

2025 Accommodations Tax Funds Request Application

Organization Name: Native Island Business and Community Affairs Assoc, Inc

Project/Event Name: Hilton Head Island Gullah Celebration

Executive Summary

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

Preserving Tradition, Fostering Growth

The Native Island Business & Community Affairs Association (NIBCAA) has been a beacon of inspiration and support for the Gullah community for nearly three decades. Since its inception, NIBCAA has empowered the Gullah people of Hilton Head Island and the broader Gullah diaspora to share their rich history, culture, family traditions, innovative businesses, artwork, and cuisine. Our primary goal is to ensure that the Gullah Geechee traditions remain vibrant and accessible to both our community and visitors.

We are seeking funding for the Gullah Celebration to achieve the following objectives:

Promote Local Economic Development: Create a new program within the community center that fosters entrepreneurship and supports small businesses, thereby stimulating local economic growth.

Improve Quality of Life: Provide accessible, inclusive spaces for physical and mental wellness activities, enhancing the overall well-being of all community members.

Strengthen Community Engagement and Social Cohesion: Develop programs and events that bring residents together, celebrate diversity, and foster a sense of unity and belonging.

Recent Developments

In 2023, we embarked on a comprehensive restructuring of our charity's initiatives, marketing and brand strategy. With the support of our new marketing and advertising agency, we have:

- Launched a new and mobile responsive website.
- Developed cohesive branding materials.
- Designed impactful advertising campaigns.
- Secured guidance in sponsorships and partnerships with essential organizations.

These initiatives have significantly increased our reach and engagement. As we approach our 30th anniversary in 2026, we aim to leverage this milestone to drive unprecedented excitement and tourism.

Impactful Statistics & Anecdotes

Our dedication to protecting and promoting the Gullah Geechee cultural heritage is evident in our recent research efforts. Over the past 18 months, our sustainable heritage tourism research has revealed significant links between Gullah Celebration events and economic diversity. Key findings include:

- Events featuring performances, music, and food serve as vital tools for alleviating poverty, generating funds, and promoting tourism.
- Preservation efforts must focus on sustainability to protect against environmental and cultural threats.
- Younger generations play a crucial role in preserving Gullah Geechee music and traditions.

The resilience of the Gullah Geechee people is a testament to their enduring spirit. Originating from enslaved Africans from the coast of West Africa, the Gullah Geechee community has preserved its cultural, linguistic, and artistic practices despite harsh conditions and historical challenges.

Consider this story of a native islander who, through NIBCAA's initiatives, transformed a small home-based craft business into a thriving enterprise. With our support, she participated in Gullah Celebration events, showcased her unique artwork, and connected with a broader audience. Today not only does it sustain her family but also mentors young aspiring artists from where she resides now in Atlanta, contributing to the preservation and promotion of Gullah Geechee culture.

NIBCAA is committed to enhancing the lives of our community members while preserving the rich heritage of the Gullah Geechee people. With your support, we can continue to make significant strides in community development, economic growth, and cultural preservation.

We respectfully request your support in funding our efforts to enhance our community infrastructure, promote local economic development, improve the quality of life for all residents, and strengthen community engagement. By investing in the Gullah Celebration, you are helping to preserve a vital cultural heritage and foster a thriving, inclusive community.

Thank you for considering our application. We look forward to continuing our partnership with the Town of Hilton Head Island to achieve our shared goals.

2025 Accommodations Tax Funds Request Application

Date Received: 09/06/2024

Time Received: 11:20 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: Native Island Business and Community Affairs Assoc, Inc

Project/Event Name: Hilton Head Island Gullah Celebration

Contact Name: Eric C. Turpin

Title: Executive Director

Address: 539 William Hilton Parkway, Hilton Head Island, SC 29928

Email Address: eturpin@nibcaa.org

Contact Phone: 843-255-7303

Event Date: December 2024 and February 2025

Event Location: Various Locations

Total Budget: \$ 0.00

Grant Requested: \$225,000.00

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

We are requesting funds to expand our marketing strategy, which will include a comprehensive approach utilizing various marketing channels. This effort aims to:

- **Increase Visibility:** Promote Gullah culture through targeted campaigns that highlight our art, food, and music experiences.
- **Drive Tourism:** Attract visitors from diverse geographical areas, thereby supporting local businesses and increasing economic activity.

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)

Our organization is a keystone in promoting the Gullah heritage of Hilton Head Island and the broader Gullah Geechee Heritage Corridor. We have been organizing the annual Gullah Celebration every February, which has now been expanded throughout the year to offer more frequent opportunities for both visitors and residents to engage with our cultural events. This year-round schedule encourages repeat visits and allows families to plan vacations and day trips

around our events, thereby enhancing the overall tourism experience on Hilton Head Island. Our impact and success are measured through increased attendance, feedback from visitor surveys, and online registrations.

A. Total Number of Physical Tourists Served: 12,500

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: 4,622

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: 2041

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): 19163

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

We meticulously document the number of visitors and tourists through comprehensive visitor surveys, robust online registration systems and ticketing data. This data-driven approach ensures that we have accurate insights into the demographics and preferences of our visitors, enabling us to tailor our programs to meet their needs effectively.

B. DESCRIPTION OF OPERATIONS:

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

For over 28 years, the Gullah Celebration has been a major festival event on Hilton Head Island, featuring a variety of activities designed to attract and educate visitors from diverse backgrounds. Our longstanding collaborations with historic Gullah churches, Historic Mitchelville Freedom Park, Gullah Heritage Tours, Hilton Head Symphony Orchestra, the Gullah Museum of Hilton Head Island, Heritage Library, Art League of Hilton Head, and Island Rec have been pivotal in enhancing the visitors' experience

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

Marketing Planning, Media Relations, and Creative Vendor Liaison: Developing a strategic marketing plan that includes collaboration with media partners, sponsors and

creative vendors to ensure effective campaign execution.

Social Media Advertising, Website Management, and Creative Design: Enhancing our online presence through robust social media strategies, website management, and engaging creative design, ensuring that our message reaches a broad and diverse audience.

Media Buying (TV, Streaming, Radio, Print, Online, Outdoor): Investing in various media channels to maximize our reach and engagement, promoting the Gullah culture and associated events to a wider audience.

Event Guides, Posters, and Signage: Creating visually appealing and informative materials to promote events, ensuring that both locals and visitors are well-informed and engaged.

Marketing/Event Staff: Hiring dedicated personnel to manage and execute marketing campaigns and events, ensuring professional and seamless delivery of our initiatives.

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)*

Reduced funding will significantly impact the Gullah Celebration. In February, fewer events will take place, and programming will shift to small venues and limitations on the size of these gatherings. Additionally, virtual programming will face challenges due to difficulties in securing targeted advertising that effectively reaches audiences interested in heritage and cultural experiences.

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

Based on data from our Visitor Surveys conducted at each event in previous years, we have observed substantial direct economic impacts. Attendees of our events have contributed significantly to the local economy, with notable patronage of hotels such as the Westin Resort, The Beach House Resort, and Palmetto Dunes Resort. Additionally, visitors have participated in guided tours by Gullah Tours and visited the Coastal Discovery Museum. Our new partnership with Tanger Hilton Head has further showcased the Gullah Celebration within its retail shopping area, drawing more visitors and enhancing the local economic landscape.

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>	85 %
2 - Tourism-Related Events <i>Promotion of the arts and cultural events.</i>	15 %
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>	0 %
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>	0 %
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 %
Total:	100 %

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

For over 28 years, the Gullah Celebration has been a major festival event on Hilton Head Island, featuring a variety of activities designed to attract and educate visitors from diverse backgrounds. Our longstanding collaborations with historic Gullah churches, Historic Mitchelville Freedom Park, Gullah Heritage Tours, Hilton Head Symphony Orchestra, the Gullah Museum of Hilton Head Island, Heritage Library, Art League of Hilton Head, and Island Rec have been pivotal in enhancing the visitors' experience.

7. Additional comments. (250 words or less)

C. FUNDING:

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

The organization is funded through local and state government funds, corporate sponsorships, and revenue from event vending, merchandise, and admission fees.

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

<u>65</u>	Government Sources	<u>15</u>	Private Contributions, Donations and Grants
10	Corporate Support, Sponsors	<u> </u>	Membership, Dues, Subscriptions
<u>10</u>	Ticket Sales, or Sales and Services	<u> </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.

SCPRT Match Grant	\$21,000.00
Beaufort County Accommodations Tax	\$35,000.00

D. FINANCIAL INFORMATION:

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

Financial Statement Requirements:

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

Budget Provided: **Yes**

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

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

Previous fiscal year Profit Loss Reports Provided:

2022- 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:

2022 - Previous FY 2

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

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

Previous IRS Form 990 or 990T Years Provided:

NIBCAA 2022 990 - Previous FY 1

2022 - Previous FY 2

2021 - Previous FY 1

E. FINANCIAL GUARANTEES AND PROCEDURES:

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

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

2. Indicate whether your 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:

If you received 2023 or 2024 HHI ATAX funds

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

2021	\$225,000.00	HHI Gullah Celebration
2022	\$205,000.00	HHI Gullah Celebration
2023	\$225,000.00	
2023	\$225,000.00	Hilton Head Island Gullah Celebration

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 primary goal for the 2024 funds was to revive events through the Arts Ob We People Exhibit and sale and the promotion of our month-long schedule of events as well as our Holiday Market. The campaigns succeeded, leading to a notable increase in event attendance from 2023 to 2024. Additionally, the Gullah Celebration has consistently attracted over 50,000 online visitors monthly via gullahcelebration.com which holds the highest number to date.

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

Our organization has consistently demonstrated its commitment to the community through successful collaborations with local entities and by providing platforms for small businesses. The success of these initiatives is exemplified by the Holiday Market, which has become a significant addition to our community offerings. This market not only showcases authentic Gullah cuisine, art, and crafts but also provides invaluable exposure for local artisans and entrepreneurs who may lack a digital presence.

By creating opportunities for both online and in-person engagement, we offer patrons, tourists, and visitors a unique "front porch" experience that highlights the rich cultural tapestry of our community. This initiative has already shown positive outcomes, and with your support, we can expand these efforts to further benefit our local economy and social fabric.

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

We conduct Visitor Surveys at each event to evaluate our effectiveness. Over 28 years, data shows that 10% of attendees return every year, 22% have attended 10 or more times, and 15% have attended 5 or more times. During February, many travelers return for one or more Gullah Celebration events. Our targeted campaigns across broadcast, radio, print, and online media successfully attract both overnight visitors and day-trippers.

G. EXECUTIVE SUMMARY

Provide an executive summary using the "ATAX Effectiveness Measurement" form provided via the link on the left, or by utilizing the text area provided below to report uses of the organization's prior ATAX grant, if applicable. If 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.

Preserving Tradition, Fostering Growth

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Signature: Eric C. Turpin

Title/Position: Executive Director

Mailing Address: 539 William Hilton Parkway, Hilton Head Island, SC 29926

Email Address: Eturpin@nibcaa.org

Office Phone Number: 404-229-2056

Home Phone Number: 404-229-2056

ATAX EFFECTIVENESS MEASUREMENT

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

TOPIC	THE PLAN	BUDGET	ACTUAL SPENT	RESULTS <i>When possible, provide planned results vs. actual results, and/or current year vs. prior year results .</i>
Marketing and Advertising Agency				
Social Media	Print and digital advertising that creates interest and generates ticket sales. Includes organic social media content as well as video advertising campaigns	\$ 70,000.00	\$ 68,000.00	Reached 418,000+ Users (167,750 From Organic and 261,033 From Ads), 11,100 Content Interactions and 26,300 Link Clicks to Website
Creative Design & Photography	Photography, Video Production and development of new GullahCelebration.org	\$ 28,000.00	\$ 18,000.00	Year-To-Date 43,000 Visitors with 38,000+ Unique Visitors 65% of Visitors to website come from Social Media and Google Advertisements 84% Visit on Mobile Device 100+ New Form Submissions 1,362 Conversions to Ticketing Page
Influencer Marketing	Black Southern Belle and Chef BJ Dennis	\$ 12,000.00	\$ 12,000.00	Audience reaches 400,000 with southern heritage each month across digital and social media. 220,000 Facebook Followers, 53,000 Email Subscribers with 150,000 Impressions across web, social and email
Total		\$ 110,000.00	\$ 98,000.00	

Hoffman Media	The company specializes in publications targeted to the women’s market and the large base of advertisers who seek a print, online and interactive medium to reach this attractive demographic.	\$ 14,000.00	\$ 14,000.00	Approx. 4.8 million Readers Reached over six month run of full page advertisements in six different magazines. 178% of readers take three or more trips inside the U.S. within the last twelve months 160,000+ Monthly Circulation. Readers Household Income averages \$354,000 *Key Market for our Accommodations Partners
Local Life	Digital advertising that is geo-targeted and segmented based on look-alike audiences. We appreciate this partnership as their sponsorship to us is complementary local advertising in their print and digital issues - allowing us to also reach our community at large as well as their growing second home owner distribution.	\$ 20,000.00	\$ 20,000.00	2% Click Through Rate with 78% of those users purchasing tickets to the 2024 events.

ATAX EFFECTIVENESS MEASUREMENT

Hearst Media	Print and Digital Advertising within Oprah Magazine	\$ 70,000.00	\$ 25,000.00	<p>Oprah's Favorite Things Total Readership 400k</p> <p>Oprah Stats: 2.7M readers who traveled domestically in the last 12 months \$5.2B spent on domestic vacations in the last 12 months \$12M driven from the 2023 Oprah's Favorite Things program The brand drove \$73M+ in affiliate sales in 2023, up 63% YoY!</p> <p>Oprah Demos: 4.3M unique visitors 400K print readers 6M page views 5.2M social followers \$105K/year HHI Median Age 46 (print) 50 (digital) Oprah's multi-cultural audience is over 45%</p>
Total		\$ 104,000.00	\$ 59,000.00	

Eat It & Like It	Television, Podcast, Radio, Print Editorial and Email Newsletters focused on our culinary market and happenings.	\$ 5,000.00	\$ 3,000.00	<p>29,000+ Highly Engaged Social Media Followers Weekly Audience on WJCL and Digital Broadcasting Engaging email marketing reaching over 70,000 subscribers Video Content (Segments and Commercials) Remarkable Out of Market (ATL, JAX, CHS, COLA). 12 Stories/Placements in E-Newsletter with a total reach of 69,500+ subscribers. As of 2024 Eat It & Like It will also include our Festival in their</p>
Total		\$ 5,000.00	\$ 3,000.00	

Total		\$ -	\$ -	

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ATAX EFFECTIVENESS MEASUREMENT

Total	\$	-	\$	-
Total Budget to Actual	\$	219,000.00	\$	160,000.00

2024 FESTIVAL REPORT



Gullah Celebraton Festival



CENTER FOR LOWCOUNTRY
HOSPITALITY EDUCATION

EXECUTIVE SUMMARY

At the request of festival organizers, the University of South Carolina Beaufort (USCB) conducted an on-site survey at the 2024 Gullah Celebration Festival on February 17, 2024. The purpose of the survey was to gain insight into festival attendees and identify how these attendees contribute to the Island's economy and local tourism.

Research staff collected data from festival goers via requesting attendees to answer question about the festival. The 20-question survey was administered digitally, via iPads or via a QR Code that attendees could scan and fill out the survey on their own device. Also, attendees who had arrived at the festival 1:15 PM were contacted via text. This new texting method accounted for 10% of the total survey respondents. In total 175 people filled out the survey.

At the conclusion of the survey, participants were offered the choice of either a poster commemorating the event, or a bag with the event branding on it. Anecdotally, many did enjoy the posters, with several individuals asking how much they were.

Overwhelmingly, participants enjoyed the event with 90.21% giving the festival a rating of at least "Good" (4 on a 5-point scale). This is further supported by the percentage of attendees who would recommend the festival to friends (41.01% *extremely likely*, 34.53% *very likely*). There are a few key data points worthy of acknowledgment at this time as they may be helpful when preparing future events:

- Word of Mouth (mainly friends and family) was the number one method of first learning about the festival, followed by other similar events.
- Attendees were mostly visitors, with 54.29% of attendees surveyed living outside of 50 miles of the event venue.
- Primarily older demographic (56.21% are aged 55+) with the plurality of participants' annual household falling within \$50,000 – \$99,999 per year.
- Respondents were mostly females (65% - 32%), though anecdotally the difference between males and females was less pronounced.
- 65+ age range was at least double the size of any other age range.
- 34.57% of visitor respondents said that this festival was the primary reason for their trip.
- 4 respondents came from outside the United States, all originating in Canada.

In the attached report, data for each survey item is graphically represented for ease of comparison.

175

Total Responses



89

iPad Responses

68

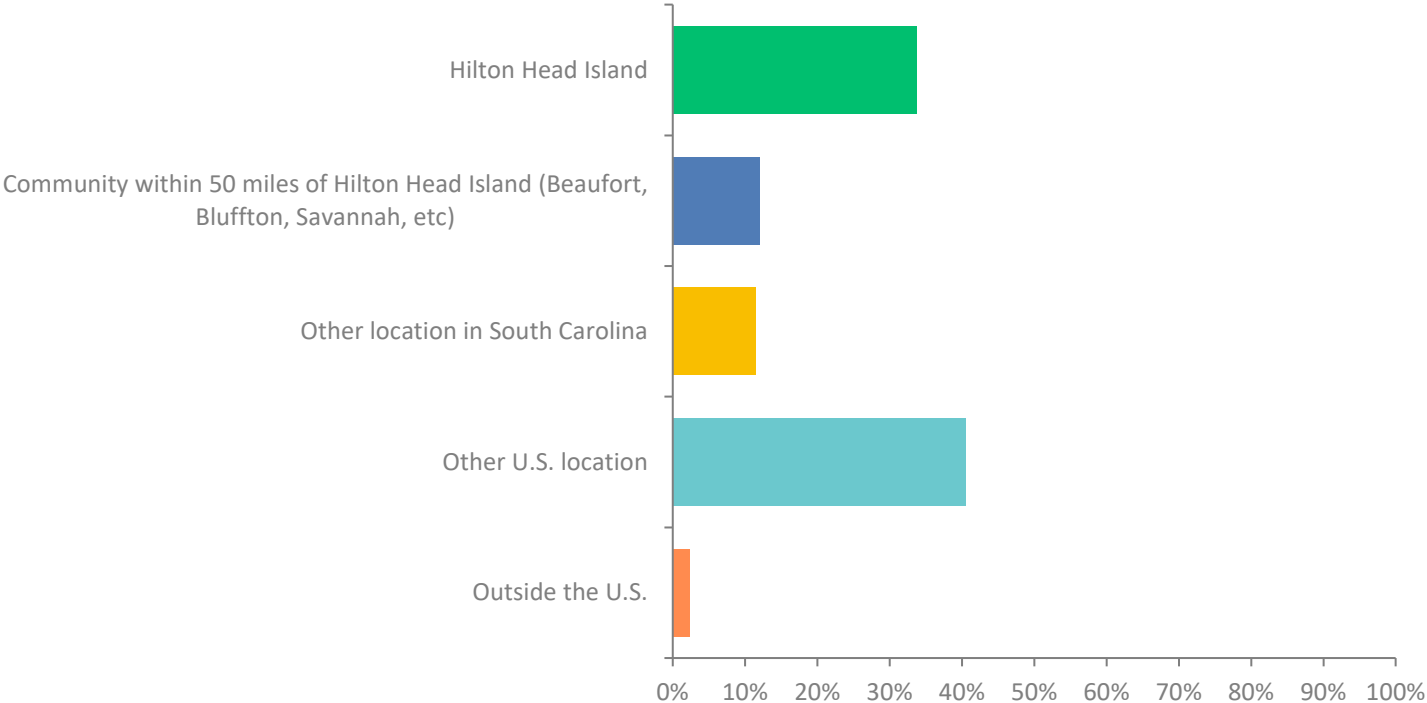
QR Code Responses

18

Test Message Responses

Q1: Where is your PRIMARY residence?

Answered: 175 Skipped: 0



Q1: Where is your PRIMARY residence?

Answered: 175 Skipped: 0

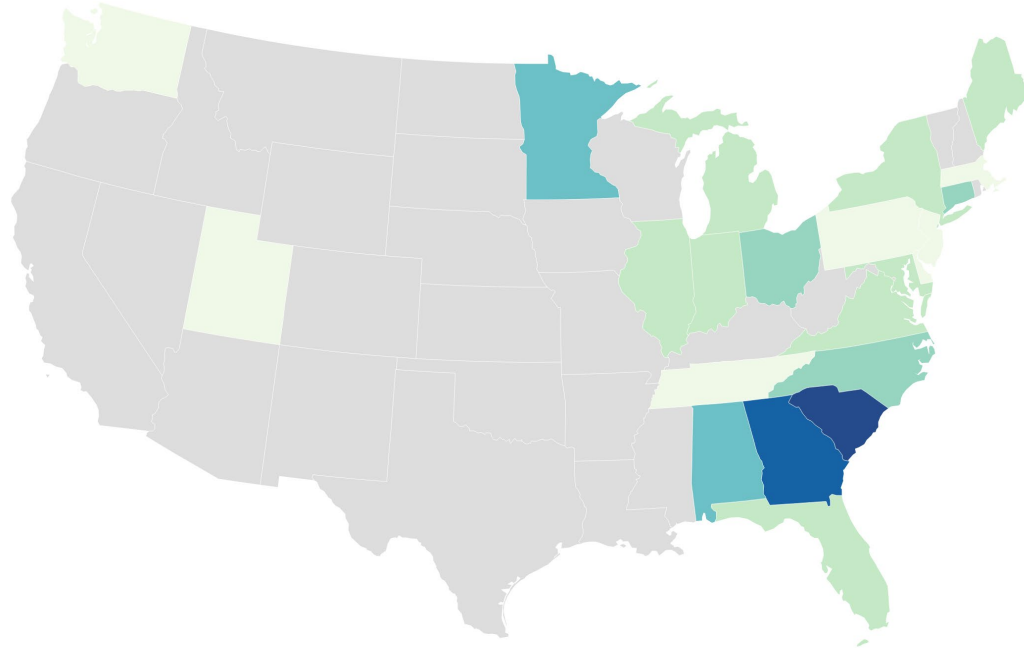
ANSWER CHOICES	RESPONSES	
Hilton Head Island	33.71%	59
Community within 50 miles of Hilton Head Island (Beaufort, Bluffton, Savannah, etc)	12.00%	21
Other location in South Carolina	11.43%	20
Other U.S. location	40.57%	71
Outside the U.S.	2.29%	4
TOTAL		175

Q2: Please give city and state of your residence.

Answered: 83 Skipped: 92

Q2: Please give city and state of your residence.

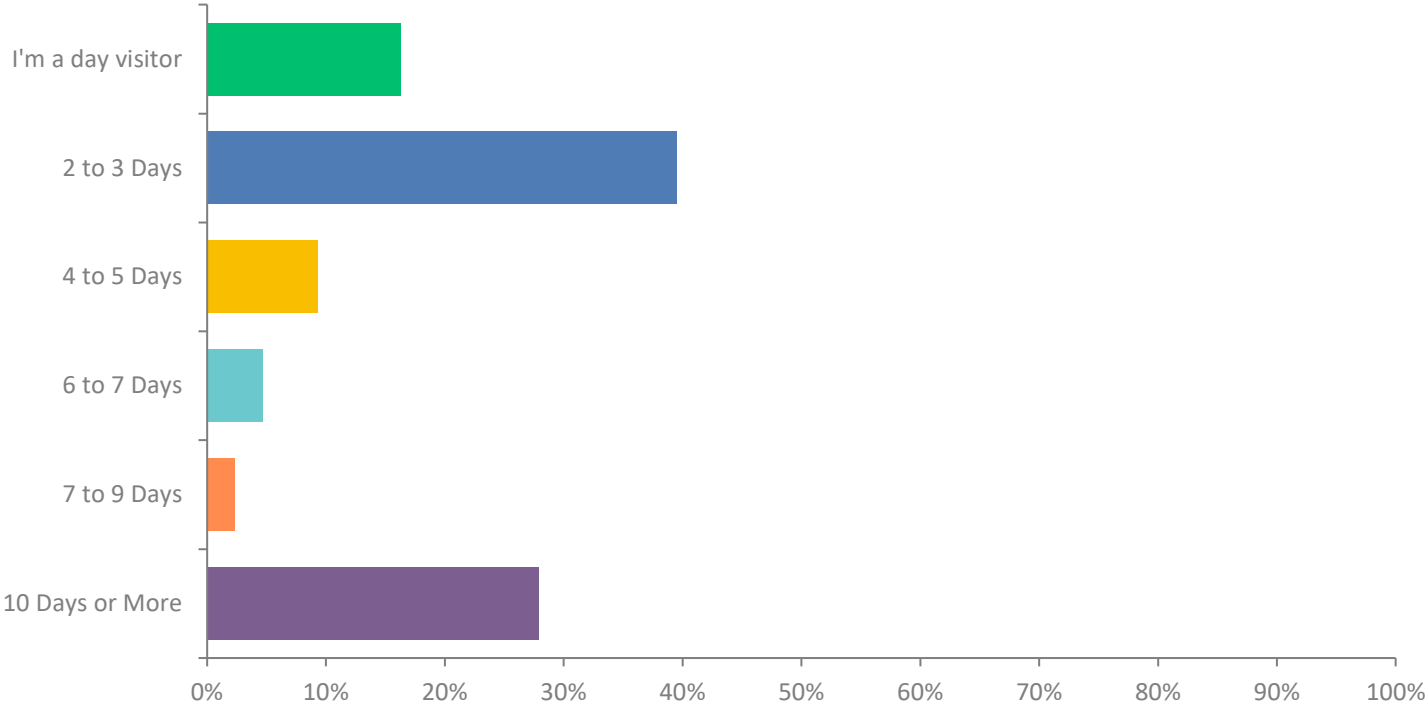
< 2 2-4 4-6 6-8 8-10 10-12 12-14 14-16 ≥ 16



South Carolina	17
Georgia	15
Alabama	6
Minnesota	6
Connecticut	5
North Carolina	5
Ohio	4
Florida	3
Virginia	3
Illinois	2
Indiana	2
Maine	2
Maryland	2
Michigan	2
New York	2
Delaware	1
Massachusetts	1
New Jersey	1
Pennsylvania	1
Tennessee	1
Utah	1
Washington	1

Q4: How many days to you intend to stay in the Hilton Head Island area?

Answered: 86 Skipped: 89



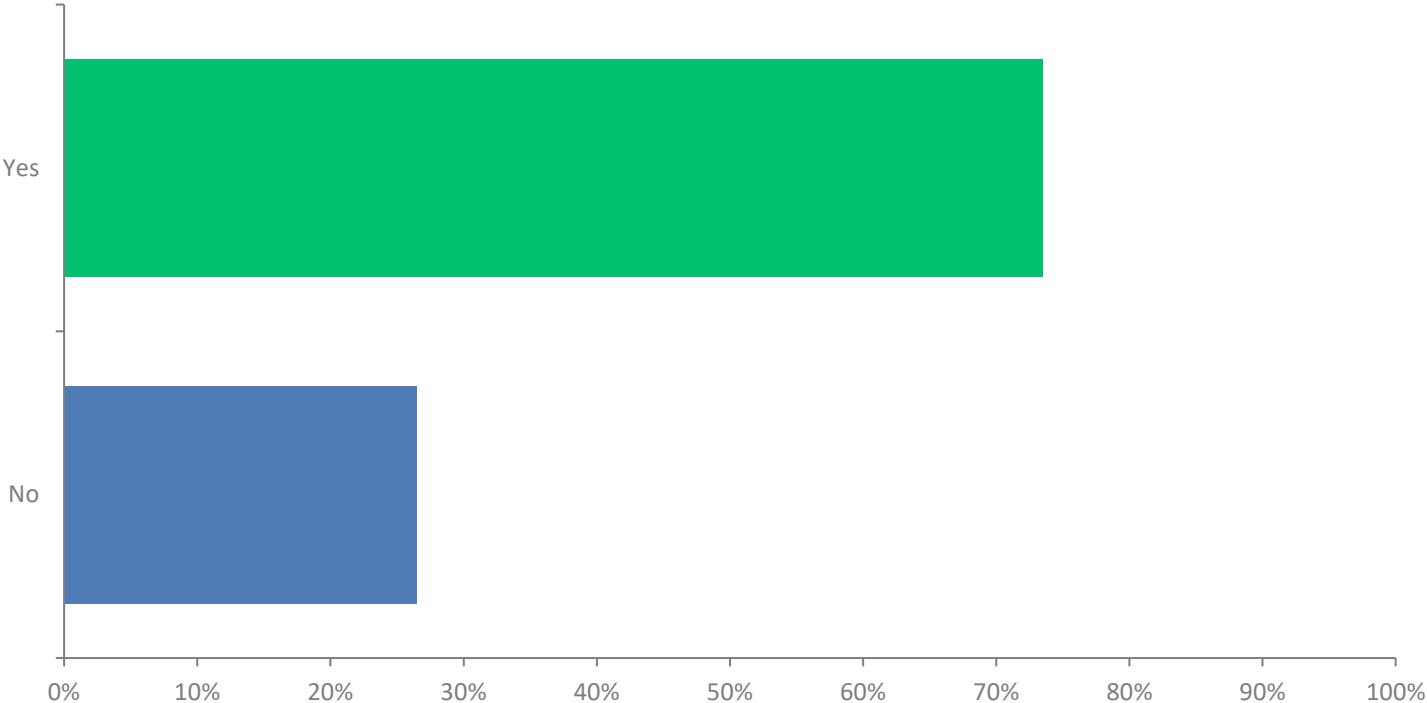
Q4: How many days to you intend to stay in the Hilton Head Island area?

