

2025 Accommodations Tax Funds Request Application

Organization Name: Shelter Cove Harbour Company

Project/Event Name: HarbourFest

Executive Summary

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

For the past 35 years, the annual HarbourFest (July 4th & Tuesday night fireworks) events have become the most popular signature summertime events on Hilton Head Island. The popularity of this "Island Tradition" is very deeply rooted in the island's summer culture and attracts generations of repeat and many new visitors each year. It has become a "Family Tradition" for many, many visitors to Hilton Head Island.

Additionally, we know from various accommodations partners and providers that many visitors & families plan their vacation dates around the weeks of fireworks dates and families have repeatedly attended over many years.

Below is a summary of the 2024 Harbourfest schedule of events

1. We celebrated the 35th anniversary of HarbourFest in 2024 as it continues to be the "largest multi-week" event on Hilton Head Island each year. Increasing the summer schedule to 12 shows has generated many positive comments of thanks and appreciation from many visitors and locals each week.
2. Shelter Cove Harbour & Marina is the **only non-gated location available** for visitors and locals to view July 4th fireworks on Hilton Head Island.
3. In 2024, we increased the # of visitors riding the July 4th shuttles by over 300 people. For 2025, we need some scheduled and dedicated BCSO traffic officers to keep cars from pulling off 278 and parking along both sides of 278 in front of the Shelter Cove area.
4. For 2024, we scheduled 12 shows during June, July and August. We had to cancel one show the first week of August due to Tropical Storm Debby. Additionally, we also experienced significant increases in the cost of fireworks, equipment rentals, shuttle buses operations, staff labor cost on security and maintenance.

2023 HarbourFest Survey Data Summary:

- 78% attendees live more than 50 miles away (Tourists)
- 8% attendees live less than 50 from HHI (Visitors)
- 14% attendees live on HHI (Residents)

Top 5 Regions:

#1 South Carolina: 17%

#2 Ohio: 16%

- #3 Georgia: 11%
- #4 Pennsylvania: 8%
- #5 New York: 5%

- 92% of attendees stayed in lodging that generates Atax revenue (vs 84% in 2018)
- 66% booked their trip to HHI 4 months or more in advance
- 79% stayed 6-10+ nights
- 52% were first time visitors (vs 49% in 2018)
- 74% participants indicated that HarbourFest was influential in their decision to vacation in HHI (48% in 2018)
- 61% of 2023 attendees earn \$100k+ compared to 31% in 2018
- 80% of attendees enjoy the event and more plan to return to HarbourFest next year (76% in 2018)
- 90% of attendees responded that HarbourFest remains a HHI tradition that is enjoyed so much that they would recommend it to family and friends (88% in 2018)
- **Key Takeaways:**
- Harbourfest is a signature event that highly influences family/group decisions to come to Hilton Head Island
- Participants have higher incomes and able to spend more on accommodations and recreation
- Harbourfest continues to draw a similar demographic of families planning to stay a week or more
- Digital marketing targets primary demographic and likely the reason for more first time attendees
- Growing markets to consider targeted advertising include Ohio/Kentucky/Indiana and International markets of UK & Canada

- **The majority of attendees have previously attended HarbourFest, most are Extremely likely or Likely to return to Harbourfest, and most are Extremely likely or Likely to recommend Harbourfest to Friends.**
- **Shelter Cove HarbourFest is an attraction that adds value to the visitor experience while staying on Hilton Head Island; whereas three quarter of its attendees are repeat visitors to the Island and over 6 out of 10 visitors have been to multiple Harbourfests**
- **Shelter Cove Harbourfest is a Hilton Head Island experience that leads to word of mouth testimonials by vacationers who have a high propensity to return to Hilton Head Island.**

Sponsor comments from a few of our nationally branded hotel partners on Hilton Head Island:

"Having the HarbourFest event on Hilton Head Island is a huge added benefit and draw to our guests in the summer. We see many return visitors each summer who enjoy all the island offers, plus the added benefit of seeing the weekly fireworks at Shelter Cove Marina. For our guests booking our resort view rooms it is a huge value add. The Marriott Hilton Head Resort has been a long time sponsor of the event and we are pleased with the events improvement, consistency and quality each year."

Teresa Manzollilo, Director of Sales & Marketing - Hilton Beachfront Resort & Spa

The Omni Hilton Head Oceanfront Resort, is proud to continue to be a sponsor of the the weekly fireworks display at Shelter Cove Harbour & Marina. Each Tuesday night during the summer, this

spectacular event becomes a highlight of our guests' stay, adding an extra touch of magic to their Hilton Head Island experience. Supporting this beloved tradition allows us to enhance the enjoyment of our returning and new visitors alike, making every visit to our resort a memorable one.

Chris Long, Director of Sales & Marketing - Omni Hilton Head Oceanfront Resort

"Harbourfest fireworks events are a spectacular and coveted attraction for the guests of The Westin Hilton Head Island Resort and Spa. Our guests will return each year and enjoy this special event while creating memories for a lifetime. Our shuttle service to and from Shelter Cove Marina for Harbourfest fireworks creates a seamless and joyful experience for our guests. We are pleased to be a continuing sponsor here on Hilton Head Island."

Lynnette Parkhill-Wuebben, Director of Sales and Marketing – The Westin Hilton Head Island Resort & Spa

2025 Accommodations Tax Funds Request Application

Date Received: 09/06/2024

Time Received: 02:17 PM

By: Online Submittal

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

A. SUMMARY OF GRANT REQUEST:

ORGANIZATION NAME: Shelter Cove Harbour Company

Project/Event Name: HarbourFest

Contact Name: Alf Nelson / Karen
Kozemchak

Title: President, Shelter Cove Company /
Director of Marketing

Address: Shelter Cove Company, PO Box 6004, Hilton Head Island, SC 29938

Email Address:
kkozemchak@palmettodunes.com

Contact Phone: 843-686-9659

Event Date: Harbourfest & July 4th 2025

Event Location: Shelter Cove Harbour & Marina

Total Budget: \$407,100.00

Grant Requested: \$293,800.00

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

The intended use of the ATAX grant request is to help offset the increased fireworks event costs not covered by existing funding sources i.e. fireworks, safety boats, traffic management, maintenance clean-up, off site parking and July 4th parking shuttles, etc.

We are submitting this application for the 2025 HarbourFest & July 4th events. Visitor attendance and vehicle traffic from this year's events were very high and we experienced similiar crowds in 2023 & 2022 with the steady visitors to HHI.

Working in partnership with USCB & the HHI VCB, we were able to update our Visitor Intercept survey in 2023. Survey data and results are included in this application.

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)

The consistent longevity of this annual HarbourFest fireworks events have become the "most attended, largest multi-week event" on the Island. See below summary of the 2023

research conducted by the USCB Research Team:

- Visitor Survey participation up 37% with a total of 605 guests surveyed
- More attendees are staying in lodging that generates A-Tax revenue (92% vs 84% in 2018)
- 78% of participants live in areas **further than 50 miles away** from HHI (Tourists).
- 74% of participants indicated that HarbourFest was influential in their decision to chose to vacation in HHI.
 - 80% plan to return to HHI next year.

A. Total Number of Physical Tourists Served: 58,500 (78%)

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: 6,000 (8%)

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: 10,500 (14%)

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): 75,000+

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

2023 Visitor Intercept Survey conducted by University of South Carolina Beaufort

605 responses collected over four (4) Tuesday nights: June 20, 27, July 11 & 18, 2023

Estimated vehicle traffic counts by Beaufort County Sheriffs Office and Island Security over the 12 week period

Full survey results attached to this application

B. DESCRIPTION OF OPERATIONS:

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

The Shelter Cove Company is the non-profit organization that hosts the annual summer HarbourFest & fireworks event on the Island. The weekly events produced each summer has attracted over 75,000 visitors to the entire Shelter Cove community, making it **the largest, multi-week event on Hilton Head Island each year.**

The Shelter Cove Community is completely open for public access and is not in a position to develop a revenue source from this event. Since the expansion of the Shelter Cove Towne Center and the Shelter Cove Community Park, the attendance and traffic to this community has increased significantly. Over the past 9 years, the weekly fireworks and July 4th events have required increased security patrols, traffic management and an expanded transportation/shuttle bus from various locations along 278. Shelter Cove Harbour & Marina is the only non-gated location for July 4th fireworks. For July 4th, we provide offsite parking locations provided at the former Hargray now Beach Properties parking lot and three public lots in Palmetto Dunes to enhance the safety and security of the increased guest attendance. The plan requires coordination of services including BCSO law enforcement, offsite parking and bus transportation, traffic and crowd control, street maintenance and additional restroom facilities.

The benefits of having these events have spread beyond the boundaries of the Shelter Cove Harbour & Marina and the Shelter Cove Towne Centre areas and therefore, have had a positive impact on many businesses and a significant portion of the entire Island.

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

For 2025, we are again planning a total of twelve (12) fireworks events: July 4th & eleven (11) Tuesday night events - Shelter Cove Harbour & Marina

Projected Revenue:

Shelter Cove Harbour Merchants: \$46,500

Shelter Cove Harbour Company: \$12,500

Sponsors estimated: \$53,000

Vendors \$ 1,300

Total Revenue: \$113,300

Projected Expenses:

Fireworks - July 4th & eleven (11) Tuesday nights: \$ 215,000

Fireworks - Barge Rental: \$ 25,000

Boat Transport for fireworks & safety/cleanup: \$ 4,000

Traffic Management - Island Security: \$ 44,600

July 4th Off-Site Parking/Transportation: \$ 60,000

Facilities Maintenance/Cleanup \$ 40,500

Portable Restrooms (12 weeks) \$ 18,000

Total Expenses: \$ 407,100 variance: (\$ 293,800)

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)

We review event expenses and operations each year. Expenses for large scale events like this are managed very efficiently. We would have to revise the schedule and number of weeks we can afford to produce the event. We continue to have the generous support of many of our sponsors and we are extremely grateful for the increased ATAX grant from the Town of HHI. Additionally, with the increased funding, we continue to work on securing more sponsors. We would like to continue to grow this event and respectfully ask for the ATAX Committee's and the Town Council's continued support.

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

- 78% attendees live more that 50 miles away (Tourist)
- 8% attendees live less than 50 miles from HHI (visitors)
- 14% attendees live on HHI (Residents)

We will be celebrating the 36th year of HarbourFest in 2025. This annual summertime event continues to attract an estimated attendance of over 75,000 visitors and that number continues to grow as visitors to the Island increase. The economic impact is substantial to many businesses around the island who rely on summer business to make their year successful. This multi-week, summertime event is a "must see and must do event" for many visitors as they return to Hilton Head Island and many first-time visitors with their families and extended families.

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

- | | |
|--|-------------|
| <p>1 - Destination Advertising/Promotion
<i>Advertising and promotion of tourism so as to develop and increase tourist attendance through the generation of publicity.</i></p> | <p>0 %</p> |
| <p>2 - Tourism-Related Events
<i>Promotion of the arts and cultural events.</i></p> | <p>78 %</p> |
| <p>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></p> | <p>0 %</p> |

4 - Tourism-Related Public Services

The criminal justice system, law enforcement, fire protection, solid waste collection and health facilities when required to serve tourists and tourist facilities. This is based on the estimated percentage of costs directly attributed to tourist. Also includes public facilities such as restrooms, dressing rooms, parks and parking lots. 14 %

5 - Tourist Public Transportation

Tourist shuttle transportation. 8 %

6 - Waterfront Erosion/Control/Repair

Control and repair of waterfront erosion. 0 %

7 - Operation of Visitor Information Centers

Operating visitor information centers. 0 %

Total: 100 %

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

We continue to work on generating sponsor funds and collaborate with our longtime Accommodations Tax producing partners: the Hilton Beachfront Resort & Spa, Omni Hilton Head Oceanfront Resort, The Westin Hilton Head Island Resort & Spa and the Sonesta Resort Hilton Head Island who have financially supported the events and see the positive economic impact value of this annual 35 year-old event to their businesses on the Island.

The positive impact on tourism for the island is that this event at Shelter Cove Harbour & Marina is centrally located mid-island and is most accessible from all areas on the island. Additionally, this location provides land and water viewing 360 degrees around the Broad Creek area and offers a great deal of space to accommodate the largest number of visitors to the Island each week.

7. Additional comments. (250 words or less)

With the increased number of visitors and vehicle traffic coming to the Shelter Cove community for the Tuesday nights & July 4th HarbourFest events, we continue to see record crowds coming for the fireworks, entertainment and "family fun-time" in which they have come to expect while visiting Hilton Head Island.

The traffic management plan developed with Beaufort County Sheriff & Island Security and the expanded shuttle service were all successfully implemented in 2024 and helped facilitate a safer & smoother visitor traffic experience for all the visitors who came to the Shelter Cove community location in the middle of the island.

C. FUNDING:

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

The Shelter Cove Company is a not-for-profit organization responsible for the management and maintenance of the common areas within the entire Shelter Cove Community.

The Shelter Cove Company is funded by annual assessments from over 50 businesses and over 700 residential owners within the Shelter Cove community.

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

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

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

Yes ___ No X

If so, please list top 3 sources and amounts.

D. FINANCIAL INFORMATION:

Fiscal Year Disclosure: Start Month: **June 1, 2023** End Month: **May 31, 2024**

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:

P- Previous FY 1

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 1

2023 - Previous FY 1

2024 - Previous FY 2

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

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

Previous IRS Form 990 or 990T Years Provided:

2021 - Previous FY 1

2022 - Previous FY 2

2023 - Previous FY 1

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	\$80,000.00	Harbourfest
2022	\$150,000.00	2022 Harbourfest
2023	\$195,000.00	2022 Harbourfest

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)

Funds are used for the fireworks events and related facilities maintenance & traffic management expenses for the July 4th show and Tuesday night shows on: June 4, 11, 18, 25, July 9, 16, 23, 30 and August 6, 13, 20. The August 6 show was cancelled due to Tropical Storm Debby.

With the increased amount of visitors to the island, the shows were very popular and well attended and have added many first time visitors to the island and the Harbourfest event.

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

The HarbourFest event has become the "signature summer-time event" for Hilton Head Island. We know that many visitors plan their vacations around the weeks of fireworks dates and we receive many inquiries from the four largest island hotels and various home and villa rental companies as well as visitors directly for when our shows are scheduled each year.

Additionally, Shelter Cove's mid-island location is centrally located and very accessible from the north and south ends that draws the largest number of visitors each year.

Scheduling the shows during the core summer season for all hotels & vacation rental companies, helps put more "heads in beds" and enhances the reason for visitors to visit HHI again by providing more free "family fun" events and entertainment to our visitors.

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

Over the past 35 years, the success of these events is that we know visitors return year-after-year as they tell us when we talk to them or interview them for our video. These visitors are large contributors to the economic impact for the island.

The **2023 USCB Research Survey & Results** reinforced the overall effectiveness and value that the steady commitment in repeating this event adds to the new and repeat

visitor experience on Hilton Head Island each year.

- **92% of the Shelter Cove HarbourFest attendees stayed in lodging that generate accommodations tax revenue**
 - **66% booked their trip four months or more in advance**
 - **78% of participants (tourists) live further than 50 miles from Hilton Head Island**
 - **74% participants indicated that HarbourFest was influential in their decision to vacation in HHI (48% in 2018)**
 - **More first time attendees 52% (vs 40% in 2018). 48% were return attendees**
 - **74 % indicated that the Shelter Cove HarbourFest Fireworks event was Very Influential or Influential when initially planning their trip to Hilton Head.**
- **80% indicated they would return**

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.](#)

For the past 35 years, the annual HarbourFest (July 4th & Tuesday night fireworks) events have become the most popular signature summertime events on Hilton Head Island. The popularity of this "Island Tradition" is very deeply rooted in the island's summer culture and attracts generations of repeat and many new visitors each year. It has become a "Family Tradition" for many, many visitors to Hilton Head Island.

Additionally, we know from various accommodations partners and providers that many visitors & families plan their vacation dates around the weeks of fireworks dates and families have repeatedly attended over many years.

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1. We celebrated the 35th anniversary of HarbourFest in 2024 as it continues to be the "largest multi-week" event on Hilton Head Island each year. Increasing the summer schedule to 12 shows has generated many positive comments of thanks and appreciation from many visitors and locals each week.
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3. In 2024, we increased the # of visitors riding the July 4th shuttles by over 300 people. For 2025, we need some scheduled and dedicated BCSO traffic officers to keep cars from pulling off 278 and parking along both sides of 278 in front of the Shelter Cove area.

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• Key Takeaways:

- Harbourfest is a signature event that highly influences family/group decisions to come to Hilton Head Island
- Participants have higher incomes and able to spend more on accommodations and recreation
- Harbourfest continues to draw a similar demographic of families planning to stay a week or more
- Digital marketing targets primary demographic and likely the reason for more first time attendees
- Growing markets to consider targeted advertising include Ohio/Kentucky/Indiana and International markets of UK & Canada
- **The majority of attendees have previously attended HarbourFest, most are Extremely likely or Likely to return to Harbourfest, and most are Extremely likely or Likely to recommend Harbourfest to Friends.**
- **Shelter Cove HarbourFest is an attraction that adds value to the visitor experience**

while staying on Hilton Head Island; whereas three quarter of its attendees are repeat visitors to the Island and over 6 out of 10 visitors have been to multiple Harbourfests

- Shelter Cove Harbourfest is a Hilton Head Island experience that leads to word of mouth testimonials by vacationers who have a high propensity to return to Hilton Head Island.

Sponsor comments from a few of our nationally branded hotel partners on Hilton Head Island:

"Having the HarbourFest event on Hilton Head Island is a huge added benefit and draw to our guests in the summer. We see many return visitors each summer who enjoy all the island offers, plus the added benefit of seeing the weekly fireworks at Shelter Cove Marina. For our guests booking our resort view rooms it is a huge value add. The Marriott Hilton Head Resort has been a long time sponsor of the event and we are pleased with the events improvement, consistency and quality each year."

