chamber of Commerce, nature-based tours, bicycling, kayaking, paddleboarding, fishing, boat-based ecotours, and access to world-class beaches are some of the most popular reasons visitors and tourists choose HHI and keep returning year after year. In order to sustain a healthy environment for these activities more support must be provided to those activities which directly impact environmental sustainability. 13 local seafood restaurants, including those within the SERG and CRAB groups, have partnered with us for shell recycling through a mutual understanding of oyster reef as the keystone of the local seafood industry.

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

- |  |             |
|--|-------------|
| <p>1 - Destination Advertising/Promotion<br/> <i>Advertising and promotion of tourism so as to develop and increase tourist attendance through the generation of publicity.</i></p>  | <p>20 %</p> |
| <p>2 - Tourism-Related Events<br/> <i>Promotion of the arts and cultural events.</i></p>   | <p>42 %</p> |
| <p>3 - Tourism-Related Facilities<br/> <i>Construction, maintenance and operation of facilities for civic and cultural activities including construction and maintenance of access and other nearby roads and utilities for the facilities.</i></p>  | <p>0 %</p>  |
| <p>4 - Tourism-Related Public Services<br/> <i>The criminal justice system, law enforcement, fire protection, solid waste collection and health facilities when required to serve tourists and tourist facilities. This is based on the estimated percentage of costs directly attributed to tourist. Also includes public facilities such as restrooms, dressing rooms, parks and parking lots.</i></p> | <p>0 %</p>  |

5 - Tourist Public Transportation <i>Tourist shuttle transportation.</i>	0 %
6 - Waterfront Erosion/Control/Repair <i>Control and repair of waterfront erosion.</i>	38 %
7 - Operation of Visitor Information Centers <i>Operating visitor information centers.</i>	0 %
<b>Total:</b>	<b>100 %</b>

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

Much of the success of The Outside Foundation, as a very young and small grassroots non-profit, can be directly attributed to the numerous partnerships formed over the past 8 years as well as the enormous number of volunteers, including tourists, part-time visitors and residents, and locals.

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

For our beach, park, and waterway clean ups we partner with Beaufort County Public Works, Town of Bluffton, Town of HHI, Outside HHI, and "Turtle Tracker" groups, as well as numerous small businesses whose employees want to give back. Our 2nd Saturday of every month "plogging" events are an example - we partner with Palmetto Running Company, to host beach and park clean ups, inviting volunteers to jog or walk and pick up trash. This past April our 2022 #EARTHDAYHHI event gathered 499 island residents and visitors to clean up the 12 miles of beachfront. We recieved a tremendous amount of support from our local Chamber of Commerce, Town of HHI, Beachfront Hotels, Turtle Tracker Groups, and

community volunteers.

Our annual water festival happens with the participation of over 20 local organizations, all focused on protecting our local environment and educating visitors and locals about our wildlife.

7. Additional comments. (250 words or less)

To the best of our knowledge no other groups here on HHI are regularly organizing and conducting as many beach, park, and kayak-based waterway clean ups as we do, involving over 1700 volunteers in a span of 8 years to remove 9.1 tons of trash from the local environment. Our annual water festival is the only event of its kind here on HHI and in 2022 attracted over 400 participants. To celebrate #EARTHDAYHHI this past April we organized an island-wide litter sweep with 499 volunteers participating. Our "Community-based Oyster Shell Recycling and Bed Restoration" project has diverted over 100 tons of shell from the local landfill, every bit of the shell will stay right here on HHI to build reef. At the 2021-22 HHI Oyster Festivals we captured 4.1 tons of shell. Our program has received attention from the PEW Trust as a "model" program for environmental sustainability along the Southeastern coast. We engage locals and visitors, over 800 to date, in both bagging and reef building events. We have already constructed 12 reefs along the HHI shorelines. Future builds will target reef constructions include extending the 1700 bag reef along the 18th fairway of Harbortown Golf Course and other erosion prone shorelines on HHI. Each of these projects creates a "living shoreline" through investment in nature-based infrastructure - our very own recycled oyster shells. As such, these reefs will greatly decrease the amount of rock needed to be purchased to stabilize the shorelines.



This in turn saves tax payers money.

**C. FUNDING:**

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

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

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

_____	Government Sources	_____	Private Contributions, Donations and Grants
		59	
_____	Corporate Support, Sponsors	_____	Membership, Dues, Subscriptions
41	Ticket Sales, or Sales and Services	_____	Other

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

Yes  X  No  \_\_\_

If so, please list top 3 sources and amounts.

Beaufort County Public Works Grant	\$1,000.00
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## D. FINANCIAL INFORMATION:

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Fiscal Year Disclosure: Start Month: January 2021 End Month: December 2021

### Financial Statement Requirements:

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

Budget Years Provided:

2023

2. The previous two years and current year **profit and loss reports** for the organization.

Profit and Loss Years Provided:

2021

2020

3. The previous two years and current year **balance sheets**.

Balance Sheet Years Provided:

2021

2021

2022

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

IRS Form 990 or 990T Years Provided:

2020

2019

2021

## E. FINANCIAL GUARANTEES AND PROCEDURES:

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

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

2. Indicate whether your organization follows Town procurement guidelines or has its own procurement guidelines which are utilized and followed in the expenditure of ATAX grant funds.
  - Follow Town procurement guidelines
  - Utilize and follow organization's own procurement guidelines
  - Our organization does not have or follow procurement guidelines

## F. MEASURING EFFECTIVENESS:

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If you received 2021 or 2022 HHI ATAX funds

1. List any ATAX award amounts received in 2021 and/or 2022.

2019	\$8,500.00	TOF ATAX Application - Clean Water Events
2021	\$10,367.00	Environmental Sustainability
2021	\$20,000.00	Paddle Battle Event - Out-of-Cycle Award
2022	\$34,400.00	Environmental Sustainability

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

**Of the total of \$34,400 approved we were able to spend \$16,450.02 (thru Q2):**

**Beach, Park, Waterway Clean Ups, #EARTHDAYHHI** - 17 events, 764 volunteers, removed 1.3 tons of marine debris/litter. **Dest Advert/Promo: \$4461.16 Marketing Services: \$250 Total = \$4711.16**

**5th Annual "Keep the Broad Creek Clean" Water Festival and Oyster Reef Build** - August 18th. Harbortown reef build: 40 volunteers, 7 hours, 1000 bags of recycled oyster shell placed. Water Festival at Shelter Cove Community Park: 412 attendees (zip codes collected: 215 tourists, 65 visitors, 132 local) **Dest Advert/Promo: \$900.50 Marketing Services \$250 Total = \$1150.50**

**Oyster Shell Recycling Project - Page Island Oyster Roast Event** - February 27th, 2022 250 attendees (zip codes collected 55 tourists, 65 visitors, 130 local) 1200# shell recycled. **Dest Advert/Promo: \$4947.41 Marketing Services: \$250 Total = \$5197.41**

**2022 Paddle Battle Event- September 9-12, 2022.** Spending so far: **Dest Advert/Promo: \$14.95 Marketing Services: \$0 Total = \$14.95** (2021 Paddle Battle 200 attendees, 125 tourists, 25 visitors, 50 local)

**"Community-based Oyster Shell Recycling and Bed Restoration" Project** YTD 15.5 tons of shell collected from restaurants, 1.3 tons of shell from community oyster roasts, 1181 bags filled with recycled shell, 5 reef build, 322 volu

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

Every program The Outside Foundation sponsors has a direct impact on the overall health of our surrounding environment and, as such, enhances the visitor's experience. Our beach, park, and waterway cleanups, and #EARTHDAYHHI event, provide accessible opportunities for locals and visitors of all ages to engage in tangible

experiences to protect and preserve our local environment. According to survey research by the HHI Chamber of Commerce several of the top reasons visitors and tourists choose Hilton Head Island as a vacation destination is to enjoy the pristine beaches, clean waters, and outdoor activities. Our oyster shell recycling program extends the SC Department of Natural Resources work into our community and has the potential to significantly impact sustainability of our local oyster population, stabilization of our shorelines, and clean water to be enjoyed by all. Our oyster shell program is supported by two of the largest restaurant groups on the island: SERG and CRAB. Our annual water festival attracts locals and visitors and is the first of its kind on HHI. The festival is supported by 20 environmentally focused non-profits and organizations, each providing hands-on educational exhibits for attendees of all ages to enjoy and learn from.

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

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

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

For our Oyster Shell Recycling and Bed Restoration Program, we partner with i2 Recycle for shell pickup at restaurants. The shell is weighed upon pickup and weights are recorded for each restaurant. TOF receives a summary report. Currently, 12 seafood restaurants are

enrolled for weekly pickups, We also capture shell at 3-5 local oyster roasts each year. From 2018-2022 in partnership with Island Rec, we have captured 15.5 tons of shucked shell from the HHI Oyster Festivals (estimated 4500 attendees).

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

Signature: Jean Fruh

Title/Position: Executive Director

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

Email Address: [jean@outsidefoundation.org](mailto:jean@outsidefoundation.org)

Office Phone Number: 304-642-1820

Home Phone Number: 304-642-1820

# ATAX EFFECTIVENESS MEASUREMENT

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

TOPIC	THE PLAN	BUDGET	ACTUAL SPENT	RESULTS <span style="float: right;"><i>When possible, provide planned results vs. actual results, and/or current year vs. prior year results.</i></span>
Beach, park, waterway clean ups/litter sweeps  #EARTHDAYHHI event	Advertise and partner with local hotels, Turtle Trackers, small businesses, Rotary, Scout Troops, Town of HHI, CoC HHI/Bluffton to increase visibility and awareness	\$ 4,000.00	\$ 4,711.16	17 events, 764 volunteers, 42 hours (18,531 volunteer hours) removed 1.3 tons of marine debris/litter from our local beaches, parks, and waterways
<b>Total</b>		<b>\$ 4,000.00</b>	<b>\$ 4,711.16</b>	

5th Annual "Keep the Broad Creek Clean" Water Festival	Advertising and promotion to target volunteers and festival attendees- locals, visitors, and tourists - to educate about the importance of keeping our local waterways clean and protecting the diverse wildlife who call these waterways home	\$ 2,000.00	\$ 1,150.50	Water Festival at Shelter Cove Community park welcomed 412 attendees and featured 20 local environmentally focused non-profits and businesses; Harbortown reef build - 40 volunteers, 7 hours, 1000 bags of locally recycled oyster shells placed to protect the 18th fairway of the world famous golf links course
<b>Total</b>		<b>\$ 2,000.00</b>	<b>\$ 1,150.50</b>	

2021 OluKai Lowcountry Boil Paddle Battle Event and Pinkney Island Wildlife Refuge litter sweep	Advertising and promotion to target watersports athletes and top paddle boarding, kayaking, and Surf Ski paddlers from the SE Coast, Mid-Atlantic regions, and locally during the "shoulder season" of September on HHI	\$ 20,000.00	\$ 6,047.41	141 paddlers registered, 83 tourists from over 50 miles away (many were first time visitors to HHI) competed in the first class paddle board/kayak/Surf Ski event. Our event was the #1 event in terms of attendance as part of The Southern Stroke Paddle Series; 100 volunteers helped remove 1450 pounds of litter and marine debris from the Pinkney Island Wildlife Refuge park and shoreline.
<b>Total</b>		<b>\$ 20,000.00</b>	<b>\$ 6,047.41</b>	

Oyster Shell Recycling and Reef Building Project/Page Island Oyster Roast - February 27, 2022	Advertising and promotion to raise awareness and educate locals, visitors, and tourists about the need to capture and recycle shucked oyster shell for use in building oyster reef (living shorelines) on HHI	\$ 2,000.00	\$ 5,197.41	250 attendees at the Page Island Oyster Roast (120 were visitors or tourists) 1200 pounds of oyster shell recycled
<b>Total</b>		<b>\$ 2,000.00</b>	<b>\$ 5,197.41</b>	

Recycled shell collected from 13 local restaurants	To divert shucked oyster shells from being sent to our local landfill and increase the capture amount for use in constructing new reef (living shorelines) to protect the vulnerable shorelines of HHI	\$ 6,400.00	\$ 5,376.00	YTD we have captured 15.5 tons of shell for recycling from 13 local restaurants and another 1.3 tons from the 2021 HHI Oyster Festival and other community oyster roasts, 322 volunteers helped fill 1181 bags with shell and build 5 reef, contributing 14,812 volunteer hours
<b>Total</b>		<b>\$ 6,400.00</b>	<b>\$ 5,376.00</b>	

Total Budget to Actual	\$ 34,400.00	\$ 22,482.48	
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# **The Outside Foundation Board of Directors Meeting**

**August 3, 2022 5pm**

**via Zoom**

## **Attendees:**

Ms. Denise Spencer, Chair

Mr. Mike Overton, Vice-Chairman

Mr. Brian Kinard, Treasurer

Dr. Jean Fruh, Executive Director

Ms. Melissa Krauss

Mr. Michael Cerrati

## **Absent:**

Dr. John Batson

1. Chair Denise Spencer called the meeting to order at 5:05pm.

2. Treasurer Brian Kinard presented the 2Q 2022 Financial statement for review and asked if any Board members had questions. Treasurer Kinard noted that in an exceptionally challenging year for giving TOF did receive a \$30,000 cash donation from the Ginn Family Foundation (Sam Ginn Boyd is a local resident). M. Cerrati asked about the donors and J. Fruh explained Sam Ginn Boyd's relationship with Outside Hilton Head and The Outside Foundation. All 3 Boyd children are graduates of the "Kids in Kayaks" program.

3. Treasurer Kinard presented the proposed 2023 Budget to the Board and asked for questions. Hearing no questions Treasurer Kinard asked for a motion to approved - M. Cerrati motion, M. Krauss second. The proposed 2023 Budget was approved unanimously.



4. Executive Director J. Fruh discussed the Foundation's 2023 application process for ATAX funding. M. Krauss asked if the process was entirely a written application. J. Fruh responded that the application process begins with a required workshop. Once written applications are submitted, organizations who qualify are scheduled for a presentation in front of the Town of HHI ATAX Commission. J. Fruh emphasized the importance of having Board members in the audience for this presentation as a show of support. Motion to approve grant app B. Kinard, 2nd M. Krauss. Approved unanimously.


