

**2025**

# **Accommodations Tax Funds Request Application**

**Organization Name:** Hilton Head Island Land Trust

**Project/Event Name:** Fort Howell

## **Executive Summary**

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

The Hilton Head Island Land Trust owns and protects special places on Hilton Head Island comprising over 300 acres of preserved and protected land. One of the most significant places is Fort Howell, built during the Civil War by the 32nd US Colored Infantry and the 144th NY Infantry. The Fort was built to protect the Freedman's village of Mitchelville, and as a result the Fort has a unique historical relationship with Mitchelville Freedom Park. The Land Trust applied for and was granted ATAX awards for Fort Howell in 2020, 2021, 2022 and 2024. Through those grants, the Land Trust has completed the exterior perimeter path around the Fort, cleared brush, unsafe limbs, and dead trees, improved interpretive and educational signage, doubled the size and resurfaced the parking lot, installed a new entrance sign and is beginning efforts to permit and design the improvements shown in our completed Master Plan.

Our Volunteer Corps has been active over the last several years, clearing brush, putting down mulch and generally cleaning up the site so that visitors are better able to visualize the structure as it was in the latter part of the Civil War. Comments from tours conducted by Board members, as well as on our social media sites, have been very positive about the work we've done, and the experience of visitors to the site. We want to continue to make the Fort an even more important part of the Hilton Head tourist experience. The effectiveness spreadsheet is attached.

# 2025 Accommodations Tax Funds Request Application

Date Received: 09/06/2024

Time Received: 07:54 AM

By: Online Submittal

*Applications will not be accepted if submitted after 4 pm on September 6, 2024*

## A. SUMMARY OF GRANT REQUEST:

**ORGANIZATION NAME:** Hilton Head Island Land Trust

**Project/Event Name:** Fort Howell

Contact Name: Michael Rosenfeld

Title: Board Member

Address: P. O. Box 21058, Hilton Head Island, SC 29925

Email Address: hhilandtrust@hhilandtrust.org

Contact Phone: 425-890-5021

Event Date:

Event Location: Fort Howell

**Total Budget:** \$47,000.00

**Grant Requested:** \$47,000.00

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

The Land Trust has completed the Fort Howell Master Plan, which describes new interior trails, educational signage, an outdoor educational classroom, and other improvements. The main thrust of this year's ATAX grant request is for funds to support the permitting and design of these improvements which will allow construction in future years. In addition to design and permitting for the Master Plan, small amounts are being requested for trash hauling and disposal, tree and shrub control, and marketing, including preparation of a brochure. We expect these improvements to significantly enhance the desirability of the Fort for tourists and visitors.

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)

Fort Howell is recognized on the National Register of Historic Places, the National Park Service's Underground Railroad Network to Freedom and the American Battlefield Trust's Civil War Discovery Trail. These recognitions have sparked visitors' interest in our Island's history. We have enhanced the Fort in recent years, and would like to continue to build on this momentum. Fort Howell, the only remaining military structure from the Civil War, can become the center for learning Civil War history of the Island. The impact of the fort is measured by the number of

tourists visiting the site each year.

A. Total Number of Physical Tourists Served: 6174

*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: 324

*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: 220

*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): 6718

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

The number of visitors was calculated using a combination of records from our people counter installed in July 2020, Fort Howell guestbook zip codes and zip codes from attendees of guided tours offered by Board Members of the Hilton Head Island Land Trust and other organizations such as Hilton Head History Tours. Zip codes are recorded in the guestbook we keep on site; about 10% of the total number of visitors record their zip codes.

We installed the optical beam counter to gauge the effectiveness of our improved facilities. The people counter numbers above are for the 12 months ending July 31, 2024. We have been successful in marketing Fort Howell via our introductory video, which has had thousands of views on our website (please see: <https://www.hhilandtrust.org/fort-howell>). Conversations with visitors and volunteers reveal that they enjoy the pathway around the perimeter of the Fort in particular, as well as the ability to view the size and scope of the Fort. The people counter recording sheet with zip code information is attached for your reference.

## B. DESCRIPTION OF OPERATIONS:

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

Hilton Head Island Land Trust is a 501(c)(3) organization founded in 1987 for the purpose of preserving and protecting our natural habitat, as well as protecting significant parcels of land on Hilton Head Island for the enjoyment of future generations. The Land Trust consists of a 12-member Board of Directors and approximately 150 members. We rely on grants, donations and member contributions for the ongoing upkeep of the properties for which we are responsible. This includes distributing educational materials, staging events, sponsoring tours, and managing volunteer efforts to provide stewardship for five land tracts (over 300 acres), including Fort Howell. We have no paid staff and all operations

are accomplished by our volunteer Board of Directors and membership.

Historic Fort Howell, located on Beach City Road, is one of our most significant properties and is the only Civil War fort on Hilton Head preserved and open to the public at no charge. The earthen fort was built in 1864 by the 32nd US Colored Infantry and finished by the 144th NY infantry to protect the Freedmen's village of Mitchelville. The Land Trust was granted a listing for Fort Howell on the National Register of Historic Places in 2011. In 2013, we were granted a listing as one of only five sites in South Carolina in the Underground Railroad Network to Freedom sponsored by the National Park Service. In 2018, the Fort became the only HHI site listed in the Civil War Discovery Trail of the American Battlefield Trust.

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

This funding request is comprise of 4 elements.

1. \$35,000 for design and permitting of improvements in the Fort Howell Master Plan, which is at the following link: [https://1drv.ms/i/s!ApT9GnlBa4dOgcszv\\_gH-Ba6XsdXBw?e=Y5aL27](https://1drv.ms/i/s!ApT9GnlBa4dOgcszv_gH-Ba6XsdXBw?e=Y5aL27) . The Master Plan has a number of interior trails, educational signs, an outdoor classroom, and other improvements. Now that the Plan is complete, the next step is to prepare design documents that can be used to obtain construction bids as well as permits from the Town. Design and permitting will be based on a comprehensive survey of the site, which is being completed this year as part of our current grant. The restroom building in the Master Plan will be completed later, and is not included in this request.
2. \$6,600 for tree and shrub control - this is an ongoing issue related to both safety and enhancement. Dead or diseased limbs and trees must be removed for the safety of visitors. Shrubs must be trimmed to maintain viewsheds.
3. \$3,000 for publicity and marketing - to enhance the Fort's public profile, including preparation of a brochure that will be placed in hotel lobbies easily visible to tourists.
4. \$2,400 for trash hauling and disposal - In the past, trash was hauled away from the site and disposed sporadically on a pro bono basis by a local trash hauler. They have elected to stop providing that service, and our waste bins require emptying on a weekly basis so they do not overflow and cause an unsightly, unsanitary mess.

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)

Partial funding would require us to defer a portion of the work. We would likely pare back

the scope of work and implement the design and permitting in phases, which would cause the project to incur additional time to completion. We would continue ongoing fundraising efforts with our members, and would also seek other sources of funding. With our current limited resources and member donations, most of which are modest in size, we could not implement all of the work until we had assured sources of funding.

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

Expected economic impact and benefit to Island tourism is in the enhancement of the Island's appeal to visitors coming to Hilton Head, especially those interested in Civil War history and the African-American and Gullah experience. Fort Howell is located on a part of the Island that is rich with history, and helps bring to life the fascinating history of the Civil War and Reconstruction Era on the Island. It is apparent that visitors that come to the Island for its beaches and golf are discovering other facets to explore, and we will continue to contribute to that growth and discovery.