Teresa Manzollilo, Director of Sales & Marketing - Hilton Beachfront Resort & Spa

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Chris Long, Director of Sales & Marketing - Omni Hilton Head Oceanfront Resort

"Harbourfest fireworks events are a spectacular and coveted attraction for the guests of The Westin Hilton Head Island Resort and Spa. Our guests will return each year and enjoy this special event while creating memories for a lifetime. Our shuttle service to and from Shelter Cove Marina for Harbourfest fireworks creates a seamless and joyful experience for our guests. We are pleased to be a continuing sponsor here on Hilton Head Island."

Lynnette Parkhill-Wuebben, Director of Sales and Marketing – The Westin Hilton Head Island Resort & Spa

Title/Position: Director of Marketing, Palmetto Dunes

Mailing Address: 5 Trent Jones Lane, Hilton Head Island, SC 29928

Email Address: kkozemchak@palmettodunes.com

Office Phone Number: 843-686-9659

Home Phone Number:

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>
Increase attendance to HarbourFest event				
Increase new visitors and repeat visitors to event	Work with USCB to conduct on-site visitor survey	3,000	2,250	2023 Visitor Research Survey by USCB. Summary of results are as follows: <ul style="list-style-type: none"> • 92% of attendees stayed in lodging that generates Atax revenue • 66% booked their trip to HHI 4 months or more in advance • 79% stayed 6-10+ nights • 52% were first time visitors (vs 49% in 2018) 48% were return visitors • 74% participants indicated that HarbourFest was influential in their decision to vacation in HHI • 61% of 2023 attendees earn \$100k+ compared to 31% in 2018 • 80% of attendees enjoy the event and more plan to return to HarbourFest next year • 90% HarbourFest continues to remain a HHI event that is enjoyed so much that they would recommend it to family and friends
Total		3,000	2,250	

Increase ridership for July 4th shuttle program				
Increase ridership for the July 4th shuttle by 500 more visitors	Added info in all messaging and signage	20,000	30,000	We consolidated the 278 parking location to the old Hargray lot and increased the ridership of the 2024 July 4th shuttle program by an additional 389 more visitors over the previous year. Total ridership for 2024 was 3,283. We increased the number of busses operating from 16(2023) to 22 (2024) and increased capacity to better expediate the safe return of all attendees to their vehicles. All visitors to the SC Harbour & Marina area were cleared by 10:55 pm a little more than an hour after the fireworks show ended at 9:45 pm.
Total		20,000	30,000	

Total				
		0	0	

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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>
Total		0	0	

Total		0	0	

2023

HARBOURFEST



CENTER FOR EVENT MANAGEMENT
AND HOSPITALITY TRAINING



RESEARCH METHODOLOGY

- 4 Data Collection Days: *June 20, June 27, July 11, and July 18*
- Attendees completed a 28-question online survey
- QR Code directed respondents to survey
- iPads made available to respondents without mobile devices
- Incentivized with T-Shirts

RESPONSES



605

RESPONSES BY WEEK

June 20



147

June 27



173

July 11



133

July 18



152



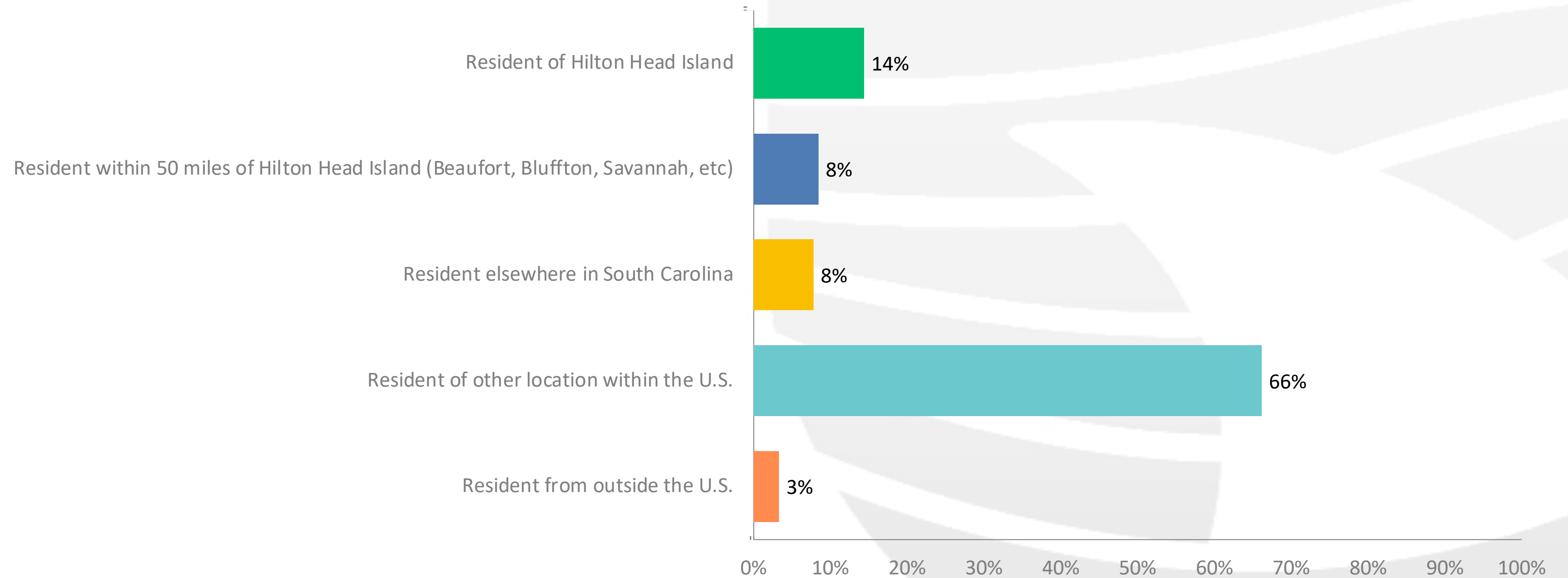
ORIGIN BREAKDOWN

5



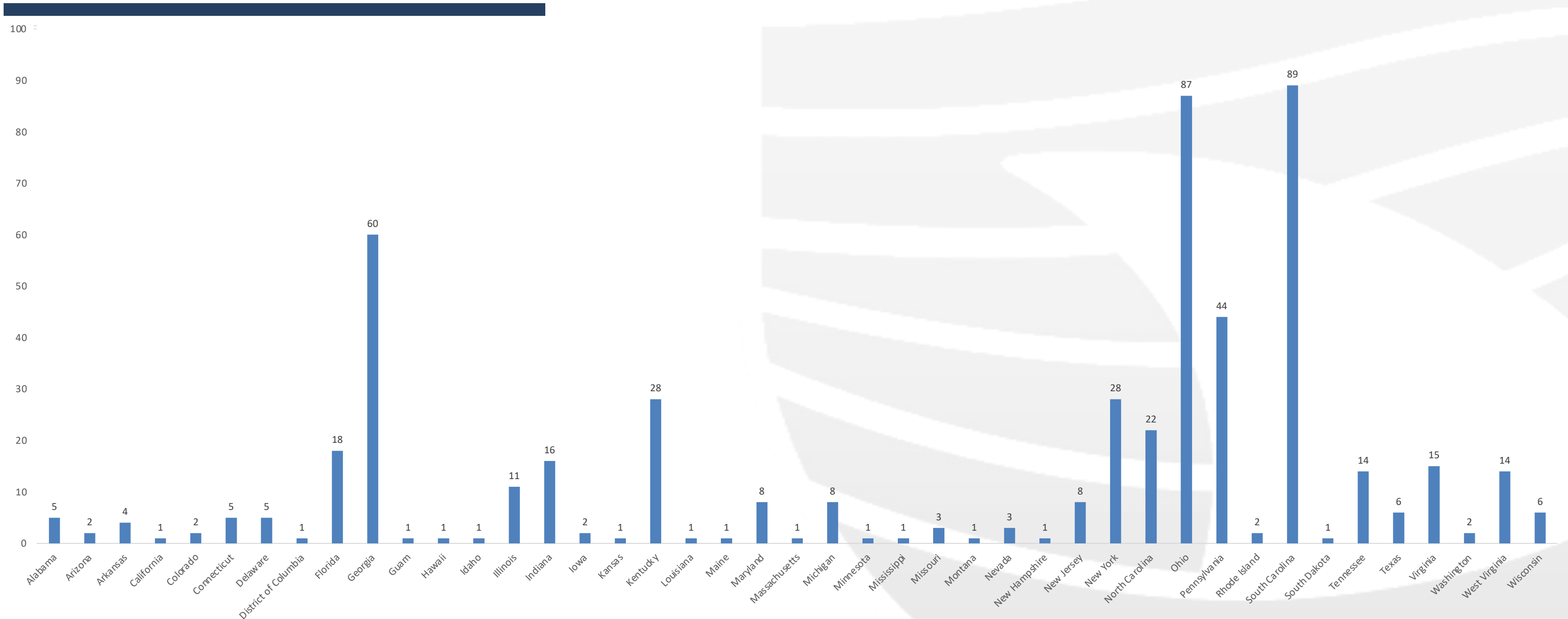
Please identify the location of your PRIMARY Residence.

Answered: 605 Skipped: 0



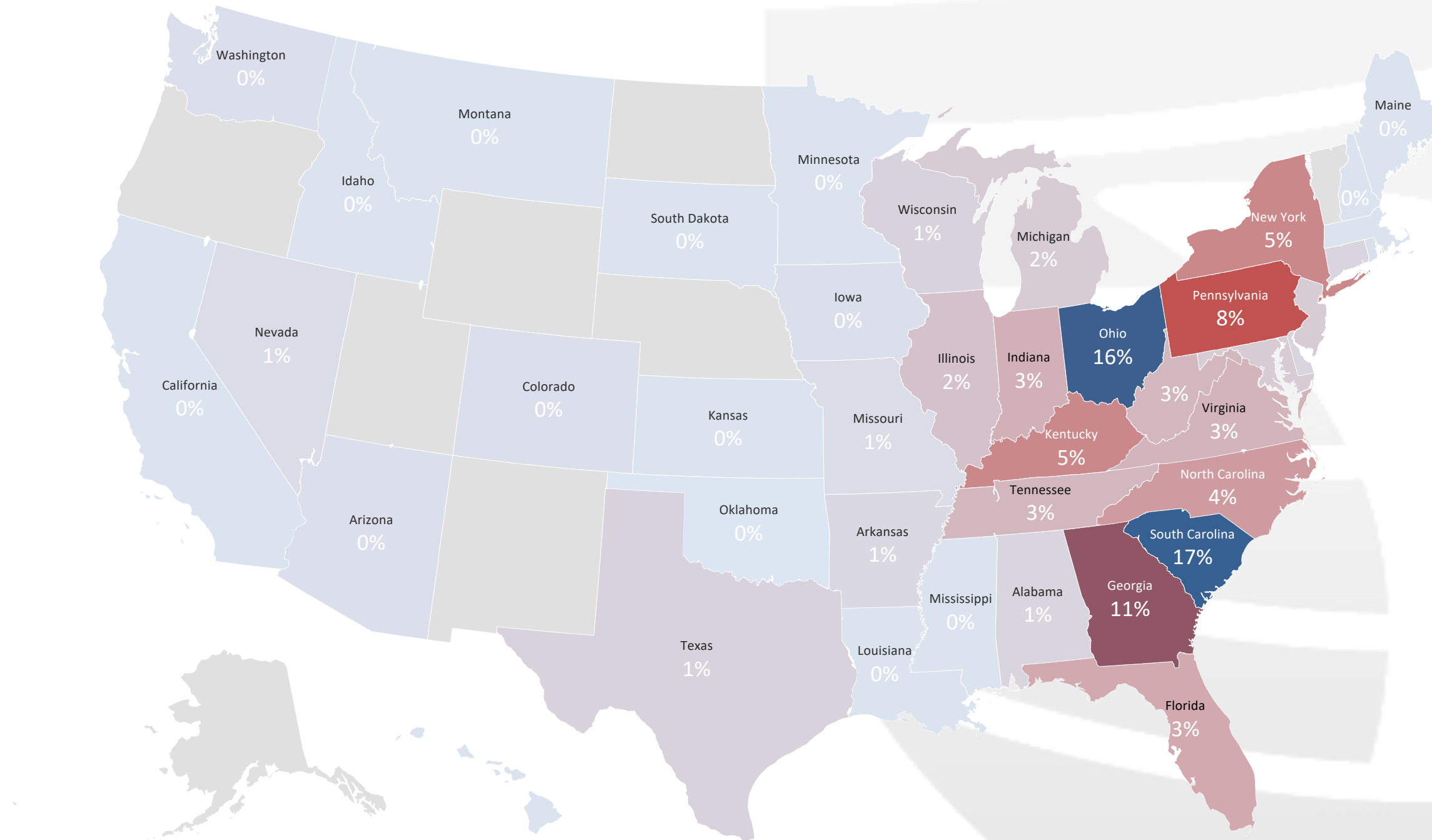
Please tell us what U.S. state or territory you are visiting from.

Answered: 531 Skipped: 74



Please tell us what U.S. state or territory you are visiting from.

Answered: 531 Skipped: 74



Top 5 Regions

1 South Carolina

2 Ohio

#3 Georgia

#4 Pennsylvania

#5 New York

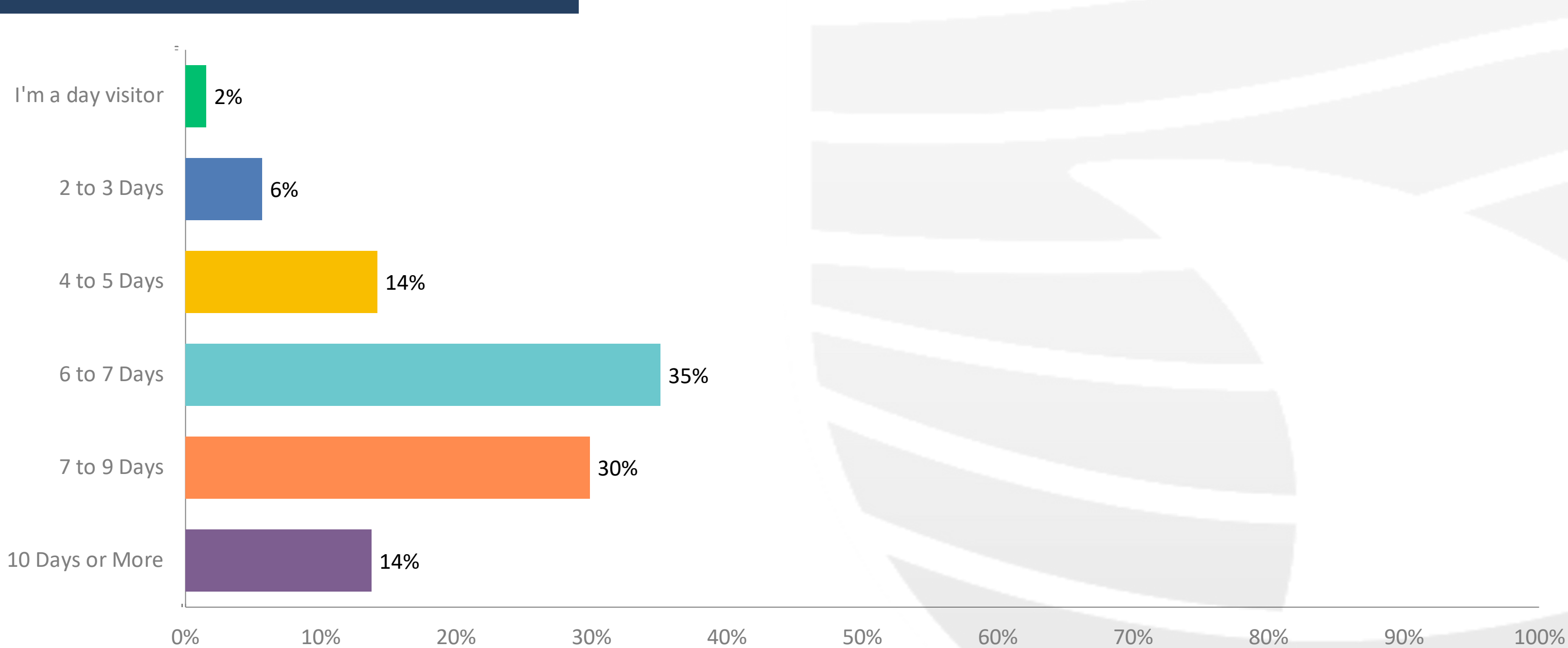
Including this visit, HOW MANY trips have you taken to Hilton Head Island?