5. J. Fruh presented a proposed 2022/23 TOF BOD meeting and event calendar to be shared across a Google calendar platform. All members will be invited to view and suggest edits. J. Fruh will be solely in charge of edits.

J. Fruh mentioned that the next meeting of the BOD will take place on August 25th at 5pm. She reminded those present of the term limits for Board members and that in 2024 two members of the current Board will rotate off. ED Fruh asked each current member to be thinking about Board needs and community members who might fill those needs, either by service on a committee and/or as a volunteer, as a way to vet potential Board members.

6. At 5:30pm Chair Spencer asked for a motion to adjourn the meeting. M. Krauss motioned, M. Cerrati, second. The motion was approved unanimously.

Respectfully submitted,

J. Fruh

**From:** Jean Fruh jfruh24@gmail.com   
**Subject:** QR Code  
**Date:** August 26, 2022 at 10:13 AM  
**To:** jfruh24@gmail.com



THE  
**outside**  
FOUNDATION

EVENT  
CHECK IN

## The Outside Foundation Event Check-in

Your check in helps us get funding to help further TOF's Mission!

By filling out this form you are consenting to be added to our mailing list.

 caitlin@outsidefoundation.org (not shared) [Switch account](#)



\* Required

First Name

Your answer

Last Name

Your answer

Email \*

**TOF BUDGET 2023**

<b><i>Line #</i></b>	<b><i>Revenue</i></b>	<b><i>Projected</i></b>
4022	<b>Grants</b>	\$85,000.00
4023	<b>Donations</b>	\$20,000.00
4028	<b>Fundraisers</b>	\$75,000.00
	<b>Total =</b>	<b>\$180,000</b>

<b><i>Line #</i></b>	<b><i>Expense:</i></b>	<b><i>Projected amount:</i></b>
5010	<b>Marketing/Promotions</b>	\$25,000.00
5040	<b>Development Manager</b>	\$10,000.00
5040	<b>Marketing - Contract Labor*</b>	\$8000.00
5070	<b>SC Sec State - Dues/License Town of HHI</b>	\$210.00
5078	<b>Customer Relationship Management (CRM) software</b>	\$3800.00
5080	<b>Insurance - Liability</b>	\$700.00
5080	<b>Event/Alcohol Liability Ins</b>	\$300
5110	<b>Printing</b>	\$400.00
5120	<b>Office Supplies</b>	\$300.00
5140	<b>Tax Prep/Bookkeeping</b>	\$2000.00
	<b>Website Hosting/Mailboxes</b>	\$180.00
5145	<b>KnK Program Guides</b>	\$5800.00
5145	<b>Boys &amp; Girls Club</b>	\$2400.00

5145	<b>Scholarships “K in K”</b>	\$12,000.00
5145	<b>Fundraiser Costs</b>	
	<b>Page Island</b>	\$12,000.00
	<i>In Kind: transportation - Vagabond</i>	\$7500.00
	<i>transportation - OB</i>	
	<i>6 attains, 7 boats</i>	
	<i>Page Island Prep - OB</i>	\$4677.00
	<b>Olukai Paddle Battle</b>	\$12,000.00
5145	<b>Scientific Supplies</b>	\$300.00
5145	<b>Misc Supplies</b>	\$150.00
5150	<b>Postage</b>	\$100.00
5152	<b>i2 Recycle - General Recycling</b>	\$3000.00
5152	<b>i2 Recycle - Oyster Shell Recycling</b>	\$24,000.00
5200	<b>Ex Dir Salary</b>	\$35,000.00
5205	<b>Programs Director**</b>	\$10,000.00
5230	<b>Payroll Taxes/Withholding</b>	\$8500.00
	<b>TOF Logo products (hats)</b>	\$850.00
	<b>Conferences/Reg Fees</b>	\$300.00
	<b>Water Festival</b>	\$100.00
5160	<b>Rent - Storage Facility</b>	\$2000.00
	<b>Membership Fees (SAMs Club)</b>	\$45.00
	<b>Meeting Expense</b>	\$85.00
	<b>Total Expenses =</b>	<b>\$179,520</b>

THE OUTSIDE FOUNDATION  
STATEMENT OF REVENUE AND EXPENSES - CASH BASIS  
FOR THE SIX MONTHS ENDED JUNE 30, 2022

	Current			Year To Date		
	Actual	Last Year	Ly-Var	Actual	Last Year	Ly-Var
<b>REVENUE</b>						
4020 SALES-LOGO ITEMS ETC.		\$ 768	\$ (768)	\$ 75	\$ 978	\$ (903)
4022 GRANTS RECEIVED	\$ 11,933	1,484	10,449	25,903	18,404	7,499
4023 DONATIONS RECEIVED	38,709	6,046	32,663	50,645	7,566	43,079
4028 FUND RAISING EVENTS	1,911	3,482	(1,571)	52,898	3,932	48,967
* TOTAL REVENUE	52,553	11,780	40,773	129,521	30,880	98,642
<b>COST OF SALES</b>						
4520 PURCHASES-LOGO ITEMS ETC	179	2,143	1,964	179	2,143	1,964
* TOTAL COST OF SALES	179	2,143	1,964	179	2,143	1,964
* GROSS PROFIT	52,374	9,637	42,737	129,343	28,736	100,606
<b>OPERATING EXPENSES</b>						
5010 ADVERTISING AND PROMOTION	6,909	2,761	(4,148)	10,785	3,312	(7,472)
5030 BANK SERVICE CHARGES	52	26	(25)	52	26	(25)
5040 CONTRACT LABOR	6,250	3,515	(2,735)	13,940	7,165	(6,775)
5055 DEPRECIATION EXPENSE	166	400	234	332	800	468
5070 DUES AND LICENSES	214	342	128	366	342	(24)
5078 FUNDRAISING EXPENSE	1,669	482	(1,187)	13,427	482	(12,946)
5080 INSURANCE-LIABILITY	(558)		558	998	698	(300)
5105 MANAGEMENT CHARGES		213	213		213	213
5107 MEETING EXPENSE	247		(247)	247		(247)
5110 PRINTING				54		(54)
5120 OFFICE SUPPLIES	359	278	(81)	409	278	(131)
5130 OPERATING SUPPLIES		150	150		237	237
5140 PROFESSIONAL SERVICES	1,100	725	(375)	1,525	1,100	(425)
5145 PROGRAM EXPENSES	3,369	4,016	646	8,997	7,550	(1,447)
5150 POSTAGE AND SHIPPING	12	11	(1)	23	23	
5152 RECYCLING SERVICES	1,534	886	(648)	2,126	1,414	(712)
5160 RENT - PREMISES	378	336	(42)	756	627	(129)
5200 SALARIES-EXECUTIVE						
DIRECTOR	18,750	6,250	(12,500)	30,417	12,500	(17,917)
5205 SALARIES-OTHER	2,340	1,400	(940)	3,220	3,700	480
5230 TAXES - PAYROLL	2,270	654	(1,616)	3,069	1,245	(1,824)
5240 TAXES - OTHER					52	52
5260 TRAVEL	51		(51)	51		(51)
5265 UNIFORM EXPENSE	245	113	(132)	245	113	(132)
* TOTAL OPERATING EXPENSES	45,356	22,557	(22,799)	91,038	41,877	(49,161)
* NET OPERATING INCOME (LOSS)	7,018	(12,920)	19,939	38,305	(13,140)	51,445
<b>OTHER INCOME</b>						
9610 INTEREST		(15)	(15)		(26)	(26)
* TOTAL OTHER INCOME	0	(15)	(15)	0	(26)	(26)

NO ASSURANCE IS PROVIDED ON THESE FINANCIAL STATEMENTS

THE OUTSIDE FOUNDATION  
 STATEMENT OF REVENUE AND EXPENSES - CASH BASIS  
 FOR THE SIX MONTHS ENDED JUNE 30, 2022

	Current			Year To Date		
	Actual	Last Year	Ly-Var	Actual	Last Year	Ly-Var
* NET INCOME (LOSS)	7,018	(12,905)	19,924	38,305	(13,114)	51,419
* NET INCOME (LOSS) AFTER INCOM \$	7,018	(12,905)	19,924	38,305	(13,114)	51,419

NO ASSURANCE IS PROVIDED ON THESE FINANCIAL STATEMENTS

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

**For the period ending June 30, 2022**

THE OUTSIDE FOUNDATION  
 STMT OF ASSETS, LIABILITIES AND EQUITY-CASH BASIS  
 JUNE 30, 2022

ASSETS

CURRENT ASSETS			
1052	CASH IN BANK-COASTAL STATES BANK	\$	63,732
1110	ACCOUNTS RECEIVABLE-SALE OF LOGO ITEMS		400
1210	INVENTORY-LOGO ITEMS ETC.		1,423
			65,555
	TOTAL CURRENT ASSETS	\$	65,555
PROPERTY, PLANT AND EQUIPMENT			
1530	EQUIPMENT		16,564
1580	ACCUMULATED DEPRECIATION- EQUIPMENT		(10,200)
			6,364
	TOTAL PROPERTY, PLANT AND EQUIPMENT		6,364
	TOTAL ASSETS	\$	71,919

LIABILITIES AND FUND EQUITY

CURRENT LIABILITIES			
2060	FICA TAX WITHHELD	\$	303
2070	FEDERAL INCOME TAX WITHHELD		221
2080	STATE INCOME TAX WITHHELD		150
			674
	TOTAL CURRENT LIABILITIES	\$	674
FUND EQUITY			
3040	RETAINED FUND EQUITY (DEFICIT)		32,940
3050	CURRENT YEAR SURPLUS (DEFICIT)		38,305
			71,245
	TOTAL FUND EQUITY		71,245
	TOTAL LIABILITIES AND FUND EQUITY	\$	71,919

NO ASSURANCE IS PROVIDED ON THESE FINANCIAL STATEMENTS



THE OUTSIDE FOUNDATION  
STATEMENT OF REVENUE AND EXPENSES -CASH BASIS  
FOR THE SIX MONTHS ENDED JUNE 30, 2022

		Current		Year To Date	
		Actual	Percent	Actual	Percent
REVENUE					
4020	SALES-LOGO ITEMS ETC.			\$ 75	0.1
4022	GRANTS RECEIVED	\$ 11,933	22.7	25,903	20.0
4023	DONATIONS RECEIVED	38,709	73.7	50,645	39.1
4028	FUND RAISING EVENTS	1,911	3.6	52,898	40.8
* TOTAL REVENUE		52,553	100.0	129,521	100.0
COST OF SALES					
4520	PURCHASES-LOGO ITEMS ETC	179	0.3	179	0.1
* TOTAL COST OF SALES		179	0.3	179	0.1
* GROSS PROFIT		52,374	99.7	129,343	99.9
OPERATING EXPENSES					
5010	ADVERTISING AND PROMOTION	6,909	13.1	10,785	8.3
5030	BANK SERVICE CHARGES	52	0.1	52	0.0
5040	CONTRACT LABOR	6,250	11.9	13,940	10.8
5055	DEPRECIATION EXPENSE	166	0.3	332	0.3
5070	DUES AND LICENSES	214	0.4	366	0.3
5078	FUNDRAISING EXPENSE	1,669	3.2	13,427	10.4
5080	INSURANCE-LIABILITY	(558)	(1.1)	998	0.8
5107	MEETING EXPENSE	247	0.5	247	0.2
5110	PRINTING			54	0.0
5120	OFFICE SUPPLIES	359	0.7	409	0.3
5140	PROFESSIONAL SERVICES	1,100	2.1	1,525	1.2
5145	PROGRAM EXPENSES	3,369	6.4	8,997	6.9
5150	POSTAGE AND SHIPPING	12	0.0	23	0.0
5152	RECYCLING SERVICES	1,534	2.9	2,126	1.6
5160	RENT - PREMISES	378	0.7	756	0.6
5200	SALARIES-EXECUTIVE DIRECTOR	18,750	35.7	30,417	23.5
5205	SALARIES-OTHER	2,340	4.5	3,220	2.5
5230	TAXES - PAYROLL	2,270	4.3	3,069	2.4
5260	TRAVEL	51	0.1	51	0.0
5265	UNIFORM EXPENSE	245	0.5	245	0.2
* TOTAL OPERATING EXPENSES		45,356	86.3	91,038	70.3
* NET OPERATING INCOME (LOSS)		7,018	13.4	38,305	29.6
* NET INCOME (LOSS)		7,018	13.4	38,305	29.6
* NET INCOME (LOSS) AFTER INCOM		\$ 7,018	13.4	\$ 38,305	29.6