Answered: 86 Skipped: 89

ANSWER CHOICES	RESPONSES	
I'm a day visitor	16.28%	14
2 to 3 Days	39.53%	34
4 to 5 Days	9.30%	8
6 to 7 Days	4.65%	4
7 to 9 Days	2.33%	2
10 Days or More	27.91%	24
TOTAL		86

Q5: Is this your first-time attending the Gullah Celebration Festival?

Answered: 83 Skipped: 92



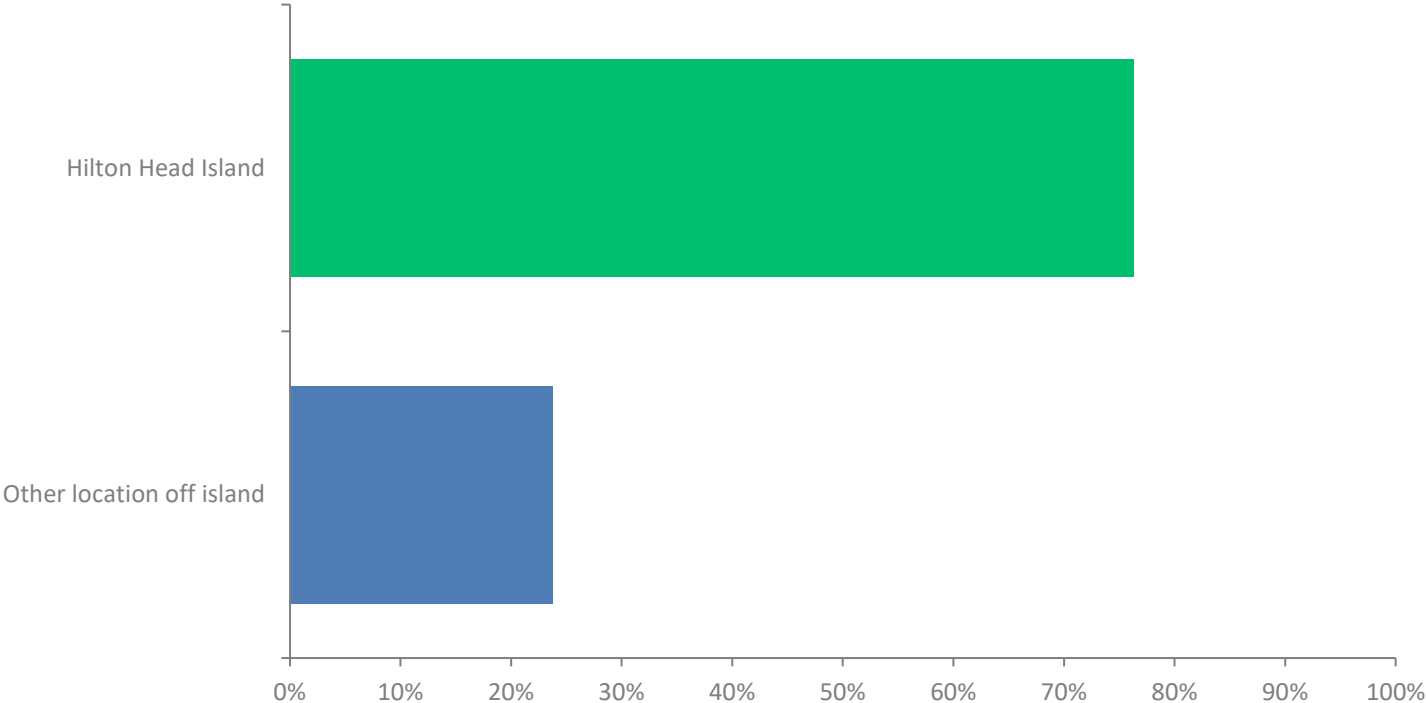
Q5: Is this your first-time attending the Gullah Celebration Festival?

Answered: 83 Skipped: 92

ANSWER CHOICES	RESPONSES	
Yes	73.49%	61
No	26.51%	22
TOTAL		83

Q6: Where are you staying overnight on this trip?

Answered: 80 Skipped: 95



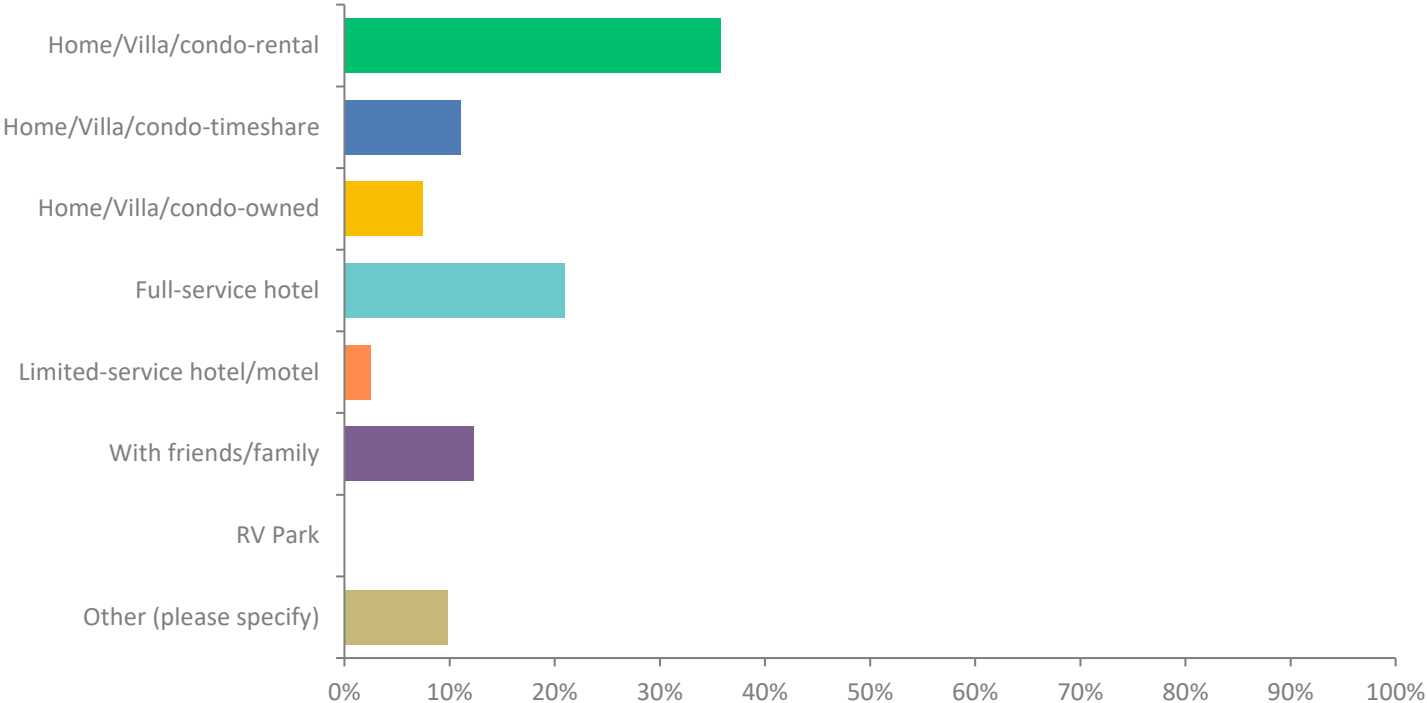
Q6: Where are you staying overnight on this trip?

Answered: 80 Skipped: 95

ANSWER CHOICES	RESPONSES	
Hilton Head Island	76.25%	61
Other location off island	23.75%	19
TOTAL		80

Q7: What type of accommodations are you using while visiting Hilton Head Island?

Answered: 81 Skipped: 94



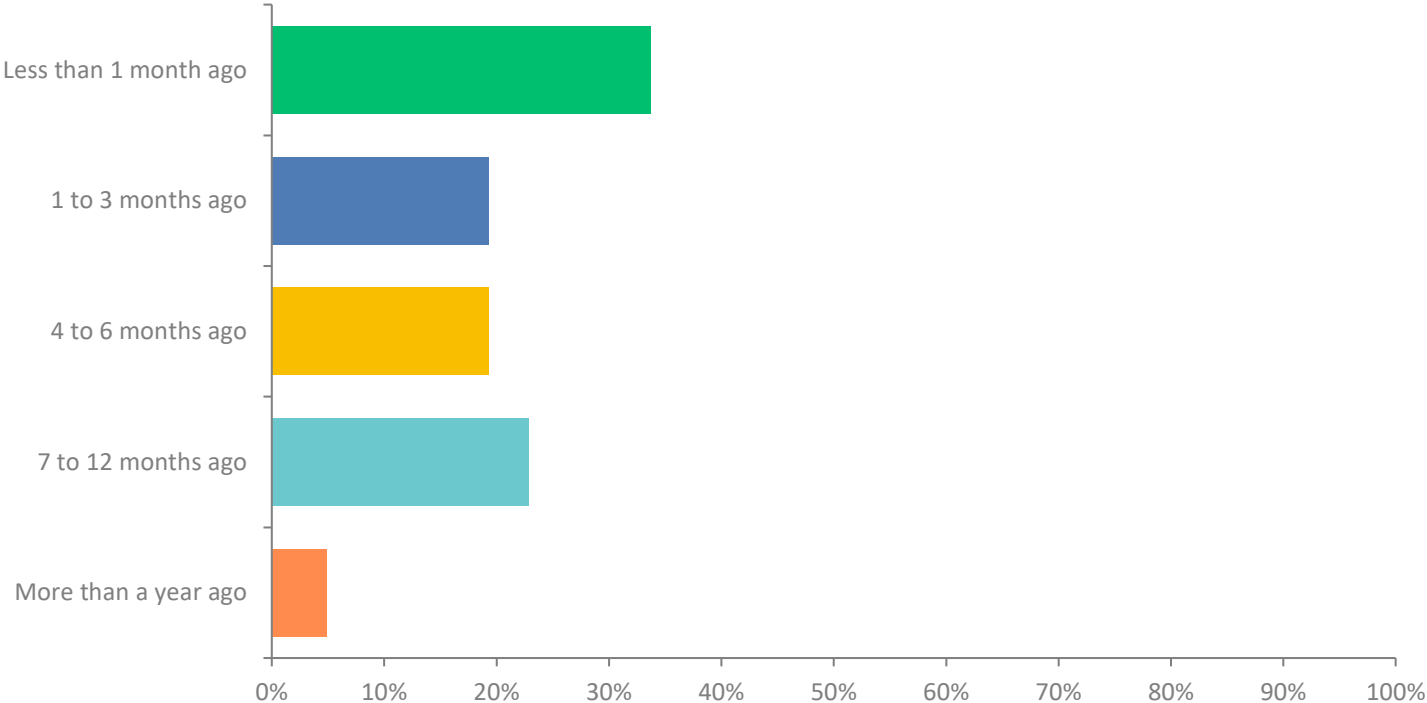
Q7: What type of accommodations are you using while visiting Hilton Head Island?

Answered: 81 Skipped: 94

ANSWER CHOICES	RESPONSES	
Home/Villa/condo-rental	35.80%	29
Home/Villa/condo-timeshare	11.11%	9
Home/Villa/condo-owned	7.41%	6
Full-service hotel	20.99%	17
Limited-service hotel/motel	2.47%	2
With friends/family	12.35%	10
RV Park	0%	0
Other (please specify)	9.88%	8
TOTAL		81

Q8: How many months in advance did you book this trip?

Answered: 83 Skipped: 92



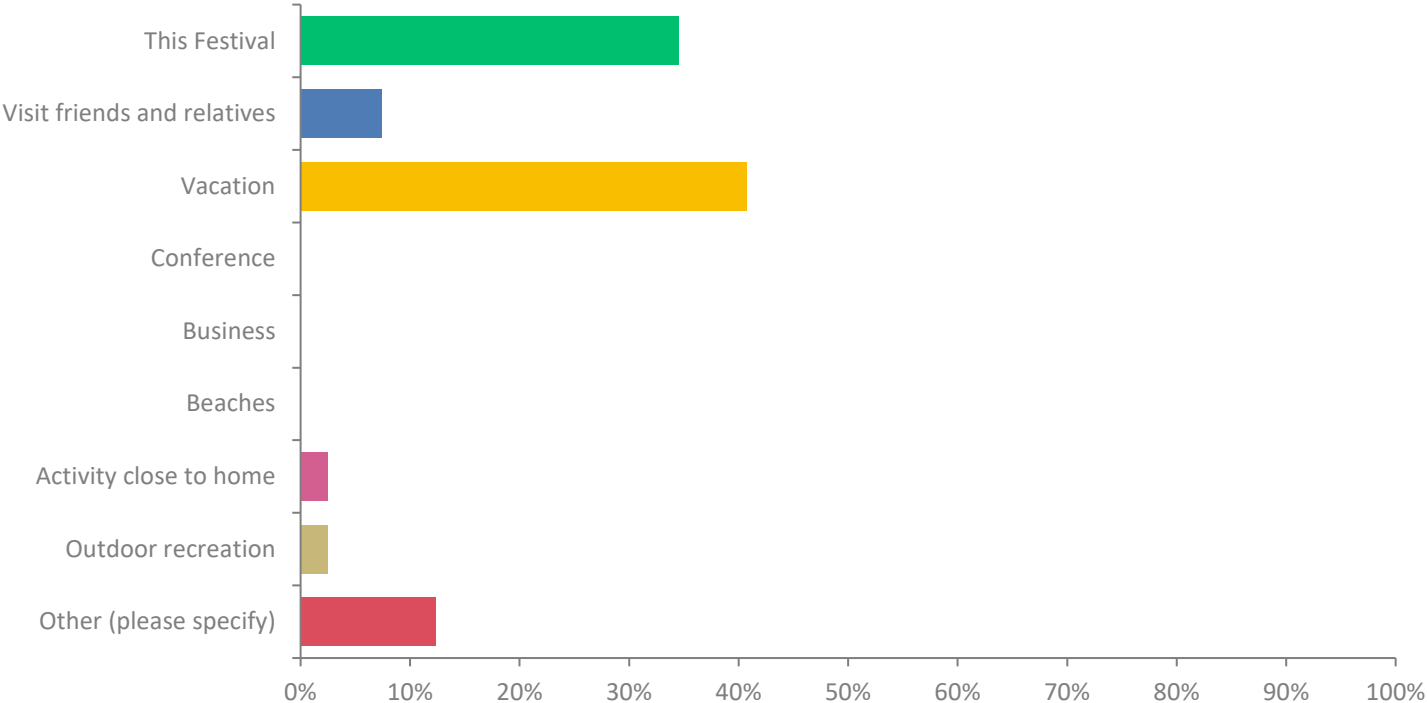
Q8: How many months in advance did you book this trip?

Answered: 83 Skipped: 92

ANSWER CHOICES	RESPONSES	
Less than 1 month ago	33.73%	28
1 to 3 months ago	19.28%	16
4 to 6 months ago	19.28%	16
7 to 12 months ago	22.89%	19
More than a year ago	4.82%	4
TOTAL		83

Q9: What is your PRIMARY reason for this visit to Hilton Head Island?

Answered: 81 Skipped: 94



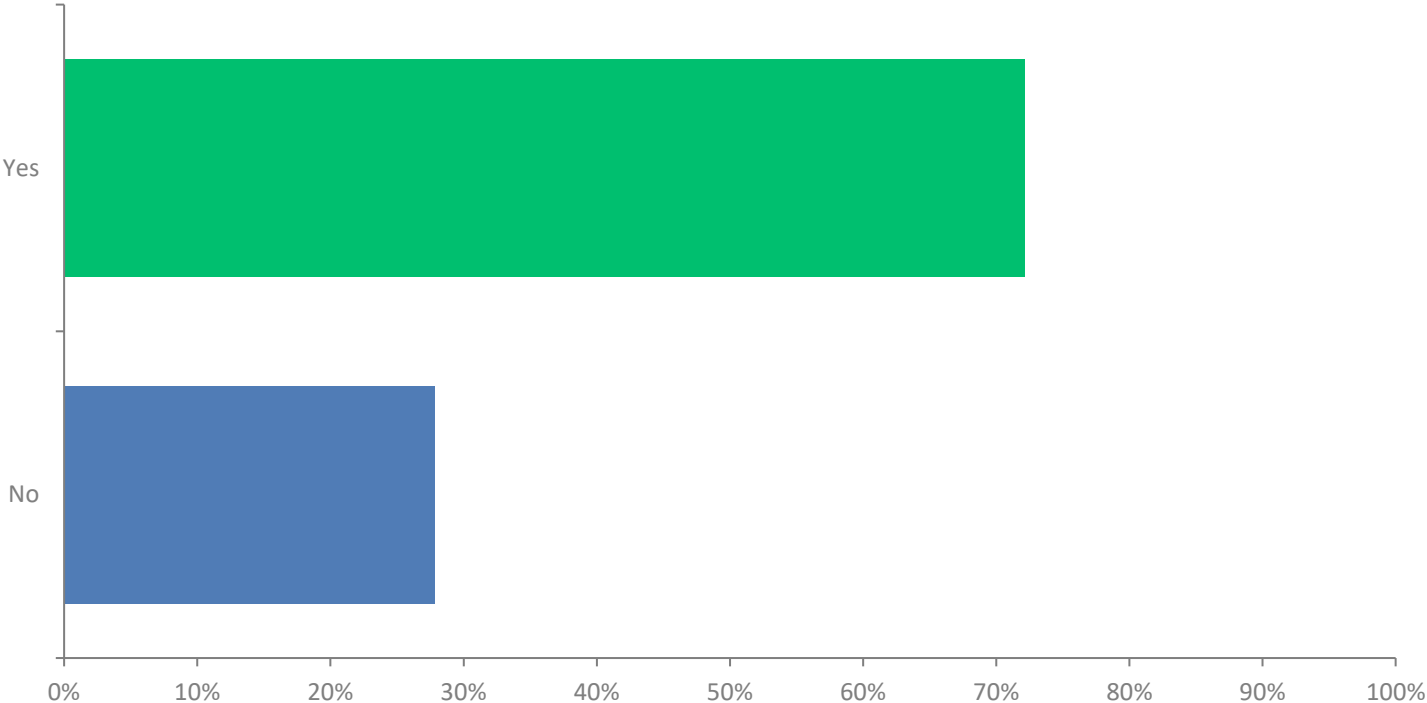
Q9: What is your PRIMARY reason for this visit to Hilton Head Island?

Answered: 81 Skipped: 94

ANSWER CHOICES	RESPONSES	
This Festival	34.57%	28
Visit friends and relatives	7.41%	6
Vacation	40.74%	33
Conference	0%	0
Business	0%	0
Beaches	0%	0
Activity close to home	2.47%	2
Outdoor recreation	2.47%	2
Other (please specify)	12.35%	10
TOTAL		81

Q10: Would you have visited the Hilton Head area AT THIS TIME even if this festival had not been held?

Answered: 79 Skipped: 96



Q10: Would you have visited the Hilton Head area AT THIS TIME even if this festival had not been held?

Answered: 79 Skipped: 96

ANSWER CHOICES	RESPONSES	
Yes	72.15%	57
No	27.85%	22
TOTAL		79

Q11: On average, how much do you plan to spend EACH DAY while visiting?

Answered: 80 Skipped: 95



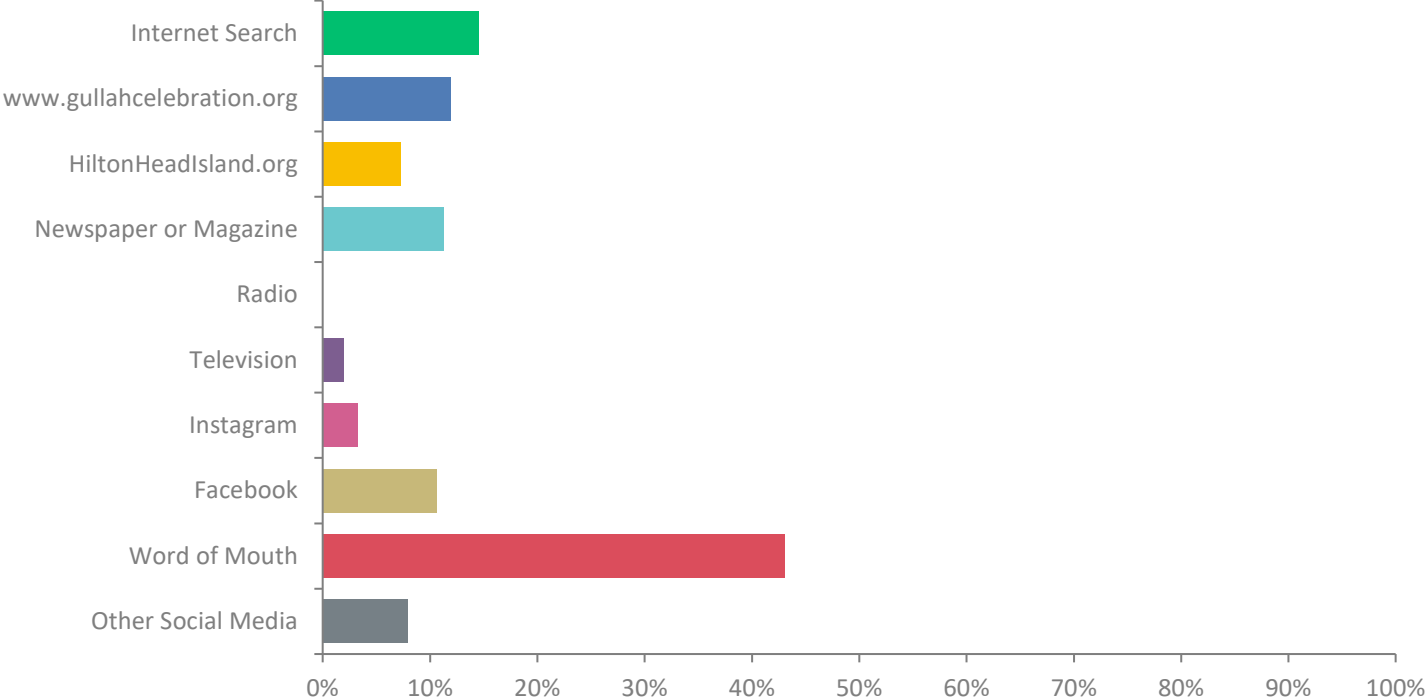
Q11: On average, how much do you plan to spend EACH DAY while visiting?

Answered: 80 Skipped: 95

	UNDER \$100	\$100 - \$199	\$200 - \$299	\$300 - \$399	\$400 OR MORE	TOTAL	WEIGHTED AVERAGE
Restaurant Dining	49.37% 39	40.51% 32	7.59% 6	2.53% 2	0% 0	79	1
Recreation (i.e., Bicycling, Golf, Etc)	80.52% 62	18.18% 14	0% 0	0% 0	1.30% 1	77	1
Retail (i.e., Gifts, Souvenirs, Etc)	53.95% 41	25.00% 19	15.79% 12	2.63% 2	2.63% 2	76	1

Q12: How did you FIRST learn about this Festival?

Answered: 151 Skipped: 24



Q12: How did you FIRST learn about this Festival?

Answered: 151 Skipped: 24

ANSWER CHOICES	RESPONSES	
Internet Search	14.57%	22
www.gullahcelebration.org	11.92%	18
HiltonHeadIsland.org	7.28%	11
Newspaper or Magazine	11.26%	17
Radio	0%	0
Television	1.99%	3
Instagram	3.31%	5
Facebook	10.60%	16
Word of Mouth	43.05%	65
Other Social Media	7.95%	12
TOTAL		169

Q13: How would you rate the following festival characteristics?

Answered: 143 Skipped: 32



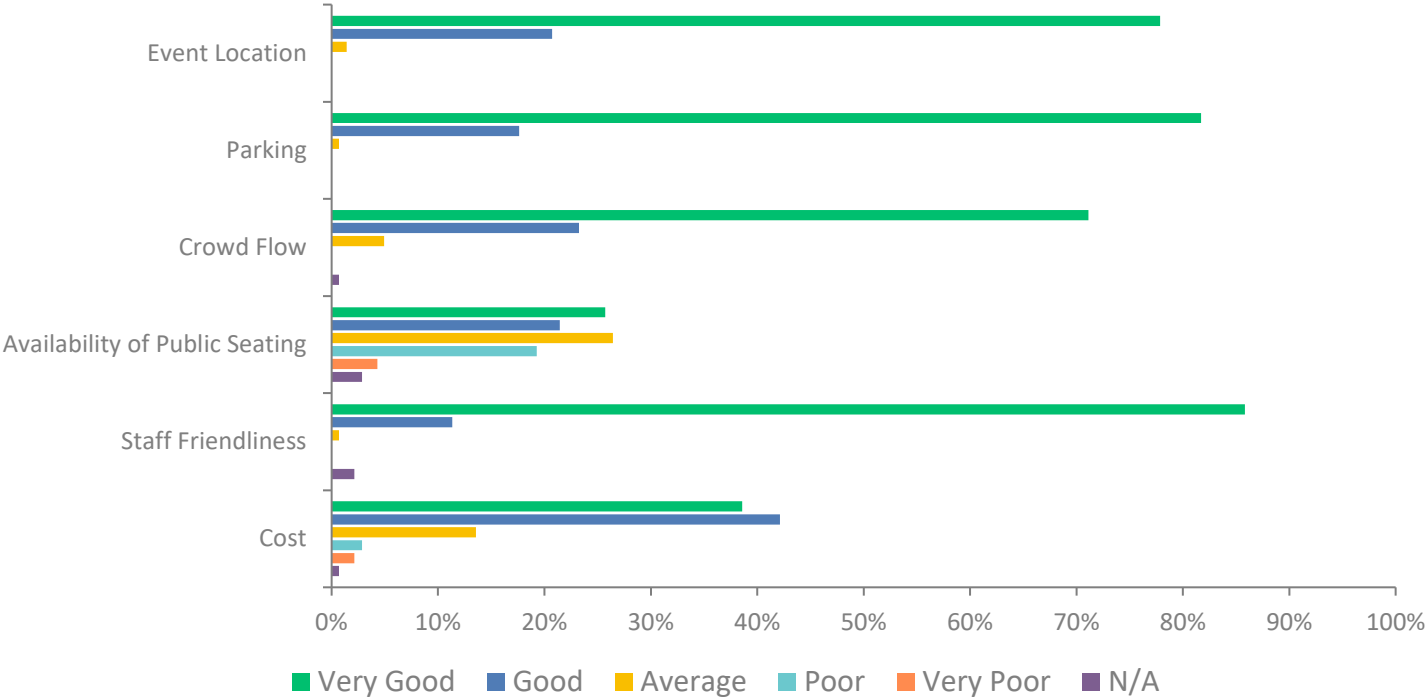
Q13: How would you rate the following festival characteristics?

Answered: 143 Skipped: 32

	VERY GOOD	GOOD	AVERAGE	POOR	VERY POOR	N/A	TOTAL	WEIGHTED AVERAGE
Food Quality and Variety	51.75% 74	22.38% 32	11.19% 16	0.70% 1	0% 0	13.99% 20	143	4.46
Beverage Selection (wine, beer, spirits, non-alcoholic)	24.29% 34	24.29% 34	14.29% 20	2.86% 4	0% 0	34.29% 48	140	4.07
Retail Vendor Variety	45.39% 64	39.01% 55	12.06% 17	1.42% 2	0.71% 1	1.42% 2	141	4.29
Entertainment	58.27% 81	30.22% 42	5.76% 8	1.44% 2	0.72% 1	3.60% 5	139	4.49

Q14: How would you rate the following festival characteristics?