Answered: 410 Skipped: 195

Average # of visits = 2.8

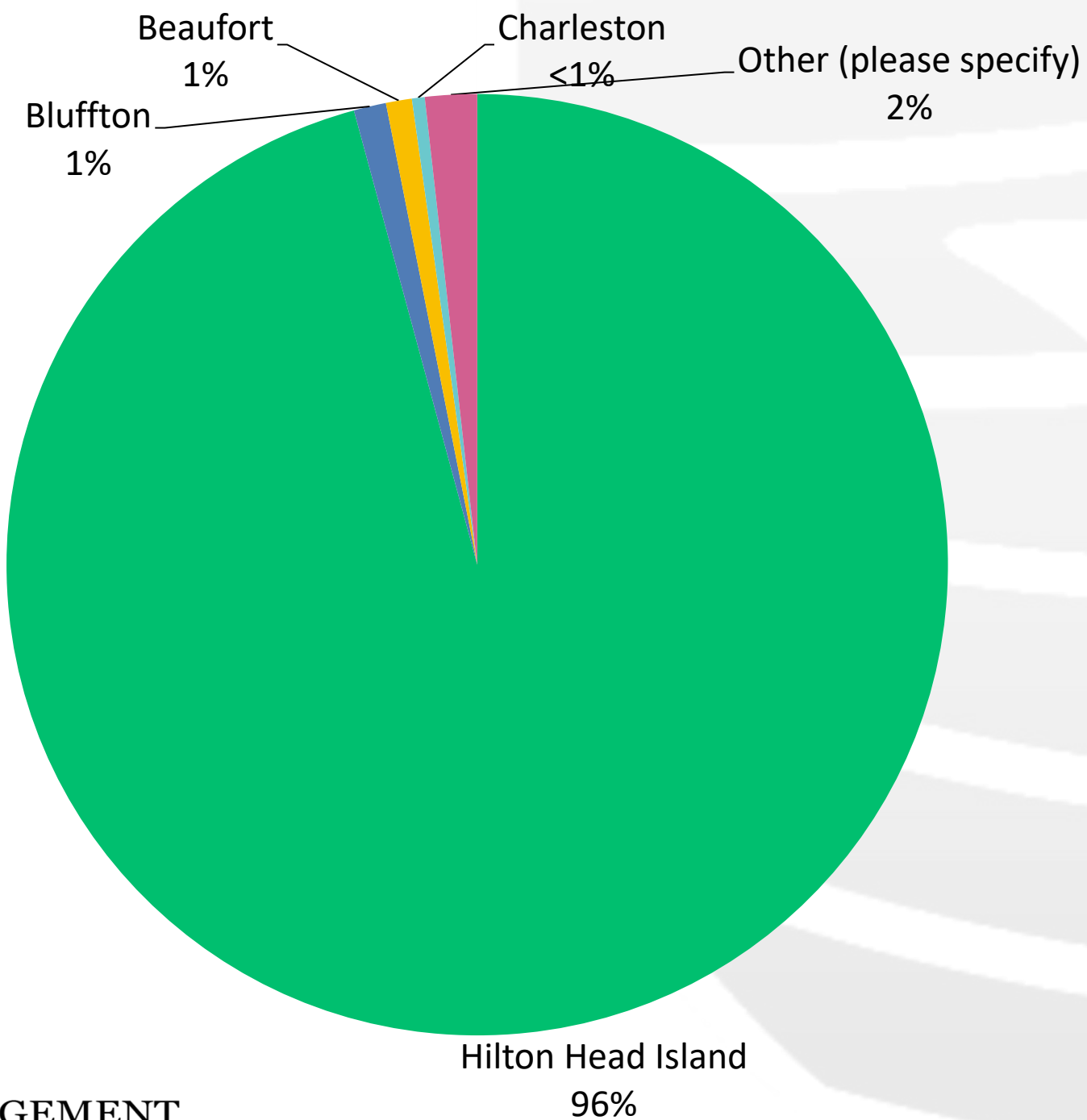
How many days do you intend to stay in the Hilton Head Island area?

Answered: 459 Skipped: 146



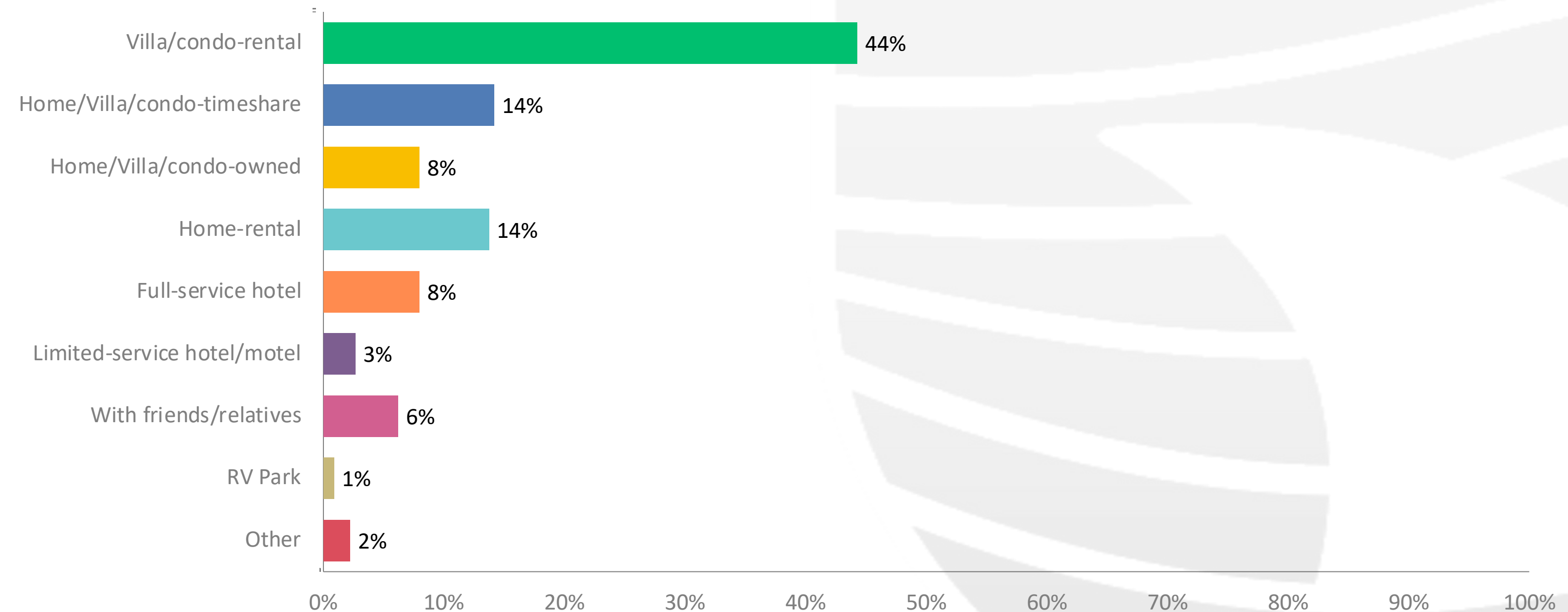
Where are you staying on this overnight trip?

Answered: 450 Skipped: 155



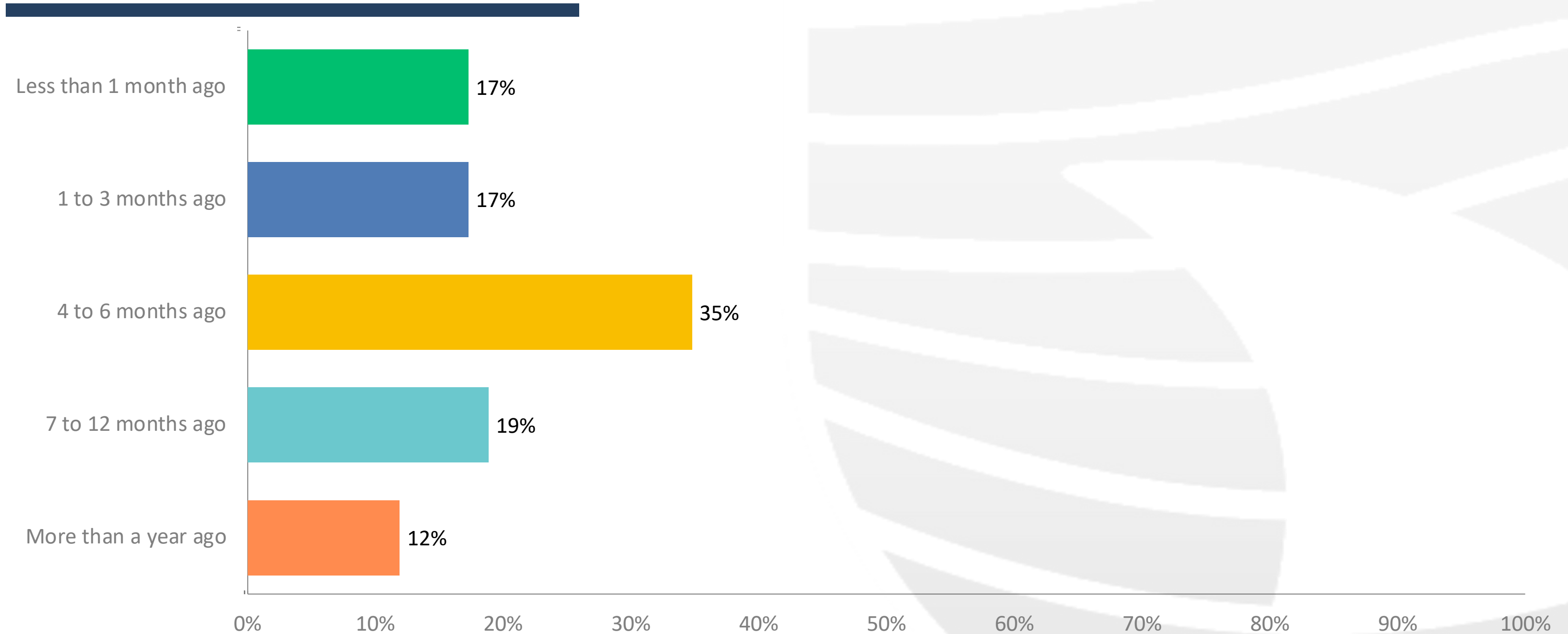
What type of accommodations are you using while visiting Hilton Head Island?

Answered: 452 Skipped: 153



How many months in advance did you book this trip?

Answered: 452 Skipped: 153



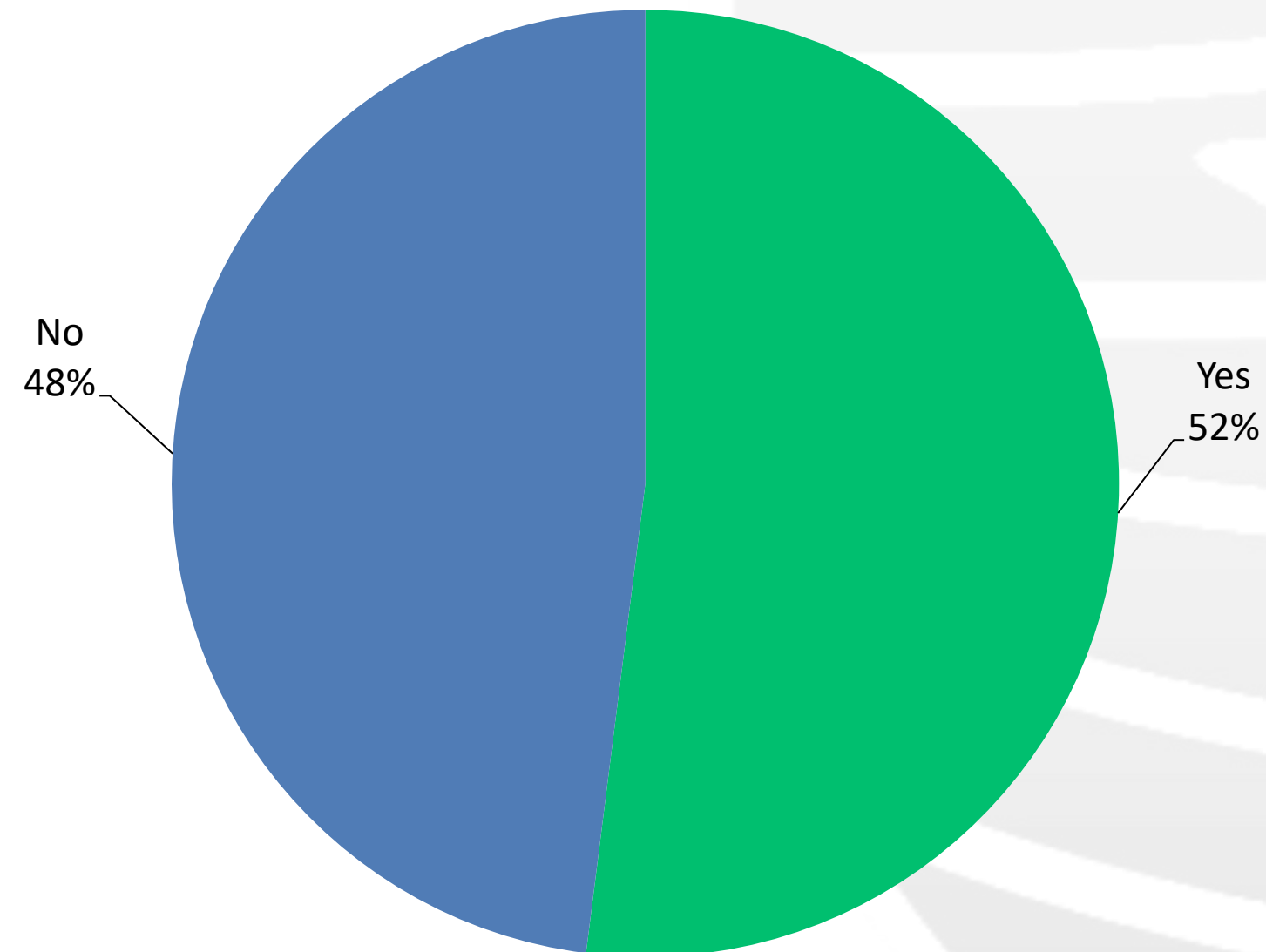
How influential was the Shelter Cove HarbourFest when initially planning your trip to Hilton Head Island?

Answered: 449 Skipped: 156

EXTREMELY INFLUENTIAL	VERY INFLUENTIAL	MODERATELY INFLUENTIAL	SLIGHTLY INFLUENTIAL	NOT AT ALL INFLUENTIAL	WEIGHTED AVERAGE
15.37% 69	16.48% 74	26.06% 117	16.48% 74	25.61% 115	2.80

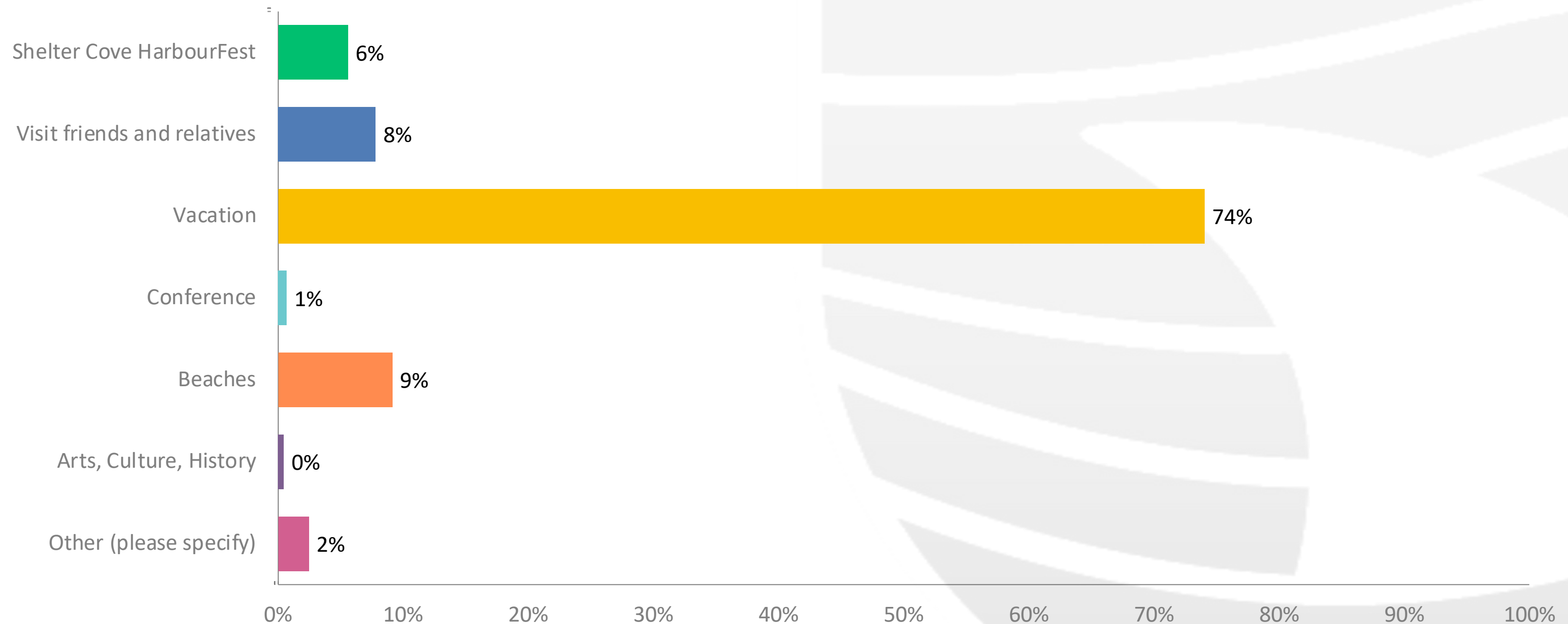
Is this your **FIRST** time attending the Shelter Cove HarbourFest?

Answered: 450 Skipped: 155



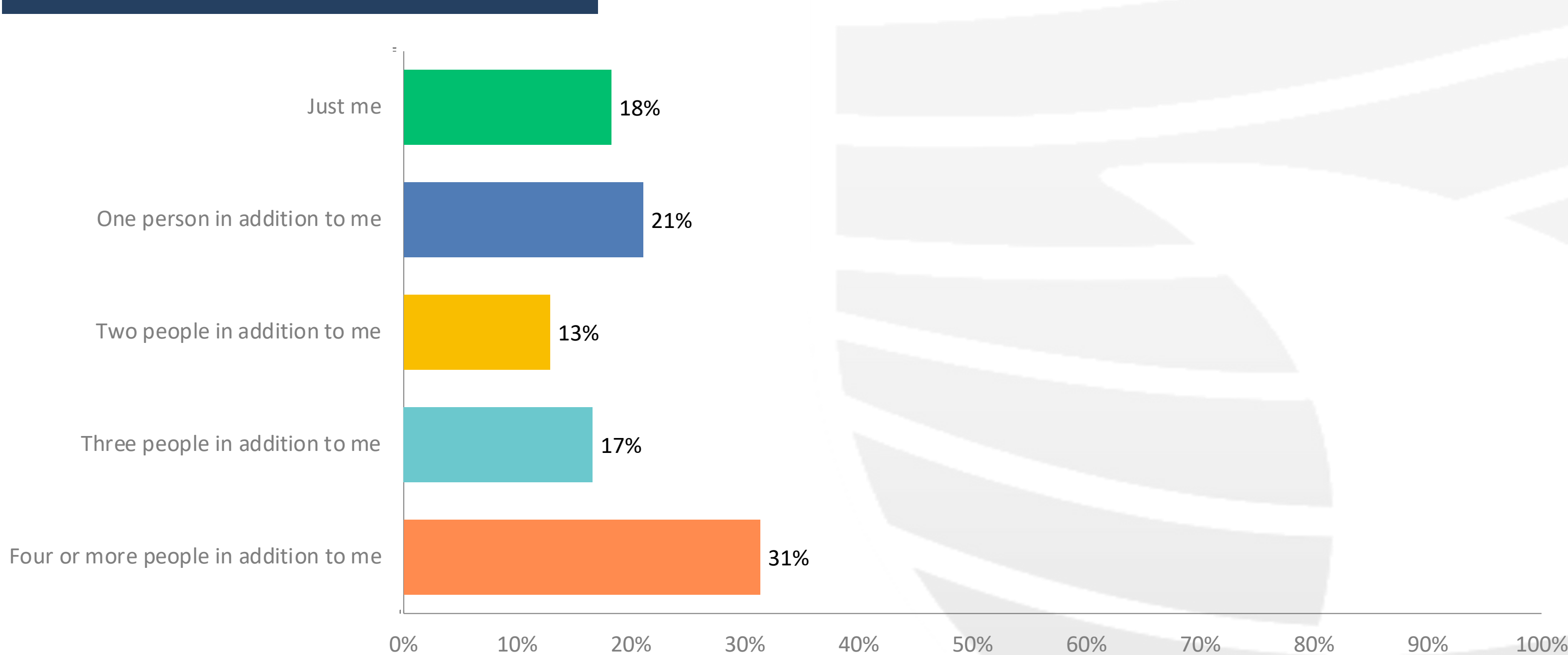
What was your PRIMARY reason for this visit to Hilton Head Island?