NO ASSURANCE IS PROVIDED ON THESE FINANCIAL STATEMENTS

S	Bat	Ref	Date	Empl Description	Account	Amount
2	- 0	PR4	04/30/22	1001 JEAN FRUH	5200	2,916.67
2	- 0	PR4	04/30/22	1001 JEAN FRUH	2060	180.83-
2	- 0	PR4	04/30/22	1001 JEAN FRUH	2060	42.29-
2	- 0	PR4	04/30/22	1001 JEAN FRUH	2070	184.00-
2	- 0	PR4	04/30/22	1001 JEAN FRUH	2080	125.00-
						2,384.55 *
2	- 0	1080	04/30/22	NET PAYROLL	1080	2,384.55-
2	- 0	PR5	04/06/22	1003 ADAM M WEATHERFORD	5205	440.00
2	- 0	PR5	04/06/22	1003 ADAM M WEATHERFORD	2060	27.28-
2	- 0	PR5	04/06/22	1003 ADAM M WEATHERFORD	2060	6.38-
2	- 0	PR5	04/06/22	1003 ADAM M WEATHERFORD	2070	0.00
2	- 0	PR5	04/06/22	1003 ADAM M WEATHERFORD	2080	3.00-
						403.34 *
2	- 0	1080	04/06/22	NET PAYROLL	1080	403.34-
2	- 0	PR5	05/31/22	1001 JEAN FRUH	5200	2,916.67
2	- 0	PR5	05/31/22	1001 JEAN FRUH	2060	180.83-
2	- 0	PR5	05/31/22	1001 JEAN FRUH	2060	42.29-
2	- 0	PR5	05/31/22	1001 JEAN FRUH	2070	184.00-
2	- 0	PR5	05/31/22	1001 JEAN FRUH	2080	125.00-
						2,384.55 *
2	- 0	1080	05/31/22	NET PAYROLL	1080	2,384.55-
2	- 0	PRBONUS	05/23/22	1001 JEAN FRUH	5200	10,000.00
2	- 0	PRBONUS	05/23/22	1001 JEAN FRUH	2060	620.00-
2	- 0	PRBONUS	05/23/22	1001 JEAN FRUH	2060	145.00-
2	- 0	PRBONUS	05/23/22	1001 JEAN FRUH	2070	2,200.00-
2	- 0	PRBONUS	05/23/22	1001 JEAN FRUH	2080	5.00-
						7,030.00 *
2	- 0	1080	05/23/22	NET PAYROLL	1080	7,030.00-
2	- 0	PR6	05/02/22	1003 ADAM M WEATHERFORD	5205	860.00
2	- 0	PR6	05/02/22	1003 ADAM M WEATHERFORD	2060	53.32-
2	- 0	PR6	05/02/22	1003 ADAM M WEATHERFORD	2060	12.47-
2	- 0	PR6	05/02/22	1003 ADAM M WEATHERFORD	2070	0.00
2	- 0	PR6	05/02/22	1003 ADAM M WEATHERFORD	2080	17.00-
						777.21 *
2	- 0	1080	05/02/22	NET PAYROLL	1080	777.21-
2	- 0	VENMOA	04/04/22	2002 JESSICA RENEW	5040	750.00
2	- 0	VENMOB	04/06/22	ADAM WEATHERFORD	1080	403.34
2	- 0	1426	04/28/22	HUBERT L. BERNHEIM	5140	675.00
2	- 0	1427	04/28/22	SC TAX COMMISSION	2080	508.00
2	- 0	1428	04/28/22	INTERNAL REVENUE SVC	2060	960.15

S	Bat	Ref	Date	Empl Description	Account	Amount
2	-	0	1428	04/28/22	INTERNAL REVENUE SVC	2070 736.00
2	-	0	1428	04/28/22	INTERNAL REVENUE SVC	5230 959.49
						2,655.64 *
2	-	0	1429	04/28/22	J FRUH	1080 2,384.55
2	-	0	VENMOC	04/30/22	2014 CAITLIN JOAN CONSULTING	5040 833.33
2	-	0	1052	04/30/22	TOTAL DISBURSEMENTS	1052 8,209.86-
2	-	0	CR	04/01/22	PAYPAL	4028 242.74-
2	-	0	CR	04/08/22	RAYMOND JAMES	4028 1,668.00-
2	-	0	CR	04/08/22	CASH DONATION	4023 25.00-
2	-	0	CR	04/12/22	DONATION	4023 24.04-
2	-	0	CR	04/12/22	NETWORK FOR GOOD	4023 35.00-
2	-	0	CR	04/20/22	DONATION	4023 971.78-
2	-	0	CR	04/22/22	SQUARE	4023 231.45-
2	-	0	CR	04/22/22	DONATION	4023 48.34-
2	-	0	CR	04/29/22	CASH	4023 117.00-
2	-	0	CR	04/29/22	HOST4COMMUNITY	4023 1,000.00-
2	-	0	CR	04/29/22	REFUND INSURANCE	5080 558.40-
						4,921.75-*
2	-	0	1052	04/30/22	TOTAL DEPOSITS	1052 4,921.75
2	-	0	CR	05/03/22	VENMO	4023 70.00-
2	-	0	CR	05/05/22	CASH DONATION	4023 110.00-
2	-	0	CR	05/12/22	GINN FAMILY FOUNDATION	4023 30,000.00-
2	-	0	CR	05/16/22	NET WORK FOR GOOD	4023 15.00-
2	-	0	CR	05/18/22	DONATION	4023 100.00-
2	-	0	CR	05/18/22	DONATION	4023 300.00-
2	-	0	CR	05/18/22	OUTSIDE BRANDS	4023 1,514.47-
2	-	0	CR	05/25/22	SQUARE	4023 72.04-
2	-	0	CR	05/31/22	AMAZON SMILE CHARITY	4023 9.78-
						32,191.29-*
2	-	0	1052	05/31/22	TOTAL DEPOSITS	1052 32,191.29
2	-	0	1430	05/02/22	LEGACY	4520 178.86
2	-	0	VENMOD	05/02/22	ADAM WEATHERFORD	1080 771.21
2	-	0	CC	05/04/22	VISA	5120 102.41
2	-	0	CC	05/04/22	VISA	5010 5.28
2	-	0	CC	05/04/22	VISA	5120 187.54
2	-	0	CC	05/04/22	VISA	5160 126.00
2	-	0	CC	05/04/22	2016 HEATHER RATH CONSULTING	5040 1,000.00
2	-	0	CC	05/04/22	VISA	5010 10.60
2	-	0	CC	05/04/22	VISA	5152 204.00
2	-	0	CC	05/04/22	VISA	5145 896.00
2	-	0	CC	05/04/22	VISA	5078 963.50
2	-	0	CC	05/04/22	VISA	5150 11.60
2	-	0	CC	05/04/22	VISA	5260 50.79
2	-	0	CC	05/04/22	VISA	5145 110.07

S	Bat	Ref	Date	Empl Description	Account	Amount
2	-	0 CC	05/04/22	VISA	5010	13.72
2	-	0 CC	05/04/22	VISA	5010	365.70
2	-	0 CC	05/04/22	VISA	5265	244.86
2	-	0 CC	05/04/22	VISA	5010	75.00
2	-	0 CC	05/04/22	VISA	5030	25.00
2	-	0 CC	05/04/22	VISA	2045	4,672.78
						9,064.85 *
2	-	0 PAYPAL	05/03/22	PAYPAL	5078	243.00
2	-	0 1431	05/05/22	CH2	5010	800.00
2	-	0 VENMOE	05/05/22	2002 JESSICA RENEW	5010	870.00
2	-	0 1432	05/11/22	WHHI	5010	1,170.00
2	-	0 1433	05/13/22	2022 D SHORT	5145	100.00
2	-	0 1434	05/13/22	2021 J CHURCH	5145	600.00
2	-	0 1435	05/13/22	2023 L WALKER	5145	300.00
2	-	0 1436	05/13/22	2007 LESLIE BENNETT	5145	200.00
2	-	0 1437	05/13/22	J FRUH	1080	7,030.00
2	-	0 1438	05/26/22	BLACKBAUD	5078	216.24
2	-	0 VENMOE	05/27/22	2014 CAITLIN JOAN CONSULTING	5040	833.33
2	-	0 1439	05/31/22	J FRUH	1080	2,384.55
2	-	0 1052	05/31/22	TOTAL DISBURSEMENTS	1052	24,762.04-
2	-	0 CR	06/02/22	LCMNA	4022	300.00-
2	-	0 CR	06/02/22	CASH DONATION	4023	60.00-
2	-	0 CR	06/02/22	BLUFFTON ROTARY	4022	2,000.00-
2	-	0 CR	06/02/22	SUNSET ROTARY	4023	1,000.00-
2	-	0 CR	06/03/22	TOWN OF HHI ATAX GRANT	4022	9,633.34-
2	-	0 CR	06/15/22	NETWORK FOR GOOD	4023	5.00-
						12,998.34-*
2	-	0 1052	06/30/22	TOTAL DEPOSITS	1052	12,998.34
2	-	0 VENMOF	06/01/22	2002 JESSICA RENEW	5010	960.00
2	-	0 1440	06/01/22	HUBERT L. BERNHEIM	5140	425.00
2	-	0 VENMOG	06/01/22	ADAM WEATHERFORD	1080	898.44
2	-	0 VENMOH	06/02/22	TRANSFER	1130	120.00
2	-	0 E	06/05/22	CHECK ORDER	5030	26.80
2	-	0 DEP	06/06/22	INTERNAL REVENUE SVC	2060	1,062.26

S	Bat	Ref	Date	Empl Description	Account	Amount
2	-	0	DEP	06/06/22	INTERNAL REVENUE SVC	2060 248.43
2	-	0	DEP	06/06/22	INTERNAL REVENUE SVC	2070 2,568.00
2	-	0	DEP	06/06/22	INTERNAL REVENUE SVC	5230 1,062.26
2	-	0	DEP	06/06/22	INTERNAL REVENUE SVC	5230 248.43
						5,189.38 *
2	-	0	1441	06/06/22	SC TAX COMMISSION	2080 275.00
2	-	0	VENMOI	06/09/22	BREACHED MEDIA	5010 800.00
2	-	0	1442	06/10/22	S MOREL	5145 20.00
2	-	0	1443	06/10/22	COLE	5145 20.00
2	-	0	1444	06/13/22	BEAUFORT COUNTY 13	5070 55.00
2	-	0	CC	06/14/22	VISA	5010 75.00
2	-	0	CC	06/14/22	VISA	5010 75.00
2	-	0	CC	06/14/22	VISA	5010 5.28
2	-	0	CC	06/14/22	VISA	5107 9.04
2	-	0	CC	06/14/22	VISA	5010 25.00
2	-	0	CC	06/14/22	VISA	5160 126.00
2	-	0	CC	06/14/22	VISA	5070 50.00
2	-	0	CC	06/14/22	VISA	5070 1.85
2	-	0	CC	06/14/22	2016 HEATHER RATH CONSULTING	5040 1,000.00
2	-	0	CC	06/14/22	VISA	5010 10.60
2	-	0	CC	06/14/22	VISA	5152 896.00
2	-	0	CC	06/14/22	VISA	5145 204.00
2	-	0	CC	06/14/22	VISA	5010 13.72
2	-	0	CC	06/14/22	VISA	5107 10.49
2	-	0	CC	06/14/22	VISA	5070 57.00
2	-	0	CC	06/14/22	VISA	5107 79.44
2	-	0	CC	06/14/22	VISA	2045 1,367.17-
						1,271.25 *
2	-	0	1445	06/21/22	BLACKBAUD	5078 216.24
2	-	0	1446	06/21/22	VOID	1052 0.00
2	-	0	1447	06/23/22	SC SECRETARY OF STATE	5070 50.00
2	-	0	1448	06/29/22	WILLIE'S T'S	5010 1,060.50
2	-	0	VENMOJ	06/30/22	2014 CAITLIN JOAN CONSULTING	5040 833.33
2	-	0	1449	06/30/22	J FRUH	1080 2,384.55
2	-	0	1052	06/30/22	TOTAL DISBURSEMENTS	1052 14,605.49-
2	-	0	CR	06/01/22	VENMO	1130 120.00-
2	-	0	CR	06/28/22	SERG GROUP	4023 3,000.00-
						3,120.00-*
2	-	0	1052	06/30/22	ADDED JUNE DEPOSITS	1052 3,120.00

S	Bat	Ref	Date	Empl Description	Account	Amount
2	-	0	GJ	06/30/22	DEPRECIATION	5055 166.00
2	-	0	GJ	06/30/22	DEPRECIATION	1580 166.00-
						0.00 *
2	-	0	PR	06/30/22	1001 JEAN FRUH	5200 2,916.67
2	-	0	PR	06/30/22	1001 JEAN FRUH	2060 180.83-
2	-	0	PR	06/30/22	1001 JEAN FRUH	2060 42.29-
2	-	0	PR	06/30/22	1001 JEAN FRUH	2070 184.00-
2	-	0	PR	06/30/22	1001 JEAN FRUH	2080 125.00-
						2,384.55 *
2	-	0		1050 06/30/22	NET PAYROLL	1080 2,384.55-
2	-	0	PR1	06/01/22	1003 ADAM M WEATHERFORD	5205 1,040.00
2	-	0	PR1	06/01/22	1003 ADAM M WEATHERFORD	2060 64.48-
2	-	0	PR1	06/01/22	1003 ADAM M WEATHERFORD	2060 15.08-
2	-	0	PR1	06/01/22	1003 ADAM M WEATHERFORD	2070 37.00-
2	-	0	PR1	06/01/22	1003 ADAM M WEATHERFORD	2080 25.00-
						898.44 *
2	-	0		1080 06/01/22	NET PAYROLL	1080 898.44-
2	-	0	GJ	06/30/22	ADJUST AMOUNT	1080 6.00
2	-	0	GJ	06/30/22	ADJUST AMOUNT	5120 6.00-
2	-	0	GJ	06/30/22	RECLASSIFY	1052 2,384.55-
2	-	0	GJ	06/30/22	RECLASSIFY	1080 2,384.55
						0.00 *
2	-	0	CC	04/01/22	VISA	5107 38.96
2	-	0	CC	04/01/22	VISA	5107 72.31
2	-	0	CC	04/01/22	VISA	5010 5.28
2	-	0	CC	04/01/22	2016 HEATHER RATH CONSULTING	5040 1,000.00
2	-	0	CC	04/01/22	VISA	5078 30.00
2	-	0	CC	04/01/22	VISA	5160 126.00
2	-	0	CC	04/01/22	VISA	5107 36.77
2	-	0	CC	04/01/22	VISA	5145 23.30
2	-	0	CC	04/01/22	VISA	5145 896.00
2	-	0	CC	04/01/22	VISA	5152 204.00
2	-	0	CC	04/01/22	VISA	5152 229.73
2	-	0	CC	04/01/22	VISA	5010 13.72
2	-	0	CC	04/01/22	VISA	5010 554.38
2	-	0	CC	04/01/22	VISA	2045 3,305.61-
2	-	0	CC	04/01/22	VISA	5120 75.16
						0.00 *