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

1 - Destination Advertising/Promotion	
<i>Advertising and promotion of tourism so as to develop and increase tourist attendance through the generation of publicity.</i>	6 %
2 - Tourism-Related Events	
<i>Promotion of the arts and cultural events.</i>	0 %
3 - Tourism-Related Facilities	
<i>Construction, maintenance and operation of facilities for civic and cultural activities including construction and maintenance of access and other nearby roads and utilities for the facilities.</i>	89 %
4 - Tourism-Related Public Services	
<i>The criminal justice system, law enforcement, fire protection, solid waste collection and health facilities when required to serve tourists and tourist facilities. This is based on the estimated percentage of costs directly attributed to tourist. Also includes public facilities such as restrooms, dressing rooms, parks and parking lots.</i>	5 %
5 - Tourist Public Transportation	
<i>Tourist shuttle transportation.</i>	0 %
6 - Waterfront Erosion/Control/Repair	
<i>Control and repair of waterfront erosion.</i>	0 %
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)

In addition to its partnership with the Town's Office of Cultural Affairs, the Hilton Head Island Land Trust has a long history of collaboration with the Mitchelville Preservation Project, the Coastal Discovery Museum, and the Heritage Library. We offer tours of the site for organizations as diverse as cycling clubs, interested tourist families, and men's and women's groups. We partner with Mitchelville on a case-by-case basis as opportunities arise. For example, this year we partnered with Mitchelville as one of the stops during Mitchelville's week-long Juneteenth celebration. Also, we partner with the Heritage Library to prepare for and participate in History Day Celebrations and Historic Holidays on Hilton Head Island. The Coastal Discovery Museum has organized tours that include Fort Howell on the itinerary. Additionally, we partner with Hilton Head Library, where Fort visitors can have their National Park Service Network to Freedom Underground Railroad Site and National Register of Historic Places passports stamped. Also, Fort Howell is part of the South Carolina Battlefield Preservation Trust, which provides additional statewide recognition and promotion. Finally, it is the sole site on HHI which is listed in the Civil War Trail of the American Battlefield Trust.

7. Additional comments. (250 words or less)

"The fort was constructed from late August or early September to late November 1964 by the 32nd US Colored Infantry and the 144th New York Infantry, and was part of the Federal defenses of Hilton Head Island. It was designed to be manned by artillerymen serving a variety of garrison, siege or "seacoast" artillery pieces. Intended to protect the approaches to the nearby freedmen's village of Mitchelville... Fort Howell, an essentially pentagonal enclosure constructed of built-up earth, is quite discernible despite natural erosion and the growth of trees and other vegetation over a period of almost 150 years. Its construction is typical of earthen Civil War fortifications, but the size, sophistication of design, and physical integrity of this fort are all exceptional in the context of surviving such fortifications in South Carolina..." (from the document designating Fort Howell a National Historic Site in 2011)

The Fort was once described by Todd Ballentine, the noted Hilton Head naturalist and writer, in his "Secret Places" column as "sacred ground" where we "walk with reverence."

The Land Trust also operates the Hilton Head Raptor Cam, which overlooks an eagle's nest. The camera streams nest activities to the internet ([Raptor CAM | HHI Land Trust](#)). The website was enormously popular this year as the world watched (over 360,000 views) the hatching and development of a family of Great Horned Owls. The popularity of the Raptor Cam adds to the notoriety of the Land Trust and Hilton Head Island and thereby Fort Howell.

**C. FUNDING:**

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

Our largest source of funding is grants. We solicit and have received grants from the Town of Hilton Head, the Hilton Head Bargain Box, Beaufort County and the State of South Carolina. In addition, we have loyal members who contribute to the Land Trust year after year. Throughout the year, we also receive memorial donations from those who have designated the HHI Land Trust as a beneficiary in their will.

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

<u>45</u>	Government Sources	<u>9</u>	Private Contributions, Donations and Grants
2	Corporate Support, Sponsors	<u>19</u>	Membership, Dues, Subscriptions
<u>19</u>	Ticket Sales, or Sales and Services	<u>6</u>	Other

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

Yes  No

If so, please list top 3 sources and amounts.

The Bargain Box - unrelated to Fort Howell	\$1,500.00
SC Dept of Parks, Recreation and Tourism - Fort Howell Master Plan	\$45,000.00

**D. FINANCIAL INFORMATION:**

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

**Financial Statement Requirements:**

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

Budget Provided: **Yes**

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

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

Previous fiscal year Profit Loss Reports Provided:

2022- Previous FY 1

203- Previous FY 2

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

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

Previous fiscal year Balance Sheets Provided:

2023 - Previous FY 2

2022 - Previous FY 1

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

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

Previous IRS Form 990 or 990T Years Provided:

2022 - Previous FY 2

2021 - Previous FY 1

#### 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 2023 or 2024 HHI ATAX funds

1. List any ATAX award amounts received in 2023 and/or 2024.



2021	\$30,000.00	Enlarge and resurface parking lot
2022	\$41,000.00	Completion of exterior path
2024	\$36,632.00	Fort Howell

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)

The Land Trust received \$41,000 in ATAX grant funds in 2022. A 2023 grant request was not submitted. Actual expenditures in 2022 were \$29,390.93 because we were awaiting results from a comprehensive conceptual plan, which is now complete.

The 2022 award was used to complete the exterior path around the exterior of the fort walls. The path is now completed, additional educational signage was added as was access control to discourage visitors from walking on the earthen walls, which already show signs of erosion. Because the fort has now been entirely encircled by the path, it can be accessed by visitors from the right or left as you face the fort's entrance and makes the path more accessible to handicapped visitors.

The 2024 award was used to construct a new entrance sign to the Fort, which has recently been completed. A comprehensive survey of the interior of the Fort to support permitting and design will be implemented in the next month or so and completed before year's end. 2024 Funds have also been used for brush control and marketing efforts, which are ongoing.

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

The completed pathway has improved access around the entire fort and made the site more accessible for tourists, new signs add interest for visitors and vegetation management made the site safer. The new entrance sign has increased visibility of the Fort's entrance and is designed in a similar manner to the Mitchelville entrance sign, which links the two sites. Groups have commented that between the outer path and the educational kiosk, they have a better understanding of the fort and its environs, as well as how it was used at the end of the Civil War. We have seen a continuing stream of visitors to the fort, as well as groups that have been given tours by Board members. Reaction from visitors has been universally positive. Many indicated that their visit to Fort Howell was accompanied by a visit to Mitchelville, which provided a more comprehensive understanding of Hilton Head during the Civil War.

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

The Land Trust measures the effectiveness of these activities by the large numbers of visitors we see from our guestbook and the people counter. We have also seen an increase in the number of groups that have requested tours. In addition, we measure the traffic on our website and our social media presence. With increased recognition, we have received requests for live presentations to various groups including several WHHI TV interviews, Lifelong Learning, the Coastal Discovery Museum, the Chamber of Commerce Young Leadership Program among others. A number of these programs have attracted tourists, increasing their interest in the Island.

We are encouraged by the significant increase in the physical number of visitors as well as increased traffic online. In 2019, there were 1,688 people that visited the site, and that has increased to almost 7,000 in 2024. We're now able to host larger groups and provide visitors with a more comprehensive and educational experience.

**G. EXECUTIVE SUMMARY**

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Provide an executive summary using the "ATAX Effectiveness Measurement" form provided via the link on the left, or by utilizing the text area provided below to report uses of the organization's prior ATAX grant, if applicable. If creating your own format, please refer to the "ATAX Effectiveness Measurement" form and use the criteria as a guideline in developing your executive summary below. (1300 words or less)

[An ATAX Effectiveness Measurement form has been attached to this application.](#)

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as well as on our social media sites, have been very positive about the work we've done, and the experience of visitors to the site. We want to continue to make the Fort an even more important part of the Hilton Head tourist experience. The effectiveness spreadsheet is attached.

Signature: Michael Rosenfeld

Title/Position: Board Member

Mailing Address: PO Box 21058, Hilton Head Island, SC 29925

Email Address: [hhilandtrust@hhilandtrust.org](mailto:hhilandtrust@hhilandtrust.org)

Office Phone Number: 425-890-5021

Home Phone Number: 425-890-5021

HHILT 2025 ATAX EFFECTIVENESS MEASUREMENT SUMMARY

TOPIC	THE PLAN	BUDGET	ACTUAL SPENT	RESULTS
2020 GRANT - Perimeter pathway improvements	Clear brush, remove dead trees, and create a crushed cement/gravel pathway around the perimeter of the Fort. Add interpretive signage	\$ 15,000.00	\$ 15,000.00	The first half of the perimeter pathway was constructed. Interpretive signage was added, improving educational opportunities. Roping was added to divert visitors away from climbing the walls. Dead trees and brush were removed.
Total		\$ 15,000.00	\$ 15,000.00	
2021 GRANT - Parking lot improvements	Construct a renewed, safer, and larger parking lot at the Fort. Add bycical racks. Clear brush and dead trees. Delineate spaces.	\$ 30,000.00	\$ 27,084.25	Parking lot improvements were completed. Parking lot was resurfaced and increased in size, dead trees and shrubs were removed, spaces better delineated, bike racks were installed, mulch was added for weed control and beautification. Double the number of vehicles can now park at Fort Howell.
Total		\$ 30,000.00	\$ 27,084.25	
2022 GRANT - Complete perimeter pathway	Complete exterior pathway around the circumference of the walls; add educational signage and access control	\$ 41,000.00	\$ 29,390.93	The exterior perimeter pathway around the Fort was completed. Educational signage was added, as was access control. Visitors can now walk completely around the perimeter without retracing their steps. Visitor reaction has been universally positive. Additional expenditures were put on hold awaiting the results of the comprehensive plan.
Total		\$ 41,000.00	\$ 29,390.93	