Answered: 143 Skipped: 32



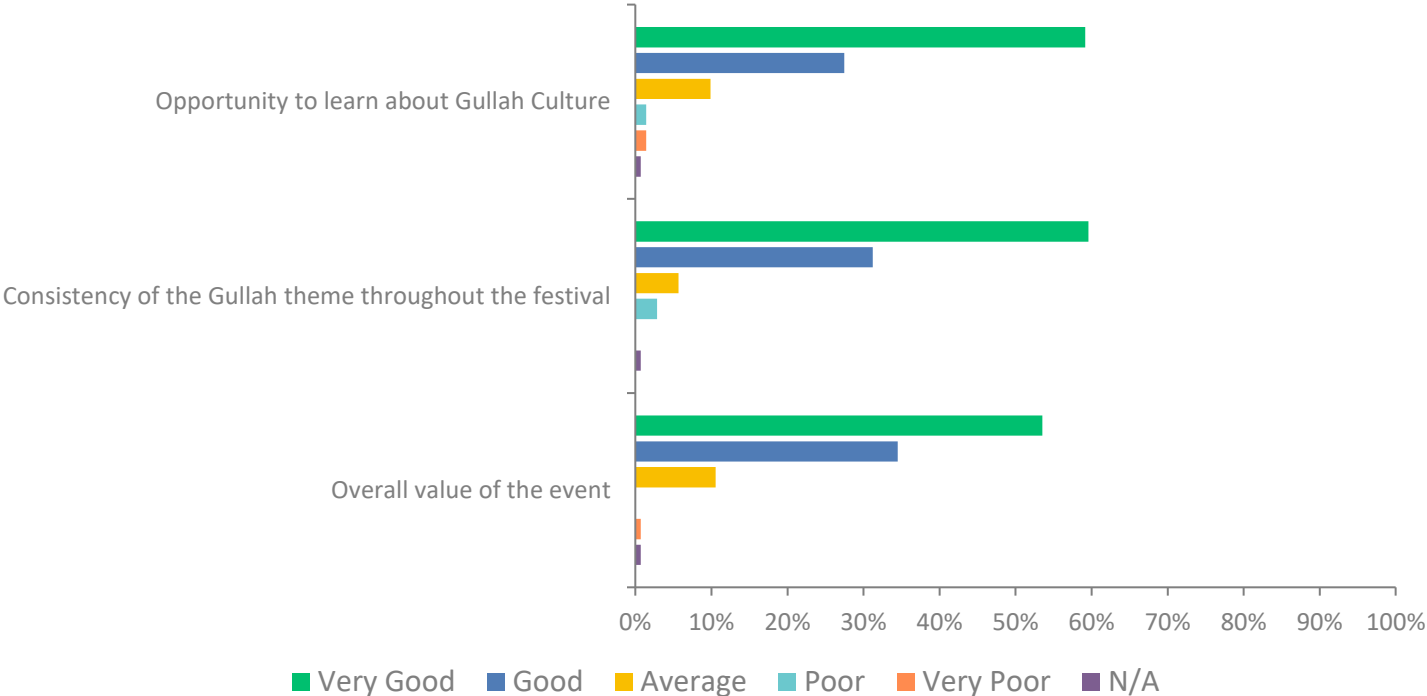
Q14: How would you rate the following festival characteristics?

Answered: 143 Skipped: 32

	VERY GOOD	GOOD	AVERAGE	POOR	VERY POOR	N/A	TOTAL	WEIGHTED AVERAGE
Event Location	77.86% 109	20.71% 29	1.43% 2	0% 0	0% 0	0% 0	140	4.76
Parking	81.69% 116	17.61% 25	0.70% 1	0% 0	0% 0	0% 0	142	4.81
Crowd Flow	71.13% 101	23.24% 33	4.93% 7	0% 0	0% 0	0.70% 1	142	4.67
Availability of Public Seating	25.71% 36	21.43% 30	26.43% 37	19.29% 27	4.29% 6	2.86% 4	140	3.46
Staff Friendliness	85.82% 121	11.35% 16	0.71% 1	0% 0	0% 0	2.13% 3	141	4.87
Cost	38.57% 54	42.14% 59	13.57% 19	2.86% 4	2.14% 3	0.71% 1	140	4.13

Q15: How would you rate the following festival characteristics?

Answered: 143 Skipped: 32



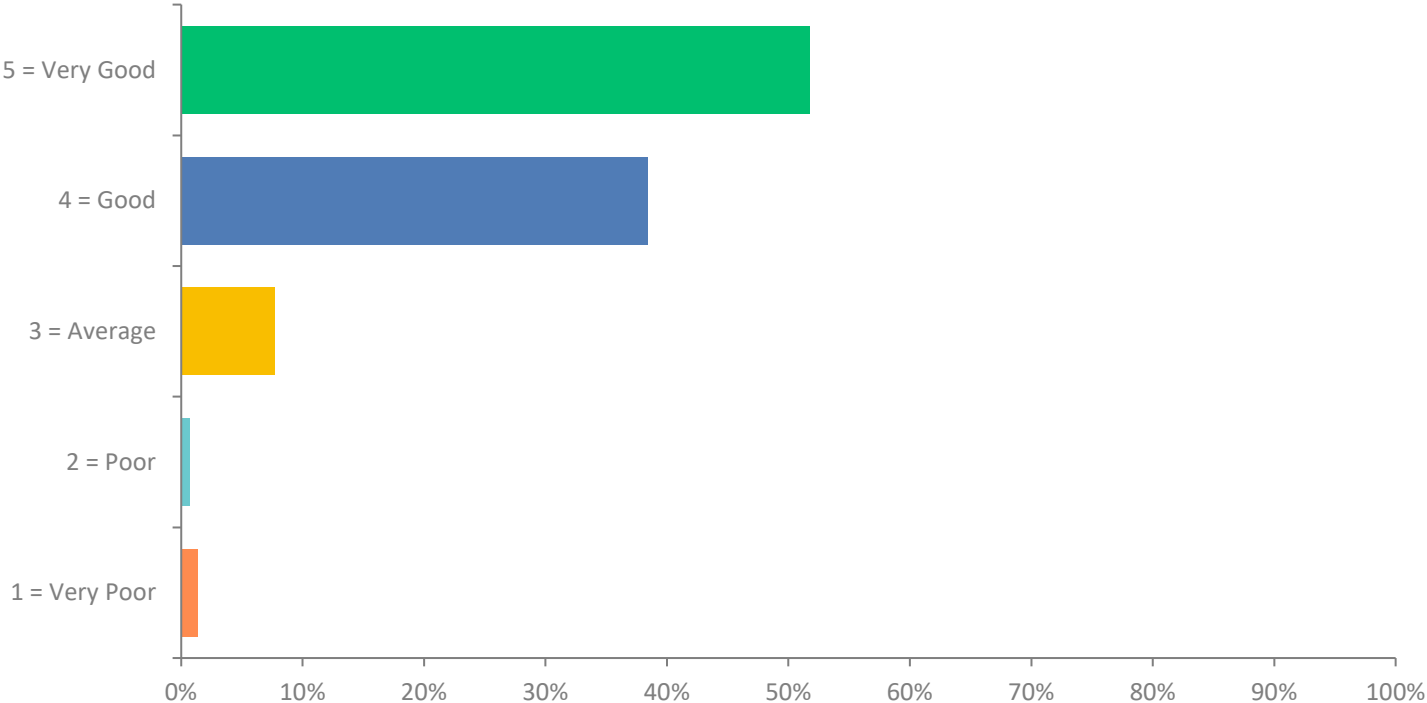
Q15: How would you rate the following festival characteristics?

Answered: 143 Skipped: 32

	VERY GOOD	GOOD	AVERAGE	POOR	VERY POOR	N/A	TOTAL	WEIGHTED AVERAGE
Opportunity to learn about Gullah Culture	59.15% 84	27.46% 39	9.86% 14	1.41% 2	1.41% 2	0.70% 1	142	4.43
Consistency of the Gullah theme throughout the festival	59.57% 84	31.21% 44	5.67% 8	2.84% 4	0% 0	0.71% 1	141	4.49
Overall value of the event	53.52% 76	34.51% 49	10.56% 15	0% 0	0.70% 1	0.70% 1	142	4.41

Q16: On a scale of 1 to 5, with 5 being the BEST, how would you rate your overall experience with the 2024 Gullah Celebration Festival?

Answered: 143 Skipped: 32



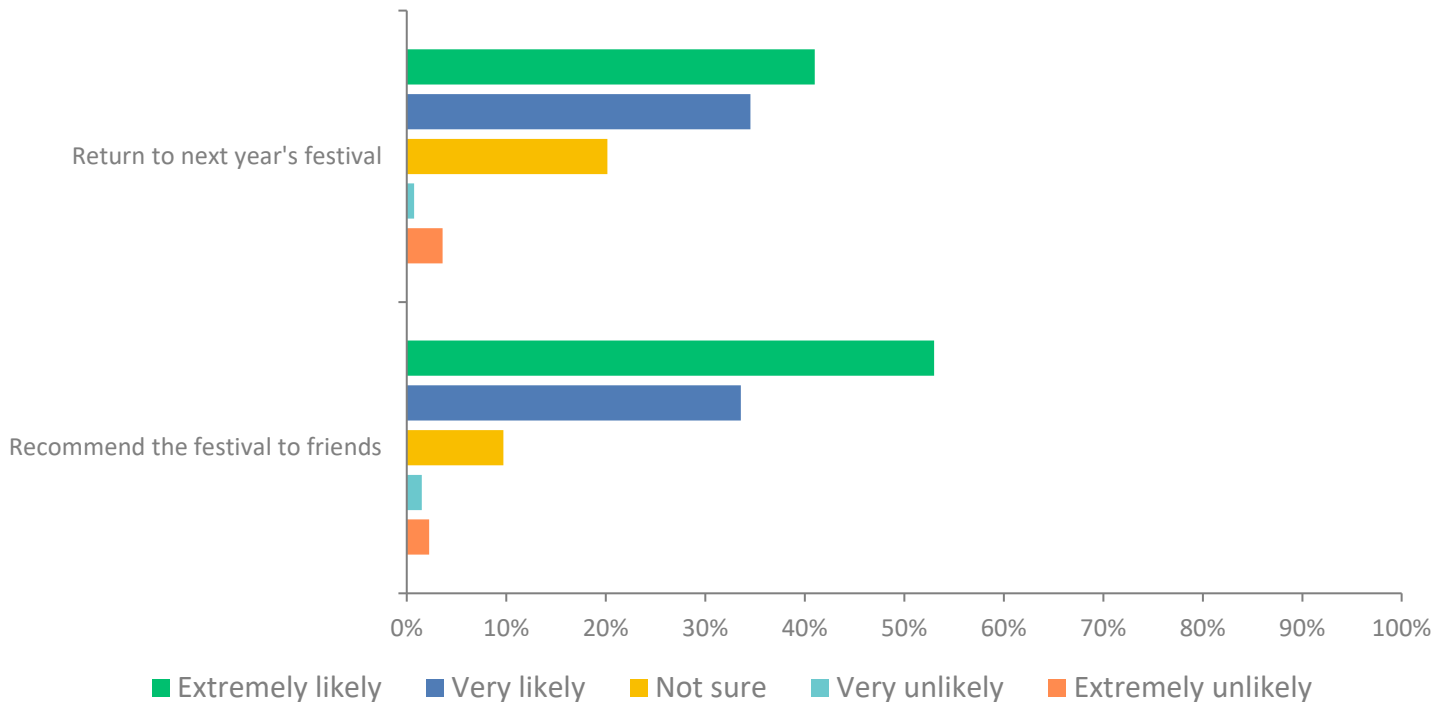
Q16: On a scale of 1 to 5, with 5 being the BEST, how would you rate your overall experience with the 2024 Gullah Celebration Festival?

Answered: 143 Skipped: 32

ANSWER CHOICES	RESPONSES	
5 = Very Good	51.75%	74
4 = Good	38.46%	55
3 = Average	7.69%	11
2 = Poor	0.70%	1
1 = Very Poor	1.40%	2
TOTAL		143

Q17: How likely are you to return to next year's festival and recommend the festival to friends?

Answered: 139 Skipped: 36



Q17: How likely are you to return to next year's festival and recommend the festival to friends?

Answered: 139 Skipped: 36

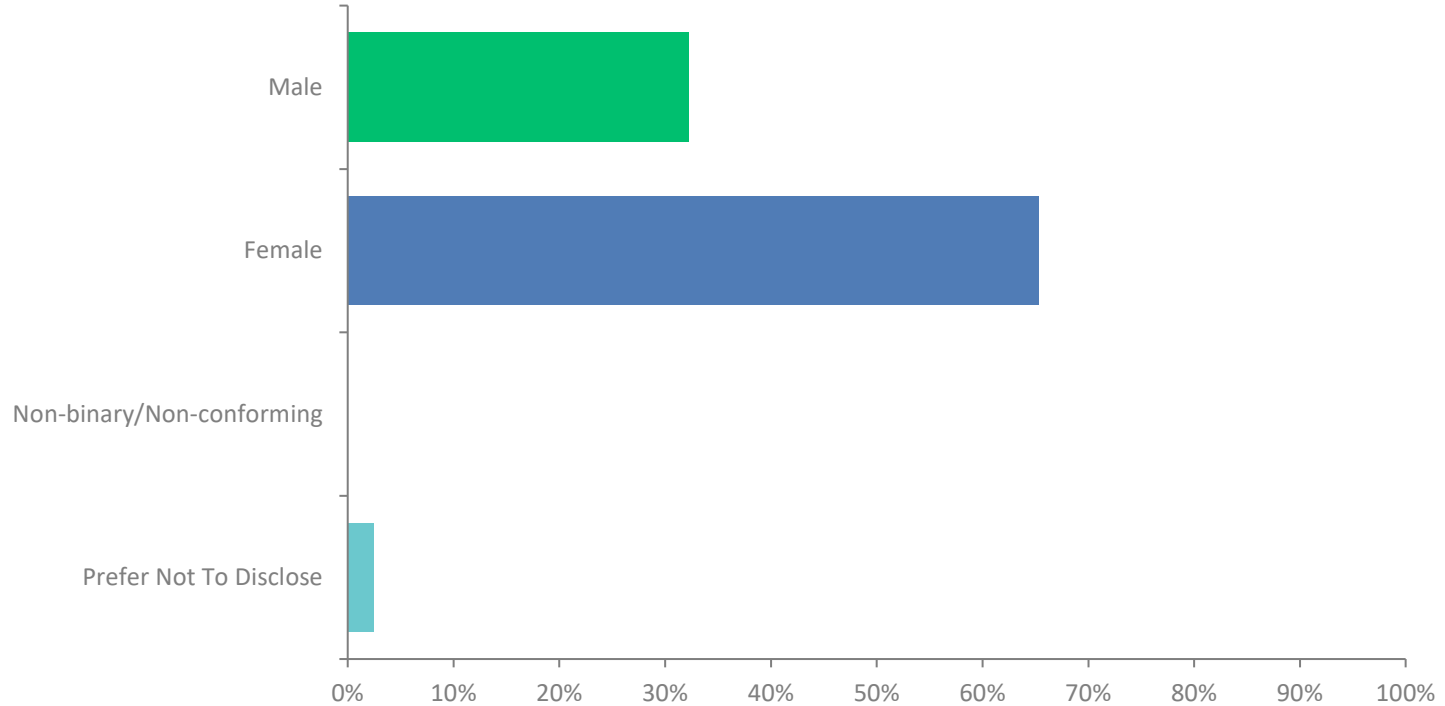
	EXTREMELY LIKELY	VERY LIKELY	NOT SURE	VERY UNLIKELY	EXTREMELY UNLIKELY	TOTAL	WEIGHTED AVERAGE
Return to next year's festival	41.01% 57	34.53% 48	20.14% 28	0.72% 1	3.60% 5	139	4.09
Recommend the festival to friends	52.99% 71	33.58% 45	9.70% 13	1.49% 2	2.24% 3	134	4.34



Demographics

Q18: How do you identify?

Answered: 124 Skipped: 51



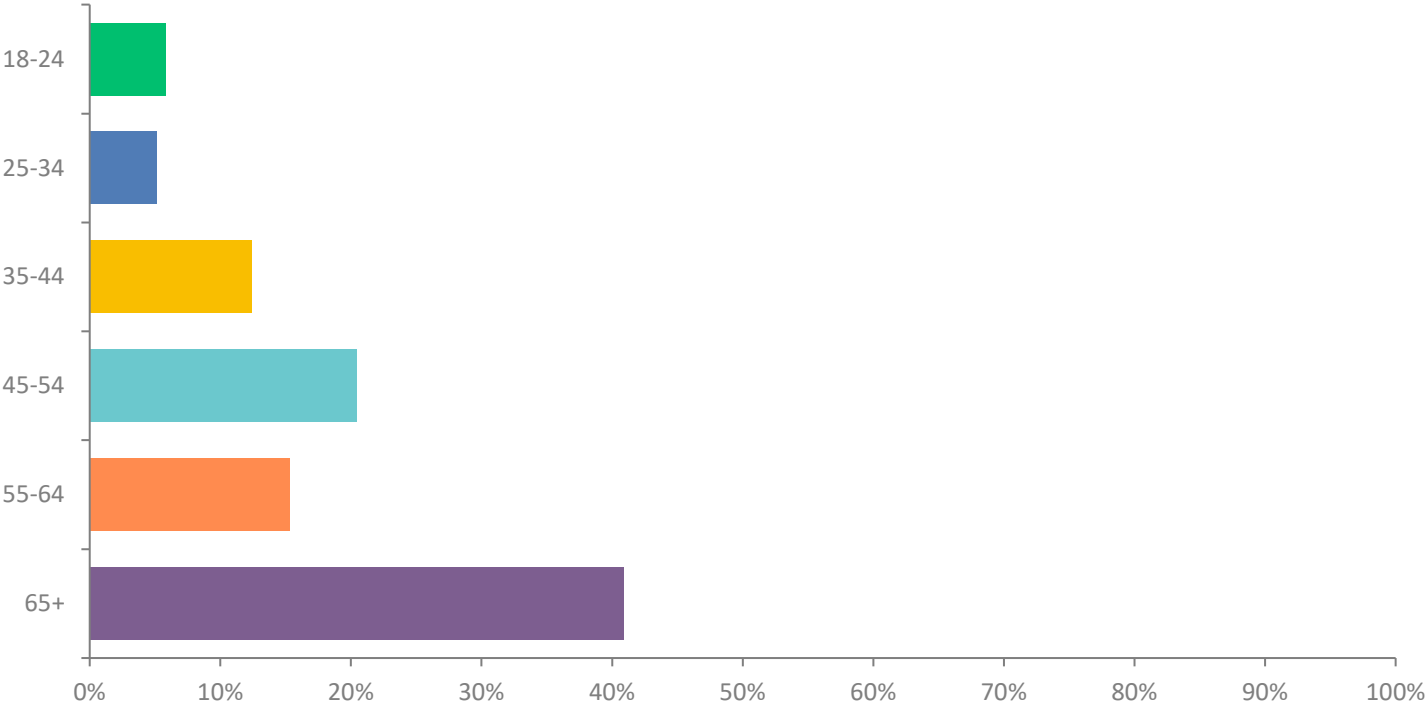
Q18: How do you identify?

Answered: 124 Skipped: 51

ANSWER CHOICES	RESPONSES	
Male	32.26%	40
Female	65.32%	81
Non-binary/Non-conforming	0%	0
Prefer Not To Disclose	2.42%	3
TOTAL		124

Q19: Please indicate your age below.

Answered: 137 Skipped: 38



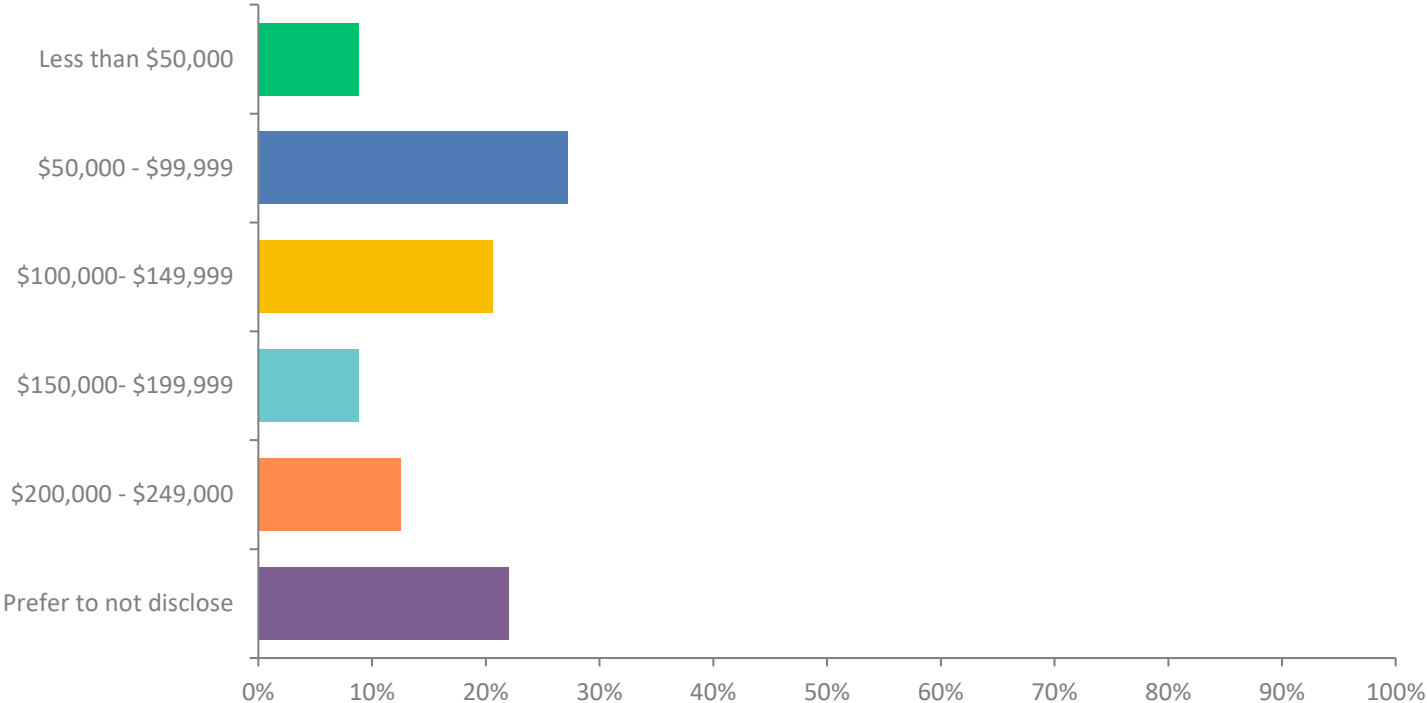
Q19: Please indicate your age below.

Answered: 137 Skipped: 38

ANSWER CHOICES	RESPONSES	
18-24	5.84%	8
25-34	5.11%	7
35-44	12.41%	17
45-54	20.44%	28
55-64	15.33%	21
65+	40.88%	56
TOTAL		137

Q20: What is your approximate annual household income?

Answered: 136 Skipped: 39



Q20: What is your approximate annual household income?

Answered: 136 Skipped: 39

ANSWER CHOICES	RESPONSES	
Less than \$50,000	8.82%	12
\$50,000 - \$99,999	27.21%	37
\$100,000- \$149,999	20.59%	28
\$150,000- \$199,999	8.82%	12
\$200,000 - \$249,000	12.50%	17
Prefer to not disclose	22.06%	30
TOTAL		136



®

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Trey Ramsey
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THANK YOU!



CENTER FOR LOWCOUNTRY
HOSPITALITY EDUCATION



Board Meeting Minutes

Date: June 20th, 2024

Time: 6:40pm

Meeting Type: Board Meeting

Location: Virtual via Zoom

Meeting Called to Order: By Roselle Wilson

Facilitator: Eric C Turpin

Recorder: LaLisa Campbell, Admin. Asst.

Board Members Present: Roselle Wilson, Nell Hay, T. Curtis Barnwell, Faquita Aiken, John Campbell,

Board Members Absent: David Murray, Jayme Lopeko, Eric Barnwell

Staff Present: Eric C Turpin, LaLisa Campbell

Meeting Called to Order at 6:40 pm

- I. Approval of Agenda-Motion was made by Nell Hay and seconded by T. Curtis Barnwell
- II. Approval of Minutes-Nell Hay and seconded by T. Curtis Barnwell
- III. Executive Director's Report-Eric C Turpin
 1. ATAX Application
 2. A motion was made and approved to submit the ATAX application for submission. Motion made by T. Curtis Barnwell and seconded by Roselle Wilson
- IV. Open Floor
- V. Q & A
- VI. Adjourn

Meeting adjourned at 7:45pm

NIBCAA Gullah Celebration Budget				Expenses			
Sponsors + Participating Exhibitors		2025	25 In-Kind	ENTERTAINMENT			2025
				Audio	Sound and A/V		\$3,500
Sponsorship	Syco	\$5,000	\$5,000	Band Lighting			\$2,000
Sponsorship	Official Hotel	\$15,000	\$5,000	Bands			\$10,000
Sponsorship	Hotel Partner	\$5,000	\$5,000	JKL Lighting			\$5,000
Sponsorship	Tanger Hilton Head	\$10,000		Featured Artist			\$3,000
Sponsorship	Palmetto Dunes	\$5,000		Staging			\$1,550
Sponsorship	Coastal Discovery		\$5,000	Expenses			\$25,050
Sponsorship	Official Beverages	\$10,000		OPERATIONS			2025
Sponsorship	HHI-Bluffton VCB	\$5,000		BCSO and Security			\$8,000
Sponsorship	Realtor	\$3,000		Waste Management			\$11,350
Sponsorship	Palmetto Electric	\$2,000		Venue Rentals			\$8,400
				BeachView Rentals			\$15,000
				Guest Chef Travel			\$5,000
				Talent Travel			\$6,000
Retail Exhibitors		\$5,000		Curry Printing			\$12,000
Holiday Market Exhibitors		\$2,400		Accounting			\$3,500
Culinary Exhibitors		\$6,400		Food Costs			\$4,000
				USCB Survey			\$750
Funding/Grant	ATAX Town of HHI	\$225,000		Event Sigange			\$7,000
Funding/Grant	Donnelley Foundation	\$10,000		Event Decor	All Events		\$3,200
Funding/Grant	Beaufort County	\$35,000		Misc. Supplies			\$800
Funding/Grant	SCPRT	\$21,000		On-Site Labor			\$3,000
				Eventeny	Event Software		\$3,000
				Event Insurance			\$2,900
Total Income		\$364,800	\$20,000	Town of HHI	Business License		\$100
				Labor Expenses			\$7,600
Event Ticket Sales		2025		Royal Restroom			\$7,000
Westin Cocktail Reception		4,000		Ice			\$4,450
Poetry Series		4,500		Expenses			\$113,050
Gullah Dining Experience		7,800		MARKETING			2025
Taste of Gullah Admissions		12,000					
Master Class		3,000					

Book Series		5,000			Public Relations + Advertising	Print + Digital Creative	\$20,000	
Cocktail Cruise		7,000			Hoffman Media	Print + Digital	\$15,000	
Gospel Series		\$3,000			Digital Advertising	Meta + Google	\$10,000	
Featured Artist	Art Sales	\$7,600			Billboard Campaign		\$8,000	
Beverage Sales		6,000						
					Local Life SC OOM	Digital Re-Marketing	\$14,000	
					Eat It & Like It	Digital and Broadcast	\$5,000	
					Advertising Creative	Print, Digital and Video	\$20,000	
Total Income		\$59,900	\$0	\$0	Hearst Media	Digital + Flight Campaign	\$70,000	
					Broadcast	Radio	\$3,000	
					WSAV	Broadcast + Digital	\$3,000	
Charity Gifts + Auctions	2025				WTOC	Broadcast + Digital	\$3,000	
					Videography	Capture + Edit	\$6,000	
Circle 100 Members		\$3,700			Photography		\$4,000	
Festival Merchandise		\$8,600						
Silent Auction		\$10,000						
Silent Auction		\$16,000						
					Expenses		\$181,000	\$0
		\$38,300	\$0	\$0				
	Total Income	\$463,000						
	Total Expenses	\$319,100						
	Net Gain/Loss	\$143,900						

2016				2015			
Saturday	Total tickets	20% DMC	80% vendor	Saturday	Total tickets	20% DMC	80% vendor
Crazy Crab	10992	\$2,198	\$8,794	Crazy Crab	5243	\$1,048	\$4,195
Lowcountry Lobster	2948	\$589	\$2,359	Michael Anthony's	543	\$108	\$435
Tove's	1364	\$272	\$1,092	Tove's	688	\$137	\$551
Lowcountry Backyard	1399	\$279	\$1,120	Hollywood Ink	241	\$48	\$193
OOF/ Red Fish / Alexanders	3049	\$609	\$2,440	OOF/ Red Fish / Alexanders	4319	\$863	\$3,456
Carolina Crab Company	2997	\$599	\$2,398	Lucky Rooster	2751	\$550	\$2,201
Extreme Firehouse	1689	\$337	\$1,352	Bluffton Oyster	2437	\$487	\$1,950
Benny Hudson's	3607	\$721	\$2,886	Benny Hudson's	1684	\$336	\$1,347
SERG Group	4430	\$886	\$3,544	SERG Group	5463	\$1,092	\$4,370
Island Kettle Corn	2227	\$445	\$1,782	Island Kettle Corn	1146	\$229	\$917
Melly Mels	3462	\$692	\$2,770	Melly Mels	2909	\$581	\$2,428
ACF	2232	\$446	\$1,786	Island Fudge	1160	\$232	\$928
Firehouse Nutz	2382	\$476	\$1,907	Guisseppi's	1985	\$397	\$1,599
Frosty's	933	\$250	\$683	ACF	2536	\$507	\$2,029
Shrimp Loco	1299	\$259	\$1,040	Mini Donut Chef	1232	\$246	\$986
Hudson's	4231	\$846	\$3,384	Firehouse Nutz	1648	\$329	\$1,319
Kids Zone	3137	\$0	\$3,137	Frosty's	1175	\$235	\$940
TOTAL	52378	\$9,904	\$42,474	Shrimp Loco	1954	\$390	\$1,563
				Hudson's	5711	\$1,142	\$4,569
VENDOR PAY OUT TOTAL		\$9,904	\$42,474	Wooden Skiff	1035	\$1,035	\$0
				Kids Zone	3157	\$0	\$3,157
				TOTAL	49017	\$9,992	\$39,133
				VENDOR PAY OUT TOTAL		\$9,992	\$39,133

Native Island Business & Community Affairs Association Inc.