Answered: 450 Skipped: 155



How many people are you financially responsible for during this trip?

Answered: 428 Skipped: 177



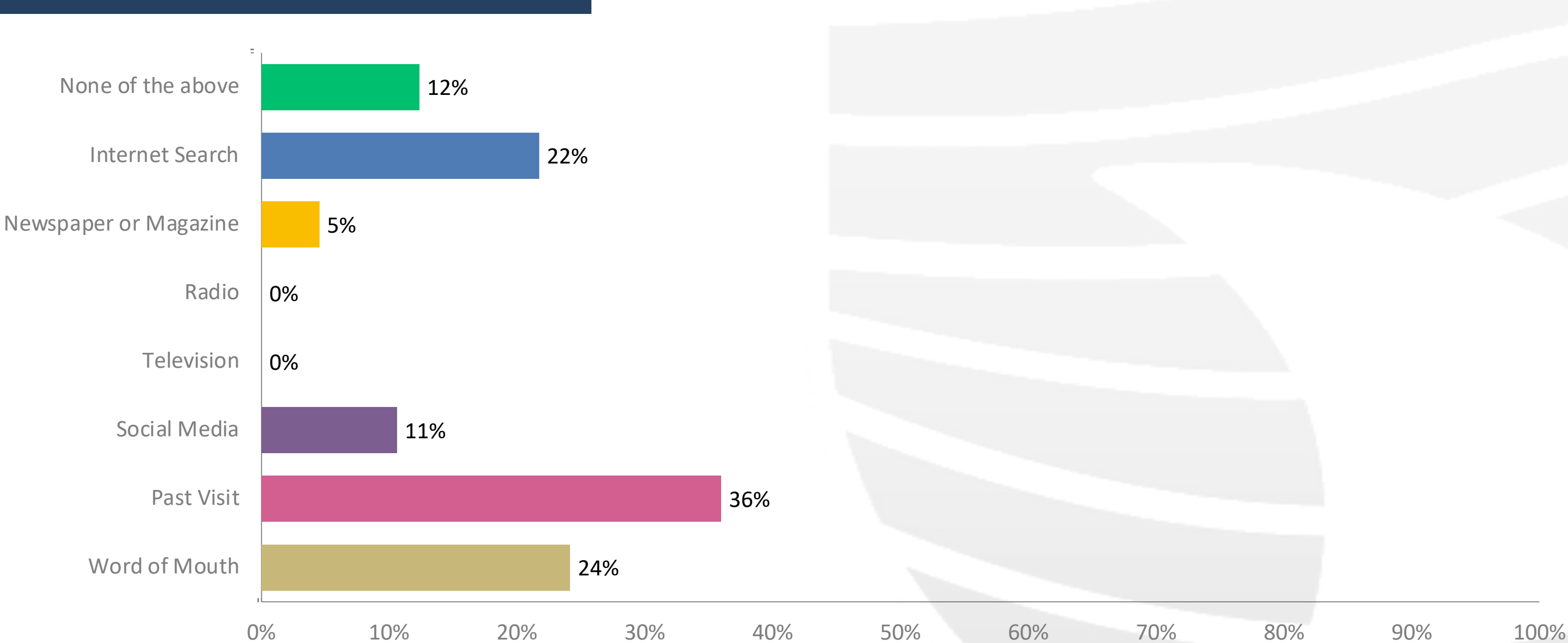
On average, how much will your party spend EACH DAY while visiting?

Answered: 439 Skipped: 166

	UNDER \$100	\$100 - \$199	\$200 - \$299	\$300 - \$399	\$400 OR MORE
Lodging	20.95% 88	19.76% 83	22.62% 95	14.05% 59	22.62% 95
Restaurant Dining	25.42% 106	41.01% 171	17.27% 72	7.91% 33	8.39% 35
Recreation (Golf, Bicycling, Etc)	54.59% 220	26.55% 107	8.44% 34	4.71% 19	5.71% 23
Retail (i.e., Gifts, Souvenirs)	50.36% 209	26.27% 109	13.98% 58	4.82% 20	4.58% 19

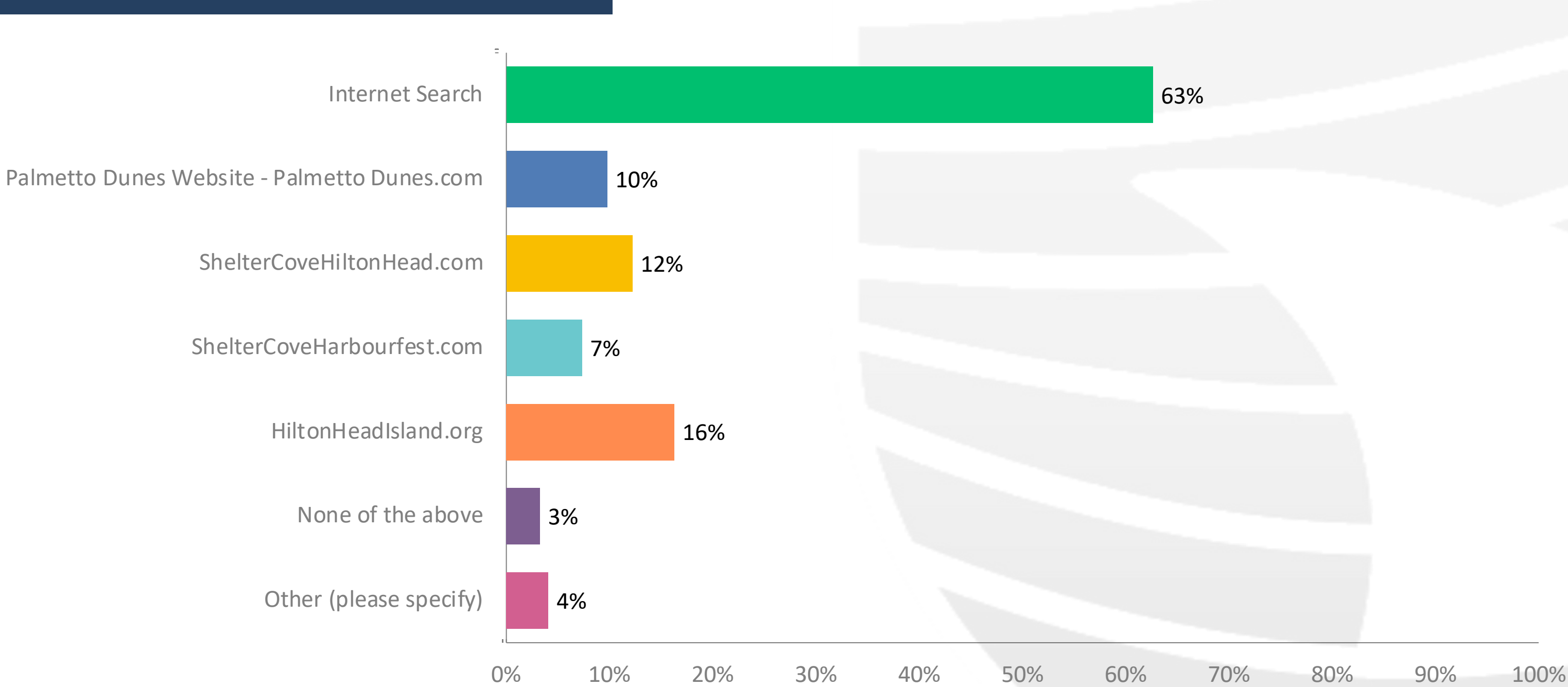
How did you FIRST learn about the 2023 Shelter Cover HarbourFest?

Answered: 576 Skipped: 29



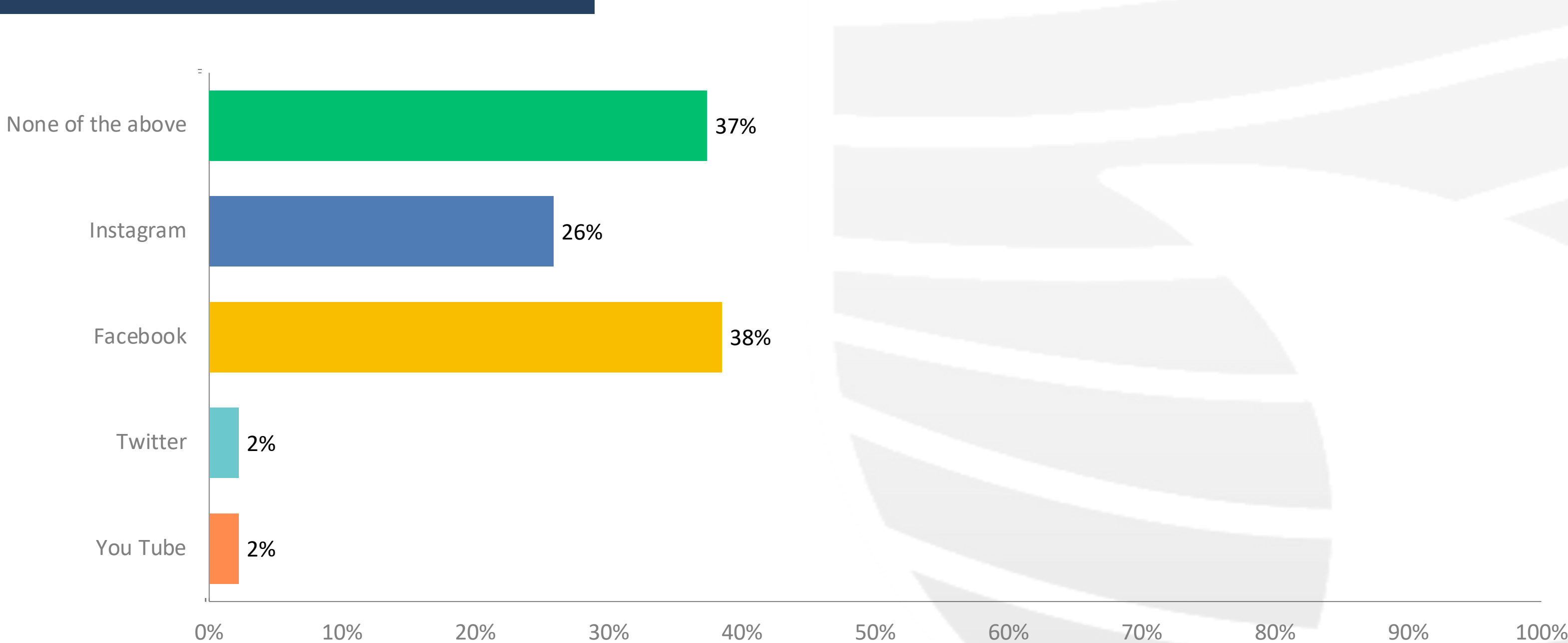
From which Website or Internet source did you learn about the 2023 Shelter Cove HarbourFest?

Answered: 123 Skipped: 482



From which Social Network source did you learn about the 2023 Shelter Cove HarbourFest?

Answered: 182 Skipped: 423



How would you rate the following festival characteristics?

Answered: 569 Skipped: 36

	VERY GOOD	GOOD	AVERAGE	POOR	VERY POOR	N/A	WEIGHTED AVERAGE
Food Quality and Variety	52.11% 296	31.69% 180	8.45% 48	0.53% 3	0.88% 5	6.34% 36	4.43
Beverage Selection (wine, beer, spirits, non-alcoholic)	47.13% 263	34.77% 194	8.96% 50	1.25% 7	0.18% 1	7.71% 43	4.38
Retail Vendor Variety	48.38% 268	32.13% 178	13.72% 76	1.08% 6	1.08% 6	3.61% 20	4.30

How would you rate the following festival characteristics?

Answered: 570 Skipped: 35

	VERY GOOD	GOOD	AVERAGE	POOR	VERY POOR	N/A	WEIGHTED AVERAGE
Children's Entertainment	66.96% 379	23.32% 132	5.65% 32	0.71% 4	0.53% 3	2.83% 16	4.6
Live Performances	63.08% 352	27.78% 155	6.27% 35	1.08% 6	0% 0	1.79% 10	4.56
Fireworks	64.08% 355	19.68% 109	4.69% 26	1.26% 7	0.36% 2	9.93% 55	4.62

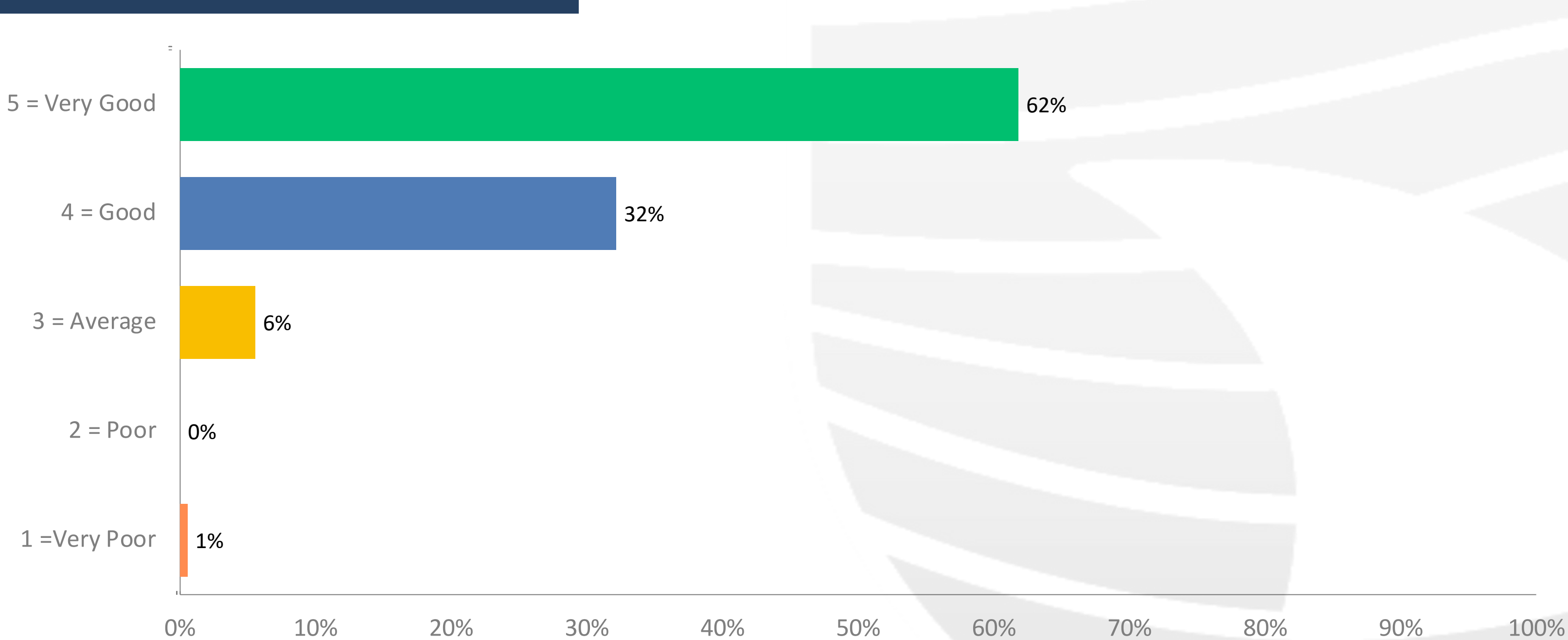
How would you rate the following festival characteristics?