HHILT 2025 ATAX EFFECTIVENESS MEASUREMENT SUMMARY

TOPIC	THE PLAN	BUDGET	ACTUAL SPENT	RESULTS
2024 GRANT - Several projects to improve visibility and prepare for site improvements	Add exterior signage; perform site survey; conduct tree and shrub control; publicity and marketing (including website improvements)	\$ 36,632.00	To date, \$13,259 has been expended and \$15,100 has been contractually obligated, with an additional \$7,000 planned	Brush control efforts have been begun and will be completed this fall. A new sign was constructed and installed. A comprehensive site survey is scheduled for October. Marketing efforts are ongoing.
Total		\$ 36,632.00	\$ 35,359.00	
Total Budget to Actual (2020-2024)		\$ 122,632.00	\$ 106,834.18	
2025 GRANT - Several projects to prepare for construction of Master Plan improvements and maintenance of the Fort	Provide schematic design, construction documents and permitting for Master Plan improvements; marketing, shrub control, trash hauling	\$ 47,000.00	To be determined	To be determined
Total		\$ 47,000.00	\$ -	

## Fort Howell People Counter Recording Sheet

Date	Readings	Weekly Visitors	Comments
2023-07-15	2084	114	
2023-07-22	2150	66	
2023-07-29	2218	68	
2023-08-05	2346	128	
2023-08-12	2478	132	
2023-08-19	2520	42	
2023-08-26	2660	140	
2023-09-02	2638	120	
2023-09-09	2709	118	
2023-09-16	2772	63	
2023-09-30	120	120	
2023-10-07	204	84	
2023-10-14	337	133	
2023-10-21	445	108	
2023-10-28	555	110	
2023-11-04	735	180	Historic Marker unveiling
2023-11-11	867	132	
2023-11-18	983	116	
2023-11-25	1099	116	
2023-12-02	1195	96	
2023-10-09	1275	80	
2023-12-16	1388	113	
2023-12-23	1501	113	
2023-12-23	1614	113	
2023-12-30	1724	110	
2024-01-13	102	102	Counter reset for unknown reasons
2024-01-20	220	118	
2024-01-27	353	133	
2024-02-03	484	131	
2024-02-10	613	129	
2024-02-17	729	116	
2024-02-21	879	150	
2024-02-28	1039	160	
2024-03-02	1190	151	
2024-03-09	1299	109	
2024-03-16	1350	51	
2024-03-23	1482	132	
2024-03-30	1652	170	
2024-04-06	2069	417	Open house & tour groups
2024-04-13	2981	120	
2024-04-20	3100	119	
2024-04-27	3245	145	

2024-05-04	3362	117	
2024-05-11	3483	121	
2024-05-18	3558	75	
2024-05-25	3720	162	
2024-06-01	3891	171	
2024-06-08	3981	90	
2024-06-15	4140	159	
2024-06-22	4274	134	
2024-06-29	4403	129	
2024-07-06	4520	117	
2024-07-13	4658	138	
2024-07-20	4795	137	
2024-07-27			
2024-08-03			
2024-08-10			
2024-08-17			
2024-08-24			
2024-08-31			
2024-09-07			

6718 Total to date

**Note:** by observation, most visits consist of two or more people who walk side by side when entering and break the optical beam of the counter once even though more than one person has entered. Thus the actual number of visitors is understated by at least one third and more likely by half. But to be conservative the estimated number of visitors in the past 12 months is actually at least 8,935 and probably closer to 10,000.

Date	zip code	number		
1/2/2024	97408	4		
1/2/2024	28601	2		6718
1/2/2024	56007	2 Residents	3%	220
1/3/2024	18010	6 Visitors	5%	324
1/3/2024	27308	2 Tourists	92%	6174
1/10/2024	29928	4		
1/11/2024	22206	2		
1/11/2024	29906	2		
1/11/2024	29812	4		
1/16/2024	80230	2		
1/16/2024	48446	2		
1/16/2024	30813	2		
1/16/2024	29906	3		
1/17/2024	26501	5		
1/17/2024	16115	2		
1/17/2024	48435	2		
1/22/2024	99515	5		
1/22/2024	29406	2		
1/23/2024	61523	4		
1/23/2024	30571	3		
1/23/2024	53149	1		
1/24/2025	75507	2		
1/24/2024	91710	2		
1/24/2024	29406	2		
1/25/2024	67334	4		
1/25/2024	18010	2		
1/30/2024	55021	2		
1/30/2024	49415	2		
1/30/2024	34613	2		
1/31/2024	30458	8		
1/31/2024	34952	2		
		89		
2/1/2024	37027	2		
2/1/2024	27301	6		
2/5/2024	51360	2		
2/5/2024	28791	2		
2/5/2024	29707	4		
2/7/2024	29506	1		
2/7/2024	36116	1		
2/7/2024	16505	7		
2/8/2024	37772	2		
2/8/2024	41018	2		



Date	zip code	number
2/8/2024	19507	2
2/13/2024	58500	4
2/13/2024	46792	2
2/13/2024	53901	2
2/13/2024	61108	2
2/13/2024	14580	3
2/14/2024	29483	1
2/14/2024	17015	3
2/14/2024	43055	2
2/14/2024	SZE1E	2
2/15/2024	21842	2
2/15/2024	30116	2
2/15/2024	48067	1
2/15/2024	64064	4
2/16/2024	44130	2
2/16/2024	110B2K0	2
2/16/2024	44060	2
2/16/2024	27587	4
2/16/2024	21793	2
2/19/2024	29910	7
2/19/2024	55920	2
2/19/2024	37640	6
2/20/2024	14051	4
2/20/2024	30906	2
2/20/2024	37027	4
2/20/2024	29926	2
2/21/2024	35055	3
2/21/2024	56367	2
2/21/2024	29557	6
2/21/2024	56288	2
2/21/2024	NOL1G3	2
2/22/2024	61111	2
2/22/2024	48371	7
2/22/2024	28078	1
2/26/2024	45244	2
2/26/2024	56312	2
2/26/2024	10016	2
2/26/2024	65807	2
2/26/2024	46013	2
2/26/2024	38039	2
2/27/2024	55435	2
2/27/2024	62522	2
2/27/2024	26501	5

Date	zip code	number
2/27/2024	01564	2
2/28/2024	61073	2
2/28/2024	29910	2
2/28/2024	21502	2
2/28/2024	46737	2
2/29/2024	L1A0BN	2
2/29/2024	55044	2
2/29/2024	17070	2
2/29/2024	53502	2
		164

3/1/2024	95829	6
3/1/2024	46239	2
3/1/2024	52302	2
3/1/2024	60060	4
3/1/2024	37927	2
3/5/2024	43458	2
3/5/2024	45102	2
3/5/2024	M1N2X7	4
3/5/2024	22735	4
3/5/2024	D58251	2
3/6/2024	12058	2
3/6/2024	13904	2
3/6/2024	19973	2
3/6/2024	62025	2
3/7/2024	13039	2
3/7/2024	04953	2
3/7/2024	30907	2
3/7/2024	44053	3
3/8/2024	02360	4
3/8/2024	34293	2
3/8/2024	28110	2
3/11/2024	19522	2
3/11/2024	49684	2
3/11/2024	33565	6
3/11/2024	61073	2
3/11/2024	62470	2
3/12/2024	53711	2
3/12/2024	91773	4
3/12/2024	28530	2
3/13/2024	55920	3
3/13/2024	54016	4
3/13/2024	29926	2