Statement of Activity Comparison

January - July, 2024

	TOTAL	
	JAN - JUL, 2024	JAN - JUL, 2023 (PY)
Revenue		
Contributed income	1,150.00	108.00
Circle Members	1,173.00	750.00
Corporate & Foundation Grants		
Beaufort County ATAX		50,000.00
Hilton Head Island ATAX		121,367.29
Total Corporate & Foundation Grants		171,367.29
Corporate Sponsorships	500.00	5,050.00
Donations from Individuals	1,111.00	800.00
Government Grants & Contracts	249,232.01	24,583.71
Total Contributed income	253,166.01	202,659.00
GULLAH EVENTS INCOME		
Art Show Income	958.00	11,048.18
Back 2 School Income	100.00	
Gospel Concert Income	1,788.00	
Gullah Celebration	13,369.08	3,681.51
Gullah Market Income	7,258.42	13,090.31
Gullah Wall	6,104.88	1,544.90
Juneteenth	19.28	
Old-fashioned Gullah Breakfast Income	38.86	
Vagabond Cruise	5,205.40	
Total GULLAH EVENTS INCOME	34,841.92	29,364.90
Heritage Fundraiser Income	25,646.41	34,011.18
Housing Assistance Contribution	500.00	
Merchandise Sales	320.00	
Total Revenue	\$314,474.34	\$266,035.08
Cost of Goods Sold		
Cost of Goods Sold	934.73	
GULLAH EVENTS EXPENSE		
360/40		566.26
African American Author Event	374.50	10,303.12
Art Show	4,343.75	8,524.33
Back 2 School	2,625.00	
Gospel Concert Expense	2,700.00	
Gullah Breakfast Expense	4,187.00	
Gullah Celebration Expense	15,327.42	
Gullah Market	28,489.54	16,947.50
Gullah Wall Expense	1,661.00	
Juneteenth Expense	3,685.69	

Native Island Business & Community Affairs Association Inc.

Statement of Activity Comparison

January - July, 2024

	TOTAL	
	JAN - JUL, 2024	JAN - JUL, 2023 (PY)
Other	5,138.75	56.00
Total GULLAH EVENTS EXPENSE	68,532.65	36,397.21
Heritage Expenses	23,475.80	18,507.50
HH Symphony Partnership	1,586.00	
Housing Assistance Expense	609.19	25,908.00
Total Cost of Goods Sold	\$95,138.37	\$80,812.71
GROSS PROFIT	\$219,335.97	\$185,222.37
Expenditures		
3 Brown's Way Expenses		6,744.37
Advertising & Marketing	2,629.58	
Email Marketing	10,559.95	1,134.29
Marketing/Media Buys	77,787.11	103,241.43
Total Advertising & Marketing	90,976.64	104,375.72
Business Development Events	2,290.00	
Casual Labor	250.00	
Contract Labor	30,452.13	18,790.00
Insurance		
Liability insurance	2,484.71	2,403.09
Total Insurance	2,484.71	2,403.09
Legal & Professional Fees		
Accounting	5,341.85	3,476.85
Total Legal & Professional Fees	5,341.85	3,476.85
Licenses & Permits	140.00	
Meal Expense	348.87	192.13
Miscellaneous Expense	15.84	
Occupancy		
Storage	5,573.00	3,108.00
Utilities	42.79	
Total Occupancy	5,615.79	3,108.00
Office Expenses		
Bank Fees/Service Charges	115.50	193.50
Computer & Internet	1,420.70	397.94
Dues & Memberships	1,103.96	759.02
Merchant Account Fees	299.95	299.95
Office Supplies	1,400.19	1,058.97
Postage & Delivery	280.19	6.61
Printing & Reproduction	3,022.38	
Software Expense	748.89	793.64
Total Office Expenses	8,391.76	3,509.63

Native Island Business & Community Affairs Association Inc.

Statement of Activity Comparison

January - July, 2024

	TOTAL	
	JAN - JUL, 2024	JAN - JUL, 2023 (PY)
Payroll Expenses		
Employee Wages	11,384.62	23,076.90
Officer Salary	39,564.45	45,576.90
Payroll Tax Expense	3,897.56	5,251.95
Total Payroll Expenses	54,846.63	73,905.75
Taxes - Property	935.41	
Travel & Meetings	620.32	
Vehicle Expenses	830.91	
Total Expenditures	\$203,540.86	\$216,505.54
NET OPERATING REVENUE	\$15,795.11	\$ -31,283.17
Other Revenue		
Gain/Loss on Sale of Real Estate	147,848.43	
Interest Income	46.55	26.38
Misc. Income		11.57
Total Other Revenue	\$147,894.98	\$37.95
Other Expenditures		
Contributions/Donations	4,638.88	2,376.24
Total Other Expenditures	\$4,638.88	\$2,376.24
NET OTHER REVENUE	\$143,256.10	\$ -2,338.29
NET REVENUE	\$159,051.21	\$ -33,621.46

Native Island Business & Community Affairs Assoc. Inc.
Balance Sheet
 As of December 31, 2022

	Dec 31, 22	Dec 31, 21
ASSETS		
Current Assets		
Checking/Savings		
CSB #4848 - NIBCAA	70,853.15	17,131.07
CSB #0140 Housing/Urban Dev.	29,799.00	92.00
CSB #8128 - On the Hook	2,467.26	1,304.95
SouthState #1087 (Paypal)	968.35	2,895.70
SouthState #8395 (Payroll)	572.88	664.01
NIBCAA Community Action Acct.	765.83	9,585.59
Petty Cash for Events	5,150.00	4,400.00
Total Checking/Savings	110,576.47	36,073.32
Total Current Assets	110,576.47	36,073.32
Fixed Assets		
Furniture and Equipment	5,171.98	1,424.98
Real Estate	32,883.00	32,883.00
Accumulated Depreciation	-5,151.76	-1,404.76
Total Fixed Assets	32,903.22	32,903.22
TOTAL ASSETS	143,479.69	68,976.54
LIABILITIES & EQUITY		
Liabilities		
Current Liabilities		
Other Current Liabilities		
PPP Loan	0.00	13,453.00
Total Other Current Liabilities	0.00	13,453.00
Total Current Liabilities	0.00	13,453.00
Long Term Liabilities		
Due to IRS - 941	0.00	34,065.00
Due to IRS - 990	0.00	3,000.00
Total Long Term Liabilities	0.00	37,065.00
Total Liabilities	0.00	50,518.00
Equity		
Unrestricted Net Assets	18,458.54	31,715.93
Net Income	125,021.15	-13,257.39
Total Equity	143,479.69	18,458.54
TOTAL LIABILITIES & EQUITY	143,479.69	68,976.54

Native Island Business & Community Affairs Association

Statement of Financial Position Comparison

As of December 31, 2023

	TOTAL	
	AS OF DEC 31, 2023	AS OF DEC 31, 2022 (PY)
ASSETS		
Current Assets		
Bank Accounts		
CSB #0140 Housing and Urban Dev.	3,891.00	29,799.00
CSB #4848 - NIBCAA	34,243.39	70,853.15
CSB #8128 - On the Hook	2,575.26	2,467.26
NIBCAA Community Action Acct.	10,265.83	765.83
Petty Cash for Events	3,250.00	1,500.00
SouthState #1087 (Paypal)	346.69	968.35
SouthState #8395 (Payroll)	1,798.00	572.88
Total Bank Accounts	\$56,370.17	\$106,926.47
Total Current Assets	\$56,370.17	\$106,926.47
Fixed Assets		
Accumulated Depreciation	-5,171.98	-5,171.98
Furniture & Equipment	5,171.98	5,171.98
Real Estate	32,883.00	32,883.00
Total Fixed Assets	\$32,883.00	\$32,883.00
TOTAL ASSETS	\$89,253.17	\$139,809.47
LIABILITIES AND EQUITY		
Liabilities		
Current Liabilities		
Other Current Liabilities		
Payroll Liabilities	-1,072.88	
Federal	0.00	
State	0.00	
Total Payroll Liabilities	-1,072.88	
Total Other Current Liabilities	\$ -1,072.88	\$0.00
Total Current Liabilities	\$ -1,072.88	\$0.00
Total Liabilities	\$ -1,072.88	\$0.00
Equity		
Retained Earnings	121,350.93	
Unrestricted Net Assets	18,458.54	18,458.54
Net Revenue	-49,483.42	121,350.93
Total Equity	\$89,326.05	\$139,809.47
TOTAL LIABILITIES AND EQUITY	\$89,253.17	\$139,809.47

Native Island Business & Community Affairs Association Inc.

Statement of Activity Comparison

January - December 2023

	TOTAL	
	JAN - DEC 2023	JAN - DEC 2022 (PY)
Revenue		
Contributed income	108.00	
Circle Members	600.00	
Corporate & Foundation Grants		10,000.00
Beaufort County ATAX	50,091.00	68,575.00
Hilton Head Island ATAX	121,367.29	214,385.37
Total Corporate & Foundation Grants	171,458.29	292,960.37
Corporate Sponsorships	4,350.00	2,733.90
Donations from Individuals		2,045.80
Housing Assistance Contribution		50,000.00
Total Contributed Income	176,516.29	347,740.07
GULLAH EVENTS INCOME	3,681.51	-7,209.90
Art Show Income	10,958.18	
Gullah Market Income	18,160.71	
Total GULLAH EVENTS INCOME	32,800.40	-7,209.90
Gullah Wall	107.25	
Heritage Booth Income	34,011.18	25,185.70
Merchandise Sales		286.00
Uncategorized Income		150.00
Total Revenue	\$243,435.12	\$366,151.87
Cost of Goods Sold		
GULLAH EVENTS EXPENSE	6,723.85	
African American Author Event	5,135.27	
Art Show	8,524.33	
Gullah Market	16,947.50	
Total GULLAH EVENTS EXPENSE	37,330.95	
Heritage Expenses	507.50	24,656.01
Total Cost of Goods Sold	\$37,838.45	\$24,656.01
GROSS PROFIT	\$205,596.67	\$341,495.86
Expenditures		
3 Brown's Way Expenses	6,744.37	
Advertising & Marketing		123,513.90
Social Media	103,241.43	
Website Ads	1,134.29	
Total Advertising & Marketing	104,375.72	123,513.90
Contract Labor	33,650.00	17,650.00
Employee Benefits		550.68
Gifts		114.97
Housing Assistance Expense	25,908.00	21,696.76

Native Island Business & Community Affairs Association Inc.

Statement of Activity Comparison

January - December 2023

	TOTAL	
	JAN - DEC 2023	JAN - DEC 2022 (PY)
		3,029.48
Insurance		
Liability insurance	2,403.09	
Total Insurance	2,403.09	3,029.48
Legal & Professional Fees		
Accounting	3,476.85	9,620.00
Legal		973.65
Total Legal & Professional Fees	3,476.85	10,593.65
Meal Expense	192.13	206.03
Occupancy		
Rent	3,864.00	5,241.39
Utilities	-11.57	
Total Occupancy	3,852.43	5,241.39
Office Expenses		
Bank Fees/Service Charges	186.00	325.98
Computer & Internet	405.42	579.57
Dues & Memberships	560.65	268.30
Merchant Account Fees	299.95	
Office Supplies	983.83	2,847.68
Postage & Delivery	6.61	240.00
Printing & Reproduction		330.63
Software Expense	702.69	
Total Office Expenses	3,145.15	4,592.16
Payroll Expenses		-28,108.45
Employee Wages	22,777.65	41,379.96
Officer Salary	41,499.98	54,199.96
Payroll Tax Expense	4,704.69	7,311.75
Total Payroll Expenses	68,982.32	74,783.22
Subscriptions & Reference Materials		734.51
Taxes - Property		1,924.23
Travel & Meetings		250.00
Total Expenditures	\$252,730.08	\$264,880.98
NET OPERATING REVENUE	\$ -47,133.39	\$76,614.88
Other Revenue		
Interest Income	26.21	35.27
Misc. Income		37,065.00
Other Income - PPP		13,453.00
Total Other Revenue	\$26.21	\$50,553.27
Other Expenditures		
Contributions/Donations	2,776.24	2,050.00
Depreciation Expense		3,767.22

Native Island Business & Community Affairs Association Inc.

Statement of Activity Comparison

January - December 2023

	TOTAL	
	JAN - DEC 2023	JAN - DEC 2022 (PY)
Suspense	-400.00	
Total Other Expenditures	\$2,376.24	\$5,817.22
NET OTHER REVENUE	\$ -2,350.03	\$44,736.05
NET REVENUE	\$ -49,483.42	\$121,350.93

Native Island Business & Community Affairs Assoc. Inc.

03/07/23

Profit & Loss

Accrual Basis

January through December 2022

	Jan - Dec 22	Jan - Dec 21
Ordinary Income/Expense		
Income		
Direct Public Support		
Housing Assistance Contribution	50,000.00	0.00
Corporate Sponsorships	2,733.90	0.00
Grants		
Beaufort County Atax	68,575.00	20,000.00
Hilton Head Island ATAX	214,385.37	94,712.77
Grants - Other	10,000.00	35,000.00
Total Grants	292,960.37	149,712.77
Individual/Business Contrib.	1,295.80	1,177.25
Total Direct Public Support	346,990.07	150,890.02
Misc. Income	150.00	0.00
EVENT INCOME		
Gullah Celebration Events		
Art Exhibition		
Art Sales	39,157.28	0.00
Total Art Exhibition	39,157.28	0.00
Circle Members	0.00	150.00
Gullah Market	12,547.34	25,891.99
Gullah Celebration Events - Other	10,401.18	19,622.59
Total Gullah Celebration Events	62,105.80	45,664.58
Heritage Booth	25,185.70	0.00
Merchandise Sales	286.00	0.00
Misc. Events Income	0.00	1,110.03
Total EVENT INCOME	87,577.50	46,774.61
Total Income	434,717.57	197,664.63
Expense		
ADMIN & GENERAL EXPENSES		
Advertising & Promotion		
Inbound Marketing		
Website	485.41	287.83
Total Inbound Marketing	485.41	287.83
Newsletters	0.00	55.00
Advertising & Promotion - Other	123,028.49	55,346.27
Total Advertising & Promotion	123,513.90	55,689.10
Bank & Credit Card Fees	325.98	1,110.21
Computer & Internet	579.57	145.89
Contract Labor-Art Manager	12,250.00	10,750.00
Dues & Memberships	268.30	218.15
Employee Benefits	550.68	0.00
Gifts	114.97	213.94
Insurance - Business	3,029.48	2,621.88
Meals & Entertainment	206.03	509.38
Office Supplies	2,847.68	2,247.88
Payroll Expenses		
Employee Wages	41,379.96	37,765.36
Officer Wages	54,199.96	49,776.86
Payroll Tax Expense	7,311.75	6,696.96
Contract Labor	1,750.00	0.00
Payroll Expenses - Other	-28,108.45	0.00
Total Payroll Expenses	76,533.22	94,239.18
Postage & Delivery	240.00	203.00

Native Island Business & Community Affairs Assoc. Inc.

Profit & Loss

03/07/23

Accrual Basis

January through December 2022

	Jan - Dec 22	Jan - Dec 21
Printing and Copying	330.63	3,828.60
Professional Fees		
Accounting Fees	9,620.00	7,720.00
Legal Fees	973.65	125.00
Total Professional Fees	10,593.65	7,845.00
Rent Expense	5,241.39	4,835.00
Subscriptions & Ref. Materials	734.51	447.72
Taxes-Property	1,924.23	772.81
Travel & Meetings	250.00	0.00
Total ADMIN & GENERAL EXPENSES	239,534.22	185,677.74
GULLAH CELEBRATION EVENTS		
Art Exhibit Expenses		
Artist Commissions	25,983.00	10,615.80
Art Exhibit Expenses - Other	1,750.00	5,024.20
Total Art Exhibit Expenses	27,733.00	15,640.00
Arts, Crafts & Food Expo		
Other Expenses	750.00	750.00
Arts, Crafts & Food Expo - Other	7,530.00	30.00
Total Arts, Crafts & Food Expo	8,280.00	780.00
Gullah Market	11,954.37	10,849.44
Gullah Music Series	200.00	0.00
Gullah Celebration Expenses	14,245.83	0.00
Misc. Gullah Events	4,099.00	11,829.39
GULLAH CELEBRATION EVENTS - Other	2,653.50	0.00
Total GULLAH CELEBRATION EVENTS	69,165.70	39,098.83
HERITAGE EXPENSES	24,656.01	0.00
HUD Housing Assistance	21,696.76	25,060.00
Total Expense	355,052.69	249,836.57
Net Ordinary Income	79,664.88	-52,171.94
Other Income/Expense		
Other Income		
Other Income - PPP	13,453.00	14,230.00
Other Income - SOS Grant	0.00	24,894.04
Interest Income	35.27	30.51
Other Income	37,065.00	0.00
Total Other Income	50,553.27	39,154.55
Other Expense		
Charitable Contributions	2,050.00	200.00
Depreciation Expense	3,747.00	40.00
Suspense	-600.00	0.00
Total Other Expense	5,197.00	240.00
Net Other Income	45,356.27	38,914.55
Net Income	125,021.15	-13,257.39

Native Island Business & Community Affairs Assoc. Inc.

03/07/23

Balance Sheet

Accrual Basis

As of December 31, 2022

	Dec 31, 22	Dec 31, 21
ASSETS		
Current Assets		
Checking/Savings		
CSB #4848 - NIBCAA	70,853.15	17,131.07
CSB #0140 Housing/Urban Dev.	29,799.00	92.00
CSB #8128 - On the Hook	2,467.26	1,304.95
SouthState #1087 (Paypal)	968.35	2,895.70
SouthState #8395 (Payroll)	572.88	664.01
NIBCAA Community Action Acct.	765.83	9,585.59
Petty Cash for Events	5,150.00	4,400.00
Total Checking/Savings	110,576.47	36,073.32
Total Current Assets	110,576.47	36,073.32
Fixed Assets		
Furniture and Equipment	5,171.98	1,424.98
Real Estate	32,883.00	32,883.00
Accumulated Depreciation	-5,151.76	-1,404.76
Total Fixed Assets	32,903.22	32,903.22
TOTAL ASSETS	143,479.69	68,976.54
LIABILITIES & EQUITY		
Liabilities		
Current Liabilities		
Other Current Liabilities		
PPP Loan	0.00	13,453.00
Total Other Current Liabilities	0.00	13,453.00
Total Current Liabilities	0.00	13,453.00
Long Term Liabilities		
Due to IRS - 941	0.00	34,065.00
Due to IRS - 990	0.00	3,000.00
Total Long Term Liabilities	0.00	37,065.00
Total Liabilities	0.00	50,518.00
Equity		
Unrestricted Net Assets	18,458.54	31,715.93
Net Income	125,021.15	-13,257.39
Total Equity	143,479.69	18,458.54
TOTAL LIABILITIES & EQUITY	143,479.69	68,976.54

Native Island Business & Community Affairs Assoc. Inc.

03/07/23

Profit & Loss

Accrual Basis

January through December 2022

	Jan - Dec 22	Jan - Dec 21
Ordinary Income/Expense		
Income		
Direct Public Support		
Housing Assistance Contribution	50,000.00	0.00
Corporate Sponsorships	2,733.90	0.00
Grants		
Beaufort County Atax	68,575.00	20,000.00
Hilton Head Island ATAX	214,385.37	94,712.77
Grants - Other	10,000.00	35,000.00
Total Grants	292,960.37	149,712.77
Individual/Business Contrib.	1,295.80	1,177.25
Total Direct Public Support	346,990.07	150,890.02
Misc. Income	150.00	0.00
EVENT INCOME		
Gullah Celebration Events		
Art Exhibition		
Art Sales	39,157.28	0.00
Total Art Exhibition	39,157.28	0.00
Circle Members	0.00	150.00
Gullah Market	12,547.34	25,891.99
Gullah Celebration Events - Other	10,401.18	19,622.59
Total Gullah Celebration Events	62,105.80	45,664.58
Heritage Booth	25,185.70	0.00
Merchandise Sales	286.00	0.00
Misc. Events Income	0.00	1,110.03
Total EVENT INCOME	87,577.50	45,774.61
Total Income	434,717.57	197,664.63
Expense		
ADMIN & GENERAL EXPENSES		
Advertising & Promotion		
Inbound Marketing		
Website	485.41	287.83
Total Inbound Marketing	485.41	287.83
Newsletters	0.00	55.00
Advertising & Promotion - Other	123,028.49	55,346.27
Total Advertising & Promotion	123,513.90	55,689.10
Bank & Credit Card Fees	325.98	1,110.21
Computer & Internet	579.57	145.89
Contract Labor-Art Manager	12,250.00	10,750.00
Dues & Memberships	268.30	218.15
Employee Benefits	550.68	0.00
Gifts	114.97	213.94
Insurance - Business	3,029.48	2,621.88
Meals & Entertainment	206.03	509.38
Office Supplies	2,847.68	2,247.88
Payroll Expenses		
Employee Wages	41,379.96	37,765.36
Officer Wages	54,199.96	49,776.85
Payroll Tax Expense	7,311.75	6,696.96
Contract Labor	1,750.00	0.00
Payroll Expenses - Other	-28,108.45	0.00
Total Payroll Expenses	76,533.22	94,239.18
Postage & Delivery	240.00	203.00

Native Island Business & Community Affairs Assoc. Inc.

Profit & Loss

03/07/23

Accrual Basis

January through December 2022

	Jan - Dec 22	Jan - Dec 21
Printing and Copying	330.63	3,828.60
Professional Fees		
Accounting Fees	9,620.00	7,720.00
Legal Fees	973.65	125.00
Total Professional Fees	10,593.65	7,845.00
Rent Expense	5,241.39	4,835.00
Subscriptions & Ref. Materials	734.51	447.72
Taxes-Property	1,924.23	772.81
Travel & Meetings	250.00	0.00
Total ADMIN & GENERAL EXPENSES	239,534.22	185,677.74
GULLAH CELEBRATION EVENTS		
Art Exhibit Expenses		
Artist Commissions	25,983.00	10,615.80
Art Exhibit Expenses - Other	1,750.00	5,024.20
Total Art Exhibit Expenses	27,733.00	15,640.00
Arts, Crafts & Food Expo		
Other Expenses	750.00	750.00
Arts, Crafts & Food Expo - Other	7,530.00	30.00
Total Arts, Crafts & Food Expo	8,280.00	780.00
Gullah Market	11,954.37	10,849.44
Gullah Music Series	200.00	0.00
Gullah Celebration Expenses	14,245.83	0.00
Misc. Gullah Events	4,099.00	11,829.39
GULLAH CELEBRATION EVENTS - Other	2,653.50	0.00
Total GULLAH CELEBRATION EVENTS	69,165.70	39,098.83
HERITAGE EXPENSES	24,656.01	0.00
HUD Housing Assistance	21,696.76	25,060.00
Total Expense	355,052.69	249,836.57
Net Ordinary Income	79,664.88	-52,171.94
Other Income/Expense		
Other Income		
Other Income - PPP	13,453.00	14,230.00
Other Income - SOS Grant	0.00	24,894.04
Interest Income	35.27	30.51
Other Income	37,065.00	0.00
Total Other Income	50,553.27	39,154.55
Other Expense		
Charitable Contributions	2,050.00	200.00
Depreciation Expense	3,747.00	40.00
Suspense	-600.00	0.00
Total Other Expense	5,197.00	240.00
Net Other Income	45,356.27	38,914.55
Net Income	125,021.15	-13,257.39

Critical Messages

None

Electronic Filing

None

Informational Messages

- Historical Report (990 Return) does not display 2024 column if Tax Projection has not been selected.
- Historical Report (990-T Return) does not display 2024 column if Tax Projection has not been selected.
- Form 990, Part X, line 27 end of year net assets without donor restrictions is calculated
- Preparer 'Pamela June, CPA', Reviewer 'Amy'

Missing Data

	Prior Year Data
Income, Analysis of Activities, Additional Information	
<input type="checkbox"/> Gov't contributions-cash	13,453
Income with Direct Expenses and Cost of Goods Sold (Merchandise Sales)	
<input checked="" type="checkbox"/> Gross receipts	286
Electronic Filing	
<input type="checkbox"/> Signature doc return 990	X
Functional Expenses Continued	
<input checked="" type="checkbox"/> Noninv property depr	3,767
Balance Sheet - Liabilities and Equity	
<input checked="" type="checkbox"/> Other liabilities - BOY	50,518

Forms 990 / 990-EZ Return Summary

For calendar year 2023, or tax year beginning _____, and ending _____

57-1019358

NATIVE ISLAND BUSINESS & COMMUNITY

Net Asset / Fund Balance at Beginning of Year		<u>139,811</u>
Revenue		
Contributions	<u>280,408</u>	
Program service revenue	<u>30,551</u>	
Investment income	<u>42</u>	
Capital gain / loss		
Fundraising / Gaming:		
Gross revenue	<u>34,011</u>	
Direct expenses	<u>18,508</u>	
Net income	<u>15,503</u>	
Other income	<u>12</u>	
Total revenue		<u>326,516</u>
Expenses		
Program services	<u>299,348</u>	
Management and general	<u>83,238</u>	
Fundraising	<u>804</u>	
Total expenses		<u>383,390</u>
Excess / (deficit)		<u>-56,874</u>
Changes		<u> </u>
Net Asset / Fund Balance at End of Year		<u>82,937</u>

Reconciliation of Revenue

Total revenue per financial statements	<u> </u>
Less:	
Unrealized gains	<u> </u>
Donated services	<u> </u>
Recoveries	<u> </u>
Other	<u> </u>
Plus:	
Investment expenses	<u> </u>
Other	<u> </u>
Total revenue per return	<u>326,516</u>

Reconciliation of Expenses

Total expenses per financial statements	<u> </u>
Less:	
Donated services	<u> </u>
Prior year adjustments	<u> </u>
Losses	<u> </u>
Other	<u> </u>
Plus:	
Investment expenses	<u> </u>
Other	<u> </u>
Total expenses per return	<u>383,390</u>

Balance Sheet

	Beginning	Ending	Differences
Assets	<u>139,811</u>	<u>82,606</u>	
Liabilities		<u>-331</u>	
Net assets	<u>139,811</u>	<u>82,937</u>	<u>-56,874</u>

Miscellaneous Information

Amended return _____
 Return / extended due date 05/15/24
 Failure to file penalty _____

**JuneCPA
99 Main Street
Hilton Head Island, SC 29926
843-842-6500**

May 9, 2024

CONFIDENTIAL

Native Island Business & Community
PO Box 23452
Hilton Head Island, SC 29925

Dear :

We have prepared the following returns from information provided by you without verification or audit.

Return of Organization Exempt From Income Tax (Form 990)

We suggest that you examine these returns carefully to fully acquaint yourself with all items contained therein to ensure that there are no omissions or misstatements.

Federal Filing Instructions

Your Form 990 for the year ended 12/31/23 shows no balance due.

Your return is being filed electronically with the IRS and is not required to be mailed. If you mail a paper copy of your return to the IRS it will delay the processing of your return. Your electronically filed return is not complete without your signature. You are using a Personal Identification Number (PIN) for signing your return electronically. Form 8879-TE, IRS *e-file* Signature Authorization for an Exempt Organization should be signed and dated by an authorized officer of the organization and returned as soon as possible to:

JuneCPA
99 Main Street
Hilton Head Island, SC 29926

***Important:* Your return will not be filed with the IRS until the signed Form 8879-TE has been received by this office.**

South Carolina Filing Instructions

In order to complete your annual South Carolina Secretary of State financial reporting requirement, a signed copy of the Form 990 or Form 990-EZ must be submitted.