108 Debit Transactions	129,128.11 *
69 Credit Transactions	129,128.11-*

177 Total Transactions: In Balance

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

**For the period ending December 31, 2021**

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

ASSETS

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

LIABILITIES AND FUND EQUITY

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

NO ASSURANCE IS PROVIDED ON THESE FINANCIAL STATEMENTS



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

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

NO ASSURANCE IS PROVIDED ON THESE FINANCIAL STATEMENTS

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

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

NO ASSURANCE IS PROVIDED ON THESE FINANCIAL STATEMENTS

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

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

NO ASSURANCE IS PROVIDED ON THESE FINANCIAL STATEMENTS

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

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

NO ASSURANCE IS PROVIDED ON THESE FINANCIAL STATEMENTS

THE OUTSIDE FOUNDATION  
STATEMENT OF REVENUE AND EXPENSES -CASH BASIS  
FOR THE SIX MONTHS ENDED JUNE 30, 2021

	Current			Year To Date		
	Actual	Last Year	Ly-Var	Actual	Last Year	Ly-Var
<b>REVENUE</b>						
4020 SALES-LOGO ITEMS ETC.	\$ 768		\$ 768	\$ 978	\$ 398	\$ 581
4022 GRANTS RECEIVED	1,484	2,830	(1,346)	18,404	6,465	11,939
4023 DONATIONS RECEIVED	6,046	1,054	4,992	7,566	8,073	(507)
4028 FUND RAISING EVENTS	3,482		3,482	3,932	31,369	(27,437)
4029 RECYCLING FEES RECEIVED		432	(432)		432	(432)
<b>* TOTAL REVENUE</b>	<b>11,780</b>	<b>4,316</b>	<b>7,464</b>	<b>30,880</b>	<b>46,737</b>	<b>(15,857)</b>
<b>COST OF SALES</b>						
4520 PURCHASES-LOGO ITEMS ETC	2,143		(2,143)	2,143		(2,143)
<b>* TOTAL COST OF SALES</b>	<b>2,143</b>	<b>0</b>	<b>(2,143)</b>	<b>2,143</b>	<b>0</b>	<b>(2,143)</b>
<b>* GROSS PROFIT</b>	<b>9,637</b>	<b>4,316</b>	<b>5,321</b>	<b>28,736</b>	<b>46,737</b>	<b>(18,001)</b>
<b>OPERATING EXPENSES</b>						
5010 ADVERTISING AND PROMOTION	2,800	233	(2,566)	3,351	233	(3,118)
5030 BANK SERVICE CHARGES	26	25	(1)	26	25	(1)
5040 CONTRACT LABOR	3,515	1,575	(1,940)	7,165	3,150	(4,015)
5055 DEPRECIATION EXPENSE	400		(400)	800		(800)
5070 DUES AND LICENSES	342	200	(142)	342	245	(97)
5077 EVENT EXPENSES					611	611
5078 FUNDRAISING EXPENSE	482	712	231	482	5,108	4,626
5080 INSURANCE-LIABILITY	733		(733)	1,431	858	(573)
5105 MANAGEMENT CHARGES	213	136	(76)	213	136	(76)
5107 MEETING EXPENSE	63		(63)	63	33	(30)
5120 OFFICE SUPPLIES	278		(278)	278	71	(206)
5130 OPERATING SUPPLIES	150		(120)	237	51	(186)
5140 PROFESSIONAL SERVICES	725	725		1,100	1,100	
5145 PROGRAM EXPENSES	4,828		(4,828)	8,362		(8,362)
5150 POSTAGE AND SHIPPING	11	13	2	23	34	11
5152 RECYCLING SERVICES	1,070	2,185	1,115	1,598	4,311	2,713
5160 RENT - PREMISES	448		(448)	739		(739)
5200 SALARIES-EXECUTIVE DIRECTOR	6,250	6,250		12,500	12,500	
5205 SALARIES-OTHER	1,400	2,500	1,100	3,700	5,000	1,300
5212 SCHOLARSHIP EXPENSE					200	200
5230 TAXES - PAYROLL	654	669	15	1,245	1,347	102
5240 TAXES - OTHER				52		(52)
5265 UNIFORM EXPENSE	113		(113)	113	218	105
<b>* TOTAL OPERATING EXPENSES</b>	<b>24,500</b>	<b>15,254</b>	<b>(9,245)</b>	<b>43,819</b>	<b>35,232</b>	<b>(8,588)</b>
<b>* NET OPERATING INCOME (LOSS)</b>	<b>(14,863)</b>	<b>(10,938)</b>	<b>(3,925)</b>	<b>(15,083)</b>	<b>11,505</b>	<b>(26,588)</b>
<b>OTHER INCOME</b>						
9610 INTEREST	(15)	(12)	3	(26)	(56)	(30)

NO ASSURANCE IS PROVIDED ON THESE FINANCIAL STATEMENTS

THE OUTSIDE FOUNDATION  
 STATEMENT OF REVENUE AND EXPENSES -CASH BASIS  
 FOR THE SIX MONTHS ENDED JUNE 30, 2021

	Current			Year To Date		
	Actual	Last Year	Ly-Var	Actual	Last Year	Ly-Var
* TOTAL OTHER INCOME	(15)	(12)	3	(26)	(56)	(30)
* NET INCOME (LOSS)	(14,848)	(10,926)	(3,922)	(15,057)	11,561	(26,618)
* NET INCOME (LOSS) AFTER INCOM \$	(14,848) \$	(10,926) \$	(3,922)	(15,057) \$	11,561 \$	(26,618)

NO ASSURANCE IS PROVIDED ON THESE FINANCIAL STATEMENTS

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

**For the period ending June 30, 2021**

THE OUTSIDE FOUNDATION  
 STMT OF ASSETS, LIABILITIES AND EQUITY-CASH BASIS  
 JUNE 30, 2021

ASSETS

CURRENT ASSETS			
1052	CASH IN BANK-COASTAL STATES BANK	\$	9,357
1110	ACCOUNTS RECEIVABLE-SALE OF LOGO ITEMS		400
1210	INVENTORY-LOGO ITEMS ETC.		1,423
1212	INVENTORY-KAYAKS		1,700
1350	DEPOSIT AT COMMUNITY FOUNDATION		59,284
			<hr/>
	TOTAL CURRENT ASSETS	\$	72,164
PROPERTY, PLANT AND EQUIPMENT			
1530	EQUIPMENT		16,564
1580	ACCUMULATED DEPRECIATION-EQUIPMENT		(9,301)
			<hr/>
	TOTAL PROPERTY, PLANT AND EQUIPMENT		7,262
			<hr/>
	TOTAL ASSETS	\$	79,426
			<hr/> <hr/>

LIABILITIES AND FUND EQUITY

CURRENT LIABILITIES			
2022	ADVANCE-SBA-PPP FUNDS	\$	7,300
2045	CREDIT CARD PAYABLE		1,121
2060	FICA TAX WITHHELD		585
2070	FEDERAL INCOME TAX WITHHELD		288
2080	STATE INCOME TAX WITHHELD		365
			<hr/>
	TOTAL CURRENT LIABILITIES	\$	9,659
FUND EQUITY			
3040	RETAINED FUND EQUITY (DEFICIT)		84,824
3050	CURRENT YEAR SURPLUS (DEFICIT)		(15,057)
			<hr/>
	TOTAL FUND EQUITY		69,767
			<hr/>
	TOTAL LIABILITIES AND FUND EQUITY	\$	79,426
			<hr/> <hr/>

NO ASSURANCE IS PROVIDED ON THESE FINANCIAL STATEMENTS



THE OUTSIDE FOUNDATION  
STATEMENT OF REVENUE AND EXPENSES -CASH BASIS  
FOR THE SIX MONTHS ENDED JUNE 30, 2021

	Current		Year To Date			
	Actual	Percent	Actual	Percent		
<b>REVENUE</b>						
4020	\$	768	6.5	\$	978	3.2
4022		1,484	12.6		18,404	59.6
4023		6,046	51.3		7,566	24.5
4028		3,482	29.6		3,932	12.7
		11,780	100.0		30,880	100.0
<b>COST OF SALES</b>						
4520		2,143	18.2		2,143	6.9
		2,143	18.2		2,143	6.9
		9,637	81.8		28,736	93.1
<b>OPERATING EXPENSES</b>						
5010		2,800	23.8		3,351	10.9
5030		26	0.2		26	0.1
5040		3,515	29.8		7,165	23.2
5055		400	3.4		800	2.6
5070		342	2.9		342	1.1
5078		482	4.1		482	1.6
5080		733	6.2		1,431	4.6
5105		213	1.8		213	0.7
5107		63	0.5		63	0.2
5120		278	2.4		278	0.9
5130		150	1.3		237	0.8
5140		725	6.2		1,100	3.6
5145		4,828	41.0		8,362	27.1
5150		11	0.1		23	0.1
5152		1,070	9.1		1,598	5.2
5160		448	3.8		739	2.4
5200		6,250	53.1		12,500	40.5
5205		1,400	11.9		3,700	12.0
5230		654	5.6		1,245	4.0
5240					52	0.2
5265		113	1.0		113	0.4
		24,500	208.0		43,819	141.9
		(14,863)	(126.2)		(15,083)	(48.8)
<b>OTHER INCOME</b>						
9610		(15)	(0.1)		(26)	(0.1)
		(15)	(0.1)		(26)	(0.1)
		(14,848)	(126.0)		(15,057)	(48.8)

NO ASSURANCE IS PROVIDED ON THESE FINANCIAL STATEMENTS

THE OUTSIDE FOUNDATION  
STATEMENT OF REVENUE AND EXPENSES -CASH BASIS  
FOR THE SIX MONTHS ENDED JUNE 30, 2021

	<u>Current</u>		<u>Year To Date</u>	
	Actual	Percent	Actual	Percent
* NET INCOME (LOSS) AFTER INCOM	\$ (14,848)	(126.0)	\$ (15,057)	(48.8)

NO ASSURANCE IS PROVIDED ON THESE FINANCIAL STATEMENTS

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

**For the period ending December 31, 2021**

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

ASSETS

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

LIABILITIES AND FUND EQUITY

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

NO ASSURANCE IS PROVIDED ON THESE FINANCIAL STATEMENTS

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

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

NO ASSURANCE IS PROVIDED ON THESE FINANCIAL STATEMENTS

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

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

NO ASSURANCE IS PROVIDED ON THESE FINANCIAL STATEMENTS

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

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

NO ASSURANCE IS PROVIDED ON THESE FINANCIAL STATEMENTS

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

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

NO ASSURANCE IS PROVIDED ON THESE FINANCIAL STATEMENTS



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

**For the period ending December 31, 2020**

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

ASSETS

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

LIABILITIES AND FUND EQUITY

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

NO ASSURANCE IS PROVIDED ON THESE FINANCIAL STATEMENTS

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

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

NO ASSURANCE IS PROVIDED ON THESE FINANCIAL STATEMENTS

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

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

NO ASSURANCE IS PROVIDED ON THESE FINANCIAL STATEMENTS

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

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

NO ASSURANCE IS PROVIDED ON THESE FINANCIAL STATEMENTS

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

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

NO ASSURANCE IS PROVIDED ON THESE FINANCIAL STATEMENTS

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

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June 22, 2022

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

**Statement of Charges for Services Rendered:**

**Tax Preparation Fees:**

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

LESS: CHARITABLE ORGANIZATION DISCOUNT		-425.00
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<b>Total fee</b>	\$	425.00
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**Return of Organization Exempt From Income Tax**

**2021**

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

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

**Open to Public Inspection**

Department of the Treasury  
Internal Revenue Service

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

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

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

**I Website:** ▶ WWW.OUTSIDEFOUNDATION.ORG

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

**K Form of organization:**  Corporation  Trust  Association  Other \_\_\_\_\_

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

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

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



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

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

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

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

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

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

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

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

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

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

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

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

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

33 Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O
34 Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O. See instructions
35a Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?
35b If "Yes" to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O
35c Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III
36 Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N
37a Enter amount of political expenditures, direct or indirect, as described in the instructions
37b Did the organization file Form 1120-POL for this year?
38a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee; or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?
38b If "Yes," complete Schedule L, Part II, and enter the total amount involved
39 Section 501(c)(7) organizations. Enter:
39a Initiation fees and capital contributions included on line 9
39b Gross receipts, included on line 9, for public use of club facilities
40a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911; section 4912; section 4955
40b Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I
40c Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958
40d Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization
40e All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T
41 List the states with which a copy of this return is filed
42a The organization's books are in care of FOUNDATION Telephone no. (843) 686-6996 Located at 32 SHELTER COVE LANE, HILTON HEAD ISLAND SC ZIP + 4 29928
42b 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)? If "Yes," enter the name of the foreign country See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).
42c At any time during the calendar year, did the organization maintain an office outside the United States? If "Yes," enter the name of the foreign country
43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here and enter the amount of tax-exempt interest received or accrued during the tax year
44a Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ
44b Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ
44c Did the organization receive any payments for indoor tanning services during the year?
44d If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O
45a Did the organization have a controlled entity within the meaning of section 512(b)(13)?
45b Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ. See instructions

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

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

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

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

	<b>Yes</b>	<b>No</b>
<b>47</b> Did the organization engage in lobbying activities or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II . . . . .	47	X
<b>48</b> Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E . . . . .	48	X
<b>49a</b> Did the organization make any transfers to an exempt non-charitable related organization? . . . . .	49a	X
<b>b</b> If "Yes," was the related organization a section 527 organization? . . . . .	49b	
<b>50</b> Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees, and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."		

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

**f** Total number of other employees paid over \$100,000 . . . . . ▶ \_\_\_\_\_

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

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

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

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

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

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

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

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

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

Description	Amount
WAIVER OF PPP GRANT	7,300.
<b>Total</b>	<b>7,300.</b>

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

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

**SCHEDULE A  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Public Charity Status and Public Support**

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

▶ Attach to Form 990 or Form 990-EZ.

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2021**

**Open to Public  
Inspection**

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

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

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

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

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

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

**Section A. Public Support**

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

**Section B. Total Support**

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

**Section C. Computation of Public Support Percentage**

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

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

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

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ►	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	69,810.	104,451.	89,427.	102,310.	124,491.	490,489.
<b>2</b> 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 . . . .						
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf . . . .						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge . . . .						
<b>6 Total.</b> Add lines 1 through 5 . . . .	69,810.	104,451.	89,427.	102,310.	124,491.	490,489.
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons . . . .						
<b>b</b> Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
<b>c</b> Add lines 7a and 7b . . . .						
<b>8 Public support.</b> (Subtract line 7c from line 6.) . . . .						490,489.