Answered: 568 Skipped: 37

	VERY GOOD	GOOD	AVERAGE	POOR	VERY POOR	N/A	WEIGHTED AVERAGE
Waterfront Location	77.22% 434	16.01% 90	3.91% 22	1.42% 8	0.53% 3	0.89% 5	4.69
Parking	38.18% 210	22.73% 125	24.73% 136	7.45% 41	4.55% 25	2.36% 13	3.85
Crowd Flow	44.46% 245	32.85% 181	19.60% 108	2.18% 12	0.36% 2	0.54% 3	4.20
Availability of Public Seating	42.73% 238	30.88% 172	18.49% 103	5.92% 33	0.72% 4	1.26% 7	4.10
Staff Friendliness	67.99% 376	24.05% 133	6.15% 34	0.72% 4	0.36% 2	0.72% 4	4.60

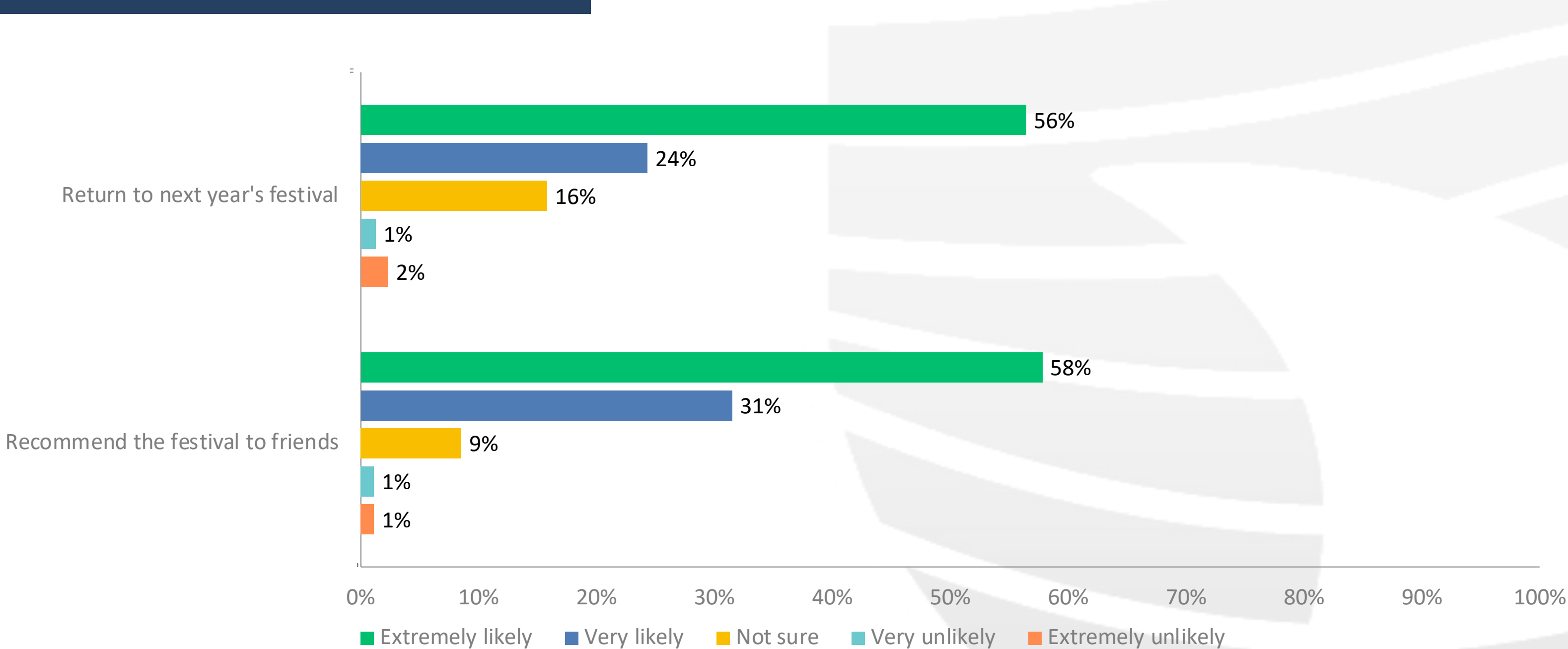
On a scale of 1 to 5, with 5 being the BEST, please rate the 2023 Shelter Cove HarbourFest experience.

Answered: 560 Skipped: 45



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

Answered: 565 Skipped: 40

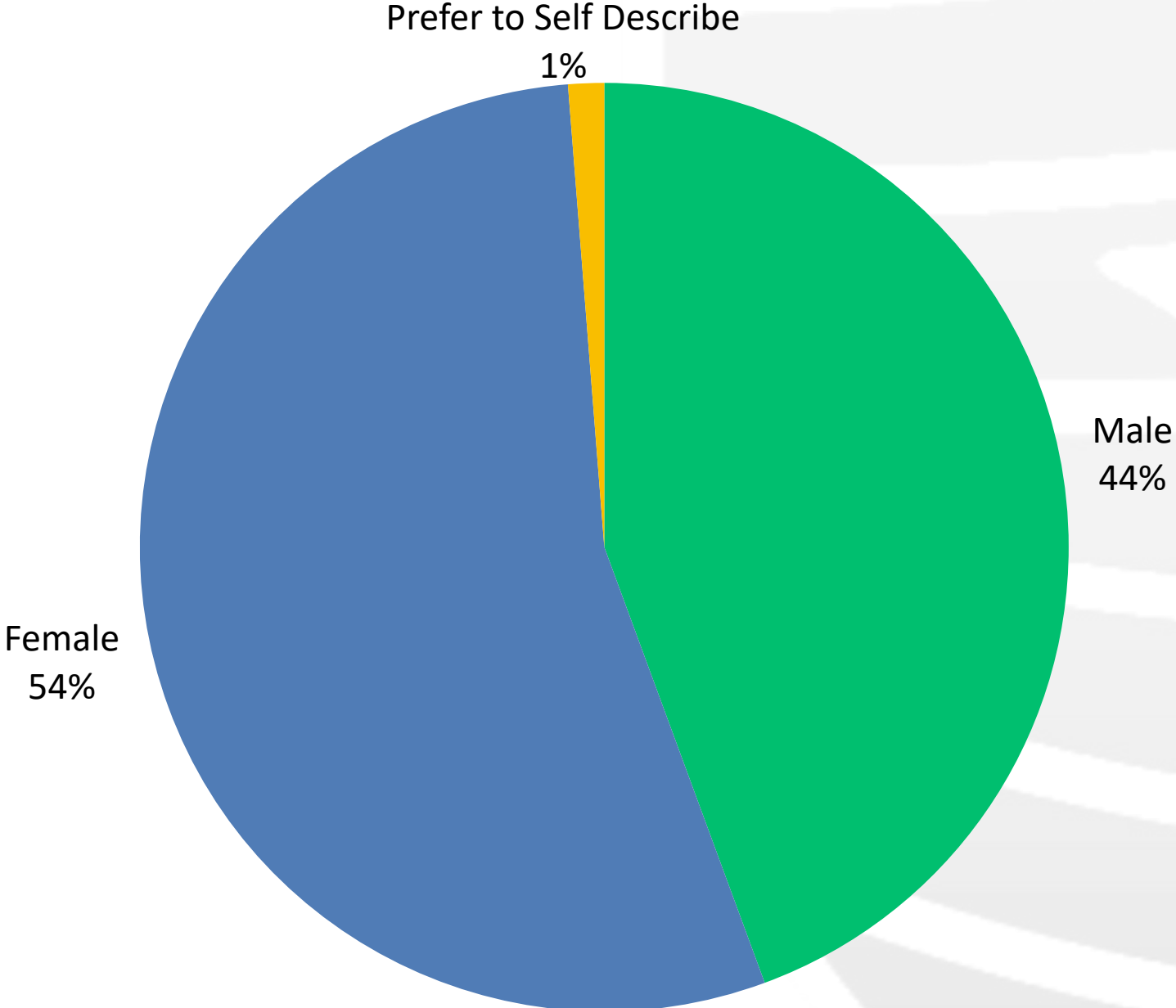




DEMOGRAPHICS

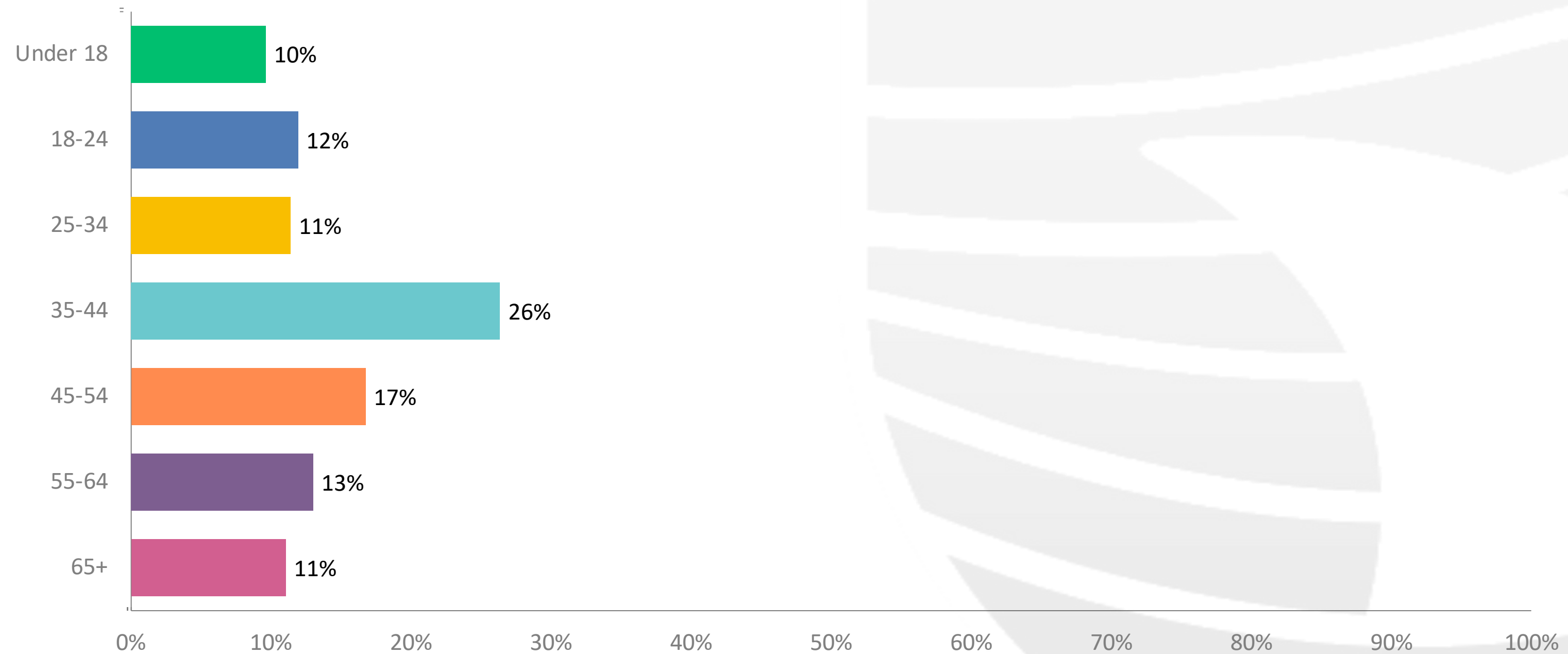
How do you identify?

Answered: 565 Skipped: 40



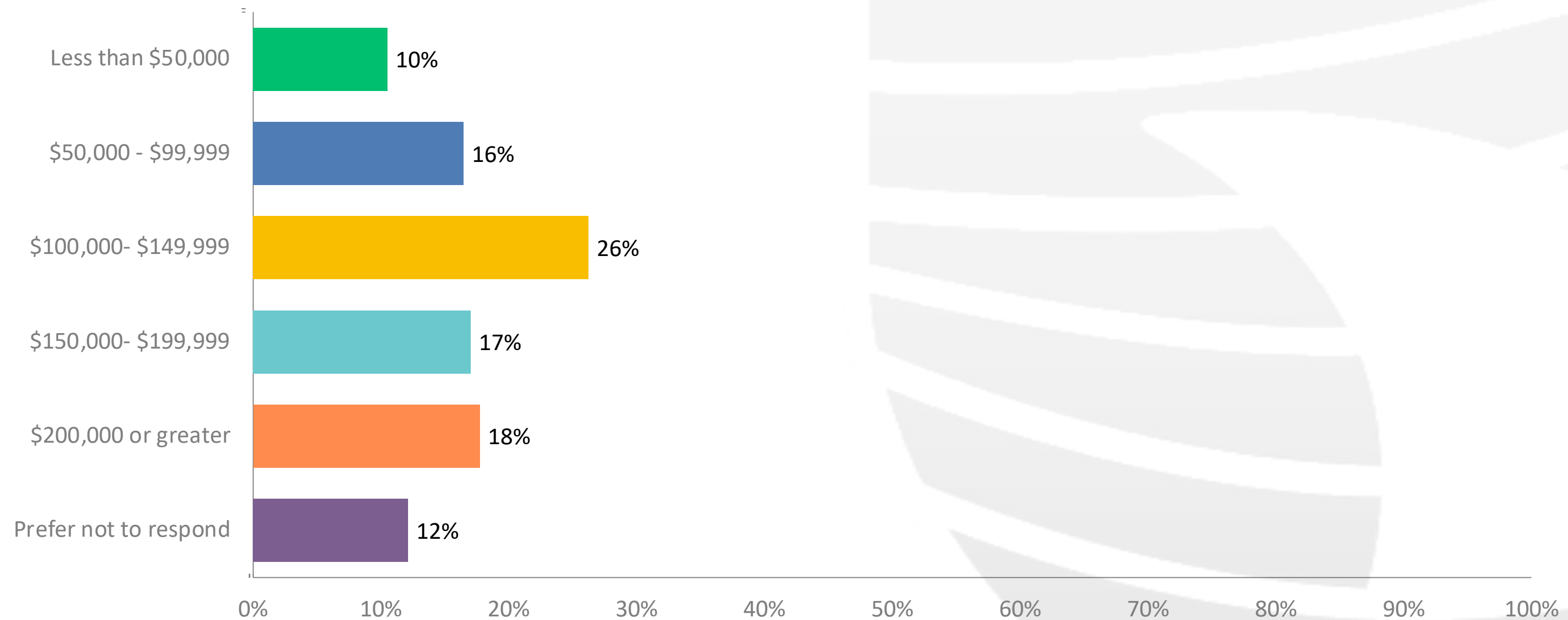
Please indicate your age below.

Answered: 562 Skipped: 43



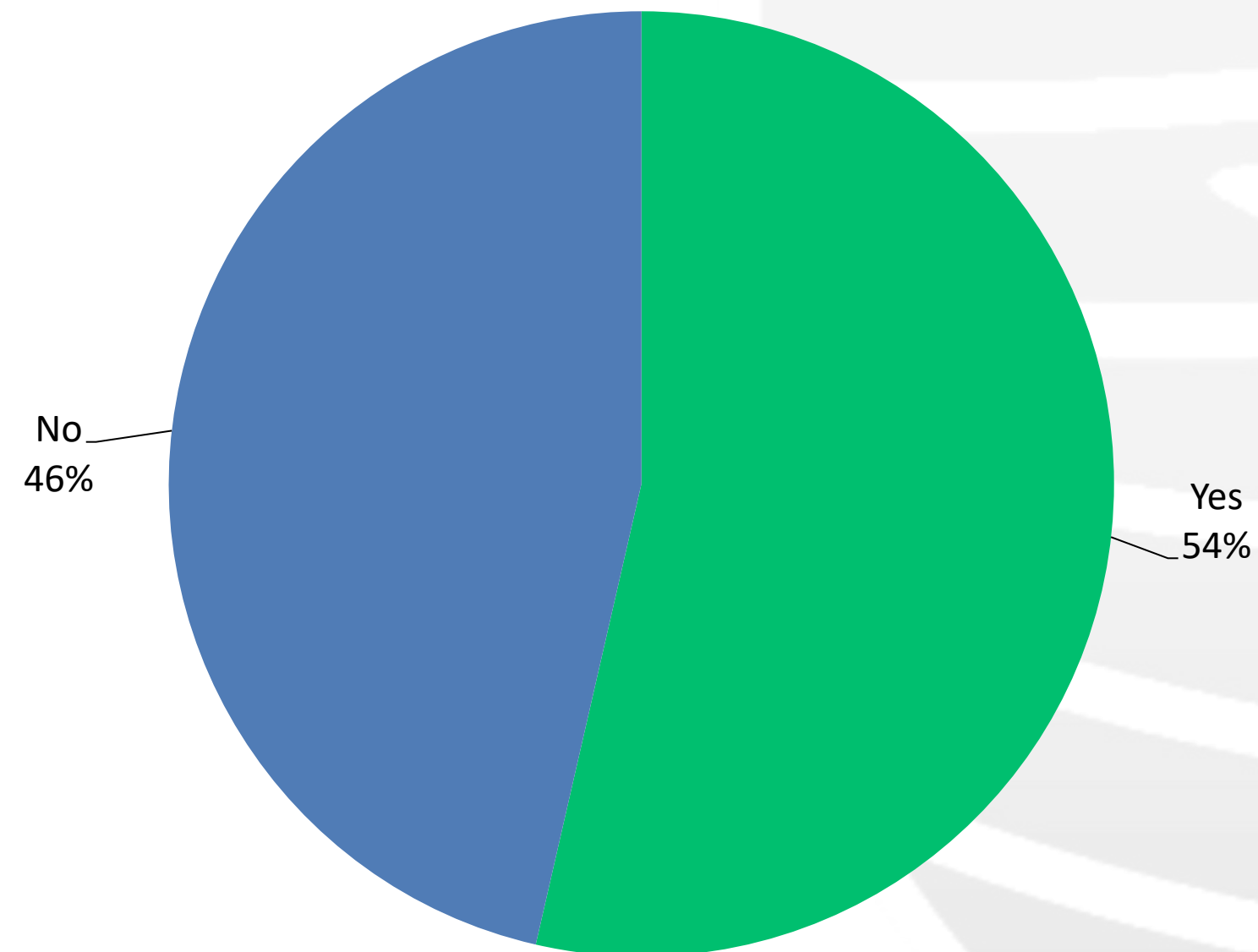
What is your approximate household income?

Answered: 553 Skipped: 52



Do you have children under the age of 18 living at home?