Date	zip code	number
3/13/2024	43101	2
3/14/2024	61264	4
3/14/2024	15106	2
3/14/2024	19951	2
3/14/2024	33579	3
3/19/2024	48808	2
3/19/2024	63011	2
3/19/2024	33417	2
3/19/2024	49306	2
3/20/2024	08403	2
3/20/2024	48114	2
3/20/2024	53567	2
3/20/2024	08343	2
3/21/2024	19520	2
3/21/2024	16505	4
3/21/2024	19407	4
3/22/2024	06410	4
3/22/2024	67205	2
3/22/2024	K2H8YA	2
3/25/2024	23322	2
3/25/2024	98371	2
3/25/2024	60504	2
3/25/2024	18977	2
3/26/2024	K0AZZZ	2
3/26/2024	13850	2
3/26/2024	44202	2
3/26/2024	33323	2
3/27/2024	28124	2
3/27/2024	46901	2
3/27/2024	34591	2
3/27/2024	11693	2
3/28/2024	LZP130	4
3/28/2024	N0G1R0	2
3/28/2024	48439	2
3/28/2024	NZM0M0	2
3/28/2024	29607	3
		170

Date	zip code	number
4/1/2024	60601	1
4/1/2024	60172	1
4/1/2024	24266	3
4/5/2024	29170	1

Date	zip code	number
4/5/2024	45701	1
4/5/2024	29926	2
4/5/2024	29928	2
4/5/2024	20806	2
4/5/2024	29928	1
4/5/2024	29926	2
4/5/2024	32257	2
4/5/2024	32217	2
4/5/2024	M5L	1
4/6/2024	16038	4
4/10/2024	02367	1
4/10/2024	35976	2
4/12/2024	53575	2
4/12/2024	78247	2
4/12/2024	78247	2
4/13/2024	KOAK4C	2
4/13/2024	37922	2
4/13/2024	M5L	2
4/13/2024	47201	2
4/13/2024	46201	2
4/14/2024	53716	3
4/14/2024	81212	2
4/16/2024	01770	2
4/17/2024	03766	2
4/19/2024	87114	3
4/19/2024	01543	1
4/19/2024	60451	1
4/19/2024	80249	1
4/20/2024	33323	2
4/22/2024	19606	2
4/22/2024	22181	1
4/26/2024	30022	2
4/26/2024	20175	2
		68
5/1/2024	63376	3
5/3/2024	03226	1
5/5/2024	62800	2
5/5/2024	27215	2
5/6/2024	29073	4
5/6/2024	29073	2
5/7/2024	29072	2
5/7/2024	84065	2

Date	zip code	number
5/7/2024	29926	2
5/8/2024	15203	1
5/9/2024	60302	2
5/16/2024	29926	4
5/16/2024	44302	2
5/17/2024	28602	2
5/18/2024	37914	4
5/19/2024	45201	4
5/19/2024	12561	2
5/26/2024	28701	2
5/30/2024	21201	2
5/30/2024	30041	4
5/31/2024	38926	2
		51

6/1/2024	30047	1
6/2/2024	29926	2
6/4/2024	30117	2
6/4/2024	21865	4
6/11/2024	77573	4
6/12/2024	84020	2
6/12/2024	97202	4
6/12/2024	41011	4
6/14/2024	37909	1
6/18/2024	33401	4
6/20/2024	45040	4
6/21/2024	20872	1
6/21/2024	10027	2
6/21/2024	17356	4
6/21/2024	18040	4
6/23/2024	99212	4
6/26/2024	28803	1
6/29/2024	29483	4
		52

7/3/2024	29906	1
7/7/2024	29926	2
7/10/2024	80109	2
7/12/2024	50265	6
7/16/2024	41051	4
7/17/2024	97122	2
7/17/2024	28786	2
7/25/2024	29926	1

Date	zip code	number
7/28/2024	28054	1
7/29/2024	KOAK4C	2
7/31/2024	BRA	1
8/1/2024	22030	4
8/1/2024	45005	4
8/1/2024	45039	4
8/1/2024	59106	4
8/3/2024	29926	1
8/3/2024	20861	1
8/9/2024	37042	4
8/10/2024	29926	1
8/10/2024		1
		48

**Hilton Head Island Land Trust**  
**Board of Directors Meeting**  
**August 21, 2024, 6 pm**

The meeting was called to order by President George Banino at 6 pm on a virtual meeting platform. Also present were Secretary Melissa Andris, Treasurer Robin Storey, Mike Rosenfeld, Rich Sims, Ed Schottland, and Jim Schneider. Robert Genzler provided his proxy. A quorum was present.

The sole item on the agenda was an ATAX Grant application for the Town of Hilton Head. The minutes of the meeting will then be forwarded along to the Town as part of the application package.

A presentation about the application was provided by Mike Rosenfeld who previously attended a meeting held by the Town to learn about the application requirements and the process. Mike reported that the Town expects about 40 applications and that there will be a presentation in October for those applications that pass the initial screening.

The grant application request will primarily be to support design and permitting for the Conceptual Plan that has just been completed for Fort Howell. Rich Sims is in the process of getting a cost estimate for the work from Wood + Partners. There will be additional small requests for landscaping, trash hauling and marketing.

George Banino then requested a motion to approve the application and its submission to the Town of Hilton Head for the 2025 ATAX grant to support the activities described above. The motion was made by Rich Sims, seconded by Jim Schneider and was approved unanimously.

George then requested a motion to adjourn. The motion was made and the meeting was adjourned at 6:30pm.

Hilton Head Island Land Trust

	2025 Budget	
<b>Revenue</b>		
Memberships	\$ 11,000.00	
Donations	\$ 1,300.00	
Grants - TOHHI ATAX	\$ 47,000.00	
Grants - Beaufort Co. - 2%	\$ 10,000.00	
Grant - Bargain Box	\$ 1,500.00	
Annual Meeting & silent Auction	\$ 9,500.00	
Fundraiser - Bonfire	\$ 500.00	
Interest	\$ 2,500.00	
<b>TOTAL Revenue</b>	<b>\$ 83,300.00</b>	
<b>Expenses</b>		
Communication tools	\$ 1,506.00	
Website maintenance	\$ 3,000.00	
Marketing	\$ 10,000.00	
Annual Meeting /Fundraiser	\$ 5,000.00	
Printing	\$ 1,000.00	
Postage	\$ 200.00	
PayPal and Square Fees	\$ 250.00	
P.O. Box renewal	\$ 300.00	
SOS Registration and Tax Return filing	\$ 150.00	
Waste Disposal	\$ 2,400.00	
Raptor CAM internet	\$ 2,160.00	
Raptor CAM streaming	\$ 5,736.00	
Landscaping and Equipment	\$ 6,600.00	
Insurance	\$ 6,000.00	
Utilities - Raptor CAM	\$ 600.00	
Storm water management	\$ 360.00	
Ft Howell Design and permitting Master Plan	\$ 35,000.00	
Transfer to reserves	\$ 2,668.00	
Supplies	\$ 370.00	
<b>TOTAL Expenses</b>	<b>\$ 83,300.00</b>	
<b>Change in Net Assets</b>	<b>\$ -</b>	



Hilton Head Island Land Trust, Inc.

Balance Sheet

July 31, 2024

**Current Assets**

Cash - Checking Account (.08%)	\$	4,682.26	
Money Market (4%)	\$	<u>123,068.56</u>	(\$32,355.36 Restricted)
<b>TOTAL Current Assets</b>			\$ 127,750.82

**Fixed Assets**

Signage and Flag	\$	24,733.57
7 Metal Sculptures	\$	6,300.00
Educational Kiosk	\$	12,500.00
Fort Howell Property	\$	315,000.00
Museum Street Property	\$	<u>2,300.00</u>

**TOTAL Fixed Assets** \$ 360,833.57

**TOTAL Assets** \$ 488,584.39

**Equity**

Net Assets	\$	468,710.38
Change in Net Assets	\$	<u>19,874.01</u>

**TOTAL Equity** \$ 488,584.39

**Total Equity and Liabilities** \$ 488,584.39

Hilton Head Island Land Trust, Inc.

Balance Sheet

December 31, 2023

**Current Assets**

Cash - Checking Account	\$	5,895.05	
Money Market	\$	101,981.76	(\$24,891.38 Restricted)
<b>TOTAL Current Assets</b>			\$ 107,876.81

**Fixed Assets**

Signage and Flag	\$	24,733.57
7 Metal Sculptures	\$	6,300.00
Educational Kiosk	\$	12,500.00
Fort Howell Property	\$	315,000.00
Museum Street Property	\$	2,300.00

**TOTAL Fixed Assets** \$ 360,833.57

**TOTAL Assets** \$ 468,710.38

**Equity**

Net Assets	\$	474,811.79
Change in Net Assets	\$	(6,101.41)

**TOTAL Equity** \$ 468,710.38

**Total Equity and Liabilities** \$ 468,710.38

Hilton Head Island Land Trust, Inc.