Please sign and date the Form 990 or Form 990-EZ and mail it to:

South Carolina Secretary of State
Attn: Division of Public Charities
1205 Pendleton St., Suite 525
Columbia, SC 29201

Also enclosed is any material you furnished for use in preparing the returns. If the returns are examined, requests may be made for supporting documentation. Therefore, we recommend that you retain all pertinent records for at least seven years.

In order that we may properly advise you of tax considerations, please keep us informed of any significant changes in your financial affairs or of any correspondence received from taxing authorities.

If you have any questions, or if we can be of assistance in any way, please call.

Sincerely,

JuneCPA

Form **8879-TE**

IRS E-file Signature Authorization for a Tax Exempt Entity

OMB No. 1545-0047

For calendar year 2023, or fiscal year beginning, 2023, and ending, 20

2023

Department of the Treasury
Internal Revenue Service

Do not send to the IRS. Keep for your records.
Go to www.irs.gov/Form8879TE for the latest information.

Name of filer
NATIVE ISLAND BUSINESS & COMMUNITY

EIN or SSN
57-1019358

Name and title of officer or person subject to tax
**ERIC TURPIN
EXECUTIVE DIRECTOR**

Part I Type of Return and Return Information

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

1a Form 990 check here	<input checked="" type="checkbox"/>	b Total revenue, if any (Form 990, Part VIII, column (A), line 12)	1b	326,516
2a Form 990-EZ check here	<input type="checkbox"/>	b Total revenue, if any (Form 990-EZ, line 9)	2b	
3a Form 1120-POL check here	<input type="checkbox"/>	b Total tax (Form 1120-POL, line 22)	3b	
4a Form 990-PF check here	<input type="checkbox"/>	b Tax based on investment income (Form 990-PF, Part V, line 5)	4b	
5a Form 8868 check here	<input type="checkbox"/>	b Balance due (Form 8868, line 3c)	5b	
6a Form 990-T check here	<input type="checkbox"/>	b Total tax (Form 990-T, Part III, line 4)	6b	
7a Form 4720 check here	<input type="checkbox"/>	b Total tax (Form 4720, Part III, line 1)	7b	
8a Form 5227 check here	<input type="checkbox"/>	b FMV of assets at end of tax year (Form 5227, Item D)	8b	
9a Form 5330 check here	<input type="checkbox"/>	b Tax due (Form 5330, Part II, line 19)	9b	
10a Form 8038-CP check here	<input type="checkbox"/>	b Amount of credit payment requested (Form 8038-CP, Part III, line 22)	10b	

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

Under penalties of perjury, I declare that I am an officer of the above entity or I am a person subject to tax with respect to (name of entity) _____, (EIN) _____ and that I have examined a copy of the 2023 electronic return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the electronic return and, if applicable, the consent to electronic funds withdrawal.

PIN: check one box only

I authorize **JUNECPA** to enter my PIN **12345** as my signature
ERO firm name Enter five numbers, but do not enter all zeros

on the tax year 2023 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

As an officer or person subject to tax with respect to the entity, I will enter my PIN as my signature on the tax year 2023 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Signature of officer or person subject to tax _____ Date **05/15/24**

Part III Certification and Authentication

ERO's EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN.
57175462291
Do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2023 electronically filed return indicated above. I confirm that I am submitting this return in accordance with the requirements of **Pub. 4163**, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature **PAMELA JUNE, CPA** Date **05/15/24**

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

Return of Organization Exempt From Income Tax

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

Department of the Treasury
Internal Revenue Service

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

A For the 2023 calendar year, or tax year beginning , and ending

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

C Name of organization: **NATIVE ISLAND BUSINESS & COMMUNITY**
 Doing business as: **NIBCAA**
 Number and street (or P.O. box if mail is not delivered to street address): **PO BOX 23452** Room/suite:
 City or town, state or province, country, and ZIP or foreign postal code: **HILTON HEAD ISLAND SC 29925**

D Employer identification number: **57-1019358**
E Telephone number: **842-255-7303**
G Gross receipts \$: **345,024**

F Name and address of principal officer:
ERIC TURPIN
6 KNIGHTSBRIDGE LN.
HILTON HEAD ISLAND SC 29928

H(a) Is this a group return for subordinates? Yes No
H(b) Are all subordinates included? Yes No
 If "No," attach a list. See instructions

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

J Website: **WWW.NIBCAA.ORG** **H(c)** Group exemption number:

K Form of organization: Corporation Trust Association Other **L** Year of formation: **1994** **M** State of legal domicile: **SC**

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: SEE SCHEDULE O		
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3 Number of voting members of the governing body (Part VI, line 1a)	3	8
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	8
	5 Total number of individuals employed in calendar year 2023 (Part V, line 2a)	5	2
	6 Total number of volunteers (estimate if necessary)	6	21
	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0
b Net unrelated business taxable income from Form 990-T, Part I, line 11	7b	0	
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9 Program service revenue (Part VIII, line 2g)	361,193	280,408
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	62,256	30,551
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	35	42
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	37,881	15,515
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	461,365	326,516
	14 Benefits paid to or for members (Part IX, column (A), line 4)		0
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		0
	16a Professional fundraising fees (Part IX, column (A), line 11e)	75,335	109,816
	b Total fundraising expenses (Part IX, column (D), line 25)	804	0
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	264,681	273,574
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	340,016	383,390	
19 Revenue less expenses. Subtract line 18 from line 12	121,349	-56,874	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year	End of Year
	21 Total liabilities (Part X, line 26)	139,811	82,606
	22 Net assets or fund balances. Subtract line 21 from line 20	0	-331
		139,811	82,937

Part II Signature Block

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

Sign Here
 Signature of officer: **ERIC TURPIN** Date: _____
 Type or print name and title: **EXECUTIVE DIRECTOR**

Paid Preparer Use Only
 Print/Type preparer's name: **PAMELA JUNE, CPA** Preparer's signature: **PAMELA JUNE, CPA** Date: **05/09/24** Check if self-employed PTIN: **P00636703**
 Firm's name: **JUNECPA** Firm's EIN: **20-4046229**
 Firm's address: **99 MAIN STREET HILTON HEAD ISLAND, SC 29926** Phone no.: **843-842-6500**

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

Part III Statement of Program Service Accomplishments
Check if Schedule O contains a response or note to any line in this Part III

1 Briefly describe the organization's mission:
SEE SCHEDULE O

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? Yes No
If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes No
If "Yes," describe these changes on Schedule O.

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code:) (Expenses \$ **299,348** including grants of \$) (Revenue \$ **30,551**)
THE ORGANIZATION SPONSORED, ORGANIZED AND CONDUCTED VARIOUS EVENTS TO PRESERVE THE GULLAH CULTURE WHILE AT THE SAME TIME PROVIDING BUSINESS OPPORTUNITIES TO LOW-INCOME RESDIENTS OF HILTON HEAD ISLAND AND SURROUNDING COMMUNITIES.

4b (Code:) (Expenses \$ including grants of \$) (Revenue \$)
N/A

4c (Code:) (Expenses \$ including grants of \$) (Revenue \$)
N/A

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

4e Total program service expenses **299,348**

Part IV Checklist of Required Schedules

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

Part IV Checklist of Required Schedules (continued)

		Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>		X
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part II</i>		X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>		X
28	Was the organization a party to a business transaction with one of the following parties? (See the Schedule L, Part IV, instructions for applicable filing thresholds, conditions, and exceptions).		
a	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If "Yes," complete Schedule L, Part IV</i>		X
b	A family member of any individual described in line 28a? <i>If "Yes," complete Schedule L, Part IV</i>		X
c	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? <i>If "Yes," complete Schedule L, Part IV</i>		X
29	Did the organization receive more than \$25,000 in noncash contributions? <i>If "Yes," complete Schedule M</i>		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>		X
34	Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>		X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>		X
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? Note: All Form 990 filers are required to complete Schedule O.		X

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

		Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable		
b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	X	

Part V Statements Regarding Other IRS Filings and Tax Compliance <i>(continued)</i>		Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	2a	2
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	X
b	If "Yes," has it filed a Form 990-T for this year? <i>If "No" to line 3b, provide an explanation on Schedule O</i>	3b	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a	X
b	If "Yes," enter the name of the foreign country See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a	X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b	X
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c	
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a	X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b	
7	Organizations that may receive deductible contributions under section 170(c).		
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c	
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d	
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e	
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f	
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g	
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h	
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8	
9	Sponsoring organizations maintaining donor advised funds.		
a	Did the sponsoring organization make any taxable distributions under section 4966?	9a	
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b	
10	Section 501(c)(7) organizations. Enter:		
a	Initiation fees and capital contributions included on Part VIII, line 12	10a	
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b	
11	Section 501(c)(12) organizations. Enter:		
a	Gross income from members or shareholders	11a	
b	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b	
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b	
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		
a	Is the organization licensed to issue qualified health plans in more than one state? Note: See the instructions for additional information the organization must report on Schedule O.	13a	
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b	
c	Enter the amount of reserves on hand	13c	
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a	X
b	If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation on Schedule O</i>	14b	
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N.	15	X
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.	16	X
17	Section 501(c)(21) organizations. Did the trust, any disqualified or other person engage in any activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953? If "Yes," complete Form 6069.	17	

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

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

Section A. Governing Body and Management

		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O.		
1b	Enter the number of voting members included on line 1a, above, who are independent		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		X
6	Did the organization have members or stockholders?		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?		X
7b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
8a	a The governing body?	X	
8b	b Each committee with authority to act on behalf of the governing body?	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O		X

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?		X
10b	b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?		X
11b	b Describe on Schedule O the process, if any, used by the organization to review this Form 990.		
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13		X
12b	b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?		
12c	c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done		
13	Did the organization have a written whistleblower policy?		X
14	Did the organization have a written document retention and destruction policy?		X
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
15a	a The organization's CEO, Executive Director, or top management official		X
15b	b Other officers or key employees of the organization		X
15c	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.		
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?		X
16b	b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?		

Section C. Disclosure

- 17** List the states with which a copy of this Form 990 is required to be filed **SC**
- 18** Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
 Own website Another's website Upon request Other (explain on Schedule O)
- 19** Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
- 20** State the name, address, and telephone number of the person who possesses the organization's books and records.

ERIC TURPIN 539 WILLIAM HILTON PARKWAY HILTON HEAD ISLAND SC 29926 842-255-7303

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

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

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

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

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

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) ROSELLE WILSON CHAIRMAN	0.00 0.00			X				0	0	0
(2) ERIC TURPIN EXECUTIVE DIRECTOR	0.00 0.00	X		X				0	0	0
(3) NELL BARNWELL-HAY VICE CHAIRMAN	0.00 0.00			X				0	0	0
(4) DAVID MURRAY DIRECTOR	0.00 0.00	X						0	0	0
(5) QUINCY JERMAINE CAMPBELL TREASURER	0.00 0.00			X				0	0	0
(6) JAMES ERIC BARNWELL DIRECTOR	0.00 0.00	X						0	0	0
(7) JAYME LOPKO SECRETARY	0.00 0.00			X				0	0	0
(8) THOMAS CURTIS BARNWELL III GULLAH CELEBRATION C	0.00 0.00	X						0	0	0
(9)										
(10)										
(11)										

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

Table with 6 main columns: (A) Name and title, (B) Average hours per week, (C) Position (Individual trustee or director, Institutional trustee, Officer, Key employee, Highest compensated employee, Former), (D) Reportable compensation from the organization, (E) Reportable compensation from related organizations, (F) Estimated amount of other compensation.

1b Subtotal
1c Total from continuation sheets to Part VII, Section A
1d Total (add lines 1b and 1c)

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization 0

Table with 3 columns: Question, Yes, No. Contains questions 3, 4, and 5 regarding compensation reporting.

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

Table with 3 columns: (A) Name and business address, (B) Description of services, (C) Compensation.

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization 0

Part VIII Statement of Revenue

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

		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514	
Contributions, Gifts, Grants and Other Similar Amounts	1a Federated campaigns	1a				
	b Membership dues	1b				
	c Fundraising events	1c				
	d Related organizations	1d				
	e Government grants (contributions)	1e	261,650			
	f All other contributions, gifts, grants, and similar amounts not included above	1f	18,758			
	g Noncash contributions included in lines 1a-1f	1g \$				
	h Total. Add lines 1a-1f		280,408			
Program Service Revenue	2a GULLAH CELEBRATION	29,801	29,801			
	b CIRCLE MEMBERS	750	750			
	c					
	d					
	e					
	f All other program service revenue					
	g Total. Add lines 2a-2f		30,551			
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)	42			42	
	4 Income from investment of tax-exempt bond proceeds					
	5 Royalties					
	6a Gross rents	(i) Real				
		(ii) Personal				
		6a				
	b Less: rental expenses	6b				
	c Rental inc. or (loss)	6c				
	d Net rental income or (loss)					
	7a Gross amount from sales of assets other than inventory	(i) Securities				
		(ii) Other				
		7a				
		b Less: cost or other basis and sales exps.	7b			
	c Gain or (loss)	7c				
d Net gain or (loss)						
8a Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18	8a	34,011				
	b Less: direct expenses	8b	18,508			
	c Net income or (loss) from fundraising events		15,503			
9a Gross income from gaming activities. See Part IV, line 19	9a					
	b Less: direct expenses	9b				
	c Net income or (loss) from gaming activities					
10a Gross sales of inventory, less returns and allowances	10a					
	b Less: cost of goods sold	10b				
	c Net income or (loss) from sales of inventory					
Miscellaneous Revenue	11a MISC.	12			12	
	b					
	c					
	d All other revenue					
	e Total. Add lines 11a-11d		12			
12 Total revenue. See instructions		326,516	30,551	0	54	

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21				
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees				
6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	101,396	50,698	50,698	
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9 Other employee benefits	663		663	
10 Payroll taxes	7,757	3,878	3,879	
11 Fees for services (nonemployees):				
a Management				
b Legal	1,654		1,654	
c Accounting	6,102		6,102	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)	1,000	1,000		
12 Advertising and promotion	122,200	122,200		
13 Office expenses	3,600		3,600	
14 Information technology	1,436		1,436	
15 Royalties				
16 Occupancy	6,800		6,800	
17 Travel	142	142		
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	755	755		
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization				
23 Insurance	2,403	2,403		
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a GULLAH CELEBRATION EXP	58,673	58,673		
b HOUSING ASSISTANCE	25,328	25,328		
c CONTRACT LABOR	20,140	20,140		
d ART MANAGER	12,500	12,500		
e All other expenses	10,841	1,631	8,406	804
25 Total functional expenses. Add lines 1 through 24e	383,390	299,348	83,238	804
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year	
Assets	1 Cash—non-interest-bearing	106,928	1	42,979	
	2 Savings and temporary cash investments		2		
	3 Pledges and grants receivable, net		3		
	4 Accounts receivable, net		4		
	5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		5		
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6		
	7 Notes and loans receivable, net		7		
	8 Inventories for sale or use		8		
	9 Prepaid expenses and deferred charges		9		
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 44,799			
	b Less: accumulated depreciation	10b 5,172	32,883	10c	39,627
	11 Investments—publicly traded securities		11		
	12 Investments—other securities. See Part IV, line 11		12		
	13 Investments—program-related. See Part IV, line 11		13		
	14 Intangible assets		14		
	15 Other assets. See Part IV, line 11		15		
16 Total assets. Add lines 1 through 15 (must equal line 33)		139,811	16	82,606	
Liabilities	17 Accounts payable and accrued expenses		17		
	18 Grants payable		18		
	19 Deferred revenue		19		
	20 Tax-exempt bond liabilities		20		
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21		
	22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		22		
	23 Secured mortgages and notes payable to unrelated third parties		23		
	24 Unsecured notes and loans payable to unrelated third parties		24		
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D		25		-331
	26 Total liabilities. Add lines 17 through 25		0	26	-331
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.				
	27 Net assets without donor restrictions	139,811	27	82,937	
	28 Net assets with donor restrictions		28		
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.				
	29 Capital stock or trust principal, or current funds		29		
	30 Paid-in or capital surplus, or land, building, or equipment fund		30		
	31 Retained earnings, endowment, accumulated income, or other funds		31		
32 Total net assets or fund balances	139,811	32		82,937	
33 Total liabilities and net assets/fund balances	139,811	33		82,606	

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	326,516
2	Total expenses (must equal Part IX, column (A), line 25)	2	383,390
3	Revenue less expenses. Subtract line 2 from line 1	3	-56,874
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	139,811
5	Net unrealized gains (losses) on investments	5	
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain on Schedule O)	9	
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	82,937

Part XII Financial Statements and Reporting

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

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

SCHEDULE A
(Form 990)

Public Charity Status and Public Support

OMB No. 1545-0047

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

2023

Attach to Form 990 or Form 990-EZ.

Open to Public Inspection

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

Department of the Treasury
Internal Revenue Service

Name of the organization

NATIVE ISLAND BUSINESS & COMMUNITY

Employer identification number

57-1019358

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

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

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

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

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)
 (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	176,885	195,617	190,014	361,193	280,408	1,204,117
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3	176,885	195,617	190,014	361,193	280,408	1,204,117
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 Public support. Subtract line 5 from line 4						1,204,117

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
7 Amounts from line 4	176,885	195,617	190,014	361,193	280,408	1,204,117
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	37	32	31	35	42	177
9 Net income from unrelated business activities, whether or not the business is regularly carried on				36,065		36,065
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
11 Total support. Add lines 7 through 10						1,240,359
12 Gross receipts from related activities, etc. (see instructions)					12	532,099

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

Section C. Computation of Public Support Percentage

14 Public support percentage for 2023 (line 6, column (f) divided by line 11, column (f))	14	97.08 %
15 Public support percentage from 2022 Schedule A, Part II, line 14	15	96.66 %

16a 33 1/3% support test — 2023. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization

b 33 1/3% support test — 2022. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization

17a 10%-facts-and-circumstances test — 2023. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and **stop here.** Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization

b 10%-facts-and-circumstances test — 2022. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and **stop here.** Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization

18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions

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

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

Section A. Public Support

Table with 7 columns: Calendar year (or fiscal year beginning in), (a) 2019, (b) 2020, (c) 2021, (d) 2022, (e) 2023, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Gross receipts from admissions, merchandise sold or services performed; 3 Gross receipts from activities that are not an unrelated trade or business; 4 Tax revenues levied for the organization's benefit; 5 The value of services or facilities furnished by a governmental unit; 6 Total; 7a Amounts included on lines 1, 2, and 3 received from disqualified persons; 7b Amounts included on lines 2 and 3 received from other than disqualified persons; 8 Public support.

Section B. Total Support

Table with 7 columns: Calendar year (or fiscal year beginning in), (a) 2019, (b) 2020, (c) 2021, (d) 2022, (e) 2023, (f) Total. Rows include: 9 Amounts from line 6; 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources; 10b Unrelated business taxable income; 11 Net income from unrelated business activities; 12 Other income; 13 Total support.

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

Table with 3 columns: Description, Value, Percentage. Row 15: Public support percentage for 2023 (line 8, column (f), divided by line 13, column (f)) 15 %; Row 16: Public support percentage from 2022 Schedule A, Part III, line 15 16 %

Section D. Computation of Investment Income Percentage

Table with 3 columns: Description, Value, Percentage. Row 17: Investment income percentage for 2023 (line 10c, column (f), divided by line 13, column (f)) 17 %; Row 18: Investment income percentage from 2022 Schedule A, Part III, line 17 18 %

19a 33 1/3% support tests — 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 tests — 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 on Part I. If you checked box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

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

Part IV Supporting Organizations *(continued)*

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

Section B. Type I Supporting Organizations

		Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? <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>		
1			
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? <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>		
2			

Section C. Type II Supporting Organizations

		Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? <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>		
1			

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally Integrated Supporting Organizations

1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).		
a	<input type="checkbox"/>	The organization satisfied the Activities Test. Complete line 2 below.	
b	<input type="checkbox"/>	The organization is the parent of each of its supported organizations. Complete line 3 below.	
c	<input type="checkbox"/>	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instructions).	
2	Activities Test. Answer lines 2a and 2b below.		
a		Yes	No
	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>		
2a			
b		Yes	No
	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>		
2b			
3	Parent of Supported Organizations. Answer lines 3a and 3b below.		
a		Yes	No
	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>If "Yes" or "No," provide details in Part VI.</i>		
3a			
b		Yes	No
	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>		
3b			

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

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

Section A – Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3.	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8	

Section B – Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (<i>explain in detail in Part VI</i>):		
2	Acquisition indebtedness applicable to non-exempt-use assets	2	
3	Subtract line 2 from line 1d.	3	
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by 0.035.	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	

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

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

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

Section D – Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	1
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	3
4 Amounts paid to acquire exempt-use assets	4
5 Qualified set-aside amounts (prior IRS approval required—provide details in Part VI)	5
6 Other distributions (describe in Part VI). See instructions.	6
7 Total annual distributions. Add lines 1 through 6.	7
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	8
9 Distributable amount for 2022 from Section C, line 6	9
10 Line 8 amount divided by line 9 amount	10

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

**Schedule B
(Form 990)**

Schedule of Contributors

OMB No. 1545-0047

2023

Department of the Treasury
Internal Revenue Service

Attach to Form 990, 990-EZ, or 990-PF.

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

Name of the organization NATIVE ISLAND BUSINESS & COMMUNITY	Employer identification number 57-1019358
---	---

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

501(c)(**3**) (enter number) organization

4947(a)(1) nonexempt charitable trust **not** treated as a private foundation

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

4947(a)(1) nonexempt charitable trust treated as a private foundation

501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**.

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

General Rule

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

Special Rules

For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33¹/₃% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

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

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

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

Name of organization NATIVE ISLAND BUSINESS & COMMUNITY	Employer identification number 57-1019358
---	---

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	TOWN OF HILTON HEAD ONE TOWN CENTER COURT HILTON HEAD SC 29928	\$ 187,066	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	BEAUFORT COUNTY PO DRAWER 1228 BLUFFTON SC 29910	\$ 50,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	GAYLORD & DOROTHY DONNELLEY FOUNDATI 1640 MEETING STREET ROAD SUITE 303 CHARLESTON SC 29405	\$ 10,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	SC OFFICE OF THE STATE TREASURER 1200 SENATE STREET, SUITE 214 WADE HAMPTON BUILDING COLUMBIA SC 29201	\$ 24,584	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
.....	\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
.....	\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

**SCHEDULE D
(Form 990)**

Supplemental Financial Statements

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

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

OMB No. 1545-0047

2023

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

Name of the organization

Employer identification number

NATIVE ISLAND BUSINESS & COMMUNITY

57-1019358

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

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

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year		
2 Aggregate value of contributions to (during year)		
3 Aggregate value of grants from (during year)		
4 Aggregate value at end of year		
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?		<input type="checkbox"/> Yes <input type="checkbox"/> No
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?		<input type="checkbox"/> Yes <input type="checkbox"/> No

Part II Conservation Easements

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

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

Preservation of land for public use (for example, recreation or education) Preservation of a historically important land area

Protection of natural habitat Preservation of a certified historic structure

Preservation of open space

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

b Assets included in Form 990, Part X \$

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

- 3** Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its collection items (check all that apply).
- a** Public exhibition
 - b** Scholarly research
 - c** Preservation for future generations
 - d** Loan or exchange program
 - e** Other
- 4** Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
- 5** During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

Part IV Escrow and Custodial Arrangements

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

- 1a** Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No
- b** If "Yes," explain the arrangement in Part XIII and complete the following table.
- | | Amount |
|--|-----------|
| c Beginning balance | 1c |
| d Additions during the year | 1d |
| e Distributions during the year | 1e |
| f Ending balance | 1f |
- 2a** Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No
- b** If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII

Part V Endowment Funds

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

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

- 2** Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a** Board designated or quasi-endowment %
 - b** Permanent endowment %
 - c** Term endowment %
- The percentages on lines 2a, 2b, and 2c should equal 100%.
- 3a** Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- (i)** Unrelated organizations? Yes No
 - (ii)** Related organizations? Yes No
- b** If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?
- 4** Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		39,627		39,627
b Buildings				
c Leasehold improvements				
d Equipment				
e Other		5,172	5,172	
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, line 10c, column (B))				39,627

Part VII Investments – Other Securities

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

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

Part VIII Investments – Program Related

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

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

Part IX Other Assets

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

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

Part X Other Liabilities

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) PAYROLL LIABILITIES	-331
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, line 25, col. (B))	-331

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

**SCHEDULE G
(Form 990)**

Department of the Treasury
Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

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

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2023

Open to Public Inspection

Name of the organization

NATIVE ISLAND BUSINESS & COMMUNITY

Employer identification number

57-1019358

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

1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.

- a Mail solicitations
- b Internet and email solicitations
- c Phone solicitations
- d In-person solicitations
- e Solicitation of non-government grants
- f Solicitation of government grants
- g Special fundraising events

2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? Yes No

b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

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

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

.....
.....
.....
.....

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

	(a) Event #1 REFRESHMENT BOO <small>(event type)</small>	(b) Event #2 <hr/> <small>(event type)</small>	(c) Other events NONE <small>(total number)</small>	(d) Total events <small>(add col. (a) through col. (c))</small>
Revenue	1 Gross receipts	34,011		34,011
	2 Less: Contributions			
	3 Gross income (line 1 minus line 2)	34,011		34,011
Direct Expenses	4 Cash prizes			
	5 Noncash prizes			
	6 Rent/facility costs			
	7 Food and beverages			
	8 Entertainment			
	9 Other direct expenses	18,508		18,508
	10 Direct expense summary. Add lines 4 through 9 in column (d)			18,508
11 Net income summary. Subtract line 10 from line 3, column (d)			15,503	

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

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

9 Enter the state(s) in which the organization conducts gaming activities: _____
a Is the organization licensed to conduct gaming activities in each of these states? Yes No

b If "No," explain: _____

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

b If "Yes," explain: _____

**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 for the latest information.

OMB No. 1545-0047

2023

**Open to Public
Inspection**

Name of the organization

NATIVE ISLAND BUSINESS & COMMUNITY

Employer identification number

57-1019358

DOING BUSINESS AS - ADDITIONAL NAMES

NIBCAA

FORM 990 - ORGANIZATION'S MISSION

**MISSION IS TO IMPROVE THE ECONOMIC, SOCIAL AND LIVING CONDITIONS OF LOW-
INCOME RESIDENTS OF HILTON HEAD ISLAND AND NEIGHBORING COMMUNITIES AND TO
RAISE AWARENESS OF HILTON HEAD'S INDIGENOUS AFRICAN AMERICAN COMMUNITY'S
ARTS, CRAFTS, AND FOOD CULTURE.**

FORM 990, PART VI, LINE 11B - ORGANIZATION'S PROCESS TO REVIEW FORM 990

NO REVIEW WAS OR WILL BE CONDUCTED.

FORM 990, PART VI, LINE 19 - GOVERNING DOCUMENTS DISCLOSURE EXPLANATION

NO DOCUMENTS AVAILABLE TO THE PUBLIC

Form **4562**

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

OMB No. 1545-0172

2023

Attachment Sequence No. **179**

Department of the Treasury
Internal Revenue Service

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

Name(s) shown on return

NATIVE ISLAND BUSINESS & COMMUNITY

Identifying number

57-1019358

Business or activity to which this form relates

INDIRECT DEPRECIATION

Part I Election To Expense Certain Property Under Section 179

Note: If you have any listed property, complete Part V before you complete Part I.

1	Maximum amount (see instructions)	1	1,160,000
2	Total cost of section 179 property placed in service (see instructions)	2	
3	Threshold cost of section 179 property before reduction in limitation (see instructions)	3	2,890,000
4	Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-	4	
5	Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions	5	1,160,000
6	(a) Description of property	(b) Cost (business use only)	(c) Elected cost
7	Listed property. Enter the amount from line 29	7	
8	Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7	8	
9	Tentative deduction. Enter the smaller of line 5 or line 8	9	0
10	Carryover of disallowed deduction from line 13 of your 2022 Form 4562	10	3,747
11	Business income limitation. Enter the smaller of business income (not less than zero) or line 5. See instructions	11	0
12	Section 179 expense deduction. Add lines 9 and 10, but don't enter more than line 11	12	0
13	Carryover of disallowed deduction to 2024. Add lines 9 and 10, less line 12	13	3,747

Note: Don't use Part II or Part III below for listed property. Instead, use Part V.

Part II Special Depreciation Allowance and Other Depreciation (Don't include listed property. See instructions.)

14	Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year. See instructions	14	
15	Property subject to section 168(f)(1) election	15	
16	Other depreciation (including ACRS)	16	

Part III MACRS Depreciation (Don't include listed property. See instructions.)

Section A

17	MACRS deductions for assets placed in service in tax years beginning before 2023	17	0
18	If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here <input type="checkbox"/>		

Section B—Assets Placed in Service During 2023 Tax Year Using the General Depreciation System

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only—see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a	3-year property					
b	5-year property					
c	7-year property					
d	10-year property					
e	15-year property					
f	20-year property					
g	25-year property		25 yrs.		S/L	
h	Residential rental property		27.5 yrs.	MM	S/L	
i	Nonresidential real property		39 yrs.	MM	S/L	

Section C—Assets Placed in Service During 2023 Tax Year Using the Alternative Depreciation System

20a	Class life				S/L	
b	12-year		12 yrs.		S/L	
c	30-year		30 yrs.	MM	S/L	
d	40-year		40 yrs.	MM	S/L	

Part IV Summary (See instructions.)