Answered: 543 Skipped: 62



SURVEY DATA SUMMARY

Comparison of 2023 vs. 2018

- Participation ↑ **37.5%** (+ 165)
- More attendees are staying in lodging that generate A-tax revenue (**92%** vs 84%)
- **61%** of 2023 attendees earn \$100K +, compared to 31% in 2018
- 78% of participants live > 50 miles from HHI (92% in 2018)
- Fewer participants from other U.S. location (**66%** vs. 87%) but increase in international visitors (**3%** vs. 1%)
- **Ohio / Kentucky / Indiana Market** is much larger in comparison to 2018 (**#1 market** vs. #2 market)

SURVEY DATA SUMMARY

Comparison of 2023 vs. 2018

- More attendees staying in villa/condo/home rentals (**58%** vs 52%) and more visitors staying in full-service hotels (**8%** vs 5%)
- **74%** of participants indicated HarbourFest was influential in decision to vacation in HHI at this time, compared to 48% in 2018
- Many participants are using digital sources to find information about HarbourFest
- More first-time attendees (**52%** vs. 40%)
- Attendees enjoy the event and more plan to return to Harbourfest next year (**80%** vs 76%)
- Harbourfest continues to remain a HHI event that is enjoyed so much that they would recommend it to family and friends (**90%** vs 88%)

KEY TAKEAWAYS



- HarbourFest is a *signature event* that highly influences family/group decisions to come to Hilton Head
- Participants have higher incomes and are able to spend more on accommodations and recreation
- HarbourFest continues to draw a similar demographic of families planning to stay a week or more
- Digital marketing targets primary demographic and likely the reason for more first-time attendees
- Growing markets to consider targeted advertising include Ohio / Kentucky / Indiana and International (primarily UK and Canada)



CENTER FOR EVENT MANAGEMENT
AND HOSPITALITY TRAINING

© 2023

2023 Harbourfest Research Data summary:

605 survey responses

78% attendees live more than 50 miles away (Tourists)

8% attendees live less than 50 from HHI (Visitors)

14% attendees live on HHI (Residents)

Top 5 Regions:

#1 South Carolina: 17%

#2 Ohio: 16%

#3 Georgia: 11%

#4 Pennsylvania: 8%

#5 New York: 5%

92% of attendees stayed in lodging that generates Atax revenue (vs 84% in 2018)

66% booked their trip to HHI 4 months or more in advance

79% stayed 6-10+ nights

52% were first time attendees (vs 49% in 2018) 48% were returning attendees

74% participants indicated that HarbourFest was influential in their decision to vacation in HHI (48% in 2018)

61% of 2023 attendees earn \$100k+ compared to 31% in 2018

80% of attendees enjoy the event and more plan to return to HarbourFest next year (76% in 2018)

90% HarbourFest continues to remain a HHI that is enjoyed so much that they would recommend it to family and friends (88% in 2018)

Key Takeaways:

Harbourfest is a signature event that highly influences family/group decisions to come to Hilton Head Island

Participants have higher incomes and able to spend more on accommodations and recreation

Harbourfest continues to draw a similar demographic of families planning to stay a week or more

Digital marketing targets primary demographic and likely the reason for more first time attendees

Growing markets to consider targeted advertising include Ohio/Kentucky/Indiana and International markets of UK & Canada



SHELTER COVE

July 10, 2024

To Whom it May Concern:

Be it hereby resolved that the Board of Directors of the Shelter Cove Company (SCC) does on this day July 18, 2024, authorize Alf Nelson, President of the Shelter Cove Company, to submit an application to the Town of Hilton Head Island, ATAX Committee for assistance in funding the 2025 Fourth of July Celebration.

These funds are being solicited to assist with the expenses incurred by the Shelter Cove Company for:

1. Fireworks
2. Barge rental
3. Security, parking, and traffic control
4. Cleanup and restroom service
5. Transportation cost

The resolution was adopted on July 18, 2024

John Wheeler, Secretary
Shelter Cove Company

Shelter Cove Company

Profit and Loss

June 2022 - May 2023

	TOTAL
Income	
40000 Villa Community Service Income	1,219,394.00
41000 Commercial Community Service Income	160,080.89
47000 Late Fee Income	500.00
48000 Interest Income	43.08
48100 Community Enhancement Income	139,467.38
48740 Brick Project fund Raising	14,207.71
48750 Miscellaneous Income	9,478.64
48752 Communication Licensing	3,856.04
49510 Process Fee Income	8,400.00
49512 Road Repair Income	28,665.00
49530 Unrealized Gain/Loss on Investments	-12,155.99
Total Income	\$1,571,936.75
GROSS PROFIT	\$1,571,936.75
Expenses	
60000 Community Manager	67,269.00
60100 Accounting Services	22,178.50
60110 Payroll Taxes	5,403.06
60200 Internet Marketing	16,068.00
60300 Grounds/Roadside Maintenance Contract	141,635.15
60301 Ground/Road Maint Other	48,052.01
60310 Board Expenses	6,463.90
60400 Security Services Administration-Contracted	331,448.11
60410 Security Services- Other Cameras	23,956.91
60500 Street Lights-Lease Contract	11,472.00
60700 Electricity	12,100.00
60800 Water for Irrigation	11,657.16
60900 Administrative	20,600.09
61000 Legal Expense	7,544.30
61010 Property Taxes	6,073.24
61200 Security Services-Pass Fee	11,497.50
61400 HarbourFest	12,500.00
61500 Christmas Decorations	4,271.45
61600 Liability/D&O Insurance	51,223.50
61750 Irrigation Repairs	3,676.89
61800 Facility Repairs & Maintenance	42,890.58
61900 *CAPITAL EXPENDITURES*	718,284.02
61920 Legacy Paver Project	5,545.46
61930 Road Repair Fund	26,366.00
61940 Catastrophic Fund Allocation	33,039.00
Total Expenses	\$1,641,215.83
NET OPERATING INCOME	\$ -69,279.08
NET INCOME	\$ -69,279.08

Shelter Cove Company

Balance Sheet

As of May 31, 2024

	TOTAL
ASSETS	
Current Assets	
Bank Accounts	
10010 Operating	138,267.55
10091 TD Bank 1622 Reserve MM	231,913.05
10092 TD Bank 1171 Petty Cash	866.98
Total Bank Accounts	\$371,047.58
Accounts Receivable	
12000 Accounts Receivable	17,195.62
Total Accounts Receivable	\$17,195.62
Other Current Assets	
10079 Catastrophic Investment Fund 383	1,102,185.20
10140 Capital Project Investment Fund	660,061.99
Total Other Current Assets	\$1,762,247.19
Total Current Assets	\$2,150,490.39
Fixed Assets	
16000 Buildings	468,252.83
16050 Furniture & Fixtures	5,174.02
16070 Other fixed assets	573,271.44
16090 Accumulated Depreciation	-577,406.00
Total Fixed Assets	\$469,292.29
TOTAL ASSETS	\$2,619,782.68
LIABILITIES AND EQUITY	
Liabilities	
Current Liabilities	
Accounts Payable	
20200 Accounts Payable-Vendors	5,100.00
Total Accounts Payable	\$5,100.00
Other Current Liabilities	
20300 Payroll Taxes Payable	1,933.55
21860 Accrued Road Repair Fund	104,975.72
21960 Accrued Contribution to Catastrophic Fund	66,078.00
Total Other Current Liabilities	\$172,987.27
Total Current Liabilities	\$178,087.27
Total Liabilities	\$178,087.27
Equity	
30000 Opening Balance-Net Assets	326,450.33
35000 Net Assets	1,626,871.72
Net Income	488,373.36
Total Equity	\$2,441,695.41
TOTAL LIABILITIES AND EQUITY	\$2,619,782.68

Shelter Cove Company

Balance Sheet

As of May 31, 2024

	TOTAL
ASSETS	
Current Assets	
Bank Accounts	
10010 Operating	138,267.55
10091 TD Bank 1622 Reserve MM	231,913.05
10092 TD Bank 1171 Petty Cash	866.98
Total Bank Accounts	\$371,047.58
Accounts Receivable	
12000 Accounts Receivable	17,195.62
Total Accounts Receivable	\$17,195.62
Other Current Assets	
10079 Catastrophic Investment Fund 383	1,102,185.20
10140 Capital Project Investment Fund	660,061.99
Total Other Current Assets	\$1,762,247.19
Total Current Assets	\$2,150,490.39
Fixed Assets	
16000 Buildings	468,252.83
16050 Furniture & Fixtures	5,174.02
16070 Other fixed assets	573,271.44
16090 Accumulated Depreciation	-577,406.00
Total Fixed Assets	\$469,292.29
TOTAL ASSETS	\$2,619,782.68
LIABILITIES AND EQUITY	
Liabilities	
Current Liabilities	
Accounts Payable	
20200 Accounts Payable-Vendors	5,100.00
Total Accounts Payable	\$5,100.00
Other Current Liabilities	
20300 Payroll Taxes Payable	1,933.55
21860 Accrued Road Repair Fund	104,975.72
21960 Accrued Contribution to Catastrophic Fund	66,078.00
Total Other Current Liabilities	\$172,987.27
Total Current Liabilities	\$178,087.27
Total Liabilities	\$178,087.27
Equity	
30000 Opening Balance-Net Assets	326,450.33
35000 Net Assets	1,626,871.72
Net Income	488,373.36
Total Equity	\$2,441,695.41
TOTAL LIABILITIES AND EQUITY	\$2,619,782.68

Shelter Cove Company

Balance Sheet

As of May 31, 2023

	TOTAL
ASSETS	
Current Assets	
Bank Accounts	
10010 Operating	125,810.71
10180 Wells Fargo7385	1,071.10
11200 Wellsfargo 3596 (BrickProject)	17,929.10
Total Bank Accounts	\$144,810.91
Accounts Receivable	
12000 Accounts Receivable	7,515.75
Total Accounts Receivable	\$7,515.75
Other Current Assets	
10079 Catastrophic Investment Fund 383	934,882.65
10140 Capital Project Investment Fund	569,570.36
Total Other Current Assets	\$1,504,453.01
Total Current Assets	\$1,656,779.67
Fixed Assets	
16000 Buildings	468,252.83
16050 Furniture & Fixtures	5,174.02
16070 Other fixed assets	573,271.44
16090 Accumulated Depreciation	-577,406.00
Total Fixed Assets	\$469,292.29
TOTAL ASSETS	\$2,126,071.96
LIABILITIES AND EQUITY	
Liabilities	
Current Liabilities	
Accounts Payable	
22000 ARB Compliance Deposits	47,203.75
Total Accounts Payable	\$47,203.75
Other Current Liabilities	
20300 Payroll Taxes Payable	1,855.22
21860 Accrued Road Repair Fund	75,366.00
21960 Accrued Contribution to Catastrophic Fund	66,078.00
Total Other Current Liabilities	\$143,299.22
Total Current Liabilities	\$190,502.97
Total Liabilities	\$190,502.97
Equity	
30000 Opening Balance-Net Assets	326,450.33
35000 Net Assets	1,678,397.74
Net Income	-69,279.08
Total Equity	\$1,935,568.99
TOTAL LIABILITIES AND EQUITY	\$2,126,071.96

Shelter Cove Company

Profit and Loss

June 2022 - May 2023

	TOTAL
Income	
40000 Villa Community Service Income	1,219,394.00
41000 Commercial Community Service Income	160,080.89
47000 Late Fee Income	500.00
48000 Interest Income	43.08
48100 Community Enhancement Income	139,467.38
48740 Brick Project fund Raising	14,207.71
48750 Miscellaneous Income	9,478.64
48752 Communication Licensing	3,856.04
49510 Process Fee Income	8,400.00
49512 Road Repair Income	28,665.00
49530 Unrealized Gain/Loss on Investments	-12,155.99
Total Income	\$1,571,936.75
GROSS PROFIT	\$1,571,936.75
Expenses	
60000 Community Manager	67,269.00
60100 Accounting Services	22,178.50
60110 Payroll Taxes	5,403.06
60200 Internet Marketing	16,068.00
60300 Grounds/Roadside Maintenance Contract	141,635.15
60301 Ground/Road Maint Other	48,052.01
60310 Board Expenses	6,463.90
60400 Security Services Administration-Contracted	331,448.11
60410 Security Services- Other Cameras	23,956.91
60500 Street Lights-Lease Contract	11,472.00
60700 Electricity	12,100.00
60800 Water for Irrigation	11,657.16
60900 Administrative	20,600.09
61000 Legal Expense	7,544.30
61010 Property Taxes	6,073.24
61200 Security Services-Pass Fee	11,497.50
61400 HarbourFest	12,500.00
61500 Christmas Decorations	4,271.45
61600 Liability/D&O Insurance	51,223.50
61750 Irrigation Repairs	3,676.89
61800 Facility Repairs & Maintenance	42,890.58
61900 *CAPITAL EXPENDITURES*	718,284.02
61920 Legacy Paver Project	5,545.46
61930 Road Repair Fund	26,366.00
61940 Catastrophic Fund Allocation	33,039.00
Total Expenses	\$1,641,215.83
NET OPERATING INCOME	\$ -69,279.08
NET INCOME	\$ -69,279.08

Shelter Cove Company

Profit and Loss

June 2022 - May 2023

	TOTAL	
	JUN 2022 - MAY 2023	JUN 2021 - MAY 2022 (PY)
Income		
40000 Villa Community Service Income	1,219,394.00	1,162,916.00
41000 Commercial Community Service Income	160,080.89	151,090.56
47000 Late Fee Income	500.00	1,300.00
48000 Interest Income	43.08	3.29
48100 Community Enhancement Income	139,467.38	164,631.63
48740 Brick Project fund Raising	14,207.71	14,243.63
48750 Miscellaneous Income	9,478.64	34,731.77
48752 Communication Licensing	3,856.04	4,297.43
49510 Process Fee Income	8,400.00	10,535.00
49512 Road Repair Income	28,665.00	26,916.68
49530 Unrealized Gain/Loss on Investments	-2,014.34	-113,685.20
Total Income	\$1,582,078.40	\$1,456,980.79
GROSS PROFIT	\$1,582,078.40	\$1,456,980.79
Expenses		
60000 Community Manager	67,269.00	66,945.00
60100 Accounting Services	22,178.50	21,293.00
60110 Payroll Taxes	5,403.06	5,927.85
60200 Internet Marketing	16,068.00	16,068.00
60300 Grounds/Roadside Maintenance Contract	141,635.15	170,368.62
60301 Ground/Road Maint Other	48,052.01	103,122.35
60310 Board Expenses	6,463.90	3,228.59
60400 Security Services Administration-Contracted	331,448.11	301,654.58
60410 Security Services- Other Cameras	23,956.91	5,944.83
60500 Street Lights-Lease Contract	11,472.00	11,423.00
60700 Electricity	12,100.00	11,581.00
60800 Water for Irrigation	11,657.16	17,467.77
60900 Administrative	20,600.09	19,654.64
61000 Legal Expense	7,544.30	4,176.38
61010 Property Taxes	6,073.24	4,870.92
61100 Taxes Paid		133.94
61200 Security Services-Pass Fee	11,497.50	11,497.50
61400 HarbourFest	12,500.00	12,500.00
61500 Christmas Decorations	4,271.45	4,000.00
61600 Liability/D&O Insurance	51,223.50	39,294.50
61750 Irrigation Repairs	3,676.89	3,666.70
61800 Facility Repairs & Maintenance	42,890.58	50,294.25
61900 *CAPITAL EXPENDITURES*	718,284.02	785,400.68
61920 Legacy Paver Project	5,545.46	3,002.00
61930 Road Repair Fund	26,366.00	24,500.00

Shelter Cove Company

Profit and Loss

June 2022 - May 2023

	TOTAL	
	JUN 2022 - MAY 2023	JUN 2021 - MAY 2022 (PY)
61940 Catastrophic Fund Allocation	33,039.00	33,039.00
Total Expenses	\$1,641,215.83	\$1,731,055.10
NET OPERATING INCOME	\$ -59,137.43	\$ -274,074.31
NET INCOME	\$ -59,137.43	\$ -274,074.31

Shelter Cove Company

Statement of Financial Position

As of May 31, 2022

	As of May 31, 2022	As of May 31, 2021 (PY)
ASSETS		
Current Assets		
Bank Accounts		
10010 Operating		
10040 Wells Fargo 7363 Temp Restricted	50,097.34	50,094.05
10060 Wells Fargo Operating xx4799	88,163.01	92,159.35
Total 10010 Operating	\$ 138,260.35	\$ 142,253.40
10180 Wells Fargo7385	3,605.22	1,500.00
11200 Wellsfargo 3596 (BrickProject)	1,602.10	29,725.76
Total Bank Accounts	\$ 143,467.67	\$ 173,479.16
Accounts Receivable		
12000 Accounts Receivable	7,560.29	17,890.78
12010 Allowance for Doubtful Accounts	-2,266.00	-3,494.00
Total 12000 Accounts Receivable	\$ 5,294.29	\$ 14,396.78
Total Accounts Receivable	\$ 5,294.29	\$ 14,396.78
Other Current Assets		
10079 Catastrophic Investment Fund 383	943,087.21	1,008,745.44
10140 Capital Project Investment Fund	573,521.79	721,548.76
Total Other Current Assets	\$ 1,516,609.00	\$ 1,730,294.20
Total Current Assets	\$ 1,665,370.96	\$ 1,918,170.14
Fixed Assets		
16000 Buildings	468,252.83	468,252.83
16050 Furniture & Fixtures	5,174.02	5,174.02
16070 Other fixed assets	573,271.44	573,271.44
16090 Accumulated Depreciation	-577,406.00	-577,406.00
Total Fixed Assets	\$ 469,292.29	\$ 469,292.29
TOTAL ASSETS	\$ 2,134,663.25	\$ 2,387,462.43
LIABILITIES AND NET ASSETS		
Liabilities		
Current Liabilities		
22000 ARB Compliance Deposits	46,203.75	45,203.75
Total Accounts Payable	\$ 46,203.75	\$ 45,203.75
Other Current Liabilities		
20300 Payroll Taxes Payable	1,341.19	5,797.30
21850 A/P Expenses Accrued	0.00	33,039.00
21860 Accrued Road Repair Fund	49,000.00	24,500.00
21960 Accrued Contribution to Catastrophic Fund	33,039.00	
Total Other Current Liabilities	\$ 83,380.19	\$ 63,336.30
Total Current Liabilities	\$ 129,583.94	\$ 108,540.05
Total Liabilities	\$ 129,583.94	\$ 108,540.05
Equity		
30000 Opening Balance-Net Assets	326,450.33	326,450.33
35000 Net Assets	1,952,472.05	1,538,509.90
Change in Net Assets	-273,843.07	413,962.15
Total Net Assets	\$ 2,005,079.31	\$ 2,278,922.38
TOTAL LIABILITIES AND NET ASSETS	\$ 2,134,663.25	\$ 2,387,462.43

Tuesday, Jun 28, 2022 06:09:09 PM GMT-7 - Accrual Basis

- A Check if:**
- 1a** Consolidated return (attach Form 851)
 - b** Life/nonlife consolidated return
 - 2** Personal holding co. (attach Sch. PH)
 - 3** Personal service corp. (see instructions)
 - 4** Schedule M-3 attached

TYPE OR PRINT	Name SHELTER COVE COMPANY
	Number, street, and room or suite no. If a P.O. box, see instructions. PO BOX 6004
	City or town, state or province, country and ZIP or foreign postal code Hilton Head Island SC 29938

B Employer identification number 57-0739304
C Date incorporated 02-19-1982
D Total assets (see instructions) \$ 2,435,987

E Check if: (1) Initial return (2) Final return (3) Name change (4) Address change