Balance Sheet

December 31, 2022

**Current Assets**

Cash - Checking Account	\$	5,612.50	
Money Market	\$	101,030.47	(48,600 Restricted)
Eagle CAM	\$	<u>7,335.25</u>	
<b>TOTAL Current Assets</b>			\$ 113,978.22

**Fixed Assets**

Signage and Flag	\$	26,663.57	
7 Metal Sculptures	\$	6,300.00	
Educational Kiosk	\$	12,500.00	
Fort Howell Property	\$	315,000.00	
Museum Street Property	\$	<u>2,300.00</u>	
<b>TOTAL Fixed Assets</b>			\$ <u>362,763.57</u>

<b>TOTAL Assets</b>			\$ <u><u>476,741.79</u></u>
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**Equity**

Net Assets	\$	401,063.22	
Change in Net Assets	\$	<u>75,678.57</u>	

<b>TOTAL Equity</b>			\$ <u>476,741.79</u>
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<b>Total Equity and Liabilities</b>			\$ <u><u>476,741.79</u></u>
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Hilton Head Island Land Trust, Inc.  
Profit and Loss  
April 30, 2024

	<u>7 Months</u> <u>Year to Date</u>	
<b>Revenue</b>		
Memberships (5)	\$ 9,355.00	
Donations - Raptor Project (6)	\$ 2,082.00	
Donations ()/Memorial ()	\$ 545.00	
Donation - Ft. Howell cash donation	\$ 364.76	
Grants - TOHHI ATAX	\$ 12,559.17	
Grants - Beaufort Co. - 2%	\$ 10,000.00	
Grants - Beaufort Co. - 3%		
Grant - Bargain Box	\$ 1,500.00	
Annual Meeting & silent Auction (net of fees)	\$ 9,600.01	
Annual Meeting-Omega Sponsor in Kind	\$ 250.00	
Fundraiser - Bonfire	\$ 508.50	
Fundraiser-Calendar	\$ 198.96	
Interest	\$ 2,665.18	
<b>TOTAL Revenue</b>		<b>\$ 49,628.58</b>
<b>Expenses</b>		
Communication (WIX (\$466.20)/Godaddy (\$76.91)/Mail Chimp (\$963))*	\$ 561.75	
Website maintenance and PR		
Marketing	\$ 3,539.98	
Raptor CAM Contest prizes	\$ 68.78	
Calendars	\$ 106.89	
Annual Meeting - CCHH dinner		
Omega Printing Name Tags, Speaker	\$ 4,530.12	
Printing	\$ 380.00	
Postage	\$ 26.92	
Log Book	\$ 15.40	
PayPal and Square Fees	\$ 165.99	
P.O. Box renewal	\$ 256.00	
SOS Registration and Tax Return filing	\$ 152.70	
Name Tags	\$ 101.20	
Ft. Howell Maintenance & signs	\$ 9,176.21	
Ft. Howell ATAX -Beaufort Co. 3% Phase 1		
Waste Disposal		
Raptor CAM internet	\$ 433.02	
Raptor CAM streaming	\$ 1,253.00	
Raptor CAM Equipment	\$ -	
Landscaping and Equipment	\$ 2,800.00	
Insurance	\$ 3,816.54	
Volunteer Corps		
Storm water management		
Master Plan-Ft. Howell-Wood & Partners (SC Grant)	\$ 2,350.00	
Supplies	\$ 20.07	
Survey - SC Project		
Survey - Northridge		
<b>TOTAL Expenses</b>		<b>\$ 29,754.57</b>
<b>Change in Net Assets</b>		<b>\$ 19,874.01</b>

\*Sum of all categories total Budget Line Item for Communication

Hilton Head Island Land Trust, Inc.  
Profit and Loss  
December 31, 2023

	12 Months Year to Date
<b>Revenue</b>	
Memberships (15)	\$ 19,149.00
Donations - Eagle Project (1)	\$ 475.00
Donations (3)/Memorial ()	\$ 1,298.39
Donation - Ft. Howell cash donation	\$ 333.00
Grants - TOHHI ATAX	\$ 1,620.21
Grant - Bargain Box	\$ 1,500.00
Annual Meeting & silent Auction (net of fees)	\$ 9,969.00
HHP POA	
Bonfire	\$ 69.41
Interest	\$ 3,017.72
Amazon Smile	\$ 54.35
	<b>\$ 37,486.08</b>
<b>Expenses</b>	
Communication (WIX/Godaddy/Mail Chimp)	\$ 1,336.21
Bank fee	
Marketing	\$ 4,750.00
Annual Meeting - CCHH dinner postage and Curry	\$ 4,793.03
Printing	\$ 269.00
Postage	\$ 31.80
PayPal and Square Fees	\$ 282.36
P.O. Box renewal	\$ 248.00
SOS Registration	\$ 51.85
Name Tags	\$ 72.42
Supplies	
Ft. Howell Maintenance & signs	\$ 912.75
Ft. Howell ATAX	
Water	\$ 132.00
Waste Disposal	
Raptor CAM internet	\$ 680.28
Raptor CAM streaming	\$ 2,148.00
Raptor CAM Equipment	\$ 809.86
Bird boxes	
Landscaping and Equipment	\$ 2,100.00
Insurance	\$ 4,115.28
Volunteer Corps	
Storm water management	\$ 700.50
BOD Recognition	\$ 45.53
Ft. Howell Pathway Project	
Ft. Howell Site Improvement-Overlook	\$ 11,508.98
Master Plan-Ft. Howell-Wood & Partners (SC Grant)	\$ 8,249.64
Survey - SC Project	\$ 350.00
Reserves	
<b>TOTAL Expenses</b>	<b>\$ 43,587.49</b>
<b>Change in Net Assets</b>	<b>\$ (6,101.41)</b>

Hilton Head Island Land Trust, Inc.  
Profit and Loss  
December 31, 2022

	12 Months Year to Date
<b>Revenue</b>	
Memberships (37)	\$ 18,570.00
Donations - Eagle Project (5)	\$ 6,686.00
Donations (1)/Memorial (1)	\$ 5,935.18
Donation - Ft. Howell cash donation	\$ 523.00
Grants - State (Restricted)	\$ 45,000.00
Grants - TOHHI ATAX (Restricted)	\$ 31,666.47
Grants - Beaufort Co. (Restricted)	\$ 3,600.00
Grant - Bargain Box (Restricted)	\$ 1,500.00
Annual Meeting & silent Auction (net of fees)	\$ 8,467.14
HHP POA	
Fundraiser - Bonfire	\$ 169.84
Interest	\$ 316.81
Amazon Smile	\$ 56.32
<b>TOTAL Revenue</b>	<b>\$ 122,490.76</b>

<b>Expenses</b>	
Communication (WIX/Godaddy/Mail Chimp)	\$ 718.99
Bank fee	\$ 12.00
Marketing	\$ 3,551.89
Annual Meeting -Curry and CCHH dinner	\$ 3,432.62
Printing	\$ 283.85
Postage	\$ 169.79
PayPal and Square Fees	\$ 426.67
P.O. Box renewal	\$ 232.00
SOS Registration	
Name Tags	\$ 216.56
Supplies	\$ -
Graphic for Logo	
Ft. Howell Maintenance & signs	\$ 5,921.29
Water	\$ 374.00
Waste Disposal	\$ -
Eagle CAM internet	\$ 983.58
Eagle CAM streaming	\$ 2,148.00
Eagle CAM eagle naming contest	\$ 179.74
Bird boxes	
Landscaping	\$ 425.00
Insurance	\$ 3,651.18
Volunteer Corps	
Storm water management	\$ -
BOD Recognition	\$ 59.88
Misc	\$ 7.69
Ft. Howell Pathway Project	\$ 28,445.03
ATAX - Ft. Howell (out of cycle)	\$ -
Ft. Howell Project 2-TBD State Grant	
Signs transfer to assets	\$ (4,427.57)

**TOTAL Expenses** **\$ 46,812.19**

**Change in Net Asset** **\$ 75,678.57**

**Return of Organization Exempt From Income Tax**

**2023**

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 2023 calendar year, or tax year beginning January 01, 2023, and ending December 31, 2023