21	Listed property. Enter amount from line 28	21	
22	Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations—see instructions	22	
23	For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	

For Paperwork Reduction Act Notice, see separate instructions.

Form **4562** (2023)

Federal Asset Report

Form 990, Page 1

Asset	Description	Date In Service	Cost	Bus %	Sec 179	Bonus	Basis for Depr	PerConv Meth	Prior	Current
Prior MACRS:										
1	GATEWAY COMPUTER	4/17/12	725			X	362	5 HY 200DB	725	0
2	Asset	6/15/17	700			X	350	5 HY 200DB	700	0
3	Computers	3/18/22	3,747	X	X		0	5 HY 200DB	3,747	0
			<u>5,172</u>				<u>712</u>		<u>5,172</u>	<u>0</u>
Grand Totals			5,172				712		5,172	0
Less: Dispositions and Transfers			0				0		0	0
Less: Start-up/Org Expense			0				0		0	0
Net Grand Totals			<u>5,172</u>				<u>712</u>		<u>5,172</u>	<u>0</u>

SC Asset Report

Form 990, Page 1

Asset	Description	Date In Service	Cost	Basis for Depr	SC Prior	SC Current	Federal Current	Difference Fed - SC
Prior MACRS:								
1	GATEWAY COMPUTER	4/17/12	725	725	725	0	0	0
2	Asset	6/15/17	700	700	700	0	0	0
3	Computers	3/18/22	3,747	0	3,747	0	0	0
			<u>5,172</u>	<u>1,425</u>	<u>5,172</u>	<u>0</u>	<u>0</u>	<u>0</u>
	Grand Totals		5,172	1,425	5,172	0	0	0
	Less: Dispositions		0	0	0	0	0	0
	Less: Start-up/Org Expense		0	0	0	0	0	0
	Net Grand Totals		<u>5,172</u>	<u>1,425</u>	<u>5,172</u>	<u>0</u>	<u>0</u>	<u>0</u>

AMT Asset Report

Form 990, Page 1

Asset	Description	Date In Service	Cost	Bus %	Sec 179	Bonus	Basis for Depr	PerConv Meth	Prior	Current
Prior MACRS:										
1	GATEWAY COMPUTER	4/17/12	725				X 362	5 HY 200DB	725	0
2	Asset	6/15/17	700				X 350	5 HY 200DB	700	0
3	Computers	3/18/22	3,747	X	X		0	5 HY 200DB	3,747	0
			<u>5,172</u>				<u>712</u>		<u>5,172</u>	<u>0</u>
	Grand Totals		5,172				712		5,172	0
	Less: Dispositions and Transfers		0				0		0	0
	Net Grand Totals		<u>5,172</u>				<u>712</u>		<u>5,172</u>	<u>0</u>

Bonus Depreciation Report

Form 990, Page 1

Asset	Property Description	Date In Service	Tax Cost	Bus Pct	Tax Sec 179 Exp	Current Bonus	Prior Bonus	Tax - Basis for Depr
1	GATEWAY COMPUTER	4/17/12	725		0	0	363	362
2	Asset	6/15/17	700		0	0	350	350
3	Computers	3/18/22	3,747		3,747	0	0	0
Grand Total			<u>5,172</u>		<u>0</u>	<u>0</u>	<u>713</u>	<u>712</u>

Depreciation Adjustment Report

All Business Activities

<u>Form</u>	<u>Unit</u>	<u>Asset</u>	<u>Description</u>	<u>Tax</u>	<u>AMT</u>	<u>AMT Adjustments/ Preferences</u>
<u>MACRS Adjustments:</u>						
Page 1	1	1	GATEWAY COMPUTER	0	0	0
Page 1	1	2	Asset	0	0	0
Page 1	1	3	Computers	0	0	0
				<u>0</u>	<u>0</u>	<u>0</u>
				<u>0</u>	<u>0</u>	<u>0</u>

<u>Asset</u>	<u>Description</u>	<u>Date In Service</u>	<u>Cost</u>	<u>Tax</u>	<u>AMT</u>
<u>Prior MACRS:</u>					
1	GATEWAY COMPUTER	4/17/12	725	0	0
2	Asset	6/15/17	700	0	0
3	Computers	3/18/22	3,747	0	0
			<u>5,172</u>	<u>0</u>	<u>0</u>
Grand Totals			<u>5,172</u>	<u>0</u>	<u>0</u>

<u>Asset</u>	<u>Description</u>	<u>Date In Service</u>	<u>Cost</u>	<u>SC</u>
<u>Prior MACRS:</u>				
1	GATEWAY COMPUTER	4/17/12	725	0
2	Asset	6/15/17	700	0
3	Computers	3/18/22	3,747	0
			<u>5,172</u>	<u>0</u>
	Grand Totals		<u>5,172</u>	<u>0</u>

Form **990**

Event Income and Deduction Worksheet

2023

Description **MERCHANDISE SALES**

Name
NATIVE ISLAND BUSINESS & COMMUNITY

Taxpayer Identification Number
57-1019358

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

Income & Expense Summary:

- 1. Gross receipts or sales **1.** _____
- 2. Advertising income **2.** _____
- 3. Circulation income **3.** _____
- 4. Other income **4.** _____
- 5. Returns and allowances **5.** _____
- 6. Contributions received **6.** _____
- 7. **Total revenue.** Add lines 1 through 6 **7.** _____
- 8. Cost of Goods Sold **8.** _____
- 9. Employment Expense **9.** _____
- 10. Fees for services **10.** _____
- 11. Indirect Expense **11.** _____
- 12. Depreciation Expense **12.** _____
- 13. Exempt Activity Expense **13.** _____
- 14. Fundraising Expense **14.** _____
- 15. **Total expenses.** Add lines 8 through 14 **15.** _____
- 16. **Net Income/Loss.** Line 7 minus Line 15 **16.** _____

Expense Details - Cost of Goods Sold:

- Beginning inventory _____
- Purchases _____
- Labor _____
- Section 263A costs _____
- Other costs _____
- Ending inventory _____
- Total Cost of Goods Sold** _____

Expense Details - Employment Expense:

- Compensation of officers _____
- Other salaries and wages _____
- Pension plan contributions _____
- Other employee benefits _____
- Payroll taxes _____
- Total Employment Expense** _____

Expense Details - Fees for Services:

- Management _____
- Legal _____
- Accounting _____
- Lobbying _____
- Professional fundraising _____
- Investment management _____
- Other _____
- Total Fees for Services** _____

Information is indicated for use on Form 990-T, Schedule A:

Schedule A, UBIT Activity Code _____ Seq # _____

- Part V, Debt Financing
- Part VI, Controlled Org Income
- Part VII, Investments for C(7)(9)(17)
- Part VIII, Exploited Activities
- Part IX, Advertising Income

Expense Details - Indirect Expense:

- Advertising and promotion _____
- Office _____
- Printing/publication/postage _____
- Info technology/Maintenance _____
- Royalties & License Fees _____
- Occupancy/Real Estate Taxes _____
- Travel & Repairs _____
- Travel/entertainment (officials) _____
- Conferences/meetings _____
- Interest _____
- Insurance _____
- Total Indirect Expense** _____

Expense Details - Depreciation Expense:

- On investment property _____
- On non-investment property _____
- Amortization _____
- Depletion _____
- Total Depreciation Expense** _____

Expense Details - Exempt Activity Expense:

- Repairs and Maintenance _____
- Bad debts _____
- Taxes/licenses _____
- Charitable contributions _____
- Dividend recd deductions _____
- Readership costs _____
- Other expenses _____
- Total Exempt Activity Expense** _____

Expense Details - Fundraising Expense:

- Cash prizes _____
- Non-cash prizes _____
- Rent and facility costs _____
- Food & beverages (Part II only) _____
- Entertainment (Part II only) _____
- Other direct expenses _____
- Total Fundraising Expense** _____

Allocation of Expense to Program Service Accomplishments:

- First _____
- Second _____
- Third _____
- All other _____

Form 990	Event Income and Deduction Worksheet	2023
Description REFRESHMENT BOOTH		

Name NATIVE ISLAND BUSINESS & COMMUNITY	Taxpayer Identification Number 57-1019358
---	---

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

Income & Expense Summary:

1. Gross receipts or sales	1.	<u>34,011</u>
2. Advertising income	2.	_____
3. Circulation income	3.	_____
4. Other income	4.	_____
5. Returns and allowances	5.	_____
6. Contributions received	6.	_____
7. Total revenue. Add lines 1 through 6	7.	<u>34,011</u>
8. Cost of Goods Sold	8.	<u>18,508</u>
9. Employment Expense	9.	_____
10. Fees for services	10.	_____
11. Indirect Expense	11.	_____
12. Depreciation Expense	12.	_____
13. Exempt Activity Expense	13.	_____
14. Fundraising Expense	14.	_____
15. Total expenses. Add lines 8 through 14	15.	<u>18,508</u>
16. Net Income/Loss. Line 7 minus Line 15	16.	<u>15,503</u>

Expense Details - Indirect Expense:

Advertising and promotion	_____
Office	_____
Printing/publication/postage	_____
Info technology/Maintenance	_____
Royalties & License Fees	_____
Occupancy/Real Estate Taxes	_____
Travel & Repairs	_____
Travel/entertainment (officials)	_____
Conferences/meetings	_____
Interest	_____
Insurance	_____
Total Indirect Expense	_____

Expense Details - Depreciation Expense:

On investment property	_____
On non-investment property	_____
Amortization	_____
Depletion	_____
Total Depreciation Expense	_____

Expense Details - Exempt Activity Expense:

Repairs and Maintenance	_____
Bad debts	_____
Taxes/licenses	_____
Charitable contributions	_____
Dividend recd deductions	_____
Readership costs	_____
Other expenses	_____
Total Exempt Activity Expense	_____

Expense Details - Fundraising Expense:

Cash prizes	_____
Non-cash prizes	_____
Rent and facility costs	_____
Food & beverages (Part II only)	_____
Entertainment (Part II only)	_____
Other direct expenses	_____
Total Fundraising Expense	_____

Expense Details - Cost of Goods Sold:

Beginning inventory	_____
Purchases	<u>18,508</u>
Labor	_____
Section 263A costs	_____
Other costs	_____
Ending inventory	_____
Total Cost of Goods Sold	<u>18,508</u>

Expense Details - Employment Expense:

Compensation of officers	_____
Other salaries and wages	_____
Pension plan contributions	_____
Other employee benefits	_____
Payroll taxes	_____
Total Employment Expense	_____

Expense Details - Fees for Services:

Management	_____
Legal	_____
Accounting	_____
Lobbying	_____
Professional fundraising	_____
Investment management	_____
Other	_____
Total Fees for Services	_____

Information is indicated for use on Form 990-T, Schedule A:

Schedule A, UBIT Activity Code _____	Seq # _____	
<input type="checkbox"/>	Part V, Debt Financing	
<input type="checkbox"/>	Part VI, Controlled Org Income	
<input type="checkbox"/>	Part VII, Investments for C(7)(9)(17)	
<input type="checkbox"/>	Part VIII, Exploited Activities	
<input type="checkbox"/>	Part IX, Advertising Income	

Allocation of Expense to Program Service Accomplishments:

First	_____
Second	_____
Third	_____
All other	_____

Form **990**

Two Year Comparison Report

2022 & 2023

For calendar year 2023, or tax year beginning _____, ending _____

Name

Taxpayer Identification Number

NATIVE ISLAND BUSINESS & COMMUNITY

57-1019358

		2022	2023	Differences
Revenue	1. Contributions, gifts, grants	1. 64,780	18,758	-46,022
	2. Membership dues and assessments	2.		
	3. Government contributions and grants	3. 296,413	261,650	-34,763
	4. Program service revenue	4. 62,256	30,551	-31,705
	5. Investment income	5. 35	42	7
	6. Proceeds from tax exempt bonds	6.		
	7. Net gain or (loss) from sale of assets other than inventory	7.		
	8. Net income or (loss) from fundraising events	8. 530	15,503	14,973
	9. Net income or (loss) from gaming	9.		
	10. Net gain or (loss) on sales of inventory	10. 286		-286
	11. Other revenue	11. 37,065	12	-37,053
	12. Total revenue. Add lines 1 through 11	12. 461,365	326,516	-134,849
Expenses	13. Grants and similar amounts paid	13.		
	14. Benefits paid to or for members	14.		
	15. Compensation of officers, directors, trustees, etc.	15.		
	16. Salaries, other compensation, and employee benefits	16. 75,335	109,816	34,481
	17. Professional fundraising fees	17.		
	18. Other professional fees	18. 10,594	8,756	-1,838
	19. Occupancy, rent, utilities, and maintenance	19. 5,241	6,800	1,559
	20. Depreciation and Depletion	20. 3,767		-3,767
	21. Other expenses	21. 245,079	258,018	12,939
	22. Total expenses. Add lines 13 through 21	22. 340,016	383,390	43,374
	23. Excess or (Deficit). Subtract line 22 from line 12	23. 121,349	-56,874	-178,223
Other Information	24. Total exempt revenue	24. 461,365	326,516	-134,849
	25. Total unrelated revenue	25.		
	26. Total excludable revenue	26. 99,642	30,605	-69,037
	27. Total assets	27. 139,811	82,606	-57,205
	28. Total liabilities	28.	-331	-331
	29. Retained earnings	29. 139,811	82,937	-56,874
	30. Number of voting members of governing body	30. 8	8	
	31. Number of independent voting members of governing body	31. 8	8	
	32. Number of employees	32. 2	2	
	33. Number of volunteers	33. 18	21	

Form **990T**

Two Year Comparison Report

2022 & 2023

For calendar year 2023, or tax year beginning _____, ending _____

Name

Taxpayer Identification Number

NATIVE ISLAND BUSINESS & COMMUNITY

57-1019358

		2022	2023	Differences
Business Taxable Income	1. Number of unrelated business activities for this return	1.	1	-1
	2. Unrelated business taxable income from all trades	2.		
	3. Charitable contributions	3.		
	4. Section 199A deduction (trusts only)	4.		
	5. Taxable income before NOL loss	5.		
	6. Net operating loss (pre-2018)	6.		
	7. Specific deduction	7.	1,000	1,000
	8. Unrelated business taxable income.	8.		
Tax & Credits	9. Income tax (corporate or trust)	9.		
	10. Proxy tax	10.		
	11. Other taxes	11.		
	12. Total taxes	12.		
	13. Other credits	13.		
	14. General business credit	14.		
	15. Credit for prior year minimum tax	15.		
	16. Total credits	16.		
	17. Net tax after credits	17.		
18. Recapture taxes and 965 tax	18.			
19. Total Taxes	19.			
Due/Refund	20. Prior year overpayment and estimated tax payments	20.		
	21. Payment made with extension	21.		
	22. Backup withholding and foreign withholding	22.		
	23. Other payments	23.		
	24. Total payments	24.		
	25. Balance due/(Overpayment)	25.		
	26. Overpayment applied to next year	26.		
	27. Penalties	27.		
	28. Total due/(Refund)	28.		
29. Activity Losses NOL (Post-2017)	29.			

Form 990	Tax Return History	2023
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Name NATIVE ISLAND BUSINESS & COMMUNITY	Employer Identification Number 57-1019358
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	2019	2020	2021	2022	2023	2024
Contributions, gifts, grants	176,885	195,617	190,014	361,193	280,408	
Membership dues						
Program service revenue	87,283	174,080	46,775	62,256	30,551	
Capital gain or loss						
Investment income	37	32	31	35	42	
Fundraising revenue (income/loss)	24,090			530	15,503	
Gaming revenue (income/loss)						
Other revenue	4,022	3,546		37,351	12	
Total revenue	292,317	373,275	236,820	461,365	326,516	
Grants and similar amounts paid						
Benefits paid to or for members						
Compensation of officers, etc.						
Other compensation	69,516	74,255	94,239	75,335	109,816	
Professional fees	6,781	6,924	7,845	10,594	8,756	
Occupancy costs	4,527	2,762	4,835	5,241	6,800	
Depreciation and depletion	67	41	40	3,767		
Other expenses	213,204	278,968	143,118	245,079	258,018	
Total expenses	294,095	362,950	250,077	340,016	383,390	
Excess or (Deficit)	-1,778	10,325	-13,257	121,349	-56,874	
Total exempt revenue	292,317	373,275	236,820	461,365	326,516	
Total unrelated revenue	206	32				
Total excludable revenue	91,136	177,626	46,806	99,642	30,605	
Total Assets	60,211	83,014	68,980	139,811	82,606	
Total Liabilities	38,817	51,295	50,518		-331	
Net Fund Balances	21,394	31,719	18,462	139,811	82,937	

Form 990T	Tax Return History	2023
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Name NATIVE ISLAND BUSINESS & COMMUNITY	Employer Identification Number 57-1019358
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* Income shown net of expenses

	2019	2020	2021	2022	2023	2024
Business activity profit/loss						
Capital gains/losses						
Partner and S Corp gain/loss						
Rental income*						
Debt-financed income*						
Controlled organizations income/interest*						
Investment income, specific organizations*						
Exploited exempt activity income*						
Other income	206					
Total trade or business income.	206					
Compensation of officers, ect.						
Other salaries and wages						
Repairs and maintenance						
Bad debts						
Interest						
Taxes and licenses						
Depreciation and Depletion						
Deferred compensation plans						
Employee benefit programs						

Form 990T	Tax Return History	2023
------------------	---------------------------	-------------

Name NATIVE ISLAND BUSINESS & COMMUNITY	Employer Identification Number 57-1019358
---	---

	2019	2020	2021	2022	2023	2024
Other deductions						
Net income (first activity, year 2019 & prior)	206					
UBTI from all trades	206	0	0	0	0	
Charitable contributions						
Net operating loss deduction						
Specific deduction					1,000	
Section 199A deduction (trusts)						
Income after deductions	206					
Income tax (corporate or trust)						
Other taxes						
Total taxes						
General business credit						
Other credits						
Net tax after credits						
Estimated tax payments						
Other payments						
Balance due /-Overpayment						

Federal Statements

Taxable Interest on Investments

<u>Description</u>	<u>Amount</u>	<u>Unrelated Business</u>	<u>Exclusion Code</u>	<u>Postal Code</u>	<u>Acquired after 6/30/75</u>	<u>US Obs (\$ or %)</u>
BANK INTEREST	\$ 42					
			14			
TOTAL	<u>\$ 42</u>					

Federal Statements

Form 990, Part IX, Line 11g - Other Fees for Service (Non-employee)

Description	Total Expenses	Program Service	Management & General	Fund Raising
CONTRACT SERVICES	\$ 1,000	\$ 1,000	\$	\$
TOTAL	\$ 1,000	\$ 1,000	\$ 0	\$ 0

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

Description	Total Expenses	Program Service	Management & General	Fund Raising
CHARITABLE CONTRIBUTIONS	\$ 7,476	\$	\$ 7,476	\$
DUES & MEMBERSHIPS	1,459	729	730	
BANK & CREDIT CARD FEES	804			804
COMPUTER & INTERNET	554	554		
MISCELLANEOUS EXP	400	200	200	
GIFTS	148	148		
TOTAL	\$ 10,841	\$ 1,631	\$ 8,406	\$ 804

Federal Statements

Schedule A, Part II, Line 1(e)

Description	Amount
CORPORATE SPONSORSHIPS	\$ 6,900
INDIVIDUAL/BUSINESS CONTRIBUTIONS	1,750
MISC. CONTRIBUTIONS	108
TOWN OF HILTON HEAD	
CASH CONTRIBUTION	187,066
BEAUFORT COUNTY	
CASH CONTRIBUTION	50,000
GAYLORD & DOROTHY DONNELLEY FOUNDATI	
CASH CONTRIBUTION	10,000
SC OFFICE OF THE STATE TREASURER	
CASH CONTRIBUTION	24,584
TOTAL	<u>\$ 280,408</u>

Schedule A, Part II, Line 9(e)

Description	Amount
PAYROLL LIABILITY WRITE-OFF	\$
MISC.	12
LESS: DEDUCTIONS	<u>-1,000</u>
TOTAL	<u>\$ -988</u>

Form **8879-TE**

IRS e-file Signature Authorization for a Tax Exempt Entity

OMB No. 1545-0047

For calendar year 2022, or fiscal year beginning 2022, and ending 20

Do not send to the IRS. Keep for your records.
Go to www.irs.gov/Form8879TE for the latest information.

2022

Department of the Treasury
Internal Revenue Service

Name of filer

NATIVE ISLAND BUSINESS & COMMUNITY

EIN or SSN

57-1019358

Name and title of officer or person subject to tax **ERIC TURPIN**
EXECUTIVE DIRECTOR

Part I Type of Return and Return Information

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

1a Form 990 check here <input checked="" type="checkbox"/>	b Total revenue, if any (Form 990, Part VIII, column (A), line 12)	1b <u>461,365</u>
2a Form 990-EZ check here <input type="checkbox"/>	b Total revenue, if any (Form 990-EZ, line 9)	2b _____
3a Form 1120-POL check here <input type="checkbox"/>	b Total tax (Form 1120-POL, line 22)	3b _____
4a Form 990-PF check here <input type="checkbox"/>	b Tax based on investment income (Form 990-PF, Part V, line 5)	4b _____
5a Form 8868 check here <input type="checkbox"/>	b Balance due (Form 8868, line 3c)	5b _____
6a Form 990-T check here <input type="checkbox"/>	b Total tax (Form 990-T, Part III, line 4)	6b _____
7a Form 4720 check here <input type="checkbox"/>	b Total tax (Form 4720, Part III, line 1)	7b _____
8a Form 5227 check here <input type="checkbox"/>	b FMV of assets at end of tax year (Form 5227, Item D)	8b _____
9a Form 5330 check here <input type="checkbox"/>	b Tax due (Form 5330, Part II, line 19)	9b _____
10a Form 8038-CP check here <input type="checkbox"/>	b Amount of credit payment requested (Form 8038-CP, Part III, line 22)	10b _____

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

Under penalties of perjury, I declare that I am an officer of the above entity or I am a person subject to tax with respect to (name of entity) _____, (EIN) _____ and that I have examined a copy of the 2022 electronic return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the electronic return and, if applicable, the consent to electronic funds withdrawal.

PIN: check one box only

I authorize JUNECPA to enter my PIN 12345 as my signature
ERO firm name Enter five numbers, but do not enter all zeros

on the tax year 2022 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

As an officer or person subject to tax with respect to the entity, I will enter my PIN as my signature on the tax year 2022 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Signature of officer or person subject to tax _____ Date 05/12/23

Part III Certification and Authentication

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

57175462291

Do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2022 electronically filed return indicated above. I confirm that I am submitting this return in accordance with the requirements of **Pub. 4163**, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature PAMELA JUNE, CPA Date 05/12/23

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

Form **990**

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

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

2022

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

Open to Public Inspection

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

Department of the Treasury
Internal Revenue Service

A For the 2022 calendar year, or tax year beginning , and ending

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	C Name of organization <p style="text-align: center;">NATIVE ISLAND BUSINESS & COMMUNITY</p> Doing business as NIBCAA Number and street (or P.O. box if mail is not delivered to street address) PO BOX 23452 Room/suite City or town, state or province, country, and ZIP or foreign postal code <p style="text-align: center;">HILTON HEAD ISLAND SC 29925</p>	D Employer identification number <p style="text-align: center;">57-1019358</p> E Telephone number <p style="text-align: center;">842-255-7303</p> G Gross receipts \$ 486,021
F Name and address of principal officer: <p style="text-align: center;">ERIC TURPIN 6 KNIGHTSBRIDGE LN. HILTON HEAD ISLAND SC 29928</p>		H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. See instructions
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		H(c) Group exemption number
J Website: WWW.NIBCAA.ORG		L Year of formation: 1994
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other		M State of legal domicile: SC

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: SEE SCHEDULE O		
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3 Number of voting members of the governing body (Part VI, line 1a)	3	8
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	8
	5 Total number of individuals employed in calendar year 2022 (Part V, line 2a)	5	2
	6 Total number of volunteers (estimate if necessary)	6	18
	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0
b Net unrelated business taxable income from Form 990-T, Part I, line 11	7b	0	
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year 190,014	Current Year 361,193
	9 Program service revenue (Part VIII, line 2g)	46,775	62,256
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	31	35
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		37,881
	12 Total revenue – add lines 8 through 11 (must equal Part VIII, column (A), line 12)	236,820	461,365
	Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1–3)	
14 Benefits paid to or for members (Part IX, column (A), line 4)			0
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)		94,239	75,335
16a Professional fundraising fees (Part IX, column (A), line 11e)			0
b Total fundraising expenses (Part IX, column (D), line 25) 326			
17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)		155,838	264,681
18 Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)		250,077	340,016
19 Revenue less expenses. Subtract line 18 from line 12	-13,257	121,349	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year 68,980	End of Year 139,811
	21 Total liabilities (Part X, line 26)	50,518	0
	22 Net assets or fund balances. Subtract line 21 from line 20	18,462	139,811

Part II Signature Block

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

Sign Here	Signature of officer ERIC TURPIN		Date
	Type or print name and title EXECUTIVE DIRECTOR		
Paid Preparer Use Only	Print/Type preparer's name PAMELA JUNE, CPA	Preparer's signature PAMELA JUNE, CPA	Date 08/14/23
	Firm's name JUNECPA	Firm's EIN 20-4046229	Check <input type="checkbox"/> if self-employed PTIN P00636703
	Firm's address 99 MAIN STREET HILTON HEAD ISLAND, SC 29926		Phone no. 843-842-6500

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

For Paperwork Reduction Act Notice, see the separate instructions.

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission:

SEE SCHEDULE O

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? Yes No

If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes No

If "Yes," describe these changes on Schedule O.

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code:) (Expenses \$ **273,188** including grants of \$) (Revenue \$ **62,256**)

THE ORGANIZATION SPONSORED, ORGANIZED AND CONDUCTED VARIOUS EVENTS TO PRESERVE THE GULLAH CULTURE WHILE AT THE SAME TIME PROVIDING BUSINESS OPPORTUNITIES TO LOW-INCOME RESDIENTS OF HILTON HEAD ISLAND AND SURROUNDING COMMUNITIES.

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

N/A

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

N/A

4d Other program services (Describe on Schedule O.)

(Expenses \$ including grants of \$) (Revenue \$)

4e Total program service expenses **273,188**

Part IV Checklist of Required Schedules

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

Part IV Checklist of Required Schedules (continued)

		Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>		X
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part II</i>		X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>		X
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV, instructions for applicable filing thresholds, conditions, and exceptions):		
a	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If "Yes," complete Schedule L, Part IV</i>		X
b	A family member of any individual described in line 28a? <i>If "Yes," complete Schedule L, Part IV</i>		X
c	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? <i>If "Yes," complete Schedule L, Part IV</i>		X
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>		X
34	Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>		X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>		X
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? Note: All Form 990 filers are required to complete Schedule O.		X

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

		Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable		
b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	X	

Part V Statements Regarding Other IRS Filings and Tax Compliance <i>(continued)</i>		Yes	No		
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	2a	2		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b			X
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a			X
b	If "Yes," has it filed a Form 990-T for this year? <i>If "No" to line 3b, provide an explanation on Schedule O</i>	3b			
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a			X
b	If "Yes," enter the name of the foreign country See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).				
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a			X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b			X
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c			
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a			X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b			
7	Organizations that may receive deductible contributions under section 170(c).				
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a			
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b			
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c			
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e			
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f			
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g			
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h			
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8			
9	Sponsoring organizations maintaining donor advised funds.				
a	Did the sponsoring organization make any taxable distributions under section 4966?	9a			
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b			
10	Section 501(c)(7) organizations. Enter:				
a	Initiation fees and capital contributions included on Part VIII, line 12	10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b			
11	Section 501(c)(12) organizations. Enter:				
a	Gross income from members or shareholders	11a			
b	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a			
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.				
a	Is the organization licensed to issue qualified health plans in more than one state? Note: See the instructions for additional information the organization must report on Schedule O.	13a			
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b			
c	Enter the amount of reserves on hand	13c			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a			X
b	If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation on Schedule O</i>	14b			
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N.	15			X
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.	16			X
17	Section 501(c)(21) organizations. Did the trust, any disqualified or other person engage in any activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953? If "Yes," complete Form 6069.	17			

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

Section A. Governing Body and Management

		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O.		
1b	Enter the number of voting members included on line 1a, above, who are independent		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		X
6	Did the organization have members or stockholders?		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?		X
7b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
8a	The governing body?	X	
8b	Each committee with authority to act on behalf of the governing body?	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O		X

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?		X
10b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?		X
11b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.		
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13		X
12b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?		
12c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done		
13	Did the organization have a written whistleblower policy?		X
14	Did the organization have a written document retention and destruction policy?		X
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
15a	The organization's CEO, Executive Director, or top management official		X
15b	Other officers or key employees of the organization		X
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.		
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?		X
16b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?		