Income	1a	Gross receipts or sales.	1a	1,537,349		
	b	Returns and allowances	1b			
	c	Balance. Subtract line 1b from line 1a	1c		1,537,349	
	2	Cost of goods sold (attach Form 1125-A)	2			
	3	Gross profit. Subtract line 2 from line 1c	3		1,537,349	
	4	Dividends and inclusions (Schedule C, line 23)	4		64,048	
	5	Interest	5		30,971	
	6	Gross rents	6			
	7	Gross royalties	7			
	8	Capital gain net income (attach Schedule D (Form 1120))	8		24,116	
	9	Net gain or (loss) from Form 4797, Part II, line 17 (attach Form 4797)	9			
10	Other income (see instructions - attach statement)	10				
11	Total income. Add lines 3 through 10	11		1,656,484		
Deductions (See instructions for limitations on deductions.)	12	Compensation of officers (see instructions - attach Form 1125-E)	12			
	13	Salaries and wages (less employment credits)	13		67,896	
	14	Repairs and maintenance	14		571,332	
	15	Bad debts	15			
	16	Rents	16			
	17	Taxes and licenses Wks. Tax/Lic	17		12,116	
	18	Interest (see instructions)	18			
	19	Charitable contributions	19			
	20	Depreciation from Form 4562 not claimed on Form 1125-A or elsewhere on return (attach Form 4562)	20		34,310	
	21	Depletion	21			
	22	Advertising	22			
	23	Pension, profit-sharing, etc., plans	23			
	24	Employee benefit programs	24			
	25	Energy efficient commercial buildings deduction (attach Form 7205)	25			
	26	Other deductions (attach statement) Statement #5.	26		907,105	
	27	Total deductions. Add lines 12 through 26	27		1,592,759	
	28	Taxable income before net operating loss deduction and special deductions. Subtract line 27 from line 11	28		63,725	
29a	Net operating loss deduction (see instructions)	29a		11,351		
	b Special deductions (Schedule C, line 24)	29b		31,863		
	c Add lines 29a and 29b	29c		43,214		
Tax, Refundable Credits, & Payments	30	Taxable income. Subtract line 29c from line 28. See instructions	30		20,511	
	31	Total tax (Schedule J, Part I, line 11)	31		4,307	
	32	Reserved for future use	32			
	33	Total payments and credits (Schedule J, Part III, line 23)	33			
	34	Estimated tax penalty. See instructions. Check if Form 2220 is attached <input type="checkbox"/>	34			
	35	Amount owed. If line 33 is smaller than the total of lines 31 and 34, enter amount owed	35		4,307	
	36	Overpayment. If line 33 is larger than the total of lines 31 and 34, enter amount overpaid	36			
37	Enter amount from line 36 you want: Credited to 2024 estimated tax Refunded	37				

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

Alfred Nelson		President
Signature of officer	Date	Title

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

Paid Preparer Use Only	Print/Type preparer's name Charles E Jernigan CPA	Preparer's signature Charles E Jernigan CPA	Date 08-12-2024	Check <input type="checkbox"/> if self-employed	PTIN P00932839
	Firm's name CE JERNIGAN CPA	Firm's EIN 81-4276440		Phone no.	
	Firm's address PO BOX 6674	Firm's address Hilton Head Island SC 29938		(843)290-0083	

Schedule C Dividends, Inclusions, and Special Deductions (see instructions)		(a) Dividends and inclusions	(b) %	(c) Special deductions (a) x (b)
1	Dividends from less-than-20%-owned domestic corporations (other than debt-financed stock)	64,048	50	32,024
2	Dividends from 20%-or-more-owned domestic corporations (other than debt-financed stock)		65	
3	Dividends on certain debt-financed stock of domestic and foreign corporations		See instructions	
4	Dividends on certain preferred stock of less-than-20%-owned public utilities		23.3	
5	Dividends on certain preferred stock of 20%-or-more-owned public utilities		26.7	
6	Dividends from less-than-20%-owned foreign corporations and certain FSCs		50	
7	Dividends from 20%-or-more-owned foreign corporations and certain FSCs		65	
8	Dividends from wholly owned foreign subsidiaries		100	
9	Subtotal. Add lines 1 through 8. See instructions for limitations	64,048	See instructions	31,863
10	Dividends from domestic corporations received by a small business investment company operating under the Small Business Investment Act of 1958		100	
11	Dividends from affiliated group members		100	
12	Dividends from certain FSCs		100	
13	Foreign-source portion of dividends received from a specified 10%-owned foreign corporation (excluding hybrid dividends) (see instructions)		100	
14	Dividends from foreign corporations not included on line 3, 6, 7, 8, 11, 12, or 13 (including any hybrid dividends)			
15	Reserved for future use			
16a	Subpart F inclusions derived from the sale by a controlled foreign corporation (CFC) of the stock of a lower-tier foreign corporation treated as a dividend (attach Form(s) 5471) (see instructions)		100	
b	Subpart F inclusions derived from hybrid dividends of tiered corporations (attach Form(s) 5471) (see instructions)			
c	Other inclusions from CFCs under subpart F not included on line 16a, 16b, or 17 (attach Form(s) 5471) (see instructions)			
17	Global Intangible Low-Taxed Income (GILTI) (attach Form(s) 5471 and Form 8992)			
18	Gross-up for foreign taxes deemed paid			
19	IC-DISC and former DISC dividends not included on line 1, 2, or 3			
20	Other dividends			
21	Deduction for dividends paid on certain preferred stock of public utilities			
22	Section 250 deduction (attach Form 8993)			
23	Total dividends and inclusions. Add column (a), lines 9 through 20. Enter here and on page 1, line 4	64,048		
24	Total special deductions. Add column (c), lines 9 through 22. Enter here and on page 1, line 29b			31,863

Schedule J Tax Computation and Payment (see instructions)

Part I - Tax Computation

1	Income tax. See instructions		1	4,307
2	Base erosion minimum tax amount (attach Form 8991)		2	
3	Corporate alternative minimum tax from Form 4626, Part II, line 13 (attach Form 4626)		3	
4	Add lines 1, 2, and 3		4	4,307
5a	Foreign tax credit (attach Form 1118)	5a		0
b	Credit from Form 8834 (see instructions)	5b		
c	General business credit (see instructions - attach Form 3800)	5c		
d	Credit for prior year minimum tax (attach Form 8827)	5d		
e	Bond credits from Form 8912	5e		
6	Total credits. Add lines 5a through 5e.		6	
7	Subtract line 6 from line 4		7	4,307
8	Personal holding company tax (attach Schedule PH (Form 1120))		8	0
9a	Recapture of investment credit (attach Form 4255)	9a		
b	Recapture of low-income housing credit (attach Form 8611)	9b		
c	Interest due under the look-back method - completed long-term contracts (attach Form 8697)	9c		
d	Interest due under the look-back method - income forecast method (attach Form 8866)	9d		
e	Alternative tax on qualifying shipping activities (attach Form 8902)	9e		
f	Interest/tax due under section 453A(c)	9f		
g	Interest/tax due under section 453(l)	9g		
z	Other (see instructions - attach statement)	9z		
10	Total. Add lines 9a through 9z.		10	
11	Total tax. Add lines 7, 8, and 10. Enter here and on page 1, line 31.		11	4,307

Part II - Payments and Refundable Credits

12	Reserved for future use		12	
13	Preceding year's overpayment credited to the current year		13	
14	Current year's estimated tax payments		14	
15	Current year's refund applied for on Form 4466		15	()
16	Combine lines 13, 14, and 15		16	
17	Tax deposited with Form 7004		17	
18	Withholding (see instructions)		18	
19	Total payments. Add lines 16, 17, and 18.		19	
20	Refundable credits from:			
a	Form 2439	20a		
b	Form 4136	20b		
c	Reserved for future use	20c		
z	Other (attach statement - see instructions)	20z		
21	Total credits. Add lines 20a through 20z.		21	
22	Elective payment election amount from Form 3800		22	
23	Total payments and credits. Add lines 19, 21, and 22. Enter here and on page 1, line 33		23	

Schedule K Other Information (see instructions)

1 Check accounting method: a [] Cash b [X] Accrual c [] Other (specify)
2 See the instructions and enter the:
a Business activity code no. 531310
b Business activity Home Owners Association
c Product or service Home Owners Association
3 Is the corporation a subsidiary in an affiliated group or a parent-subsiary controlled group? X
4 At the end of the tax year:
a Did any foreign or domestic corporation, partnership (including any entity treated as a partnership), trust, or tax-exempt organization own directly 20% or more, or own, directly or indirectly, 50% or more of the total voting power of all classes of the corporation's stock entitled to vote? If "Yes," complete Part I of Schedule G (Form 1120) (attach Schedule G) X
b Did any individual or estate own directly 20% or more, or own, directly or indirectly, 50% or more of the total voting power of all classes of the corporation's stock entitled to vote? If "Yes," complete Part II of Schedule G (Form 1120) (attach Schedule G) X
5 At the end of the tax year, did the corporation:
a Own directly 20% or more, or own, directly or indirectly, 50% or more of the total voting power of all classes of stock entitled to vote of any foreign or domestic corporation not included on Form 851, Affiliations Schedule? For rules of constructive ownership, see instructions X
If "Yes," complete (i) through (iv) below.

Table with 4 columns: (i) Name of Corporation, (ii) Employer Identification Number (if any), (iii) Country of Incorporation, (iv) Percentage Owned in Voting Stock

b Own directly an interest of 20% or more, or own, directly or indirectly, an interest of 50% or more in any foreign or domestic partnership (including an entity treated as a partnership) or in the beneficial interest of a trust? For rules of constructive ownership, see instructions X
If "Yes," complete (i) through (iv) below.

Table with 4 columns: (i) Name of Entity, (ii) Employer Identification Number (if any), (iii) Country of Organization, (iv) Maximum Percentage Owned in Profit, Loss, or Capital

6 During this tax year, did the corporation pay dividends (other than stock dividends and distributions in exchange for stock) in excess of the corporation's current and accumulated earnings and profits? See sections 301 and 316. X
If "Yes," file Form 5452, Corporate Report of Nondividend Distributions. See the instructions for Form 5452.
If this is a consolidated return, answer here for the parent corporation and on Form 851 for each subsidiary.

7 At any time during the tax year, did one foreign person own, directly or indirectly, at least 25% of the total voting power of all classes of the corporation's stock entitled to vote or at least 25% of the total value of all classes of the corporation's stock? X
For rules of attribution, see section 318. If "Yes," enter:

(a) Percentage owned _____ and (b) Owner's country _____
(c) The corporation may have to file Form 5472, Information Return of a 25% Foreign-Owned U.S. Corporation or a Foreign Corporation Engaged in a U.S. Trade or Business. Enter the number of Forms 5472 attached 0

8 Check this box if the corporation issued publicly offered debt instruments with original issue discount []
If checked, the corporation may have to file Form 8281, Information Return for Publicly Offered Original Issue Discount Instruments.

9 Enter the amount of tax-exempt interest received or accrued during the tax year \$ _____

10 Enter the number of shareholders at the end of the tax year (if 100 or fewer) _____

11 If the corporation has an NOL for the tax year and is electing to forego the carryback period, check here (see instructions). . . []
If the corporation is filing a consolidated return, the statement required by Regulations section 1.1502-21(b)(3) must be attached or the election will not be valid.

12 Enter the available NOL carryover from prior tax years (do not reduce it by any deduction reported on page 1, line 29a) \$ 11,351

Schedule K Other Information (continued from page 4)

Table with 2 columns: Question (13-31) and Yes/No response. Includes questions about receipts, UTP, Form 1099, ownership changes, asset dispositions, 351 transfers, cooperative basis, interest, gross receipts, 163(j) election, Form 8990, Form 8996, foreign corporations, digital assets, controlled groups, Alternative Minimum Tax, and Form 7208.

Schedule L Balance Sheets per Books		Beginning of tax year		End of tax year	
		(a)	(b)	(c)	(d)
Assets					
1	Cash		144,811		371,048
2a	Trade notes and accounts receivable	7,516		17,196	
b	Less allowance for bad debts	()	7,516	()	17,196
3	Inventories				
4	U.S. government obligations				
5	Tax-exempt securities (see instructions)				
6	Other current assets (attach statement)				
7	Loans to shareholders				
8	Mortgage and real estate loans				
9	Other investments (attach statement)	Statement #9	1,333,656		1,464,455
10a	Buildings and other depreciable assets	1,832,099		1,832,099	
b	Less accumulated depreciation	(1,214,501)	617,598	(1,248,811)	583,288
11a	Depletable assets				
b	Less accumulated depletion	()		()	
12	Land (net of any amortization)				
13a	Intangible assets (amortizable only)				
b	Less accumulated amortization	()		()	
14	Other assets (attach statement)				
15	Total assets		2,103,581		2,435,987
Liabilities and Shareholders' Equity					
16	Accounts payable				51,000
17	Mortgages, notes, bonds payable in less than 1 year				
18	Other current liabilities (attach statement)	Statement #11	129,282		351,270
19	Loans from shareholders				
20	Mortgages, notes, bonds payable in 1 year or more				
21	Other liabilities (attach statement)				
22	Capital stock: a Preferred stock				
	b Common stock				
23	Additional paid-in capital				
24	Retained earnings-Appropriated (attach statement)				
25	Retained earnings-Unappropriated		1,974,299		2,033,717
26	Adjustments to shareholders' equity (attach statement)				
27	Less cost of treasury stock		()		()
28	Total liabilities and shareholders' equity		2,103,581		2,435,987

Schedule M-1 Reconciliation of Income (Loss) per Books With Income per Return

Note: The corporation may be required to file Schedule M-3. See instructions.

1	Net income (loss) per books	59,418	7	Income recorded on books this year not included on this return (itemize):	
2	Federal income tax per books	4,307		Tax-exempt interest \$ _____	
3	Excess of capital losses over capital gains			_____	
4	Income subject to tax not recorded on books this year (itemize): _____			_____	
5	Expenses recorded on books this year not deducted on this return (itemize):		8	Deductions on this return not charged against book income this year (itemize):	
a	Depreciation \$ _____		a	Depreciation \$ _____	
b	Charitable contributions \$ _____		b	Charitable contributions \$ _____	
c	Travel and entertainment \$ _____			_____	
6	Add lines 1 through 5	63,725	9	Add lines 7 and 8	
			10	Income (page 1, line 28)-line 6 less line 9	63,725

Schedule M-2 Analysis of Unappropriated Retained Earnings per Books (Schedule L, Line 25)

1	Balance at beginning of year	1,974,299	5	Distributions: a Cash	
2	Net income (loss) per books	59,418		b Stock	
3	Other increases (itemize): _____			c Property	
			6	Other decreases (itemize): _____	
4	Add lines 1, 2, and 3	2,033,717	7	Add lines 5 and 6	
			8	Balance at end of year (line 4 less line 7)	2,033,717

**SCHEDULE D
(Form 1120)**

Department of the Treasury
Internal Revenue Service

Capital Gains and Losses

Attach to Form 1120, 1120-C, 1120-F, 1120-FSC, 1120-H, 1120-IC-DISC, 1120-L, 1120-ND, 1120-PC, 1120-POL, 1120-REIT, 1120-RIC, 1120-SF, or certain Forms 990-T.

Go to www.irs.gov/Form1120 for instructions and the latest information.

OMB No. 1545-0123

2023

Name SHELTER COVE COMPANY	Employer identification number 57-0739304
-------------------------------------	---

Did the corporation dispose of any investment(s) in a qualified opportunity fund during the tax year? Yes No
If "Yes," attach Form 8949 and see its instructions for additional requirements for reporting your gain or loss.

Part I Short-Term Capital Gains and Losses - Assets Held One Year or Less

See instructions for how to figure the amounts to enter on the lines below. This form may be easier to complete if you round off cents to whole dollars.	(d) Proceeds (sales price)	(e) Cost (or other basis)	(g) Adjustments to gain or loss from Form(s) 8949, Part I, line 2, column (g)	(h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g)
1a Totals for all short-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 1b				
1b Totals for all transactions reported on Form(s) 8949 with Box A checked				
2 Totals for all transactions reported on Form(s) 8949 with Box B checked				
3 Totals for all transactions reported on Form(s) 8949 with Box C checked				
4 Short-term capital gain from installment sales from Form 6252, line 26 or 37				4
5 Short-term capital gain or (loss) from like-kind exchanges from Form 8824				5
6 Unused capital loss carryover (attach computation)				6 ()
7 Net short-term capital gain or (loss). Combine lines 1a through 6 in column h				7

Part II Long-Term Capital Gains and Losses - Assets Held More Than One Year

See instructions for how to figure the amounts to enter on the lines below. This form may be easier to complete if you round off cents to whole dollars.	(d) Proceeds (sales price)	(e) Cost (or other basis)	(g) Adjustments to gain or loss from Form(s) 8949, Part II, line 2, column (g)	(h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g)
8a Totals for all long-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 8b				
8b Totals for all transactions reported on Form(s) 8949 with Box D checked	30,570	15,331	68	15,307
9 Totals for all transactions reported on Form(s) 8949 with Box E checked				
10 Totals for all transactions reported on Form(s) 8949 with Box F checked				
11 Enter gain from Form 4797, line 7 or 9				11
12 Long-term capital gain from installment sales from Form 6252, line 26 or 37				12
13 Long-term capital gain or (loss) from like-kind exchanges from Form 8824				13
14 Capital gain distributions (see instructions)				14 8,809
15 Net long-term capital gain or (loss). Combine lines 8a through 14 in column h				15 24,116

Part III Summary of Parts I and II

16 Enter excess of net short-term capital gain (line 7) over net long-term capital loss (line 15)		16
17 Net capital gain. Enter excess of net long-term capital gain (line 15) over net short-term capital loss (line 7)		17 24,116
18 Add lines 16 and 17. Enter here and on Form 1120, page 1, line 8, or the applicable line on other returns		18 24,116

Note: If losses exceed gains, see *Capital Losses* in the instructions.

For Paperwork Reduction Act Notice, see the Instructions for Form 1120.