**Section B. Total Support**

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

**Section C. Computation of Public Support Percentage**

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

**Section D. Computation of Investment Income Percentage**

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

**Part IV Supporting Organizations**

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

**Section A. All Supporting Organizations**

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



**Part IV Supporting Organizations** (continued)

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

**Section B. Type I Supporting Organizations**

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

**Section C. Type II Supporting Organizations**

		Yes	No
<b>1</b>	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in <b>Part VI</b> how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).	<b>1</b>	

**Section D. All Type III Supporting Organizations**

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

**Section E. Type III Functionally Integrated Supporting Organizations**

<b>1</b>	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).		
<b>a</b>	<input type="checkbox"/> The organization satisfied the Activities Test. Complete <b>line 2</b> below.		
<b>b</b>	<input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete <b>line 3</b> below.		
<b>c</b>	<input type="checkbox"/> The organization supported a governmental entity. Describe in <b>Part VI</b> how you supported a governmental entity (see instructions).		
<b>2</b>	Activities Test. <b>Answer lines 2a and 2b below.</b>		
<b>a</b>	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in <b>Part VI identify those supported organizations and explain</b> how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.	<b>2a</b>	
<b>b</b>	Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in <b>Part VI</b> the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.	<b>2b</b>	
<b>3</b>	Parent of Supported Organizations. <b>Answer lines 3a and 3b below.</b>		
<b>a</b>	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? If "Yes" or "No," provide details in <b>Part VI</b> .	<b>3a</b>	
<b>b</b>	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in <b>Part VI</b> the role played by the organization in this regard.	<b>3b</b>	

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

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

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

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

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

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



**SCHEDULE G  
(Form 990)**

**Supplemental Information Regarding Fundraising or Gaming Activities**

OMB No. 1545-0047

Department of the Treasury  
Internal Revenue Service

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

▶ Attach to Form 990 or Form 990-EZ.

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

**2021**

**Open to Public Inspection**

Name of the organization

THE OUTSIDE FOUNDATION

Employer identification number

46-4305638

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

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

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

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

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

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

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

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

**9** Enter the state(s) in which the organization conducts gaming activities: \_\_\_\_\_

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

**b** If "No," explain: \_\_\_\_\_

\_\_\_\_\_

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

**b** If "Yes," explain: \_\_\_\_\_

\_\_\_\_\_



**SCHEDULE O  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

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

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

▶ Attach to Form 990 or Form 990-EZ.

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2021**

**Open to Public  
Inspection**

Name of the organization

THE OUTSIDE FOUNDATION

Employer identification number

46-4305638

Pt I, Line 8:

Description: WAIVER OF PPP GRANT \$7,300

Pt I, Line 16:

Description: BANK CHARGES \$67

Description: DUES AND LICENSES \$394

Description: INSURANCE-LIABILITY \$510

Description: MEETING EXPENSE \$217

Description: OFFICE SUPPLIES \$361

Description: OPERATING SUPPLIES \$237

Description: POSTAGE AND SHIPPING \$73

Description: RECYCLING SERVICE EXPENSE \$2,518

Description: PROGRAM SERVICE EXPENSE \$16,598

Description: CHRISTMAS EXPENSE \$300

Description: REPAIRS AND MAINTENANCE \$112

Description: PUBLIC EDUCATION EXPENSE \$46,062

Description: Depreciation \$1,366

Pt I, Line 20:

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

Pt II, Line 24:

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

Pt II, Line 26:

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

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

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



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

For calendar year 2021, or fiscal year beginning \_\_\_\_\_, 2021, and ending \_\_\_\_\_, 20\_\_\_\_\_

# 2021

Department of the Treasury  
Internal Revenue Service

▶ **Do not send to the IRS. Keep for your records.**  
▶ **Go to [www.irs.gov/Form8879TE](http://www.irs.gov/Form8879TE) for the latest information.**

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

## Part I Type of Return and Return Information

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

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

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

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

### PIN: check one box only

I authorize \_\_\_\_\_ to enter my PIN \_\_\_\_\_ as my signature

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

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

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

Signature of officer or person subject to tax ▶ \_\_\_\_\_

Date ▶ 05/25/2022

## Part III Certification and Authentication

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

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

Do not enter all zeros

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

ERO's signature ▶ \_\_\_\_\_

Date ▶ 05/25/2022

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

# IRS e-file Signature Authorization for an Exempt Organization

For calendar year 2020, or fiscal year beginning \_\_\_\_\_, 2020, and ending \_\_\_\_\_, 20\_\_\_\_\_

Department of the Treasury  
Internal Revenue Service

▶ Do not send to the IRS. Keep for your records.  
▶ Go to [www.irs.gov/Form8879EO](http://www.irs.gov/Form8879EO) for the latest information.

# 2020

Name of exempt organization or person subject to tax

Taxpayer identification number

THE OUTSIDE FOUNDATION

46-4305638

Name and title of officer or person subject to tax

JEAN FRUH, EXECUTIVE DIRECTOR

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

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

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

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

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

#### PIN: check one box only

I authorize \_\_\_\_\_ to enter my PIN      as my signature  
ERO firm name

Enter five numbers, but do not enter all zeros

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

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

Signature of officer or person subject to tax ▶ ~~X~~

Date ▶ ~~X~~

### Part III Certification and Authentication

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

5 7 0 4 1 2 5 1 3 5 5

Do not enter all zeros

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

ERO's signature ▶ 

Date ▶ 05/20/2021

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

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

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

▶ Go to [www.irs.gov/Form990EZ](http://www.irs.gov/Form990EZ) for instructions and the latest information.

**Open to Public Inspection**

Department of the Treasury  
Internal Revenue Service

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

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

**G** Accounting Method:  Cash  Accrual Other (specify) ▶ \_\_\_\_\_ **H** Check  if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF).

**I** Website: ▶ [WWW.OUTSIDEFOUNDATION.ORG](http://WWW.OUTSIDEFOUNDATION.ORG)

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

**K** Form of organization:  Corporation  Trust  Association  Other \_\_\_\_\_

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

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

		1	2	3	4	5a	5b	5c	6a	6b	6c	6d	7a	7b	7c	8	9	10	11	12	13	14	15	16	17	18	19	20	21
Revenue	1	Contributions, gifts, grants, and similar amounts received																49,150.											
	2	Program service revenue including government fees and contracts																											
	3	Membership dues and assessments																											
	4	Investment income																90.											
	5a	Gross amount from sale of assets other than inventory																											
	b	Less: cost or other basis and sales expenses																											
	c	Gain or (loss) from sale of assets other than inventory (subtract line 5b from line 5a)																											
	6	Gaming and fundraising events:																											
	a	Gross income from gaming (attach Schedule G if greater than \$15,000)																											
	b	Gross income from fundraising events (not including \$ _____ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000)																50,817.											
c	Less: direct expenses from gaming and fundraising events																19,520.												
d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)																31,297.												
7a	Gross sales of inventory, less returns and allowances																2,002.												
b	Less: cost of goods sold																												
c	Gross profit or (loss) from sales of inventory (subtract line 7b from line 7a)																2,002.												
8	Other revenue (describe in Schedule O) See Line 8 Stmt.																432.												
9	<b>Total revenue.</b> Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 ▶																82,971.												
Expenses	10	Grants and similar amounts paid (list in Schedule O)																											
	11	Benefits paid to or for members																											
	12	Salaries, other compensation, and employee benefits																33,020.											
	13	Professional fees and other payments to independent contractors																1,750.											
	14	Occupancy, rent, utilities, and maintenance																291.											
	15	Printing, publications, postage, and shipping																78.											
	16	Other expenses (describe in Schedule O) See Line 16 Stmt.																29,457.											
17	<b>Total expenses.</b> Add lines 10 through 16 ▶																64,596.												
Net Assets	18	Excess or (deficit) for the year (subtract line 17 from line 9)																18,375.											
	19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)																66,449.											
	20	Other changes in net assets or fund balances (explain in Schedule O)																											
	21	Net assets or fund balances at end of year. Combine lines 18 through 20 ▶																84,824.											

**Part II Balance Sheets** (see the instructions for Part II)  
 Check if the organization used Schedule O to respond to any question in this Part II

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

**Part III Statement of Program Service Accomplishments** (see the instructions for Part III)  
 Check if the organization used Schedule O to respond to any question in this Part III

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

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

	Expenses (Required for section 501(c)(3) and 501(c)(4) organizations; optional for others.)
<b>28</b> EDUCATION	
(Grants \$ 0. ) If this amount includes foreign grants, check here <input type="checkbox"/>	<b>28a</b> 18,238.
<b>29</b>	
(Grants \$ ) If this amount includes foreign grants, check here <input type="checkbox"/>	<b>29a</b>
<b>30</b>	
(Grants \$ ) If this amount includes foreign grants, check here <input type="checkbox"/>	<b>30a</b>
<b>31</b> Other program services (describe in Schedule O)	
(Grants \$ ) If this amount includes foreign grants, check here <input type="checkbox"/>	<b>31a</b>
<b>32</b> Total program service expenses (add lines 28a through 31a)	<b>32</b> 18,238.

**Part IV List of Officers, Directors, Trustees, and Key Employees** (list each one even if not compensated—see the instructions for Part IV)  
 Check if the organization used Schedule O to respond to any question in this Part IV

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



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

		Yes	No
<b>33</b>	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O		X
<b>34</b>	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O. See instructions		X
<b>35a</b>	Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?		X
<b>b</b>	If "Yes" to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O		
<b>c</b>	Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III		X
<b>36</b>	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N		X
<b>37a</b>	Enter amount of political expenditures, direct or indirect, as described in the instructions <input type="text" value="37a"/>		
<b>b</b>	Did the organization file <b>Form 1120-POL</b> for this year?		X
<b>38a</b>	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee; or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?		X
<b>b</b>	If "Yes," complete Schedule L, Part II, and enter the total amount involved <input type="text" value="38b"/>		
<b>39</b>	Section 501(c)(7) organizations. Enter:		
<b>a</b>	Initiation fees and capital contributions included on line 9 <input type="text" value="39a"/>		
<b>b</b>	Gross receipts, included on line 9, for public use of club facilities <input type="text" value="39b"/>		
<b>40a</b>	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 <input type="text"/> ; section 4912 <input type="text"/> ; section 4955 <input type="text"/>		
<b>b</b>	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I		X
<b>c</b>	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 <input type="text"/>		
<b>d</b>	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization <input type="text"/>		
<b>e</b>	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T		X
<b>41</b>	List the states with which a copy of this return is filed <input type="text"/>		
<b>42a</b>	The organization's books are in care of <input type="text" value="FOUNDATION"/> Telephone no. <input type="text" value="(843) 686-6996"/> Located at <input type="text" value="32 SHELTER COVE LANE, HILTON HEAD ISLAND SC"/> ZIP + 4 <input type="text" value="29928"/>		
<b>b</b>	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)? If "Yes," enter the name of the foreign country <input type="text"/> See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).		X
<b>c</b>	At any time during the calendar year, did the organization maintain an office outside the United States? If "Yes," enter the name of the foreign country <input type="text"/>		X
<b>43</b>	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of <b>Form 1041</b> —Check here <input type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the tax year <input type="text" value="43"/>		
<b>44a</b>	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ		X
<b>b</b>	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ		X
<b>c</b>	Did the organization receive any payments for indoor tanning services during the year?		X
<b>d</b>	If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O		
<b>45a</b>	Did the organization have a controlled entity within the meaning of section 512(b)(13)?		X
<b>b</b>	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ. See instructions		X

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

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

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

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

	Yes	No
<b>47</b> Did the organization engage in lobbying activities or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II . . . . .		X
<b>48</b> Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E . . . . .		X
<b>49a</b> Did the organization make any transfers to an exempt non-charitable related organization? . . . . .		X
<b>b</b> If "Yes," was the related organization a section 527 organization? . . . . .		
<b>49b</b>		
<b>50</b> Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees, and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."		

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

**f** Total number of other employees paid over \$100,000 . . . . . ▶ \_\_\_\_\_

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

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

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

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

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

<b>Sign Here</b>	Signature of officer	Date
	JEAN FRUH, EXECUTIVE DIRECTOR	
	Type or print name and title	

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

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

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

Description	Amount
RECYCLING FEES RECEIVED	432.
<b>Total</b>	432.

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

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

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

Department of the Treasury  
Internal Revenue Service

**Public Charity Status and Public Support**

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

▶ Attach to Form 990 or Form 990-EZ.

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2020**

**Open to Public Inspection**

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

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

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

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



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

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

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ►	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") . . . . .						
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf . . . . .						
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge . . . . .						
<b>4 Total.</b> Add lines 1 through 3 . . . . .						
<b>5</b> 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) . . . . .						
<b>6 Public support.</b> Subtract line 5 from line 4						

**Section B. Total Support**

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

**Section C. Computation of Public Support Percentage**

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

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

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

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ►	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	46,573.	69,810.	104,451.	89,427.	102,310.	412,571.
<b>2</b> 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 . . . .						
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf . . . .						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge . . . .						
<b>6 Total.</b> Add lines 1 through 5 . . . .	46,573.	69,810.	104,451.	89,427.	102,310.	412,571.
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons . . . .						
<b>b</b> Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year . . . .						
<b>c</b> Add lines 7a and 7b . . . .						
<b>8 Public support.</b> (Subtract line 7c from line 6.) . . . .						412,571.