<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 HILTON HEAD ISLAND LAND TRUST INC		<b>D</b> Employer identification number 57-0855609
	Number and street (or P.O. box if mail is not delivered to street address) PO BOX 21058	Room/suite	<b>E</b> Telephone number (770) 365-3331
	City or town, state or province, country, and ZIP or foreign postal code HILTON HEAD, SC 29925-1058		<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.hhilandtrust.org](http://www.hhilandtrust.org)

**J** Tax-exempt status (check only one) -  501(c)(3)  501(c) ( 0 )  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 \$ 37,484

**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

<b>Revenue</b>	<b>1</b> Contributions, gifts, grants, and similar amounts received	<b>1</b>	5,348
	<b>2</b> Program service revenue including government fees and contracts	<b>2</b>	
	<b>3</b> Membership dues and assessments	<b>3</b>	19,149
	<b>4</b> Investment income	<b>4</b>	3,018
	<b>5a</b> Gross amount from sale of assets other than inventory	<b>5a</b>	
	<b>b</b> Less: cost or other basis and sales expenses	<b>5b</b>	
	<b>c</b> Gain or (loss) from sale of assets other than inventory (subtract line 5b from line 5a)	<b>5c</b>	
	<b>6</b> Gaming and fundraising events:		
	<b>a</b> Gross income from gaming (attach Schedule G if greater than \$15,000)	<b>6a</b>	
<b>b</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)	<b>6b</b>	9,969	
<b>c</b> Less: direct expenses from gaming and fundraising events	<b>6c</b>	4,793	
<b>d</b> Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	<b>6d</b>	5,176	
<b>7a</b> Gross sales of inventory, less returns and allowances	<b>7a</b>		
<b>b</b> Less: cost of goods sold	<b>7b</b>		
<b>c</b> Gross profit or (loss) from sales of inventory (subtract line 7b from line 7a)	<b>7c</b>		
<b>8</b> Other revenue (describe in Schedule O)	<b>8</b>		
<b>9</b> Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	<b>9</b>	32,691	
<b>Expenses</b>	<b>10</b> Grants and similar amounts paid (list in Schedule O)	<b>10</b>	
	<b>11</b> Benefits paid to or for members	<b>11</b>	0
	<b>12</b> Salaries, other compensation, and employee benefits	<b>12</b>	0
	<b>13</b> Professional fees and other payments to independent contractors	<b>13</b>	22,206
	<b>14</b> Occupancy, rent, utilities, and maintenance	<b>14</b>	132
	<b>15</b> Printing, publications, postage, and shipping	<b>15</b>	301
	<b>16</b> Other expenses (describe in Schedule O)	<b>16</b>	18,083
<b>17</b> Total expenses. Add lines 10 through 16	<b>17</b>	40,722	
<b>Net Assets</b>	<b>18</b> Excess or (deficit) for the year (subtract line 17 from line 9)	<b>18</b>	(8,031)
	<b>19</b> 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)	<b>19</b>	476,742
	<b>20</b> Other changes in net assets or fund balances (explain in Schedule O)	<b>20</b>	
	<b>21</b> Net assets or fund balances at end of year. Combine lines 18 through 20	<b>21</b>	468,711

**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 . . . . .	113,978	<b>22</b>	107,877
<b>23</b> Land and buildings . . . . .	317,300	<b>23</b>	317,300
<b>24</b> Other assets (describe in Schedule O) . . . . .	45,464	<b>24</b>	43,534
<b>25 Total assets</b> . . . . .	476,742	<b>25</b>	468,711
<b>26 Total liabilities</b> (describe in Schedule O) . . . . .	0	<b>26</b>	0
<b>27 Net assets or fund balances</b> (line 27 of column (B) <b>must</b> agree with line 21)	476,742	<b>27</b>	468,711

**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? See Schedule O

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> Enhancement to Fort Howell (Grants \$ 1,620 ) If this amount includes foreign grants, check here <input type="checkbox"/>	<b>28a</b>	1,620
<b>29</b> Signage for Fort Howell Property (Grants \$ 1,500 ) If this amount includes foreign grants, check here <input type="checkbox"/>	<b>29a</b>	1,500
<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 Total program service expenses</b> (add lines 28a through 31a)	<b>32</b>	3,120

**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
George Banino President	10	0	0	0
Robert Gentzler Vice President	2	0	0	0
Robin Storey Treasurer	10	0	0	0
Richard Sims Board of Director	1	0	0	0
Lois Wilkinson Corresponding Secretary	1	0	0	0
Melissa Andris Secretary	2	0	0	0
Jan Ferrari Board of Director	1	0	0	0
Terry Ennis Board of Director	3	0	0	0
Ed Schottland Board of Director	1	0	0	0
Michael Rosenfeld Board of Director	3	0	0	0
Chris Klonowski Board of Director	3	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

Form 990-EZ (2023) Part V Other Information. Questions 33-45b regarding significant activities, changes, income, and organizational details. Includes checkboxes for 'Yes' and 'No' and input fields for amounts and dates.

	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 . . . . .	<input type="checkbox"/>	<input checked="" type="checkbox"/>

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

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

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

	Yes	No
<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 . . . . .	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>48</b> Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E . . . . .	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>49a</b> Did the organization make any transfers to an exempt non-charitable related organization? . . . . .	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>b</b> If "Yes," was the related organization a section 527 organization? . . . . .	<input type="checkbox"/>	<input type="checkbox"/>

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

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

**f** Total number of other employees paid over \$100,000 . . . . . 0

**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 . . . . . 0

**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 Robin L. Storey Treasurer		Date 01/30/2024		
	Type or print name and title				
	Print/Type preparer's name	Preparer's signature	Date	Check if <input type="checkbox"/> self-employed	PTIN
<b>Paid Preparer Use Only</b>	Firm's name		Firm's EIN		
	Firm's address		Phone no		

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

**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-PF.

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

OMB No. 1545-0047

**2023**

**Open to Public  
Inspection**

Name of the organization

HILTON HEAD ISLAND LAND TRUST INC

Employer identification number

57-0855609

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

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

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

**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)			<input type="checkbox"/>	<input type="checkbox"/>		
(B)			<input type="checkbox"/>	<input type="checkbox"/>		
(C)			<input type="checkbox"/>	<input type="checkbox"/>		
(D)			<input type="checkbox"/>	<input type="checkbox"/>		
(E)			<input type="checkbox"/>	<input type="checkbox"/>		
<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) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") . . . . .	12,620	23,704	54,286	113,537	24,499	228,646
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf . . . . .	0	0	0	0	0	
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge . . . . .	0	0	0	0	0	
<b>4 Total.</b> Add lines 1 through 3 . . . . .	12,620	23,704	54,286	113,537	24,499	228,646
<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						228,646

**Section B. Total Support**

Calendar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
<b>7</b> Amounts from line 4 . . . . .	12,620	23,704	54,286	113,537	24,499	228,646
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources . . . . .	562	202	95	317	3,018	4,194
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on . . . . .	0	0	0	0	0	0
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) . . . . .	4,516	525	143	8,637	9,969	23,790
<b>11 Total support.</b> Add lines 7 through 10						256,630
<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 2023 (line 6, column (f), divided by line 11, column (f)) . . . . .	<b>14</b>	89.1 %
<b>15</b> Public support percentage from 2022 Schedule A, Part II, line 14 . . . . .	<b>15</b>	93.73 %
<b>16a 33 1/3% support test—2023.</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 checked="" type="checkbox"/>
<b>b 33 1/3% support test—2022.</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—2023.</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—2022.</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) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
<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 . . . . .						
<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</b> Public support. (Subtract line 7c from line 6.) . . . . .						

**Section B. Total Support**

Calendar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
<b>9</b> Amounts from line 6 . . . . .						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
<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 . . . . .						
<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.) . . . . .						

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

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

<b>15</b> Public support percentage for 2023 (line 8, column (f), divided by line 13, column (f)) . . . . .	<b>15</b>	%
<b>16</b> Public support percentage from 2022 Schedule A, Part III, line 15 . . . . .	<b>16</b>	%

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

<b>17</b> Investment income percentage for <b>2023</b> (line 10c, column (f), divided by line 13, column (f)) . . . . .	<b>17</b>	%
<b>18</b> Investment income percentage from <b>2022</b> Schedule A, Part III, line 17 . . . . .	<b>18</b>	%

**19a 33 1/3% support test—2023.** 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 test—2022.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization . . .

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



**Part IV Supporting Organizations**

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

**Section A. All Supporting Organizations**

	Yes	No
<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>	<input type="checkbox"/>	<input type="checkbox"/>
<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>	<input type="checkbox"/>	<input type="checkbox"/>
<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>	<input type="checkbox"/>	<input type="checkbox"/>
<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>	<input type="checkbox"/>	<input type="checkbox"/>
<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>	<input type="checkbox"/>	<input type="checkbox"/>
<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>	<input type="checkbox"/>	<input type="checkbox"/>
<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>	<input type="checkbox"/>	<input type="checkbox"/>
<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>	<input type="checkbox"/>	<input type="checkbox"/>
<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>	<input type="checkbox"/>	<input type="checkbox"/>
<b>b</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?	<input type="checkbox"/>	<input type="checkbox"/>
<b>c</b> <b>Substitutions only.</b> Was the substitution the result of an event beyond the organization's control?	<input type="checkbox"/>	<input type="checkbox"/>
<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>	<input type="checkbox"/>	<input type="checkbox"/>
<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).</i>	<input type="checkbox"/>	<input type="checkbox"/>
<b>8</b> 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>	<input type="checkbox"/>	<input type="checkbox"/>
<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>	<input type="checkbox"/>	<input type="checkbox"/>
<b>b</b> Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>	<input type="checkbox"/>	<input type="checkbox"/>
<b>c</b> 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>	<input type="checkbox"/>	<input type="checkbox"/>
<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>	<input type="checkbox"/>	<input type="checkbox"/>
<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>	<input type="checkbox"/>	<input type="checkbox"/>

**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?	<input type="checkbox"/>	<input type="checkbox"/>
<b>b</b> A family member of a person described on line 11a above?	<input type="checkbox"/>	<input type="checkbox"/>
<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 Part VI	<input type="checkbox"/>	<input type="checkbox"/>

**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? <i>If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.</i>	<input type="checkbox"/>	<input type="checkbox"/>
<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? <i>If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.</i>	<input type="checkbox"/>	<input type="checkbox"/>

**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)? <i>If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).</i>	<input type="checkbox"/>	<input type="checkbox"/>

**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?	<input type="checkbox"/>	<input type="checkbox"/>
<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? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i>	<input type="checkbox"/>	<input type="checkbox"/>
<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? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i>	<input type="checkbox"/>	<input type="checkbox"/>

**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 line 2 below		
<b>b</b> <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.		
<b>c</b> <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instructions)		
<b>2</b> Activities Test. Answer lines 2a and 2b below.		
<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? <i>If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.</i>	<input type="checkbox"/>	<input type="checkbox"/>
<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? <i>If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.</i>	<input type="checkbox"/>	<input type="checkbox"/>
<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? <i>If "Yes" or "No," provide details in Part VI.</i>	<input type="checkbox"/>	<input type="checkbox"/>
<b>b</b> Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>	<input type="checkbox"/>	<input type="checkbox"/>

**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 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 Total</b> (add lines 1a, 1b, and 1c)	<b>1d</b>		
<b>e</b> Discount 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 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> Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	<b>6</b>		

**7**  Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).



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

<b>Section D – Distributions</b>		<b>Current Year</b>
<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 2023 from Section C, line 6	<b>9</b>
<b>10</b>	Line 8 amount divided by line 9 amount	<b>10</b>

<b>Section E – Distribution Allocations</b> (see instructions)	<b>(i) Excess Distributions</b>	<b>(ii) Underdistributions Pre-2023</b>	<b>(iii) Distributable Amount for 2023</b>
<b>1</b> Distributable amount for 2023 from Section C, line 6			
<b>2</b> Underdistributions, if any, for years prior to 2023 (reasonable cause required — <i>explain in Part VI</i> ). See instructions.			
<b>3</b> Excess distributions carryover, if any, to 2023			
<b>a</b> From 2018 . . . . .			
<b>b</b> From 2019 . . . . .			
<b>c</b> From 2020 . . . . .			
<b>d</b> From 2021 . . . . .			
<b>e</b> From 2022 . . . . .			
<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 2023 distributable amount			
<b>i</b> Carryover from 2018 not applied (see instructions)			
<b>j</b> Remainder. Subtract lines 3g, 3h, and 3i from line 3f			
<b>4</b> Distributions for 2023 from Section D, line 7: \$			
<b>a</b> Applied to underdistributions of prior years			
<b>b</b> Applied to 2023 distributable amount			
<b>c</b> Remainder. Subtract lines 4a and 4b from line 4.			
<b>5</b> Remaining underdistributions for years prior to 2023, 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 2023. Subtract lines 3h and 4b from line 1. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
<b>7</b> <b>Excess distributions carryover to 2024.</b> Add lines 3j and 4c			
<b>8</b> Breakdown of line 7:			
<b>a</b> Excess from 2019 . . . . .			
<b>b</b> Excess from 2020 . . . . .			
<b>c</b> Excess from 2021 . . . . .			
<b>d</b> Excess from 2022 . . . . .			
<b>e</b> Excess from 2023 . . . . .			

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

S.No	Year	Amount	Description
1	2019	\$ 4516	Fundraiser
2	2020	\$ 525	Fundraiser
3	2021	\$ 143	Fundraiser
4	2022	\$ 8637	Fundraiser
5	2023	\$ 9969	Fundraiser

**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

**2023**

**Open to Public  
Inspection**

Name of the Organization <b>HILTON HEAD ISLAND LAND TRUST INC</b>	Employer identification number <b>57-0855609</b>
--	---

Part and Line Number: **Header - Amended Reason**

Add Board of Director

Part and Line Number: **Part I - Line 16**

Description	Amount
Raptor CAM Streaming	\$2,148
Raptor CAM Internet	\$680
Insurance	\$4,115
Storm Water Management Tax	\$701
Raptor CAM Equipment	\$810
Communication/website	\$1,336
Payment Processing Fees	\$282
PO Box rental fee	\$248
Fort Howell Maintenance & Signage	\$913
Miscellaneous	\$170
Marketing	\$4,750
Elimination of Historical Sign	\$1,930

Part and Line Number: **Part II - Line 24**

Description	BOY Amount	EOY Amount
Improvements to Ft. Howell Property	\$45,464	\$43,534

Part and Line Number: **Part II - Line 26**

Description	BOY Amount	EOY Amount
Prepaid for fundraiser	\$0	

Part and Line Number: **Part III - Primary Exempt Purpose**

Preserve & protect the natural habitat and significant historical land in Hilton Head Island, SC.

**Return of Organization Exempt From Income Tax**

**2022**

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 2022 calendar year, or tax year beginning** 01/01, **2022, and ending** 12/31, 20 22

<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 <b>Hilton Head Island Land Trust, Inc.</b>		<b>D</b> Employer identification number <b>570855609</b>
	Number and street (or P.O. box if mail is not delivered to street address) <b>P.O. Box 21058</b>	Room/suite	<b>E</b> Telephone number <b>7703653331</b>
	City or town, state or province, country, and ZIP or foreign postal code <b>Hilton Head Island, SC 29925</b>		<b>F</b> Group Exemption Number

**G** Accounting Method:  Cash  Accrual Other (specify): \_\_\_\_\_

**I Website:** [www.hhilandtrust.org](http://www.hhilandtrust.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 . . . . . \$ **122,490.76**