Section C. Disclosure

- 17** List the states with which a copy of this Form 990 is required to be filed **SC**
- 18** Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
 Own website Another's website Upon request Other (explain on Schedule O)
- 19** Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
- 20** State the name, address, and telephone number of the person who possesses the organization's books and records

ERIC TURPIN **539 WILLIAM HILTON PARKWAY**
HILTON HEAD ISLAND **SC 29926** **842-255-7303**

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

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

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

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

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) ROSELLE WILSON CHAIRMAN	0.00 0.00			X				0	0	0
(2) ERIC TURPIN EXECUTIVE DIRECTOR	0.00 0.00	X		X				0	0	0
(3) NELL BARNWELL-HAY VICE CHAIRMAN	0.00 0.00			X				0	0	0
(4) DAVID MURRAY DIRECTOR	0.00 0.00	X						0	0	0
(5) QUINCY JERMAINE CAMPBELL TREASURER	0.00 0.00			X				0	0	0
(6) JAMES ERIC BARNWELL DIRECTOR	0.00 0.00	X						0	0	0
(7) JAYME LOPKO SECRETARY	0.00 0.00			X				0	0	0
(8) THOMAS CURTIS BARNWELL III GULLAH CELEBRATION C	0.00 0.00	X						0	0	0
(9)										
(10)										
(11)										

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			

1b Subtotal	
c Total from continuation sheets to Part VII, Section A	
d Total (add lines 1b and 1c)	

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **0**

	Yes	No
3 Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>		X
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i>		X
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>		X

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization **0**

Part VIII Statement of Revenue

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

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514	
Contributions, Gifts, Grants and Other Similar Amounts	1a Federated campaigns	1a					
	b Membership dues	1b					
	c Fundraising events	1c					
	d Related organizations	1d					
	e Government grants (contributions)	1e	296,413				
	f All other contributions, gifts, grants, and similar amounts not included above	1f	64,780				
	g Noncash contributions included in lines 1a-1f	1g \$					
	h Total. Add lines 1a-1f			361,193			
Program Service Revenue	2a GULLAH CELEBRATION	Business Code	62,106	62,106			
	b MISC EVENTS		150	150			
	c						
	d						
	e						
	f All other program service revenue						
	g Total. Add lines 2a-2f			62,256			
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		35			35	
	4 Income from investment of tax-exempt bond proceeds						
	5 Royalties						
	6a Gross rents		(i) Real				
			(ii) Personal				
		6a					
	b Less: rental expenses	6b					
	c Rental inc. or (loss)	6c					
	d Net rental income or (loss)						
	7a Gross amount from sales of assets other than inventory		(i) Securities				
			(ii) Other				
		7a					
	b Less: cost or other basis and sales exps.	7b					
c Gain or (loss)	7c						
d Net gain or (loss)							
8a Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18							
	8a	25,186					
	b Less: direct expenses	8b	24,656				
c Net income or (loss) from fundraising events			530				
9a Gross income from gaming activities. See Part IV, line 19							
	9a						
	b Less: direct expenses	9b					
c Net income or (loss) from gaming activities							
10a Gross sales of inventory, less returns and allowances							
	10a	286					
	b Less: cost of goods sold	10b					
c Net income or (loss) from sales of inventory			286	286			
Miscellaneous Revenue	11a PAYROLL LIABILITY WRITE-OFF	Business Code	37,065			37,065	
	b						
	c						
	d All other revenue						
	e Total. Add lines 11a-11d			37,065			
12 Total revenue. See instructions			461,365	62,542	0	37,100	

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21				
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees				
6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	67,472	33,736	33,736	
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9 Other employee benefits	551		551	
10 Payroll taxes	7,312	3,656	3,656	
11 Fees for services (nonemployees):				
a Management				
b Legal	974		974	
c Accounting	9,620		9,620	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)				
12 Advertising and promotion	123,514	123,514		
13 Office expenses	3,419		3,419	
14 Information technology				
15 Royalties				
16 Occupancy	5,241		5,241	
17 Travel	250	250		
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	206	206		
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	3,767		3,767	
23 Insurance	3,029	3,029		
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a GULLAH CELEBRATION EXP	69,316	69,316		
b HOUSING ASSISTANCE	21,697	21,697		
c ART MANAGER	12,250	12,250		
d CONTRACT LABOR	5,400	5,400		
e All other expenses	5,998	134	5,538	326
25 Total functional expenses. Add lines 1 through 24e	340,016	273,188	66,502	326
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year	
Assets	1	Cash—non-interest-bearing	36,077	1	106,928
	2	Savings and temporary cash investments		2	
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net		4	
	5	Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		5	
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
	7	Notes and loans receivable, net		7	
	8	Inventories for sale or use		8	
	9	Prepaid expenses and deferred charges		9	
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	38,055		
	b	Less: accumulated depreciation	5,172	10c	32,883
	11	Investments—publicly traded securities		11	
	12	Investments—other securities. See Part IV, line 11		12	
	13	Investments—program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11		15	
16	Total assets. Add lines 1 through 15 (must equal line 33)	68,980	16	139,811	
Liabilities	17	Accounts payable and accrued expenses		17	
	18	Grants payable		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22	Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		22	
	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	50,518	25	
	26	Total liabilities. Add lines 17 through 25	50,518	26	0
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.				
	27	Net assets without donor restrictions	18,462	27	139,811
	28	Net assets with donor restrictions		28	
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.				
	29	Capital stock or trust principal, or current funds		29	
	30	Paid-in or capital surplus, or land, building, or equipment fund		30	
	31	Retained earnings, endowment, accumulated income, or other funds		31	
	32	Total net assets or fund balances	18,462	32	139,811
33	Total liabilities and net assets/fund balances	68,980	33	139,811	

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	461,365
2	Total expenses (must equal Part IX, column (A), line 25)	2	340,016
3	Revenue less expenses. Subtract line 2 from line 1	3	121,349
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	18,462
5	Net unrealized gains (losses) on investments	5	
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain on Schedule O)	9	
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	139,811

Part XII Financial Statements and Reporting

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

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

SCHEDULE A
(Form 990)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2022

Open to Public Inspection

Name of the organization

NATIVE ISLAND BUSINESS & COMMUNITY

Employer identification number

57-1019358

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

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

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

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

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	124,264	176,885	195,617	190,014	361,193	1,047,973
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3	124,264	176,885	195,617	190,014	361,193	1,047,973
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 Public support. Subtract line 5 from line 4						1,047,973

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
7 Amounts from line 4	124,264	176,885	195,617	190,014	361,193	1,047,973
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	52	37	32	31	35	187
9 Net income from unrelated business activities, whether or not the business is regularly carried on					36,065	36,065
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
11 Total support. Add lines 7 through 10						1,084,225

12 Gross receipts from related activities, etc. (see instructions) 12 **648,144**

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

Section C. Computation of Public Support Percentage

14 Public support percentage for 2022 (line 6, column (f) divided by line 11, column (f))	14	96.66 %
15 Public support percentage from 2021 Schedule A, Part II, line 14	15	99.98 %

16a 33 1/3% support test—2022. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here**. The organization qualifies as a publicly supported organization

b 33 1/3% support test—2021. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here**. The organization qualifies as a publicly supported organization

17a 10%-facts-and-circumstances test—2022. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and **stop here**. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization

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

18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions

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

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

Section A. Public Support

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

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						
14 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

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

Section D. Computation of Investment Income Percentage

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

- 19a 33 1/3% support tests—2022.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization
- b 33 1/3% support tests—2021.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization
- 20 Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

Part IV Supporting Organizations (continued)

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

Section B. Type I Supporting Organizations

	Yes	No
1 Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? <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>		
1		
2 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? <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>		
2		

Section C. Type II Supporting Organizations

	Yes	No
1 Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? <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>		
1		

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally Integrated Supporting Organizations

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

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

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

Section A – Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3.	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8	

Section B – Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (<i>explain in detail in Part VI</i>):		
2	Acquisition indebtedness applicable to non-exempt-use assets	2	
3	Subtract line 2 from line 1d.	3	
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by 0.035.	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	

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

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

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

Section D – Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	1
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	3
4 Amounts paid to acquire exempt-use assets	4
5 Qualified set-aside amounts (prior IRS approval required—provide details in Part VI)	5
6 Other distributions (describe in Part VI). See instructions.	6
7 Total annual distributions. Add lines 1 through 6.	7
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	8
9 Distributable amount for 2022 from Section C, line 6	9
10 Line 8 amount divided by line 9 amount	10

Section E – Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2022	(iii) Distributable Amount for 2022
1 Distributable amount for 2022 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2022 (reasonable cause required—explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2022			
a From 2017			
b From 2018			
c From 2019			
d From 2020			
e From 2021			
f Total of lines 3a through 3e			
g Applied to underdistributions of prior years			
h Applied to 2022 distributable amount			
i Carryover from 2017 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4 Distributions for 2022 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2022 distributable amount			
c Remainder. Subtract lines 4a and 4b from line 4.			
5 Remaining underdistributions for years prior to 2022, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions.			
6 Remaining underdistributions for 2022. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.			
7 Excess distributions carryover to 2023. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2018			
b Excess from 2019			
c Excess from 2020			
d Excess from 2021			
e Excess from 2022			

**Schedule B
(Form 990)**

Schedule of Contributors

OMB No. 1545-0047

Department of the Treasury
Internal Revenue Service

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

2022

Name of the organization

Employer identification number

NATIVE ISLAND BUSINESS & COMMUNITY

57-1019358

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

501(c)(3) (enter number) organization

4947(a)(1) nonexempt charitable trust **not** treated as a private foundation

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

4947(a)(1) nonexempt charitable trust treated as a private foundation

501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**.

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

General Rule

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

Special Rules

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

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

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

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

Name of organization

NATIVE ISLAND BUSINESS & COMMUNITY

Employer identification number

57-1019358

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	TOWN OF HILTON HEAD ONE TOWN CENTER COURT HILTON HEAD SC 29928	\$ 214,385	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	BEAUFORT COUNTY PO DRAWER 1228 BLUFFTON SC 29910	\$ 68,575	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	GAYLORD & DOROTHY DONNELLEY FOUNDATI 1640 MEETING STREET ROAD SUITE 303 CHARLESTON SC 29405	\$ 10,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	COMMUNITY FOUNDATION OF THE LOWCOUN 4 NORTHRIDGE DRIVE SUITE A HILTON HEAD ISLAND SC 29926	\$ 50,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

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

OMB No. 1545-0047

2022

Open to Public Inspection

Name of the organization

Employer identification number

NATIVE ISLAND BUSINESS & COMMUNITY

57-1019358

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

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

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include total number at end of year, aggregate value of contributions, aggregate value of grants, and questions about donor advisement.

Part II Conservation Easements.

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

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include purpose of conservation easements, total number of easements, and questions about monitoring and reporting.

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

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

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include questions about reporting art and historical treasures.

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

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

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

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

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

Part IV Escrow and Custodial Arrangements.

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

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

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

- c** Beginning balance
- d** Additions during the year
- e** Distributions during the year
- f** Ending balance

	Amount
1c	
1d	
1e	
1f	

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

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

Part V Endowment Funds.

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

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

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

- a** Board designated or quasi-endowment
- b** Permanent endowment
- c** Term endowment

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

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

- (i)** Unrelated organizations
- (ii)** Related organizations

	Yes	No
3a(i)		
3a(ii)		
3b		

b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?

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

Part VI Land, Buildings, and Equipment.

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		32,883		32,883
b Buildings				
c Leasehold improvements				
d Equipment				
e Other		5,172	5,172	
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				32,883

Part VII Investments – Other Securities.

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

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

Part VIII Investments – Program Related.

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

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

Part IX Other Assets.

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

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

Part X Other Liabilities.

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)	

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

**SCHEDULE G
(Form 990)**

Department of the Treasury
Internal Revenue Service

Name of the organization

Supplemental Information Regarding Fundraising or Gaming Activities

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

▶ Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2022

Open to Public Inspection

NATIVE ISLAND BUSINESS & COMMUNITY

Employer identification number

57-1019358

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

1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.

- a Mail solicitations
- b Internet and email solicitations
- c Phone solicitations
- d In-person solicitations
- e Solicitation of non-government grants
- f Solicitation of government grants
- g Special fundraising events

2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? Yes No

b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

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

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

.....

.....

.....

.....

.....

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

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
		<u>REFRESHMENT BOO</u>		<u>NONE</u>	(add col. (a) through col. (c))
		(event type)	(event type)	(total number)	
Revenue	1 Gross receipts	25,186			25,186
	2 Less: Contributions				
	3 Gross income (line 1 minus line 2)	25,186			25,186
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs				
	7 Food and beverages				
	8 Entertainment				
	9 Other direct expenses	24,656			24,656
	10 Direct expense summary. Add lines 4 through 9 in column (d)				24,656
11 Net income summary. Subtract line 10 from line 3, column (d)				530	

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

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

9 Enter the state(s) in which the organization conducts gaming activities: _____

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

b If "No," explain: _____

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

b If "Yes," explain: _____

**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 for the latest information.

OMB No. 1545-0047

2022

**Open to Public
Inspection**

Name of the organization

NATIVE ISLAND BUSINESS & COMMUNITY

Employer identification number

57-1019358

DOING BUSINESS AS - ADDITIONAL NAMES

NIBCAA

FORM 990 - ORGANIZATION'S MISSION

**MISSION IS TO IMPROVE THE ECONOMIC, SOCIAL AND LIVING CONDITIONS OF LOW-
INCOME RESIDENTS OF HILTON HEAD ISLAND AND NEIGHBORING COMMUNITIES AND TO
RAISE AWARENESS OF HILTON HEAD'S INDIGENOUS AFRICAN AMERICAN COMMUNITY'S
ARTS, CRAFTS, AND FOOD CULTURE.**

FORM 990, PART VI, LINE 11B - ORGANIZATION'S PROCESS TO REVIEW FORM 990

NO REVIEW WAS OR WILL BE CONDUCTED.

FORM 990, PART VI, LINE 19 - GOVERNING DOCUMENTS DISCLOSURE EXPLANATION

NO DOCUMENTS AVAILABLE TO THE PUBLIC

Form **4562**

Department of the Treasury
Internal Revenue Service

Name(s) shown on return

Depreciation and Amortization
(Including Information on Listed Property)

Attach to your tax return.

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

OMB No. 1545-0172

2022

Attachment Sequence No. **179**

NATIVE ISLAND BUSINESS & COMMUNITY

Identifying number

57-1019358

Business or activity to which this form relates

INDIRECT DEPRECIATION

Part I Election To Expense Certain Property Under Section 179

Note: If you have any listed property, complete Part V before you complete Part I.

1	Maximum amount (see instructions)	1	1,080,000
2	Total cost of section 179 property placed in service (see instructions)	2	3,747
3	Threshold cost of section 179 property before reduction in limitation (see instructions)	3	2,700,000
4	Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-	4	0
5	Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions	5	1,080,000
6	(a) Description of property	(b) Cost (business use only)	(c) Elected cost
	COMPUTERS	3,747	3,747
7	Listed property. Enter the amount from line 29	7	
8	Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7	8	3,747
9	Tentative deduction. Enter the smaller of line 5 or line 8	9	3,747
10	Carryover of disallowed deduction from line 13 of your 2021 Form 4562	10	
11	Business income limitation. Enter the smaller of business income (not less than zero) or line 5. See instructions	11	0
12	Section 179 expense deduction. Add lines 9 and 10, but don't enter more than line 11	12	0
13	Carryover of disallowed deduction to 2023. Add lines 9 and 10, less line 12	13	3,747

Note: Don't use Part II or Part III below for listed property. Instead, use Part V.

Part II Special Depreciation Allowance and Other Depreciation (Don't include listed property. See instructions.)

14	Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year. See instructions	14	
15	Property subject to section 168(f)(1) election	15	
16	Other depreciation (including ACRS)	16	

Part III MACRS Depreciation (Don't include listed property. See instructions.)

Section A

17	MACRS deductions for assets placed in service in tax years beginning before 2022	17	20
18	If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here <input type="checkbox"/>		

Section B—Assets Placed in Service During 2022 Tax Year Using the General Depreciation System

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only—see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a	3-year property					
b	5-year property					
c	7-year property					
d	10-year property					
e	15-year property					
f	20-year property					
g	25-year property		25 yrs.		S/L	
h	Residential rental property		27.5 yrs.	MM	S/L	
i	Nonresidential real property		39 yrs.	MM	S/L	

Section C—Assets Placed in Service During 2022 Tax Year Using the Alternative Depreciation System

20a	Class life				S/L	
b	12-year		12 yrs.		S/L	
c	30-year		30 yrs.	MM	S/L	
d	40-year		40 yrs.	MM	S/L	

Part IV Summary (See instructions.)

21	Listed property. Enter amount from line 28	21	
22	Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations—see instructions	22	20
23	For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	

For Paperwork Reduction Act Notice, see separate instructions.

DAA

Federal Asset Report

Form 990, Page 1

Asset	Description	Date In Service	Cost	Bus %	Sec 179	Bonus	Basis for Depr	PerConv Meth	Prior	Current
Section 179 Expense:										
3	Computers	3/18/22	3,747		X	X	N/A	5 HY 200DB	0	3,747
			<u>3,747</u>				<u>N/A</u>		<u>0</u>	<u>3,747</u>
5-year GDS Property:										
3	Computers	3/18/22	N/A*		X	X	0	5 HY 200DB	0	0
			<u>0</u>				<u>0</u>		<u>0</u>	<u>0</u>
Prior MACRS:										
1	GATEWAY COMPUTER	4/17/12	725				362	5 HY 200DB	725	0
2	Asset	6/15/17	700				350	5 HY 200DB	680	20
			<u>1,425</u>				<u>712</u>		<u>1,405</u>	<u>20</u>
	Grand Totals		5,172				712		1,405	3,767
	Less: Dispositions and Transfers		0				0		0	0
	Less: Start-up/Org Expense		0				0		0	0
	Net Grand Totals		<u>5,172</u>				<u>712</u>		<u>1,405</u>	<u>3,767</u>

*Because this asset has 179 expense, its cost has been included in the Section 179 Property cost total

SC Asset Report

Form 990, Page 1

Asset	Description	Date In Service	Cost	Basis for Depr	SC Prior	SC Current	Federal Current	Difference Fed - SC
Section 179 Expense:								
3	Computers	3/18/22	3,747	N/A	0	3,747	3,747	0
			<u>3,747</u>	<u>N/A</u>	<u>0</u>	<u>3,747</u>	<u>3,747</u>	<u>0</u>
5-year GDS Property:								
3	Computers	3/18/22	N/A*	0	0	0	0	0
			<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>
Prior MACRS:								
1	GATEWAY COMPUTER	4/17/12	725	725	725	0	0	0
2	Asset	6/15/17	700	700	660	40	20	-20
			<u>1,425</u>	<u>1,425</u>	<u>1,385</u>	<u>40</u>	<u>20</u>	<u>-20</u>
	Grand Totals		5,172	1,425	1,385	3,787	3,767	-20
	Less: Dispositions		0	0	0	0	0	0
	Less: Start-up/Org Expense		0	0	0	0	0	0
	Net Grand Totals		<u>5,172</u>	<u>1,425</u>	<u>1,385</u>	<u>3,787</u>	<u>3,767</u>	<u>-20</u>

*Because this asset has 179 expense, its cost has been included in the Section 179 Property cost total

57-1019358

AMT Asset Report

FYE: 12/31/2022

Form 990, Page 1

Asset	Description	Date In Service	Cost	Bus %	Sec 179	Bonus	Basis for Depr	PerConv Meth	Prior	Current
Section 179 Expense:										
3	Computers	3/18/22	3,747		X	X	N/A	5 HY 200DB	0	3,747
			<u>3,747</u>				<u>N/A</u>		<u>0</u>	<u>3,747</u>
5-year GDS Property:										
3	Computers	3/18/22	N/A*		X	X	0	5 HY 200DB	0	0
			<u>0</u>				<u>0</u>		<u>0</u>	<u>0</u>
Prior MACRS:										
1	GATEWAY COMPUTER	4/17/12	725				362	5 HY 200DB	725	0
2	Asset	6/15/17	700				350	5 HY 200DB	680	20
			<u>1,425</u>				<u>712</u>		<u>1,405</u>	<u>20</u>
	Grand Totals		5,172				712		1,405	3,767
	Less: Dispositions and Transfers		<u>0</u>				<u>0</u>		<u>0</u>	<u>0</u>
	Net Grand Totals		<u>5,172</u>				<u>712</u>		<u>1,405</u>	<u>3,767</u>

*Because this asset has 179 expense, its cost has been included in the Section 179 Property cost total

57-1019358

Bonus Depreciation Report

FYE: 12/31/2022

Form 990, Page 1

Asset	Property Description	Date In Service	Tax Cost	Bus Pct	Tax Sec 179 Exp	Current Bonus	Prior Bonus	Tax - Basis for Depr
1	GATEWAY COMPUTER	4/17/12	725		0	0	363	362
2	Asset	6/15/17	700		0	0	350	350
3	Computers	3/18/22	3,747		3,747	0	0	0
Grand Total			<u>5,172</u>		<u>3,747</u>	<u>0</u>	<u>713</u>	<u>712</u>

Depreciation Adjustment Report

All Business Activities

<u>Form</u>	<u>Unit</u>	<u>Asset</u>	<u>Description</u>	<u>Tax</u>	<u>AMT</u>	<u>AMT Adjustments/ Preferences</u>
<u>MACRS Adjustments:</u>						
Page 1	1	1	GATEWAY COMPUTER	0	0	0
Page 1	1	2	Asset	20	20	0
Page 1	1	3	Computers	3,747	3,747	0
				<u>3,767</u>	<u>3,767</u>	<u>0</u>

<u>Asset</u>	<u>Description</u>	<u>Date In Service</u>	<u>Cost</u>	<u>Tax</u>	<u>AMT</u>
Prior MACRS:					
1	GATEWAY COMPUTER	4/17/12	725	0	0
2	Asset	6/15/17	700	0	0
3	Computers	3/18/22	3,747	0	0
			<u>5,172</u>	<u>0</u>	<u>0</u>
Grand Totals			<u>5,172</u>	<u>0</u>	<u>0</u>

<u>Asset</u>	<u>Description</u>	<u>Date In Service</u>	<u>Cost</u>	<u>SC</u>
Prior MACRS:				
1	GATEWAY COMPUTER	4/17/12	725	0
2	Asset	6/15/17	700	0
3	Computers	3/18/22	3,747	0
			<u>5,172</u>	<u>0</u>
	Grand Totals		<u>5,172</u>	<u>0</u>

Form 990	Event Income and Deduction Worksheet	2022
Description MERCHANDISE SALES		

Name NATIVE ISLAND BUSINESS & COMMUNITY	Taxpayer Identification Number 57-1019358
---	---

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

Income & Expense Summary:

1. Gross receipts or sales	1. <u>286</u>
2. Advertising income	2. _____
3. Circulation income	3. _____
4. Other income	4. _____
5. Returns and allowances	5. _____
6. Contributions received	6. _____
7. Total revenue. Add lines 1 through 6	7. <u>286</u>
8. Cost of Goods Sold	8. _____
9. Employment Expense	9. _____
10. Fees for services	10. _____
11. Indirect Expense	11. _____
12. Depreciation Expense	12. _____
13. Exempt Activity Expense	13. _____
14. Fundraising Expense	14. _____
15. Total expenses. Add lines 8 through 14	15. _____
16. Net Income/Loss. Line 7 minus Line 15	16. <u>286</u>

Expense Details - Indirect Expense:

Advertising and promotion	_____
Office	_____
Printing/publication/postage	_____
Info technology/Maintenance	_____
Royalties & License Fees	_____
Occupancy/Real Estate Taxes	_____
Travel & Repairs	_____
Travel/entertainment (officials)	_____
Conferences/meetings	_____
Interest	_____
Insurance	_____
Total Indirect Expense	_____

Expense Details - Depreciation Expense:

On investment property	_____
On non-investment property	_____
Amortization	_____
Depletion	_____
Total Depreciation Expense	_____

Expense Details - Exempt Activity Expense:

Repairs and Maintenance	_____
Bad debts	_____
Taxes/licenses	_____
Charitable contributions	_____
Dividend recd deductions	_____
Readership costs	_____
Other expenses	_____
Total Exempt Activity Expense	_____

Expense Details - Fundraising Expense:

Cash prizes	_____
Non-cash prizes	_____
Rent and facility costs	_____
Food & beverages (Part II only)	_____
Entertainment (Part II only)	_____
Other direct expenses	_____
Total Fundraising Expense	_____

Expense Details - Cost of Goods Sold:

Beginning inventory	_____
Purchases	_____
Labor	_____
Section 263A costs	_____
Other costs	_____
Ending inventory	_____
Total Cost of Goods Sold	_____

Expense Details - Employment Expense:

Compensation of officers	_____
Other salaries and wages	_____
Pension plan contributions	_____
Other employee benefits	_____
Payroll taxes	_____
Total Employment Expense	_____

Expense Details - Fees for Services:

Management	_____
Legal	_____
Accounting	_____
Lobbying	_____
Professional fundraising	_____
Investment management	_____
Other	_____
Total Fees for Services	_____

Information is indicated for use on Form 990-T, Schedule A:

Schedule A, UBIT Activity Code	Seq #
<input type="checkbox"/> Part V, Debt Financing	
<input type="checkbox"/> Part VI, Controlled Org Income	
<input type="checkbox"/> Part VII, Investments for C(7)(9)(17)	
<input type="checkbox"/> Part VIII, Exploited Activities	
<input type="checkbox"/> Part IX, Advertising Income	

Allocation of Expense to Program Service Accomplishments:

First	_____
Second	_____
Third	_____
All other	_____

Form 990	Event Income and Deduction Worksheet	2022
Name NATIVE ISLAND BUSINESS & COMMUNITY		Taxpayer Identification Number 57-1019358
Description REFRESHMENT BOOTH		

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

Income & Expense Summary:

1. Gross receipts or sales	1.	25,186
2. Advertising income	2.	
3. Circulation income	3.	
4. Other income	4.	
5. Returns and allowances	5.	
6. Contributions received	6.	
7. Total revenue. Add lines 1 through 6	7.	25,186
8. Cost of Goods Sold	8.	24,656
9. Employment Expense	9.	
10. Fees for services	10.	
11. Indirect Expense	11.	
12. Depreciation Expense	12.	
13. Exempt Activity Expense	13.	
14. Fundraising Expense	14.	
15. Total expenses. Add lines 8 through 14	15.	24,656
16. Net Income/Loss. Line 7 minus Line 15	16.	530

Expense Details - Indirect Expense:

Advertising and promotion	_____
Office	_____
Printing/publication/postage	_____
Info technology/Maintenance	_____
Royalties & License Fees	_____
Occupancy/Real Estate Taxes	_____
Travel & Repairs	_____
Travel/entertainment (officials)	_____
Conferences/meetings	_____
Interest	_____
Insurance	_____
Total Indirect Expense	_____

Expense Details - Depreciation Expense:

On investment property	_____
On non-investment property	_____
Amortization	_____
Depletion	_____
Total Depreciation Expense	_____

Expense Details - Exempt Activity Expense:

Repairs and Maintenance	_____
Bad debts	_____
Taxes/licenses	_____
Charitable contributions	_____
Dividend recd deductions	_____
Readership costs	_____
Other expenses	_____
Total Exempt Activity Expense	_____

Expense Details - Fundraising Expense:

Cash prizes	_____
Non-cash prizes	_____
Rent and facility costs	_____
Food & beverages (Part II only)	_____
Entertainment (Part II only)	_____
Other direct expenses	_____
Total Fundraising Expense	_____

Expense Details - Cost of Goods Sold:

Beginning inventory	_____
Purchases	24,656
Labor	_____
Section 263A costs	_____
Other costs	_____
Ending inventory	_____
Total Cost of Goods Sold	24,656

Expense Details - Employment Expense:

Compensation of officers	_____
Other salaries and wages	_____
Pension plan contributions	_____
Other employee benefits	_____
Payroll taxes	_____
Total Employment Expense	_____

Expense Details - Fees for Services:

Management	_____
Legal	_____
Accounting	_____
Lobbying	_____
Professional fundraising	_____
Investment management	_____
Other	_____
Total Fees for Services	_____

Information is indicated for use on Form 990-T, Schedule A:

Schedule A, UBIT Activity Code	_____	Seq #	_____
<input type="checkbox"/>	Part V, Debt Financing		
<input type="checkbox"/>	Part VI, Controlled Org Income		
<input type="checkbox"/>	Part VII, Investments for C(7)(9)(17)		
<input type="checkbox"/>	Part VIII, Exploited Activities		
<input type="checkbox"/>	Part IX, Advertising Income		