**Section B. Total Support**

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

**Section C. Computation of Public Support Percentage**

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

**Section D. Computation of Investment Income Percentage**

<b>17</b> Investment income percentage for <b>2020</b> (line 10c, column (f), divided by line 13, column (f)) . . . .	<b>17</b>	0.15 %
<b>18</b> Investment income percentage from <b>2019</b> Schedule A, Part III, line 17 . . . .	<b>18</b>	0.14 %

**19a 33 1/3% support tests—2020.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization . . . .

**b 33 1/3% support tests—2019.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization . . . .

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

**Part IV Supporting Organizations**

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

**Section A. All Supporting Organizations**

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



**Part IV Supporting Organizations** (continued)

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

**Section B. Type I Supporting Organizations**

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

**Section C. Type II Supporting Organizations**

		Yes	No
<b>1</b>	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in <b>Part VI</b> how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).		
	<b>1</b>		

**Section D. All Type III Supporting Organizations**

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

**Section E. Type III Functionally Integrated Supporting Organizations**

<b>1</b>	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).		
<b>a</b>	<input type="checkbox"/> The organization satisfied the Activities Test. Complete <b>line 2</b> below.		
<b>b</b>	<input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete <b>line 3</b> below.		
<b>c</b>	<input type="checkbox"/> The organization supported a governmental entity. Describe in <b>Part VI</b> how you supported a governmental entity (see instructions).		
<b>2</b>	Activities Test. Answer lines 2a and 2b below.		
		Yes	No
<b>a</b>	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in <b>Part VI</b> identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.		
	<b>2a</b>		
<b>b</b>	Did the activities described in line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in <b>Part VI</b> the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.		
	<b>2b</b>		
<b>3</b>	Parent of Supported Organizations. Answer lines 3a and 3b below.		
<b>a</b>	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? If "Yes" or "No," provide details in <b>Part VI</b> .		
	<b>3a</b>		
<b>b</b>	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in <b>Part VI</b> the role played by the organization in this regard.		
	<b>3b</b>		

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

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

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

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

Section D—Distributions		Current Year
<b>1</b>	Amounts paid to supported organizations to accomplish exempt purposes	<b>1</b>
<b>2</b>	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	<b>2</b>
<b>3</b>	Administrative expenses paid to accomplish exempt purposes of supported organizations	<b>3</b>
<b>4</b>	Amounts paid to acquire exempt-use assets	<b>4</b>
<b>5</b>	Qualified set-aside amounts (prior IRS approval required— <i>provide details in Part VI</i> )	<b>5</b>
<b>6</b>	Other distributions ( <i>describe in Part VI</i> ). See instructions.	<b>6</b>
<b>7</b>	<b>Total annual distributions.</b> Add lines 1 through 6.	<b>7</b>
<b>8</b>	Distributions to attentive supported organizations to which the organization is responsive ( <i>provide details in Part VI</i> ). See instructions.	<b>8</b>
<b>9</b>	Distributable amount for 2020 from Section C, line 6	<b>9</b>
<b>10</b>	Line 8 amount divided by line 9 amount	<b>10</b>

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







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

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

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

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

**9** Enter the state(s) in which the organization conducts gaming activities: \_\_\_\_\_

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

**b** If "No," explain: \_\_\_\_\_

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

**b** If "Yes," explain: \_\_\_\_\_

- 11 Does the organization conduct gaming activities with nonmembers?  Yes  No
- 12 Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed to administer charitable gaming?  Yes  No
- 13 Indicate the percentage of gaming activity conducted in:
 

a The organization's facility	<b>13a</b>	%
b An outside facility	<b>13b</b>	%
- 14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name ▶ .....

Address ▶ .....

- 15a Does the organization have a contract with a third party from whom the organization receives gaming revenue?  Yes  No
- b If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ ..... and the amount of gaming revenue retained by the third party ▶ \$ .....
- c If "Yes," enter name and address of the third party:

Name ▶ .....

Address ▶ .....

16 Gaming manager information:

Name ▶ .....

Gaming manager compensation ▶ \$ .....

Description of services provided ▶ .....

- Director/officer
- Employee
- Independent contractor

17 Mandatory distributions:

- a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?  Yes  No
- b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ .....

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

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

Department of the Treasury  
Internal Revenue Service

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

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

▶ Attach to Form 990 or 990-EZ.

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2020**

**Open to Public  
Inspection**

Name of the organization <b>THE OUTSIDE FOUNDATION</b>	Employer identification number <b>46-4305638</b>
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Pt I, Line 8:

Description: RECYCLING FEES RECEIVED \$432

Pt I, Line 16:

Description: UNIFORM EXPENSE \$218

Description: TAXES-PAYROLL \$2,613

Description: INVESTMENT MANAGEMENT \$447

Description: OFFICE SUPPLIES \$932

Description: CONTRACT SERVICES \$10,362

Description: BANK CHARGES \$25

Description: INSURANCE \$1,003

Description: MEETING EXPENSE \$318

Description: COMMUNITY RECYCLING SERVICE EXPENSE \$5,367

Description: DUES AND LICENSES \$290

Description: SCHOLARSHIP EXPENSE \$200

Description: PROGRAM EXPENSE \$5,166

Description: DONATION \$1,000

Description: Depreciation \$1,516

Pt II, Line 24:

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

Pt II, Line 26:

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

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

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

Employer identification number (EIN) 46-4305638

Name (not your trade name) THE OUTSIDE FOUNDATION

Trade name (if any) \_\_\_\_\_

Address 50 SHELTER COVE LANE SUITE H  
 \_\_\_\_\_  
HILTON HEAD ISLAND SC 29928

**Report for this Quarter of 2019**  
 (Check one.)

1: January, February, March

2: April, May, June

3: July, August, September

4: October, November, December

Go to [www.irs.gov/Form941](http://www.irs.gov/Form941) for instructions and the latest information.

Read the separate instructions before you complete Form 941. Type or print within the boxes.

**Part 1: Answer these questions for this quarter.**

1	Number of employees who received wages, tips, or other compensation for the pay period including: <i>Mar. 12 (Quarter 1), June 12 (Quarter 2), Sept. 12 (Quarter 3), or Dec. 12 (Quarter 4)</i> . . . . .	1	<input type="text" value="2"/>
2	Wages, tips, and other compensation . . . . .	2	<input type="text" value="8749.98"/>
3	Federal income tax withheld from wages, tips, and other compensation . . . . .	3	<input type="text" value="339.00"/>
4	If no wages, tips, and other compensation are subject to social security or Medicare tax . . . . .		<input type="checkbox"/> Check and go to line 6.

	Column 1		Column 2
5a	Taxable social security wages . . . . . <input type="text" value="8749.98"/>	x 0.124 =	<input type="text" value="1085.00"/>
5b	Taxable social security tips . . . . . <input type="text"/>	x 0.124 =	<input type="text"/>
5c	Taxable Medicare wages & tips . . . . . <input type="text" value="8749.98"/>	x 0.029 =	<input type="text" value="253.75"/>
5d	Taxable wages & tips subject to Additional Medicare Tax withholding . . . . . <input type="text"/>	x 0.009 =	<input type="text"/>
5e	Add Column 2 from lines 5a, 5b, 5c, and 5d . . . . .	5e	<input type="text" value="1338.75"/>
5f	Section 3121(q) Notice and Demand—Tax due on unreported tips (see instructions) . . . . .	5f	<input type="text"/>
6	Total taxes before adjustments. Add lines 3, 5e, and 5f . . . . .	6	<input type="text" value="1677.75"/>
7	Current quarter's adjustment for fractions of cents . . . . .	7	<input type="text"/>
8	Current quarter's adjustment for sick pay . . . . .	8	<input type="text"/>
9	Current quarter's adjustments for tips and group-term life insurance . . . . .	9	<input type="text"/>
10	Total taxes after adjustments. Combine lines 6 through 9 . . . . .	10	<input type="text" value="1677.75"/>
11	Qualified small business payroll tax credit for increasing research activities. Attach Form 8974 . . . . .	11	<input type="text"/>
12	Total taxes after adjustments and credits. Subtract line 11 from line 10 . . . . .	12	<input type="text" value="1677.75"/>
13	Total deposits for this quarter, including overpayment applied from a prior quarter and overpayments applied from Form 941-X, 941-X (PR), 944-X, or 944-X (SP) filed in the current quarter . . . . .	13	<input type="text" value="0.00"/>
14	Balance due. If line 12 is more than line 13, enter the difference and see instructions . . . . .	14	<input type="text" value="1677.75"/>
15	Overpayment. If line 13 is more than line 12, enter the difference <input type="text"/>	Check one:	<input type="checkbox"/> Apply to next return. <input type="checkbox"/> Send a refund.

[The page contains extremely faint and illegible text, likely bleed-through from the reverse side of the document. The text is arranged in approximately 30 horizontal lines across the page.]

Name (not your trade name)  
THE OUTSIDE FOUNDATION

Employer identification number (EIN)  
46-4305638

**Part 2: Tell us about your deposit schedule and tax liability for this quarter.**

If you are unsure about whether you are a monthly schedule depositor or a semiweekly schedule depositor, see section 11 of Pub. 15.

**16 Check one:**  Line 12 on this return is less than \$2,500 or line 12 on the return for the prior quarter was less than \$2,500, and you didn't incur a \$100,000 next-day deposit obligation during the current quarter. If line 12 for the prior quarter was less than \$2,500 but line 12 on this return is \$100,000 or more, you must provide a record of your federal tax liability. If you are a monthly schedule depositor, complete the deposit schedule below; if you are a semiweekly schedule depositor, attach Schedule B (Form 941). Go to Part 3.

You were a monthly schedule depositor for the entire quarter. Enter your tax liability for each month and total liability for the quarter, then go to Part 3.

Tax liability:	Month 1	<input type="text"/>
	Month 2	<input type="text"/>
	Month 3	<input type="text"/>
	Total liability for quarter	<input type="text"/>

Total must equal line 12.

You were a semiweekly schedule depositor for any part of this quarter. Complete Schedule B (Form 941), Report of Tax Liability for Semiweekly Schedule Depositors, and attach it to Form 941.

**Part 3: Tell us about your business. If a question does NOT apply to your business, leave it blank.**

**17** If your business has closed or you stopped paying wages .....  Check here, and enter the final date you paid wages .

**18** If you are a seasonal employer and you don't have to file a return for every quarter of the year .....  Check here.

**Part 4: May we speak with your third-party designee?**

Do you want to allow an employee, a paid tax preparer, or another person to discuss this return with the IRS? See instructions for details.

Yes. Designee's name and phone number

No. Select a 5-digit Personal Identification Number (PIN) to use when talking to the IRS.

**Part 5: Sign here. You MUST complete both pages of Form 941 and SIGN it.**

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

<b>X</b>	Sign your name here	<input type="text"/>	Print your name here	<input type="text"/>
			Print your title here	<input type="text"/>
	Date	<input type="text"/>	Best daytime phone	<input type="text"/>

CAA B199412 NTF 2583146 9 9412

**Paid Preparer Use Only**

Check if you are self-employed. ....

Preparer's name	<input type="text"/>	PTIN	<input type="text"/>		
Preparer's signature	<input type="text"/>	Date	<input type="text"/>		
Firm's name (or yours if self-employed)	<input type="text"/>	EIN	<input type="text"/>		
Address	<input type="text"/>		Phone	<input type="text"/>	
City	<input type="text"/>	State	<input type="text"/>	ZIP code	<input type="text"/>



Employer identification number (EIN) 46-4305638

Name (not your trade name) THE OUTSIDE FOUNDATION

Trade name (if any) \_\_\_\_\_

Address 50 SHELTER COVE LANE SUITE H  
 \_\_\_\_\_  
HILTON HEAD ISLAND SC 29928

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 (Check one.)

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**Part 1: Answer these questions for this quarter.**

1	Number of employees who received wages, tips, or other compensation for the pay period including: <i>Mar. 12</i> (Quarter 1), <i>June 12</i> (Quarter 2), <i>Sept. 12</i> (Quarter 3), or <i>Dec. 12</i> (Quarter 4) . . . . .	1	<input type="text" value="2"/>
2	Wages, tips, and other compensation . . . . .	2	<input type="text" value="8749.98"/>
3	Federal income tax withheld from wages, tips, and other compensation . . . . .	3	<input type="text" value="339.00"/>
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	Column 1		Column 2
5a	Taxable social security wages . . . . . <input type="text" value="8749.98"/>	x 0.124 =	<input type="text" value="1085.00"/>
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5d	Taxable wages & tips subject to Additional Medicare Tax withholding . . . . . <input type="text"/>	x 0.009 =	<input type="text"/>
5e	Add Column 2 from lines 5a, 5b, 5c, and 5d . . . . .	5e	<input type="text" value="1338.75"/>
5f	Section 3121(q) Notice and Demand—Tax due on unreported tips (see instructions) . . . . .	5f	<input type="text"/>
6	Total taxes before adjustments. Add lines 3, 5e, and 5f . . . . .	6	<input type="text" value="1677.75"/>
7	Current quarter's adjustment for fractions of cents . . . . .	7	<input type="text"/>
8	Current quarter's adjustment for sick pay . . . . .	8	<input type="text"/>
9	Current quarter's adjustments for tips and group-term life insurance . . . . .	9	<input type="text"/>
10	Total taxes after adjustments. Combine lines 6 through 9 . . . . .	10	<input type="text" value="1677.75"/>
11	Qualified small business payroll tax credit for increasing research activities. Attach Form 8974 . . . . .	11	<input type="text"/>
12	Total taxes after adjustments and credits. Subtract line 11 from line 10 . . . . .	12	<input type="text" value="1677.75"/>
13	Total deposits for this quarter, including overpayment applied from a prior quarter and overpayments applied from Form 941-X, 941-X (PR), 944-X, or 944-X (SP) filed in the current quarter . . . . .	13	<input type="text" value="0.00"/>
14	Balance due. If line 12 is more than line 13, enter the difference and see instructions . . . . .	14	<input type="text" value="1677.75"/>

15 Overpayment. If line 13 is more than line 12, enter the difference  Check one:  Apply to next return.  Send a refund.



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Faint, illegible text on the right side of the page, possibly bleed-through from the reverse side.

Name (not your trade name)  
THE OUTSIDE FOUNDATION

Employer identification number (EIN)  
46-4305638

**Part 2: Tell us about your deposit schedule and tax liability for this quarter.**

If you are unsure about whether you are a monthly schedule depositor or a semiweekly schedule depositor, see section 11 of Pub. 15.

**16 Check one:**  Line 12 on this return is less than \$2,500 or line 12 on the return for the prior quarter was less than \$2,500, and you didn't incur a \$100,000 next-day deposit obligation during the current quarter. If line 12 for the prior quarter was less than \$2,500 but line 12 on this return is \$100,000 or more, you must provide a record of your federal tax liability. If you are a monthly schedule depositor, complete the deposit schedule below; if you are a semiweekly schedule depositor, attach Schedule B (Form 941). Go to Part 3.

You were a monthly schedule depositor for the entire quarter. Enter your tax liability for each month and total liability for the quarter, then go to Part 3.

<b>Tax liability:</b>	<b>Month 1</b>	<input type="text"/>
	<b>Month 2</b>	<input type="text"/>
	<b>Month 3</b>	<input type="text"/>
	<b>Total liability for quarter</b>	<input type="text"/>

Total must equal line 12.

You were a semiweekly schedule depositor for any part of this quarter. Complete Schedule B (Form 941), Report of Tax Liability for Semiweekly Schedule Depositors, and attach it to Form 941.