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

Revenue	<b>1</b>	Contributions, gifts, grants, and similar amounts received . . . . .	<b>1</b>	<b>95,136.81</b>
	<b>2</b>	Program service revenue including government fees and contracts . . . . .	<b>2</b>	
	<b>3</b>	Membership dues and assessments . . . . .	<b>3</b>	<b>18,570.00</b>
	<b>4</b>	Investment income . . . . .	<b>4</b>	<b>316.81</b>
	<b>5a</b>	Gross amount from sale of assets other than inventory . . . . .	<b>5a</b>	
	<b>5b</b>	Less: cost or other basis and sales expenses . . . . .	<b>5b</b>	
	<b>5c</b>	Gain or (loss) from sale of assets other than inventory (subtract line 5b from line 5a) . . . . .	<b>5c</b>	
	<b>6</b>	Gaming and fundraising events:		
	<b>6a</b>	Gross income from gaming (attach Schedule G if greater than \$15,000) . . . . .	<b>6a</b>	
	<b>6b</b>	Gross income from fundraising events (not including \$ <b>8,467.14</b> of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000) . . . . .	<b>6b</b>	
<b>6c</b>	Less: direct expenses from gaming and fundraising events . . . . .	<b>6c</b>	<b>3,432.62</b>	
<b>6d</b>	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c) . . . . .	<b>6d</b>	<b>5,034.52</b>	
<b>7a</b>	Gross sales of inventory, less returns and allowances . . . . .	<b>7a</b>		
<b>7b</b>	Less: cost of goods sold . . . . .	<b>7b</b>		
<b>7c</b>	Gross profit or (loss) from sales of inventory (subtract line 7b from line 7a) . . . . .	<b>7c</b>		
<b>8</b>	Other revenue (describe in Schedule O) . . . . .	<b>8</b>		
<b>9</b>	<b>Total revenue.</b> Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 . . . . .	<b>9</b>	<b>119,058.14</b>	
Expenses	<b>10</b>	Grants and similar amounts paid (list in Schedule O) . . . . .	<b>10</b>	<b>0</b>
	<b>11</b>	Benefits paid to or for members . . . . .	<b>11</b>	<b>0</b>
	<b>12</b>	Salaries, other compensation, and employee benefits . . . . .	<b>12</b>	<b>0</b>
	<b>13</b>	Professional fees and other payments to independent contractors . . . . .	<b>13</b>	<b>27,780.00</b>
	<b>14</b>	Occupancy, rent, utilities, and maintenance . . . . .	<b>14</b>	<b>3,189.75</b>
	<b>15</b>	Printing, publications, postage, and shipping . . . . .	<b>15</b>	<b>453.64</b>
	<b>16</b>	Other expenses (describe in Schedule O) . . . . .	<b>16</b>	<b>11,956.18</b>
<b>17</b>	<b>Total expenses.</b> Add lines 10 through 16 . . . . .	<b>17</b>	<b>43,379.57</b>	
Net Assets	<b>18</b>	Excess or (deficit) for the year (subtract line 17 from line 9) . . . . .	<b>18</b>	<b>75,678.57</b>
	<b>19</b>	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) . . . . .	<b>19</b>	<b>401,063.22</b>
	<b>20</b>	Other changes in net assets or fund balances (explain in Schedule O) . . . . .	<b>20</b>	<b>0</b>
	<b>21</b>	Net assets or fund balances at end of year. Combine lines 18 through 20 . . . . .	<b>21</b>	<b>476,741.79</b>

**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	42,965.82	<b>22</b> 113,978.22
<b>23</b> Land and buildings	317,300.00	<b>23</b> 317,300.00
<b>24</b> Other assets (describe in Schedule O)	41,036.00	<b>24</b> 45,463.57
<b>25</b> Total assets	401,301.82	<b>25</b> 476,741.79
<b>26</b> Total liabilities (describe in Schedule O)	238.60	<b>26</b> 0
<b>27</b> Net assets or fund balances (line 27 of column (B) must agree with line 21)	401,063.22	<b>27</b> 476,741.79

**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? Preserve & Protect natural habitat and historical land

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

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.

<b>28</b> <u>Enhanced the Fort Howell Civil War historical property with a walk way around 1/2 of the property.</u>		
(Grants \$ <u>28,927.83</u> ) If this amount includes foreign grants, check here <input type="checkbox"/>	<b>28a</b>	27,770.72
<b>29</b> <u>Educational Signage for Fort Howell Civil War historical property</u>		
(Grants \$ <u>1,500.00</u> ) If this amount includes foreign grants, check here <input type="checkbox"/>	<b>29a</b>	1,500.00
<b>30</b>		
(Grants \$ ) If this amount includes foreign grants, check here <input type="checkbox"/>	<b>30a</b>	0
<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>	29,270.72

**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
<u>George Banino, President</u>	10	0	0	0
<u>Robert Gentzler, Vice President</u>	2	0	0	0
<u>Robin Storey, Treasurer</u>	10	0	0	0
<u>Linda Hyslop, Secretary</u>	1	0	0	0
<u>Richard Sims</u>	1	0	0	0
<u>Lois Wilkinson, Corresponding Secretary</u>	1	0	0	0
<u>Margita Rockstroh</u>	1	0	0	0
<u>Melissa Andris</u>	1	0	0	0
<u>Jan Ferrari</u>	1	0	0	0
<u>Terry Ennis</u>	4	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 37a 0
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:
40a section 4911: 0; section 4912: 0; section 4955: 0
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 0
40d Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization 0
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: South Carolina
42a The organization's books are in care of: Robin Storey Telephone no. 7703653331
Located at: 107 Wedgefield Drive, Hilton Head Island, SC ZIP + 4 29926
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 43
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 . . . . .	<input type="checkbox"/>	<input checked="" type="checkbox"/>

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

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

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

	<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 . . . . .	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>48</b> Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E . . . . .	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>49a</b> Did the organization make any transfers to an exempt non-charitable related organization? . . . . .	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>b</b> If "Yes," was the related organization a section 527 organization? . . . . .	<input type="checkbox"/>	<input type="checkbox"/>

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

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

**f** Total number of other employees paid over \$100,000 . . . . . 0

**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 . . . . . 0

**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			
	<b>Robin L. Storey, Treasurer</b>				
<b>Paid Preparer Use Only</b>	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN
	Firm's name	Firm's EIN			
	Firm's address	Phone no.			

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



Department of the Treasury  
Internal Revenue Service

for Tax-Exempt Organization not Required to File Form 990 or 990-EZ

2021

Open to Public Inspection

A For the 2021 Calendar year, or tax year beginning 2021-01-01 and ending 2021-12-31

B Check if available

 Terminated for Business Gross receipts are normally \$50,000 or lessC Name of Organization: HILTON HEAD ISLAND LAND TRUSTINCPO Box 21058, Hilton HeadIsland, SC, US, 29925

D Employee Identification

Number 57-0855609

E Website:

Hilton Head Island Land TrustF Name of Principal Officer: Robin StoreyPO Box 21058, Hilton HeadIsland, SC, US, 29925

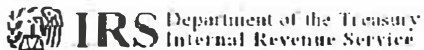
**Privacy Act and Paperwork Reduction Act Notice:** We ask for the information on this form to carry out the Internal Revenue laws of the United States. You are required to give us the information. We need it to ensure that you are complying with these laws.

The organization is not required to provide information requested on a form that is subject to the Paperwork Reduction Act unless the form displays a valid OMB control number. Books or records relating to a form or its instructions must be retained as long as their contents may become material in the administration of any Internal Revenue law. The rules governing the confidentiality of the Form 990-N is covered in code section 6104.

The time needed to complete and file this form and related schedules will vary depending on the individual circumstances. The estimated average times is 15 minutes.

**Note:** This image is provided for your records only. Do Not mail this page to the IRS. The IRS will not accept this filing via paper. You must file your Form 990-N (e-Postcard) electronically.





Department of the Treasury  
Internal Revenue Service

P.O. Box 2508  
Cincinnati OH 45201

In reply refer to: 0248567573  
July 22, 2011 LTR 4168C E0  
57-0855609 000000 00

00016889  
BODC: TE

HILTON HEAD ISLAND LAND TRUST INC  
% JOSEPH CARTY  
28 BAYLEY POINT LN  
HILTON HEAD SC 29926-1309

Employer Identification Number: 57-0855609  
Person to Contact: MR. NIERMANN  
Toll Free Telephone Number: 1-877-829-5500

Dear TAXPAYER:

This is in response to your July 13, 2011, request for information regarding your tax-exempt status.

Our records indicate that you were recognized as exempt under section 501(c)(3) of the Internal Revenue Code in a determination letter issued in JUNE 1988.

Our records also indicate that you are not a private foundation within the meaning of section 509(a) of the Code because you are described in section(s) 509(a)(1) and 170(b)(1)(A)(vi).

Donors may deduct contributions to you as provided in section 170 of the Code. Bequests, legacies, devises, transfers, or gifts to you or for your use are deductible for Federal estate and gift tax purposes if they meet the applicable provisions of sections 2055, 2106, and 2522 of the Code.

Please refer to our website [www.irs.gov/eo](http://www.irs.gov/eo) for information regarding filing requirements. Specifically, section 6033(j) of the Code provides that failure to file an annual information return for three consecutive years results in revocation of tax-exempt status as of the filing due date of the third return for organizations required to file. We will publish a list of organizations whose tax-exempt status was revoked under section 6033(j) of the Code on our website beginning in early 2011.