Allocation of Expense to Program Service Accomplishments:

First	_____
Second	_____
Third	_____
All other	_____

Form 990	Two Year Comparison Report	2021 & 2022
Name _____ For calendar year 2022, or tax year beginning _____, ending _____		Taxpayer Identification Number _____

Name **NATIVE ISLAND BUSINESS & COMMUNITY** Taxpayer Identification Number **57-1019358**

		2021	2022	Differences	
Revenue	1. Contributions, gifts, grants	36,177	64,780	28,603	
	2. Membership dues and assessments				
	3. Government contributions and grants	153,837	296,413	142,576	
	4. Program service revenue	46,775	62,256	15,481	
	5. Investment income	31	35	4	
	6. Proceeds from tax exempt bonds				
	7. Net gain or (loss) from sale of assets other than inventory				
	8. Net income or (loss) from fundraising events		530	530	
	9. Net income or (loss) from gaming				
	10. Net gain or (loss) on sales of inventory		286	286	
	11. Other revenue		37,065	37,065	
	12. Total revenue. Add lines 1 through 11		236,820	461,365	224,545
Expenses	13. Grants and similar amounts paid				
	14. Benefits paid to or for members				
	15. Compensation of officers, directors, trustees, etc.				
	16. Salaries, other compensation, and employee benefits	94,239	75,335	-18,904	
	17. Professional fundraising fees				
	18. Other professional fees	7,845	10,594	2,749	
	19. Occupancy, rent, utilities, and maintenance	4,835	5,241	406	
	20. Depreciation and Depletion	40	3,767	3,727	
	21. Other expenses	143,118	245,079	101,961	
	22. Total expenses. Add lines 13 through 21		250,077	340,016	89,939
	23. Excess or (Deficit). Subtract line 22 from line 12		-13,257	121,349	134,606
Other Information	24. Total exempt revenue	236,820	461,365	224,545	
	25. Total unrelated revenue				
	26. Total excludable revenue	46,806	99,642	52,836	
	27. Total assets	68,980	139,811	70,831	
	28. Total liabilities	50,518		-50,518	
	29. Retained earnings	18,462	139,811	121,349	
	30. Number of voting members of governing body	9	8		
31. Number of independent voting members of governing body	9	8			
32. Number of employees	2	2			
33. Number of volunteers	50	18			

Form 990T	Two Year Comparison Report	2021 & 2022
For calendar year 2022, or tax year beginning _____, ending _____		

Name

Taxpayer Identification Number

NATIVE ISLAND BUSINESS & COMMUNITY

57-1019358

		2021	2022	Differences
Business Taxable Income	1. Number of unrelated business activities for this return	1	1	
	2. Unrelated business taxable income from all trades			
	3. Charitable contributions			
	4. Section 199A deduction (trusts only)			
	5. Taxable income before NOL loss			
	6. Net operating loss (pre-2018)			
	7. Specific deduction		1,000	1,000
	8. Unrelated business taxable income.			
Tax & Credits	9. Income tax (corporate or trust)			
	10. Proxy tax			
	11. Other taxes			
	12. Total taxes			
	13. Other credits			
	14. General business credit			
	15. Credit for prior year minimum tax			
	16. Total credits			
	17. Net tax after credits			
	18. Recapture taxes and 965 tax			
	19. Total Taxes			
Due/Refund	20. Prior year overpayment and estimated tax payments			
	21. Payment made with extension			
	22. Backup withholding and foreign withholding			
	23. Other payments			
	24. Total payments			
	25. Balance due/(Overpayment)			
	26. Overpayment applied to next year			
	27. Penalties			
	28. Total due/(Refund)			
29. Activity Losses NOL (Post-2017)				

Form SchA (990T)	Two Year Comparison for Unrelated Business Activity	2021 & 2022
For calendar year 2022, or tax year beginning _____, ending _____		

Organization Name NATIVE ISLAND BUSINESS & COMMUNITY	Taxpayer Identification Number 57-1019358
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Activity: **UNRELATED BUSINESS ACTIVITY** Unincorporated Business Income Tax Code: **624100**

		2021	2022	Differences
R e v e n u e	1. Gross profit/loss on business activities	1.		
	2. Capital gains/losses	2.		
	3. Income/loss from partnerships and S corporations	3.		
	4. Rental income (net of expense)	4.		
	5. Unrelated debt-financed income (net of expense)	5.		
	6. Interest, and other income from controlled organizations (net of expense)	6.		
	7. Investment income of specific organizations (net of expense)	7.		
	8. Exploited exempt activity income (net of expense)	8.		
	9. Advertising income (net of expense)	9.		
	10. Other income	10.		
	11. Total trade or business income. Combine lines 1 through 10	11.		
E x p e n s e s	12. Compensation of officers, directors, and trustees	12.		
	13. Other salaries and wages	13.		
	14. Repairs and maintenance	14.		
	15. Bad debts	15.		
	16. Interest	16.		
	17. Taxes and licenses	17.		
	18. Depreciation and Depletion	18.		
	19. Contributions to deferred compensation plans	19.		
	20. Employee benefit programs	20.		
	21. Other deductions	21.		
	22. Total deductions. Add lines 12 through 22	22.		
	23. Taxable income before deductions. Subtract line 23 from 11	23.		
	24. Deductible losses	24.		
	25. Unrelated business taxable income (loss)	25.		

Form 990	Tax Projection Worksheet	2022 & 2023
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Name

Taxpayer Identification Number

NATIVE ISLAND BUSINESS & COMMUNITY

57-1019358

			2022	2023	Differences
R e v e n u e	1. Contributions, gifts, grants	1.	64,780	64,780	
	2. Membership dues and assessments	2.			
	3. Government contributions and grants	3.	296,413	296,413	
	4. Program service revenue	4.	62,256	62,256	
	5. Investment income	5.	35	35	
	6. Proceeds from tax exempt bonds	6.			
	7. Net gain or (loss) from sale of assets other than inventory	7.			
	8. Net income or (loss) from fundraising events	8.	530	530	
	9. Net income or (loss) from gaming	9.			
	10. Net gain or (loss) on sales of inventory	10.	286	286	
	11. Other revenue	11.	37,065	37,065	
	12. Total revenue. Add lines 1 through 11	12.	461,365	461,365	
E x p e n s e s	13. Grants and similar amounts paid	13.			
	14. Benefits paid to or for members	14.			
	15. Compensation of officers, directors, trustees, etc.	15.			
	16. Salaries, other compensation, and employee benefits	16.	75,335	75,335	
	17. Professional fundraising fees	17.			
	18. Other professional fees	18.	10,594	10,594	
	19. Occupancy, rent, utilities, and maintenance	19.	5,241	5,241	
	20. Depreciation and Depletion	20.	3,767	3,767	
	21. Other expenses	21.	245,079	245,079	
	22. Total expenses. Add lines 13 through 21	22.	340,016	340,016	
	23. Excess or (Deficit). Subtract line 22 from line 12	23.	121,349	121,349	
O t h e r	24. Total exempt revenue	24.	461,365	461,365	
	25. Total unrelated revenue	25.			
	26. Total excludable revenue	26.	99,642	99,642	
	27. Total assets	27.	139,811	139,811	
	28. Total liabilities	28.			
	29. Retained earnings	29.	139,811	139,811	
	30. Number of voting members of governing body	30.	8	8	
	31. Number of independent voting members of governing body	31.	8	8	
	32. Number of employees	32.	2	2	
	33. Number of volunteers	33.	18	18	

Form 990T	Tax Projection Worksheet	2022 & 2023
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Name _____ Taxpayer Identification Number _____

NATIVE ISLAND BUSINESS & COMMUNITY

57-1019358

		2022	2023	Differences
Business Income	1. Unrelated business taxable income from all trades	1.		
	2. Charitable contributions	2.		
	3. Section 199A deduction (trust only)	3.		
	4. Taxable Income before NOL Loss	4.		
	5. Net operating loss (pre-2018)	5.		
	6. Specific deduction	6.	1,000	1,000
	7. Unrelated business taxable income.	7.	-1,000	-1,000
Tax & Credits	8. Income tax (corporate or trust)	8.		
	9. Proxy taxes	9.		
	10. Other taxes	10.		
	11. Total taxes	11.		
	12. General business credit	12.		
	13. Credit for prior year minimum tax	13.		
	14. Other credits	14.		
	15. Total credits	15.		
16. Net tax after credits	16.			
17. Recapture taxes and 965 tax	17.			
18. Total Taxes	18.			
Due / Refund	19. Prior year overpayment and estimated tax payments	19.		
	20. Payment made with extension	20.		
	21. Backup and foreign withholding	21.		
	22. Other payments	22.		
	23. Total payments	23.		
	24. Net due / - refund	24.		

Form 990	Tax Return History	2022
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Name NATIVE ISLAND BUSINESS & COMMUNITY	Employer Identification Number 57-1019358
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	2018	2019	2020	2021	2022	2023
Contributions, gifts, grants	124,264	176,885	195,617	190,014	361,193	361,193
Membership dues						
Program service revenue	99,765	87,283	174,080	46,775	62,256	62,256
Capital gain or loss						
Investment income	52	37	32	31	35	35
Fundraising revenue (income/loss)	23,325	24,090			530	530
Gaming revenue (income/loss)						
Other revenue	2,364	4,022	3,546		37,351	37,351
Total revenue	249,770	292,317	373,275	236,820	461,365	461,365
Grants and similar amounts paid						
Benefits paid to or for members						
Compensation of officers, etc.						
Other compensation	49,367	69,516	74,255	94,239	75,335	75,335
Professional fees	7,860	6,781	6,924	7,845	10,594	10,594
Occupancy costs	4,158	4,527	2,762	4,835	5,241	5,241
Depreciation and depletion	112	67	41	40	3,767	3,767
Other expenses	222,939	213,204	278,968	143,118	245,079	245,079
Total expenses	284,436	294,095	362,950	250,077	340,016	340,016
Excess or (Deficit)	-34,666	-1,778	10,325	-13,257	121,349	121,349
Total exempt revenue	249,770	292,317	373,275	236,820	461,365	461,365
Total unrelated revenue		206	32			
Total excludable revenue	102,181	91,136	177,626	46,806	99,642	99,642
Total Assets	61,450	60,211	83,014	68,980	139,811	139,811
Total Liabilities	38,278	38,817	51,295	50,518		
Net Fund Balances	23,172	21,394	31,719	18,462	139,811	139,811

Form 990T	Tax Return History	2022
------------------	---------------------------	-------------

Name NATIVE ISLAND BUSINESS & COMMUNITY	Employer Identification Number 57-1019358
---	---

* Income shown net of expenses

	2018	2019	2020	2021	2022	2023
Business activity profit/loss						
Capital gains/losses						
Partner and S Corp gain/loss						
Rental income*						
Debt-financed income*						
Controlled organizations income/interest*						
Investment income, specific organizations*						
Exploited exempt activity income*						
Other income		206				
Total trade or business income.		206				
Compensation of officers, ect.						
Other salaries and wages						
Repairs and maintenance						
Bad debts						
Interest						
Taxes and licenses						
Charitable contributions						
Depreciation and Depletion						
Deferred compensation plans						
Employee benefit programs						

Federal Statements

Taxable Interest on Investments

<u>Description</u>	<u>Amount</u>	<u>Unrelated Business</u>	<u>Exclusion Code</u>	<u>Postal Code</u>	<u>Acquired after 6/30/75</u>	<u>US Obs (\$ or %)</u>
BANK INTEREST	\$ 35				14	
TOTAL	<u>\$ 35</u>					

57-1019358

Federal Statements

FYE: 12/31/2022

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

<u>Description</u>	<u>Total Expenses</u>	<u>Program Service</u>	<u>Management & General</u>	<u>Fund Raising</u>
CHARITABLE CONTRIBUTIONS	\$ 2,050	\$	\$ 2,050	\$
PROPERTY TAXES	1,924		1,924	
SUBSCRIPTIONS & REF MATER	735		735	
COMPUTER & INTERNET	580		580	
BANK & CREDIT CARD FEES	326			326
DUES & MEMBERSHIPS	268	134	134	
GIFTS	115		115	
TOTAL	\$ 5,998	\$ 134	\$ 5,538	\$ 326

57-1019358

Federal Statements

FYE: 12/31/2022

Schedule A, Part II, Line 1(e)

Description	Amount
PPP FORGIVENESS	\$ 13,453
INDIVIDUAL/BUSINESS CONTRIBUTIONS	2,046
CORPORATE SPONSORSHIPS	2,734
TOWN OF HILTON HEAD	
CASH CONTRIBUTION	214,385
BEAUFORT COUNTY	
CASH CONTRIBUTION	68,575
GAYLORD & DOROTHY DONNELLEY FOUNDATI	
CASH CONTRIBUTION	10,000
COMMUNITY FOUNDATION OF THE LOWCOUNT	
CASH CONTRIBUTION	50,000
TOTAL	<u>\$ 361,193</u>

Schedule A, Part II, Line 8(e)

Description	Amount
BANK INTEREST	\$ 35
TOTAL	<u>\$ 35</u>

Schedule A, Part II, Line 9(e)

Description	Amount
PAYROLL LIABILITY WRITE-OFF	\$ 37,065
LESS: DEDUCTIONS	-1,000
TOTAL	<u>\$ 36,065</u>

57-1019358

Federal Statements

FYE: 12/31/2022

Schedule A, Part II, Line 12 - Current year

Description

Amount

GULLAH CELEBRATION	\$ 62,106
MISC EVENTS	150
MERCHANDISE SALES	286
REFRESHMENT BOOTH	25,186
TOTAL	\$ <u>87,728</u>

Form **990**

Return of Organization Exempt From Income Tax

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

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

OMB No. 1545-0047

2021

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

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

C Name of organization: **NATIVE ISLAND BUSINESS & COMMUNITY**
 Doing business as: **NIBCAA**
 Number and street (or P.O. box if mail is not delivered to street address): **PO BOX 23452**
 Room/suite: _____
 City or town, state or province, country, and ZIP or foreign postal code: **HILTON HEAD ISLAND SC 29925**

D Employer identification number: **57-1019358**

E Telephone number: **842-255-7303**

F Name and address of principal officer:
ERIC TURPIN
6 KNIGHTSBRIDGE LN.
HILTON HEAD ISLAND SC 29928

G Gross receipts \$: **236,820**

H(a) Is this a group return for subordinates? Yes No
H(b) Are all subordinates included? Yes No
 If "No," attach a list. See instructions

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

J Website: **WWW.NIBCAA.ORG**

K Form of organization: Corporation Trust Association Other ▶

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

H(c) Group exemption number ▶ _____

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: SEE SCHEDULE O			
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.			
	3	Number of voting members of the governing body (Part VI, line 1a)	3	9
	4	Number of independent voting members of the governing body (Part VI, line 1b)	4	9
	5	Total number of individuals employed in calendar year 2021 (Part V, line 2a)	5	2
	6	Total number of volunteers (estimate if necessary)	6	50
	7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	0
7b	Net unrelated business taxable income from Form 990-T, Part I, line 11	7b	0	
Revenue	8 Contributions and grants (Part VIII, line 1h)		Prior Year	Current Year
	9 Program service revenue (Part VIII, line 2g)		195,617	190,014
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)		174,080	46,775
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		32	31
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		3,546	0
			373,275	236,820
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)			0
	14 Benefits paid to or for members (Part IX, column (A), line 4)			0
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		74,255	94,239
	16a Professional fundraising fees (Part IX, column (A), line 11e)			0
	b Total fundraising expenses (Part IX, column (D), line 25) ▶ 1,110			
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		288,695	155,838
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		362,950	250,077	
19 Revenue less expenses. Subtract line 18 from line 12		10,325	-13,257	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)		Beginning of Current Year	End of Year
	21 Total liabilities (Part X, line 26)		83,014	68,980
	22 Net assets or fund balances. Subtract line 21 from line 20		51,295	50,518
		31,719	18,462	

Part II Signature Block

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

Sign Here

Signature of officer: **ERIC TURPIN** Date: _____
 Type or print name and title: **EXECUTIVE DIRECTOR**

Paid Preparer Use Only

Print/Type preparer's name: **PAMELA JUNE, CPA** Preparer's signature: **PAMELA JUNE, CPA** Date: **08/30/22** Check if self-employed PTIN: **P00636703**

Firm's name: **JUNECPA** Firm's EIN: **20-4046229**
 Firm's address: **99 MAIN STREET HILTON HEAD ISLAND, SC 29926** Phone no: **843-842-6500**

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

For Paperwork Reduction Act Notice, see the separate instructions.

2:42 PM

08/10/22

Accrual Basis

Native Island Business & Community Affairs Assoc. Inc.

Balance Sheet

As of June 30, 2022

	<u>Jun 30, 22</u>
ASSETS	
Current Assets	
Checking/Savings	
CSB #4848 - NIBCAA	53,251.26
CSB #0140 Housing/Urban Dev.	29,799.00
CSB #8128 - On the Hook	1,454.95
SouthState #1087 (Paypal)	999.76
SouthState #8395 (Payroll)	906.92
NIBCAA Community Action Acct.	8,515.83
Petty Cash for Events	5,150.00
Total Checking/Savings	<u>100,077.72</u>
Total Current Assets	<u>100,077.72</u>
Fixed Assets	
Furniture and Equipment	5,737.99
Real Estate	32,883.00
Accumulated Depreciation	-1,384.76
Total Fixed Assets	<u>37,256.23</u>
TOTAL ASSETS	<u><u>137,333.95</u></u>
LIABILITIES & EQUITY	
Liabilities	
Current Liabilities	
Other Current Liabilities	0.00
Total Current Liabilities	<u>0.00</u>
Long Term Liabilities	
Due to IRS - 941	34,065.00
Due to IRS - 999	3,000.00
Total Long Term Liabilities	<u>37,065.00</u>
Total Liabilities	<u>37,065.00</u>
Equity	
Unrestricted Net Assets	19,064.55
Net Income	81,204.40
Total Equity	<u>100,268.95</u>
TOTAL LIABILITIES & EQUITY	<u><u>137,333.95</u></u>

Native Island Business & Community Affairs Assoc. Inc.

Profit & Loss

08/10/22

January through June 2022

Accrual Basis

	<u>Jan - Jun 22</u>
Ordinary Income/Expense	
Income	
Misc. Income	150.00
Direct Public Support	
Housing Assistance Contribution	50,000.00
Corporate Sponsorships	2,733.90
Grants	
Beaufort County Atax	68,575.00
Hilton Head Island ATAX	81,324.96
Grants - Other	10,000.00
Total Grants	<u>159,899.96</u>
Individual/Business Contrib.	795.80
Total Direct Public Support	<u>213,429.66</u>
EVENT INCOME	
Gullah Celebration Events	
Art Exhibition	
Art Sales	35,933.28
Total Art Exhibition	<u>35,933.28</u>
Gullah Market	16,590.84
Gullah Celebration Events - Other	195.00
Total Gullah Celebration Events	<u>52,719.12</u>
Heritage Booth	25,185.70
Merchandise Sales	288.00
Total EVENT INCOME	<u>78,190.82</u>
Total Income	<u>291,770.48</u>
Expense	
ADMIN & GENERAL EXPENSES	
Advertising & Promotion	
Inbound Marketing	
Website	285.43
Total Inbound Marketing	<u>285.43</u>
Advertising & Promotion - Other	93,699.53
Total Advertising & Promotion	<u>93,984.96</u>
Bank & Credit Card Fees	220.98
Computer & Internet	95.94
Contract Labor-Art Manager	6,000.00
Dues & Memberships	48.15
Gifts	114.97
Insurance - Business	3,029.48
Office Supplies	1,007.62
Payroll Expenses	
Administrative Salary	26,499.98
Employee Wages	19,999.98
Payroll Tax Expense	3,557.19
Payroll Expenses - Other	-28,107.95
Total Payroll Expenses	<u>21,949.20</u>
Postage & Delivery	240.00
Printing and Copying	330.83
Professional Fees	
Accounting Fees	5,750.00
Legal Fees	973.65
Total Professional Fees	<u>6,723.65</u>

2:42 PM

08/10/22

Accrual Basis

Native Island Business & Community Affairs Assoc. Inc.

Profit & Loss

January through June 2022

	<u>Jan - Jun 22</u>
Rent Expense	2,982.00
Subscriptions & Ref. Materials	356.15
Taxes-Property	794.67
Total ADMIN & GENERAL EXPENSES	137,878.40
GULLAH CELEBRATION EVENTS	
Art Exhibit Expenses	
Artist Commissions	<u>21,986.00</u>
Total Art Exhibit Expenses	21,986.00
Arts, Crafts & Food Expo	7,530.00
Gullah Market	11,454.37
Gullah Music Series	200.00
Gullah Celebration Expenses	6,745.83
Misc. Gullah Events	<u>4,099.00</u>
Total GULLAH CELEBRATION EVENTS	52,015.20
HERITAGE EXPENSES	12,000.00
HUD Housing Assistance	<u>20,946.76</u>
Total Expense	222,840.36
Net Ordinary Income	68,930.12
Other Income/Expense	
Other Income	
Other Income - PPP	13,453.00
Interest Income	<u>21.28</u>
Total Other Income	13,474.28
Other Expense	
Charitable Contributions	<u>1,200.00</u>
Total Other Expense	1,200.00
Net Other Income	12,274.28
Net Income	81,204.40

Native Island Business & Community Affairs Assoc. Inc.

Balance Sheet
As of December 31, 2021

	<u>Dec 31, 21</u>	<u>Dec 31, 20</u>
ASSETS		
Current Assets		
Checking/Savings		
CSB #4848 - NIBCAA	17,131.07	36,618.23
CSB #0140 Housing/Urban Dev.	92.00	0.00
CSB #8128 - On the Hook	1,304.95	232.84
SouthState #1087 (Paypal)	2,895.70	509.06
SouthState #8395 (Payroll)	664.01	1,421.89
NIBCAA Community Action Acct.	9,585.59	9,585.59
Petty Cash for Events	4,400.00	1,700.00
Total Checking/Savings	36,073.32	50,067.71
Total Current Assets	36,073.32	50,067.71
Fixed Assets		
Furniture and Equipment	1,424.98	1,424.98
Real Estate	32,883.00	32,883.00
Accumulated Depreciation	-1,404.76	-1,364.76
Total Fixed Assets	32,903.22	32,943.22
TOTAL ASSETS	68,976.54	83,010.93
LIABILITIES & EQUITY		
Liabilities		
Current Liabilities		
Other Current Liabilities		
PPP Loan	13,453.00	14,230.00
Total Other Current Liabilities	13,453.00	14,230.00
Total Current Liabilities	13,453.00	14,230.00
Long Term Liabilities		
Due to IRS - 941	34,065.00	34,065.00
Due to IRS - 990	3,000.00	3,000.00
Total Long Term Liabilities	37,065.00	37,065.00
Total Liabilities	50,518.00	51,295.00
Equity		
Unrestricted Net Assets	31,715.93	21,389.63
Net Income	-13,257.39	10,328.30
Total Equity	18,458.54	31,715.93
TOTAL LIABILITIES & EQUITY	68,976.54	83,010.93

9:12 AM

Native Island Business & Community Affairs Assoc. Inc.

08/15/22

Profit & Loss

Accrual Basis

January through December 2021

	Jan - Dec 21	Jan - Dec 20
Ordinary Income/Expense		
Income		
Direct Public Support		
Corporate Sponsorships	0.00	6,500.00
Grants		
Beaufort County Atax	20,000.00	0.00
Hilton Head Island ATAX	94,712.77	161,417.00
Grants - Other	35,000.00	25,000.00
Total Grants	149,712.77	186,417.00
Individual/Business Contrib.	1,177.25	2,700.00
Total Direct Public Support	150,890.02	195,617.00
Gullah Store Sales	0.00	19.12
EVENT INCOME		
Gullah Celebration Events		
Art Exhibition		
Art Sales	0.00	43,030.76
Total Art Exhibition	0.00	43,030.76
Circle Members	150.00	2,850.00
Gullah Market	25,891.99	56,088.00
Gullah Music Series	0.00	6,921.50
Opening Party	0.00	2,582.00
Paint and Sip	0.00	1,200.00
Taste of Gullah	0.00	17,398.00
Gullah Celebration Events - Other	19,622.59	39,106.86
Total Gullah Celebration Events	45,664.58	169,177.12
Merchandise Sales	0.00	3,495.01
Misc. Events Income	1,110.03	280.00
EVENT INCOME - Other	0.00	4,623.35
Total EVENT INCOME	46,774.61	177,575.48
Total Income	197,664.63	373,211.60
Expense		
ADMIN & GENERAL EXPENSES		
Advertising & Promotion		
Inbound Marketing		
Website	287.83	714.22
Total Inbound Marketing	287.83	714.22
Merchandise	0.00	625.88
Newsletters	55.00	48.00
Advertising & Promotion - Other	55,346.27	59,695.74
Total Advertising & Promotion	55,689.10	61,083.84
Bank & Credit Card Fees	1,110.21	295.91
Computer & Internet	145.89	0.00
Contract Labor-Art Manager	10,750.00	0.00
Dues & Memberships	218.15	270.00
Gifts	213.94	74.12
Insurance - Business	2,621.88	2,586.40
Meals & Entertainment	509.38	1,015.59
Misc. Expense	0.00	2,317.77
Office Supplies	2,247.88	2,558.90
Payroll Expenses		
Employee Wages	37,765.36	27,700.00
Officer Wages	49,776.86	41,199.90
Payroll Tax Expense	6,696.96	5,354.87
Payroll Expenses - Other	0.00	-2,027.97

Native Island Business & Community Affairs Assoc. Inc.

Profit & Loss

January through December 2021

08/16/22

Accrual Basis

	Jan - Dec 21	Jan - Dec 20
Total Payroll Expenses	94,239.18	72,226.80
Postage & Delivery	203.00	229.35
Printing and Copying	3,828.60	0.00
Professional Fees		
Accounting Fees	7,720.00	5,750.00
Legal Fees	125.00	1,173.74
Total Professional Fees	7,845.00	6,923.74
Rent Expense	4,835.00	2,787.00
Subscriptions & Ref. Materials	447.72	0.00
Taxes-Property	772.81	752.42
Travel & Meetings	0.00	584.76
Utilities	0.00	-24.99
Total ADMIN & GENERAL EXPENSES	185,677.74	153,681.61
GULLAH CELEBRATION EVENTS		
Art Exhibit Expenses		
Artist Commissions	10,615.80	65,323.26
Art Exhibit Expenses - Other	5,024.20	35,967.65
Total Art Exhibit Expenses	15,640.00	101,290.91
Arts, Crafts & Food Expo		
Other Expenses	750.00	0.00
Arts, Crafts & Food Expo - Other	30.00	9,528.14
Total Arts, Crafts & Food Expo	780.00	9,528.14
Gullah Market	10,849.44	50,197.23
Gullah Music Series	0.00	5,300.00
Gullah Celebration Expenses	0.00	5,032.65
Misc. Gullah Events	11,829.39	5,246.64
Opening Party	0.00	2,842.28
Oyster Roast	0.00	200.00
Paint and Sip	0.00	1,267.62
Soul Food & Friends	0.00	1,880.00
Taste of Gullah	0.00	23,541.13
Total GULLAH CELEBRATION EVENTS	39,098.83	206,326.60
HUD Housing Assistance	-25,060.00	0.00
Total Expense	249,836.57	360,008.21
Net Ordinary Income	-52,171.94	13,203.39
Other Income/Expense		
Other Income		
Other Income - PPP	14,230.00	0.00
Other Income - SOS Grant	24,894.04	0.00
Interest Income	30.51	31.55
Other Income	0.00	32.36
Total Other Income	39,154.55	63.91
Other Expense		
Charitable Contributions	200.00	2,900.00
Depreciation Expense	40.00	41.00
Total Other Expense	240.00	2,941.00
Net Other Income	38,914.55	-2,877.09
Net Income	-13,257.39	10,326.30

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

DEPARTMENT OF THE TREASURY

Date: **JUN 16 2015**

NATIVE ISLAND BUSINESS AND
COMMUNITY AFFAIRS ASSOCIATION INC
PO BOX 23452
HILTON HEAD ISLAND, SC 29925

Employer Identification Number:
57-1019358
DLN:
17053082313005
Contact Person: MARK BRECKNER ID# 95217
Contact Telephone Number:
(877) 829-5500
Accounting Period Ending:
December 31
Public Charity Status:
170(b)(1)(A)(vi)
Form 990 Required:
Yes
Effective Date of Exemption:
September 15, 2014
Contribution Deductibility:
Yes
Addendum Applies:
No

Dear Applicant:

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

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

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

Letter 947

NATIVE ISLAND BUSINESS AND

We have sent a copy of this letter to your representative as indicated in your power of attorney.

Sincerely,

A handwritten signature in cursive script that reads "Tamera Ripperda". The signature is written in dark ink and is positioned below the word "Sincerely,".

Director, Exempt Organizations