**Part 3: Tell us about your business. If a question does NOT apply to your business, leave it blank.**

**17** If your business has closed or you stopped paying wages .....  Check here, and enter the final date you paid wages .

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Do you want to allow an employee, a paid tax preparer, or another person to discuss this return with the IRS? See instructions for details.

Yes. Designee's name and phone number

Select a 5-digit Personal Identification Number (PIN) to use when talking to the IRS.

No.

**Part 5: Sign here. You MUST complete both pages of Form 941 and SIGN it.**

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

**X**

Sign your name here

Print your name here

Print your title here

Date

Best daytime phone

CAA B199412 NTF 2583146 9 9412

**Paid Preparer Use Only**

Check if you are self-employed. ....

Preparer's name

PTIN

Preparer's signature

Date

Firm's name (or yours if self-employed)

EIN

Address

Phone

City

State

ZIP code

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Employer identification number (EIN) 46-4305638

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Trade name (if any) \_\_\_\_\_

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**Report for this Quarter of 2019**  
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4	If no wages, tips, and other compensation are subject to social security or Medicare tax . . . . .		<input type="checkbox"/> Check and go to line 6.

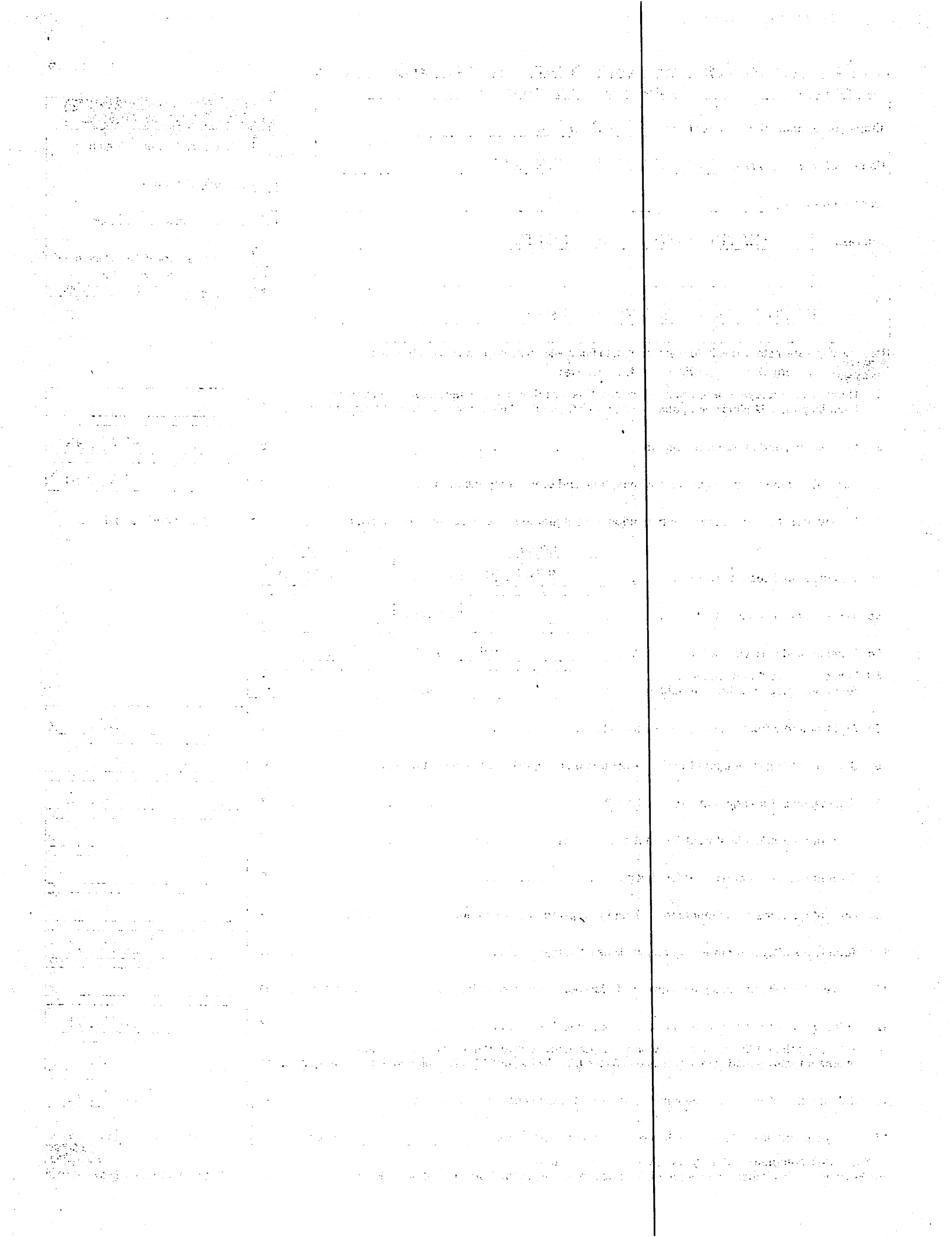
	Column 1		Column 2
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5e	Add Column 2 from lines 5a, 5b, 5c, and 5d . . . . .	5e	<input type="text" value="1338.75"/>
5f	Section 3121(q) Notice and Demand—Tax due on unreported tips (see instructions) . . . . .	5f	<input type="text"/>
6	Total taxes before adjustments. Add lines 3, 5e, and 5f . . . . .	6	<input type="text" value="1677.75"/>
7	Current quarter's adjustment for fractions of cents . . . . .	7	<input type="text"/>
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14	Balance due. If line 12 is more than line 13, enter the difference and see instructions. . . . .	14	<input type="text" value="1677.75"/>

15 Overpayment. If line 13 is more than line 12, enter the difference  Check one:  Apply to next return.  Send a refund.



Name (not your trade name) <b>THE OUTSIDE FOUNDATION</b>	Employer identification number (EIN) <b>46-4305638</b>
---	---

**Part 2: Tell us about your deposit schedule and tax liability for this quarter.**

If you are unsure about whether you are a monthly schedule depositor or a semiweekly schedule depositor, see section 11 of Pub. 15.

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<b>Tax liability:</b>	<b>Month 1</b>	
	<b>Month 2</b>	
	<b>Month 3</b>	
	<b>Total liability for quarter</b>	

**Total must equal line 12.**

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Do you want to allow an employee, a paid tax preparer, or another person to discuss this return with the IRS? See instructions for details.

Yes. Designee's name and phone number

Select a 5-digit Personal Identification Number (PIN) to use when talking to the IRS.

No.

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**Sign your name here**

Print your name here

Print your title here

Date

Best daytime phone

CAA **B199412** NTF 2583146 **9 9412**

**Paid Preparer Use Only**

Check if you are self-employed.....

Preparer's name

PTIN

Preparer's signature

Date

Firm's name (or yours if self-employed)

EIN

Address

Phone

City

State

ZIP code

Department of Justice  
Federal Bureau of Investigation

Washington, D. C. 20535

TO: SAC, [illegible]

FROM: SAC, [illegible]

SUBJECT: [illegible]

[illegible text]

[illegible text]

[illegible text]

[illegible text]

[illegible text]

[illegible text]

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Employer identification number (EIN) 46-4305638

Name (not your trade name) THE OUTSIDE FOUNDATION

Trade name (if any) \_\_\_\_\_

Address 50 SHELTER COVE LANE SUITE H  
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2	Wages, tips, and other compensation . . . . .	2	<input type="text" value="8858.26"/>
3	Federal income tax withheld from wages, tips, and other compensation . . . . .	3	<input type="text" value="339.00"/>
4	If no wages, tips, and other compensation are subject to social security or Medicare tax . . . . .		<input type="checkbox"/> Check and go to line 6.

	Column 1		Column 2
5a	Taxable social security wages . . . . . <input type="text" value="8858.26"/>	x 0.124 =	<input type="text" value="1098.42"/>
5b	Taxable social security tips . . . . . <input type="text"/>	x 0.124 =	<input type="text"/>
5c	Taxable Medicare wages & tips . . . . . <input type="text" value="8858.26"/>	x 0.029 =	<input type="text" value="256.89"/>
5d	Taxable wages & tips subject to Additional Medicare Tax withholding . . . . . <input type="text"/>	x 0.009 =	<input type="text"/>

5e	Add Column 2 from lines 5a, 5b, 5c, and 5d . . . . .	5e	<input type="text" value="1355.31"/>
5f	Section 3121(q) Notice and Demand—Tax due on unreported tips (see instructions) . . . . .	5f	<input type="text"/>
6	Total taxes before adjustments. Add lines 3, 5e, and 5f . . . . .	6	<input type="text" value="1694.31"/>
7	Current quarter's adjustment for fractions of cents . . . . .	7	<input type="text"/>
8	Current quarter's adjustment for sick pay . . . . .	8	<input type="text"/>
9	Current quarter's adjustments for tips and group-term life insurance . . . . .	9	<input type="text"/>
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13	Total deposits for this quarter, including overpayment applied from a prior quarter and overpayments applied from Form 941-X, 941-X (PR), 944-X, or 944-X (SP) filed in the current quarter . . . . .	13	<input type="text" value="0.00"/>
14	Balance due. If line 12 is more than line 13, enter the difference and see instructions . . . . .	14	<input type="text" value="1694.31"/>
15	Overpayment. If line 13 is more than line 12, enter the difference <input type="text"/>	15	Check one: <input type="checkbox"/> Apply to next return. <input type="checkbox"/> Send a refund.





Name (not your trade name)  
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<b>Tax liability:</b>	<b>Month 1</b>	<input type="text"/>
	<b>Month 2</b>	<input type="text"/>
	<b>Month 3</b>	<input type="text"/>
	<b>Total liability for quarter</b>	<input type="text"/>

Total must equal line 12.

You were a semiweekly schedule depositor for any part of this quarter. Complete Schedule B (Form 941), Report of Tax Liability for Semiweekly Schedule Depositors, and attach it to Form 941.

**Part 3: Tell us about your business. If a question does NOT apply to your business, leave it blank.**

**17** If your business has closed or you stopped paying wages .....  Check here, and

enter the final date you paid wages .

**18** If you are a seasonal employer and you don't have to file a return for every quarter of the year .....  Check here.

**Part 4: May we speak with your third-party designee?**

Do you want to allow an employee, a paid tax preparer, or another person to discuss this return with the IRS? See instructions for details.

Yes. Designee's name and phone number

Select a 5-digit Personal Identification Number (PIN) to use when talking to the IRS.

No.

**Part 5: Sign here. You MUST complete both pages of Form 941 and SIGN it.**

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

**X**

Sign your name here

Print your name here

Print your title here

Date

Best daytime phone

CAA B199412 NTF 2583146 9 9412

**Paid Preparer Use Only**

Check if you are self-employed. ....

Preparer's name

PTIN

Preparer's signature

Date

Firm's name (or yours if self-employed)

EIN

Address

Phone

City

State

ZIP code

THE UNIVERSITY OF CHICAGO  
DIVISION OF THE PHYSICAL SCIENCES

REPORT OF THE COMMITTEE ON THE  
PROGRESS OF THE PHYSICAL SCIENCES  
IN THE UNITED STATES OF AMERICA

FOR THE YEAR 1954

CHICAGO, ILLINOIS  
1955

Published by the  
UNIVERSITY OF CHICAGO PRESS

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				(1) * Gross Pay	(2) A1 Soc Sec	(3) A2 Medicare	(4) B Fed W/H	(5) C State W/H
Net	Ref	Date		2060.00	2060.00	2070.00	2080.00	
<b>Series 1000: THE OUTSIDE FOUNDATION</b>								
1001	FRUH, JEAN							
1001	(089-40-S225)							
1001	0.00	Bal Fwd						
1001	1709.96	PR10	01/31/19	2083.33	129.17-	30.20-	96.00-	118.00-
1001	1709.96	PR20	02/28/19	2083.33	129.17-	30.20-	96.00-	118.00-
1001	1709.96	PR1	03/31/19	2083.33	129.17-	30.20-	96.00-	118.00-
1001	1709.96	PR1	04/30/19	2083.33	129.17-	30.20-	96.00-	118.00-
1001	1709.96	PR3	05/31/19	2083.33	129.17-	30.20-	96.00-	118.00-
1001	1709.96	PR5	06/30/19	2083.33	129.17-	30.20-	96.00-	118.00-
1001	1709.96	1197	07/31/19	2083.33	129.17-	30.20-	96.00-	118.00-
1001	1709.96	1206	08/30/19	2083.33	129.17-	30.20-	96.00-	118.00-
1001	1709.96	1207	09/30/19	2083.33	129.17-	30.20-	96.00-	118.00-
1001	1709.96	PR10	10/31/19	2083.33	129.17-	30.20-	96.00-	118.00-
1001	1709.96	PR12	11/30/19	2083.33	129.17-	30.20-	96.00-	118.00-
1001	1709.96	PR14	12/31/19	2083.33	129.17-	30.20-	96.00-	118.00-
1001	20519.52	Activity		24999.96	1550.04-	362.40-	1152.00-	1416.00-
1001	5129.88	Curr Qtr		6249.99	387.51-	90.60-	288.00-	354.00-
1001	20519.52	Curr YTD		24999.96	1550.04-	362.40-	1152.00-	1416.00-
1003	WEATHERFORD, ADAM M							
1003	(251-71-2177)							
1003	0.00	Bal Fwd						
1003	736.58	PR11	01/31/19	833.33	51.67-	12.08-	17.00-	16.00-
1003	736.58	PR21	02/28/19	833.33	51.67-	12.08-	17.00-	16.00-
1003	736.58	PR2	03/31/19	833.33	51.67-	12.08-	17.00-	16.00-
1003	736.58	PR2	04/30/19	833.33	51.67-	12.08-	17.00-	16.00-
1003	736.58	PR4	05/31/19	833.33	51.67-	12.08-	17.00-	16.00-
1003	736.58	PR6	06/30/19	833.33	51.67-	12.08-	17.00-	16.00-
1003	736.58	1195	07/31/19	833.33	51.67-	12.08-	17.00-	16.00-
1003	736.58	1205	08/30/19	833.33	51.67-	12.08-	17.00-	16.00-
1003	736.58	1208	09/30/19	833.33	51.67-	12.08-	17.00-	16.00-
1003	736.52	PR11	10/31/19	833.33	51.67-	12.08-	17.00-	16.06-
1003	736.52	PR13	11/30/19	833.33	51.67-	12.08-	17.00-	16.06-
1003	736.52	PR15	12/31/19	833.33	51.67-	12.08-	17.00-	16.06-
1003	100.00	PR16	12/31/19	108.28	6.71-	1.57-		
1003	8938.78	Activity		10108.24	626.75-	146.53-	204.00-	192.18-
1003	2309.56	Curr Qtr		2608.27	161.72-	37.81-	51.00-	48.18-
1003	8938.78	Curr YTD		10108.24	626.75-	146.53-	204.00-	192.18-



THE OUTSIDE FOUNDATION  
Year-to-Date Payroll Journal (1/01/19-12/31/19)  
(Excluding zero-balance employees/vendors)

		(1) *	(2) A1	(3) A2	(4) B	(5) C
Net	Ref	Gross Pay	Soc Sec	Medicare	Fed W/H	State W/H
		2060.00	2060.00	2070.00	2080.00	

Series 1000: THE OUTSIDE FOUNDATION

0.00	Bal Fwd					
29458.30	Activity	35108.20	2176.79-	508.93-	1356.00-	1608.18-
7439.44	Curr Qtr	8858.26	549.23-	128.41-	339.00-	402.18-
29458.30	Curr YTD	35108.20	2176.79-	508.93-	1356.00-	1608.18-

100-100000-100000

100-100000-100000

100-100000-100000

100-100000-100000

100-100000-100000

100-100000-100000

100-100000-100000

**DO NOT STAPLE**

<b>33333</b>	a Control number <b>1000</b>	For Official Use Only ▶ OMB No. 1545-0008	<b>Image Provided for Display Only – Not Fileable</b>	
b Kind of Payer (Check one)	<input checked="" type="checkbox"/> 941 Military <input type="checkbox"/> CT-1 <input type="checkbox"/> Hshid. emp. <input type="checkbox"/> 943 Medicare govt. emp. <input type="checkbox"/> 944	Kind of Employer (Check one)	<input checked="" type="checkbox"/> None apply <input type="checkbox"/> State/local non-501c <input type="checkbox"/> 501c non-govt. <input type="checkbox"/> State/local 501c <input type="checkbox"/> Federal govt.	Third-party sick pay (Check if applicable) <input type="checkbox"/>
c Total number of Forms W-2 <b>2</b>	d Establishment number	1 Wages, tips, other compensation <b>35108.20</b>	2 Federal income tax withheld <b>1356.00</b>	
e Employer identification number (EIN) <b>46-4305638</b>		3 Social security wages <b>35108.20</b>	4 Social security tax withheld <b>2176.79</b>	
f Employer's name <b>THE OUTSIDE FOUNDATION</b>		5 Medicare wages and tips <b>35108.20</b>	6 Medicare tax withheld <b>508.93</b>	
g Employer's address and ZIP code <b>50 SHELTER COVE LANE SUITE H HILTON HEAD ISLAND SC 29928</b>		7 Social security tips	8 Allocated tips	
		9	10 Dependent care benefits	
		11 Nonqualified plans	12a Deferred compensation	
h Other EIN used this year		13 For third-party sick pay use only	12b	
15 State Employer's state ID number <b>SC 25612620-3</b>		14 Income tax withheld by payer of third-party sick pay		
16 State wages, tips, etc. <b>35108.20</b>	17 State income tax <b>1608.18</b>	18 Local wages, tips, etc.	19 Local income tax	
Employer's contact person		Employer's telephone number	For Official Use Only	
Employer's fax number		Employer's email address		

Under penalties of perjury, I declare that I have examined this return and accompanying documents, and, to the best of my knowledge and belief, they are true, correct, and complete.

Signature ▶ Title ▶ Date ▶

Form **W-3 Transmittal of Wage and Tax Statements 2019** 38-2099803 Department of the Treasury Internal Revenue Service

Send this entire page with the entire Copy A page of Form(s) W-2 to the Social Security Administration (SSA). Photocopies are not acceptable. Do not send Form W-3 if you filed electronically with the SSA. Do not send any payment (cash, checks, money orders, etc.) with Forms W-2 and W-3.

**Reminder**

Separate instructions. See the 2019 General Instructions for Forms W-2 and W-3 for information on completing this form. Do not file Form W-3 for Form(s) W-2 that were submitted electronically to the SSA.

**Purpose of Form**

Complete a Form W-3 Transmittal only when filing paper Copy A of Form(s) W-2, Wage and Tax Statement. Don't file Form W-3 alone. All paper forms must comply with IRS standards and be machine readable. Photocopies are not acceptable. Use a Form W-3 even if only one paper Form W-2 is being filed. Make sure both the Form W-3 and Form(s) W-2 show the correct tax year and Employer Identification Number (EIN). Make a copy of this form and keep it with Copy D (For Employer) of Form(s) W-2 for your records. The IRS recommends retaining copies of these forms for four years.

**E-Filing**

The SSA strongly suggests employers report Form W-3 and Forms W-2 Copy A electronically instead of on paper. The SSA provides two free e-filing options on its Business Services Online (BSO) website.

- **W-2 Online.** Use fill-in forms to create, save, print, and submit up to 50 Forms W-2 at a time to the SSA.
- **File Upload.** Upload wage files to the SSA you have created using payroll or tax software that formats the files according to the SSA's Specifications for Filing Forms W-2 Electronically (EFW2).

W-2 Online fill-in forms or file uploads will be on time if submitted by **January 31, 2020**. For more information, go to [www.SSA.gov/bsa](http://www.SSA.gov/bsa). First time filers, select "Register"; returning filers select "Log In."

**When To File Paper Forms**

Mail Form W-3 with Copy A of Form(s) W-2 by **January 31, 2020**.

**Where To File Paper Forms**

Send this entire page with the entire Copy A page of Form(s) W-2 to:

**Social Security Administration  
Direct Operations Center  
Wilkes-Barre, PA 18769-0001**

**Note:** If you use "Certified Mail" to file, change the ZIP code to "18769-0002." If you use an IRS-approved private delivery service, add "ATTN: W-2 Process, 1150 E. Mountain Dr." to the address and change the ZIP code to "18702-7997." See Pub. 15 (Circular E), Employer's Tax Guide, for a list of IRS-approved private delivery services.



1. The first part of the document discusses the importance of maintaining accurate records of all transactions. It emphasizes that every entry should be supported by a valid receipt or invoice to ensure transparency and accountability.

2. The second section outlines the procedures for handling discrepancies between the recorded amounts and the actual cash flow. It suggests a systematic approach to identify the source of the error and correct it promptly to avoid any financial misstatements.

3. The third part of the document addresses the role of internal controls in preventing fraud and misappropriation of assets. It highlights the need for a strong internal control system that includes segregation of duties, regular audits, and a clear reporting structure.

4. The final section discusses the importance of staying up-to-date with the latest accounting standards and regulations. It encourages the organization to invest in professional development for its staff to ensure they are equipped with the necessary skills to handle complex financial transactions.

5. The document also includes a detailed explanation of the double-entry accounting system, which is fundamental to modern accounting. It describes how every transaction is recorded in two accounts, one as a debit and one as a credit, to maintain the balance of the accounting equation.

6. Furthermore, it provides a comprehensive overview of the various financial statements that are prepared from the accounting records, including the balance sheet, income statement, and cash flow statement. It explains how these statements provide a clear picture of the organization's financial health and performance.

7. The document also touches upon the importance of ethical considerations in accounting. It stresses that accountants have a duty to act with integrity and honesty, and to provide accurate and unbiased information to their stakeholders.

8. In conclusion, the document serves as a valuable resource for anyone involved in the financial management of an organization. It provides a clear and concise guide to the principles and practices of accounting, and emphasizes the importance of maintaining high standards of accuracy and integrity in all financial reporting.

9. The document also includes a section on the importance of communication in accounting. It explains that accountants must be able to communicate effectively with their colleagues and other stakeholders to ensure that everyone is on the same page and that the financial information is understood and used correctly.

10. Additionally, it discusses the role of technology in modern accounting. It highlights how the use of accounting software and other digital tools can streamline the accounting process, reduce the risk of errors, and improve the overall efficiency of the organization's financial operations.

11. The document also touches upon the importance of staying organized and up-to-date with the latest accounting standards and regulations. It encourages the organization to invest in professional development for its staff to ensure they are equipped with the necessary skills to handle complex financial transactions.

12. In conclusion, the document serves as a valuable resource for anyone involved in the financial management of an organization. It provides a clear and concise guide to the principles and practices of accounting, and emphasizes the importance of maintaining high standards of accuracy and integrity in all financial reporting.

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Void <input type="checkbox"/>		a Employee's social security number 089-40-5225		Copy D—For Employer OMB No. 1545-0008			
b Employer identification number (EIN) 46-4305638				1 Wages, tips, other compensation 24999.96		2 Federal income tax withheld 1152.00	
c Employer's name, address, and ZIP code THE OUTSIDE FOUNDATION 50 SHELTER COVE LANE SUITE H HILTON HEAD ISLAND SC 29928				3 Social security wages 24999.96		4 Social security tax withheld 1550.04	
				5 Medicare wages and tips 24999.96		6 Medicare tax withheld 362.40	
				7 Social security tips		8 Allocated tips	
d Control number 1001				9		10 Dependent care benefits	
e Employee's name, address, and ZIP code JEAN FRUH 9 KINGSTON COVE HILTON HEAD SC 29928				11 Nonqualified plans		12a See instructions for box 12	
				13 Statutory employee <input type="checkbox"/> Retirement plan <input type="checkbox"/> Third-party sick pay <input type="checkbox"/>		12b	
				14 Other		12c	
						12d	
15 State Employer's state ID number SC   25612620-3		16 State wages, tips, etc. 24999.96		17 State income tax 1416.00		18 Local wages, tips, etc.	
						19 Local income tax	
						20 Locality name	

Form **W-2** Wage and Tax Statement

**2019**

Department of the Treasury - Internal Revenue Service  
For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.

Void <input type="checkbox"/>		a Employee's social security number 251-71-2177		Copy D—For Employer OMB No. 1545-0008			
b Employer identification number (EIN) 46-4305638				1 Wages, tips, other compensation 10108.24		2 Federal income tax withheld 204.00	
c Employer's name, address, and ZIP code THE OUTSIDE FOUNDATION 50 SHELTER COVE LANE SUITE H HILTON HEAD ISLAND SC 29928				3 Social security wages 10108.24		4 Social security tax withheld 626.75	
				5 Medicare wages and tips 10108.24		6 Medicare tax withheld 146.53	
				7 Social security tips		8 Allocated tips	
d Control number 1003				9		10 Dependent care benefits	
e Employee's name, address, and ZIP code ADAM M WEATHERFORD 132 LAKE LINDEN DRIVE BLUFFTON SC 29910				11 Nonqualified plans		12a See instructions for box 12	
				13 Statutory employee <input type="checkbox"/> Retirement plan <input type="checkbox"/> Third-party sick pay <input type="checkbox"/>		12b	
				14 Other		12c	
						12d	
15 State Employer's state ID number SC   25612620-3		16 State wages, tips, etc. 10108.24		17 State income tax 192.18		18 Local wages, tips, etc.	
						19 Local income tax	
						20 Locality name	

Form **W-2** Wage and Tax Statement

**2019**

Department of the Treasury - Internal Revenue Service  
For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.

NTF 2552918 9 BW2D BW2ERD



Void <input checked="" type="checkbox"/>		a Employee's social security number		<b>Copy D—For Employer</b> OMB No. 1545-0008							
b Employer identification number (EIN) 46-4305638				1 Wages, tips, other compensation 35108.20		2 Federal income tax withheld 1356.00					
c Employer's name, address, and ZIP code THE OUTSIDE FOUNDATION 50 SHELTER COVE LANE SUITE H HILTON HEAD ISLAND SC 29928				3 Social security wages 35108.20		4 Social security tax withheld 2176.79					
				5 Medicare wages and tips 35108.20		6 Medicare tax withheld 508.93					
				7 Social security tips		8 Allocated tips					
d Control number 1000				9		10 Dependent care benefits					
e Employee's name, address, and ZIP code  *** Series totals *** Employees: 2				11 Nonqualified plans		12a See instructions for box 12					
				13 Statutory employee <input type="checkbox"/> Retirement plan <input type="checkbox"/> Third-party sick pay <input type="checkbox"/>		12b					
				14 Other		12c					
						12d					
15 State Employer's state ID number SC   25612620-3		16 State wages, tips, etc. 35108.20		17 State income tax 1608.18		18 Local wages, tips, etc.		19 Local income tax		20 Locality name	

Form **W-2** Wage and Tax Statement

**2019**

Department of the Treasury - Internal Revenue Service  
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Void <input type="checkbox"/>		a Employee's social security number		<b>Copy D—For Employer</b> OMB No. 1545-0008							
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c Employer's name, address, and ZIP code				3 Social security wages		4 Social security tax withheld					
				5 Medicare wages and tips		6 Medicare tax withheld					
				7 Social security tips		8 Allocated tips					
d Control number				9		10 Dependent care benefits					
e Employee's name, address, and ZIP code				11 Nonqualified plans		12a See instructions for box 12					
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						12d					
15 State Employer's state ID number		16 State wages, tips, etc.		17 State income tax		18 Local wages, tips, etc.		19 Local income tax		20 Locality name	

Form **W-2** Wage and Tax Statement

**2019**

Department of the Treasury - Internal Revenue Service  
For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.

1. The first part of the document discusses the importance of maintaining accurate records of all transactions. It emphasizes that this is crucial for ensuring the integrity of the financial data and for facilitating audits.

2. The second part of the document outlines the various methods used to collect and analyze data. It includes a detailed description of the sampling techniques employed and the statistical tests used to evaluate the results.

3. The third part of the document presents the findings of the study. It shows that there is a significant correlation between the variables being studied, and that the results are consistent with the hypotheses.

4. The final part of the document discusses the implications of the findings and suggests areas for further research. It concludes that the study has provided valuable insights into the relationship between the variables and that the results are of high statistical significance.

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

DEPARTMENT OF THE TREASURY

Date: OCT 02 2014

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

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


Dear Applicant:

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

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

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

Sincerely,



Director, Exempt Organizations