Schedule D (Form 1120) 2023

Cost of Goods Sold

▶ **Attach to Form 1120, 1120-C, 1120-F, 1120S, or 1065.**
 ▶ **Go to www.irs.gov/Form1125A for the latest information.**

Name SHELTER COVE COMPANY		Employer identification number 57-0739304
1	Inventory at beginning of year	1
2	Purchases	2
3	Cost of labor	3
4	Additional section 263A costs (attach schedule)	4
5	Other costs (attach schedule)	5
6	Total. Add lines 1 through 5	6
7	Inventory at end of year	7
8	Cost of goods sold. Subtract line 7 from line 6. Enter here and on Form 1120, page 1, line 2 or the appropriate line of your tax return. See instructions	8
9a Check all methods used for valuing closing inventory:		
(i) <input checked="" type="checkbox"/> Cost		
(ii) <input type="checkbox"/> Lower of cost or market		
(iii) <input type="checkbox"/> Other (Specify method used and attach explanation.) ▶ _____		
b Check if there was a writedown of subnormal goods ▶ <input type="checkbox"/>		
c Check if the LIFO inventory method was adopted this tax year for any goods (if checked, attach Form 970) ▶ <input type="checkbox"/>		
d If the LIFO inventory method was used for this tax year, enter amount of closing inventory computed under LIFO		9d _____
e If property is produced or acquired for resale, do the rules of section 263A apply to the entity? See instructions		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
f Was there any change in determining quantities, cost, or valuations between opening and closing inventory? If "Yes," attach explanation		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

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.

Table with 3 columns: Name(s) shown on return (SHELTER COVE COMPANY), Business or activity to which this form relates (FORM 1120), and Identifying number (57-0739304).

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.

Table with 5 columns for lines 1-13. Line 13 includes a sub-column for '13' with a value of 13.

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.)

Table with 2 columns for lines 14-16.

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

Section A

Table with 2 columns for lines 17-18. Line 17 includes a sub-column for '17' with a value of 34,310.

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

Table with 7 columns: (a) Classification of property, (b) Month and year placed in service, (c) Basis for depreciation, (d) Recovery period, (e) Convention, (f) Method, (g) Depreciation deduction.

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

Table with 7 columns: (a) Class life, (b) 12-year, (c) 30-year, (d) 40-year, (e) Recovery period, (f) Convention, (g) Method, (h) Depreciation deduction.

Part IV Summary (See instructions.)

Table with 2 columns for lines 21-23. Line 23 includes a sub-column for '23' with a value of 23.

For Paperwork Reduction Act Notice, see separate instructions.

Name(s) shown on return. Name and SSN or taxpayer identification no. not required if shown on other side	Social security number or taxpayer identification number
SHELTER COVE COMPANY	57-0739304

Before you check Box D, E, or F below, see whether you received any Form(s) 1099-B or substitute statement(s) from your broker. A substitute statement will have the same information as Form 1099-B. Either will show whether your basis (usually your cost) was reported to the IRS by your broker and may even tell you which box to check.

Part II Long-Term. Transactions involving capital assets you held more than 1 year are generally long-term (see instructions). For short-term transactions, see page 1.

Note: You may aggregate all long-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS and for which no adjustments or codes are required. Enter the totals directly on Schedule D, line 8a; you aren't required to report these transactions on Form 8949 (see instructions).

You must check Box D, E, or F below. Check only one box. If more than one box applies for your long-term transactions, complete a separate Form 8949, page 2, for each applicable box. If you have more long-term transactions than will fit on this page for one or more of the boxes, complete as many forms with the same box checked as you need.

- (D)** Long-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS (see **Note** above)
- (E)** Long-term transactions reported on Form(s) 1099-B showing basis **wasn't** reported to the IRS
- (F)** Long-term transactions not reported to you on Form 1099-B

1	(a) Description of property (Example: 100 sh. XYZ Co.)	(b) Date acquired (Mo., day, yr.)	(c) Date sold or disposed of (Mo., day, yr.)	(d) Proceeds (sales price) (see instructions)	(e) Cost or other basis. See the Note below and see <i>Column (e)</i> in the separate instructions.	Adjustment, if any, to gain or loss If you enter an amount in column (g), enter a code in column (f). See the separate instructions.		(h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g).
						(f) Code(s) from instructions	(g) Amount of adjustment	
	American Wrld GR	12-03-2020	07-10-2023	4,120	4,120	W	13	13
	RUSsell 1000 GRW ETF	10-12-2015	07-10-2023	16,831	6,015			10,816
	American Wrld GR	12-03-2020	07-10-2023	2,830	2,885	W	55	
	Russell 1000 GRW	02-24-2016	07-10-2023	6,789	2,311			4,478
2 Totals.	Add the amounts in columns (d), (e), (g), and (h) (subtract negative amounts). Enter each total here and include on your Schedule D, line 8b (if Box D above is checked), line 9 (if Box E above is checked), or line 10 (if Box F above is checked)			30,570	15,331		68	15,307

Note: If you checked Box D above but the basis reported to the IRS was incorrect, enter in column (e) the basis as reported to the IRS, and enter an adjustment in column (g) to correct the basis. See *Column (g)* in the separate instructions for how to figure the amount of the adjustment.

Form **8879-CORP**
(December 2022)

E-file Authorization for Corporations

For calendar year 2023, or tax year beginning 06-01, 2023, ending 05-29, 20 **24**

Use for efile authorizations for Form 1120, 1120-F or 1120S.

Do not send to the IRS. Keep for your records.

Go to www.irs.gov/Form8879CORP for the latest information.

OMB No. 1545-0123

Department of the Treasury
Internal Revenue Service

Name of corporation

Employer identification number

SHELTER COVE COMPANY

57-0739304

Part I Information (Whole dollars only)

1	Total income (Form 1120, line 11)	1	1,656,484
2	Total income (Form 1120-F, Section II, line 11)	2	
3	Total income (loss) (Form 1120-S, line 6)	3	

Part II Declaration and Signature Authorization of Officer. Be sure to get a copy of the corporation's return.

Under penalties of perjury, I declare that I am an officer of the above corporation and that I have examined a copy of the corporation's electronic income tax 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 amounts in Part I above are the amounts shown on the copy of the corporation's electronic income tax return. I consent to allow my electronic return originator (ERO), transmitter, or intermediate service provider to send the corporation's 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 corporation's 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 corporation's electronic income tax return and, if applicable, the corporation's consent to electronic funds withdrawal.

Officer's PIN: check one box only

I authorize _____ to enter my PIN _____ as my signature
ERO firm name do not enter all zeros
 on the corporation's electronically filed income tax return.

As an officer of the corporation, I will enter my PIN as my signature on the corporation's electronically filed income tax return. **39304**

Officer's signature _____ Date 08-06-2024 Title President

Part III Certification and Authentication

ERO's EFIN/PIN. Enter your six-digit EFIN followed by your five-digit self-selected PIN. 579568 57213
do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the electronically filed income tax return for the corporation indicated above. I confirm that I am submitting this return in accordance with the requirements of **Pub. 3112**, IRS e-file Application and Participation, and **Pub. 4163**, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature Charles E Jernigan CPA Date 08-12-2024

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

For Paperwork Reduction Act Notice, see instructions.

Form **8879-CORP** (12-2022)

Elections

(This page is e-filed with the return. Include it if paper-filing.)

2023 PG01

Name(s) as shown on return

Tax ID Number

SHELTER COVE COMPANY

57-0739304

Section 1.263(a)-3(h) Safe Harbor Election for Small Taxpayers

NAME: SHELTER COVE COMPANY

ADDRESS: PO BOX 6004, Hilton Head Island, SC 29938

SSN/EIN: 57-0739304

ELECTION: The amounts paid for repairs, maintenance, improvements and similar activities performed on the eligible building(s) described below qualify under the safe harbor provided in Reg. Section 1.263(a)-3(h)(1).

DESCRIPTION: Unit 305 Waters Edge

Federal Supporting Statements

2023 PG01

Name(s) as shown on return

Tax ID Number

SHELTER COVE COMPANY

57-0739304

Form 1120 - Line 26 - Other Deductions

Statement #5

Description	Amount
Accounting cost	22,050
Bank charges	1,114
Liability Insurance	37,969
Legal and professional	8,022
Marketing	16,500
Office expense	9,784
Postage/Shipping	829
Printing	487
Security	403,128
Telephone	2,351
Utilities	44,798
Ground and Road Maintenance	259,629
Irrigation Repairs	5,299
Facility Repairs and Maintenance	44,444
Internet Marketing	16,068
Brokerage Management fees	12,833
Property Owner Association fees	10,300
Gate Pass Fees	<u>11,500</u>
Total	<u><u>907,105</u></u>

Schedule L - Line 9

PG01
Statement #9

Description	Beg Of Year	End Of Year
Catastrophic Reserve	761,508	804,393
Capital Project Fund	<u>572,148</u>	<u>660,062</u>
Total	<u><u>1,333,656</u></u>	<u><u>1,464,455</u></u>

Federal Supporting Statements

2023 PG01

Name(s) as shown on return

Tax ID Number

SHELTER COVE COMPANY

57-0739304

Schedule L - Line 18

Statement #11

Description	Beg Of Year	End Of Year
Compliance Deposit	47,204	
Accrued Road Repair	49,000	104,976
Accrued Catastrophic	33,039	66,078
Payroll Taxes	39	1,934
Comm Enhance Funds		<u>178,282</u>
Total	<u>129,282</u>	<u>351,270</u>

1120

Overflow Statement

2023

Page 1

(This page is not filed with the return. It is for your records only.)

Name(s) as shown on return

SHELTER COVE COMPANY

FEIN

57-0739304

1099 Composit

Description	Amount
Catastrophic account 1534 Cap Gain Distribution	\$ 5,511
Capital Project account 3534 Cap Gain Distribution	3,298
Total:	\$ 8,809

Other Deductions - Utilities

Description	Amount
Utilities Electricity	\$ 15,396
Utilities Lights	12,968
Utilities Water	12,796
Internet Service	3,638
Total:	\$ 44,798

Description	Amount
Capital Project Morgan Stanley account 3534	\$ 24,746
Catastrophic Morgan Stanley account 1534	39,302
Total:	\$ 64,048

Estimated Tax Worksheet for Corporations

For calendar year 2024, or tax year beginning 06-01, 2024, and ending 05-29, 2025

2024

(This page is not filed with the return. It is for your records only)

Estimated Tax Computation		SHELTER COVE COMPANY		57-0739304		
1	Taxable income expected for the tax year	1	20,511			
2	Multiply line 1 by the applicable percentage			2	4,307	
3	Tax credits. See instructions			3		
4	Subtract line 3 from line 2			4	4,307	
5	Other taxes. See instructions			5		
6	Total tax. Add lines 4 and 5			6	4,307	
7	Credit for federal tax paid on fuels and other refundable credits. See instructions			7		
8	Subtract line 7 from line 6. Note: If the result is less than \$500, the corporation is not required to make estimated tax payments			8	4,307	
9a	Enter the tax shown on the corporation's 2023 tax return. See instructions. Caution: If the tax is zero or the tax year was for less than 12 months, skip this line and enter the amount from line 8 on line 9b			9a	4,307	
9b	Enter the smaller of line 8 or line 9a. If the corporation is required to skip line 9a, enter the amount from line 8			9b	4,307	
10	Installment due dates. See 1120 instructions		(a)	(b)	(c)	(d)
		10	09-16-2024	11-15-2024	02-18-2025	05-15-2025
11	Required installments. Enter 25% of line 9b in columns (a) through (d).	11	1,077	1,077	1,077	1,077

Summary of Estimates

2024

Name(s) as shown on return

SHELTER COVE COMPANY

Tax ID Number

57-0739304

Federal

Form: 1120

Payment Schedule

Due Date	09-16-2024	11-15-2024	02-18-2025	05-15-2025	Total
Total Installment Amount	1,077	1,077	1,077	1,077	4,308
Overpayment Applied					
Net Installment Due	1,077	1,077	1,077	1,077	4,308

Taxpayer Records

Amount Actually Paid				
Date Paid				
Check #/Confirmation				

Taxes and Licenses Attachment

Note: This information does not transmit to the IRS with e-filed returns.
Including with a paper filed return is optional.

2023

CORPORATION NAME		EIN
SHELTER COVE COMPANY		57-0739304
Taxes and Licenses		Form 1120, line 17 Form 1120-C, line 15 Form 1120-H, line 12
1	State income taxes	1
2	State franchise taxes	2
3	City income taxes	3
4	City franchise taxes	4
5	Real estate taxes	5
6	Local property taxes	6 5,692
7	Intangible property taxes	7
8	Payroll taxes	8 6,424
9	Less: credit from Form 8846	9
10	Foreign taxes paid	10
11	Occupancy taxes	11
12	Other miscellaneous taxes	12
13	Licenses	13
14	Total to Form 1120, Page 1, Line 17	14 12,116

NOL Limitations Worksheet

(This page is not filed with the return. It is for your records only.)

2023

Name(s) as shown on return

Tax ID Number

SHELTER COVE COMPANY

57-0739304

Description	Amount
Taxable Income	31,862
80% Limitation	<u>0.8</u>
Post 2017 NOL allowable	25,490
Taxable Income	31,862
Less: pre-2018 losses	<u>0</u>
Remaining Taxable Income	31,862
Less: post-2017 losses allowed	<u>(11,351)</u>
Taxable Income after NOL deduction	20,511

Dividends Received Deduction Worksheet

Form 1120

(Keep for your records)

2023

Name(s) as shown on return

Tax ID Number

SHELTER COVE COMPANY

57-0739304

Worksheet for Schedule C, line 9

- 1. Refigure Form 1120, page 1, line 28, without any adjustment under section 1059 and without any capital loss carryback to the tax year under section 1212(a)(1) 1. 63,725
- 2. Complete lines 10, 11, 12, and 13, column (c), and enter the total here 2. _____
- 3. Subtract line 2 from line 1 3. 63,725
- 4. Multiply line 3 by 65% (0.65) 4. 41,421
- 5. Add lines 2, 5, 7, and 8, column (c), and the part of the deduction on line 3, column (c), that is attributable to dividends from 20%-or-more-owned corporations 5. _____
- 6. Enter the smaller of line 4 or line 5. If line 5 is greater than line 4, stop here; enter the amount from line 6 on line 9, column (c), and do not complete the rest of this worksheet 6. _____
- 7. Enter the total amount of dividends from 20%-or-more-owned corporations that are included on lines 2, 3, 5, 7, and 8, column (a) 7. _____
- 8. Subtract line 7 from line 3 8. 63,725
- 9. Multiply line 8 by 50% (0.50) 9. 31,863
- 10. Subtract line 5 from line 9, column (c) 10. 32,024
- 11. Enter the smaller of line 9 or line 10 11. 31,863
- 12. **Dividends-received deduction after limitation (sec. 246(b)).** Add lines 6 and 11. Enter the result here and on line 9, column (c) 12. 31,863

* Item is included in UBIA
for Section 199A calculations.
See "UBIA" in lower right corner.

Depreciation Detail Listing

FORM 1120

2023

PAGE 1

(This page is not filed with the return. It is for your records only.)

Name(s) as shown on return

Social security number/EIN

SHELTER COVE COMPANY

57-0739304

No.	Description	Date	Cost	Basis Adjustment	Business percentage	Section 179	Bonus depreciation	Depreciable Basis	Life	Method	Rate	Prior Depreciation	Current Depreciation	Accumulated Depreciation	AMT Current
1	Pavillion Building St	05-30-2018	299,800		100.00			299,800	27.5	SL MM	3.636	60,416	10,901	71,317	
2	Unit 305 Waters Edge	12-03-2015	168,453		100.00			168,453	27.5	SL MM	3.636	24,298		24,298	
3	Furniture and Fixtur	12-05-2015	5,174		100.00			5,174	5		0	5,174		5,174	
4	Seawall Restoration	12-06-2019	355,840		100.00	PY 300,000		55,840	15	150 DB HY	6.93	317,171	3,870	321,041	
5	Lighting Renovations	11-15-2019	187,513		100.00	PY 187,513		0	15	150 DB HY	6.93	187,513		187,513	
6	Road Signage	09-15-2019	29,919		100.00	PY 29,919		0	5	200 DB HY	11.52	29,919		29,919	
7	Phase III Marina Rewo	12-15-2021	785,400		100.00	PY 556,874		228,526	15	150 DB HY	8.55	590,010	19,539	609,549	
Totals			1,832,099					757,793				1,214,501	34,310	1,248,811	

Land Amount
Net Depreciable Cost

1,832,099

PY,074,306

CY 179 and CY Bonus
TOTAL CY Depr including 179/bonus

34,310

ST ADJ:

Next Year's Depreciation Worksheet

(This page is not filed with the return. It is for your records only.)

2023

Name(s) as shown on return

Tax ID Number

SHELTER COVE COMPANY

57-0739304

Form	Multi-Form	Description	Date	Basis	Method	Life	Deduction
1120	1	Pavillion Building Struc	05-30-2018	299,800	SL MM	27.5	10,902
1120	1	Furniture and Fixtures	12-05-2015	5,174		5	
1120	1	Seawall Restoration	12-06-2019	55,840	150 DBHY	15	3,479
1120	1	Lighting Renovations	11-15-2019		150 DBHY	15	
1120	1	Road Signage	09-15-2019		200 DBHY	5	
1120	1	Phase III Marina Rework	12-15-2021	228,526	150 DBHY	15	17,597
		TOTAL					31,978

**Form 1120, Line 29a, NOL Deduction
Form 1120-C, Schedule G, Line 9a, Column (a),
Patronage NOL Deduction**

(This page is not filed with the return. It is for your records only.)

2023

Name(s) as shown on return

Tax ID Number

SHELTER COVE COMPANY

57-0739304

Year	Loss Carryover/ Carryback	Increase of NOL Due to Sec 170(d)(2)(B) Contribution Reduction*	Loss Applied to 2023	Unused Loss	Unused Sec 170(d)(2)(B)
2003					
2004					
2005					
2006					
2007					
2008					
2009					
2010					
2011					
2012					
2013					
2014					
2015					
2016					
2017					
2018					
2019					
2020					
2021	8,618		8,618		
2022	2,733		2,733		
	Current year NOL		Applied to Prior Years	Remaining 2023 NOL carryover	
2023					
	Future years NOL		Applied to 2023		
Future Years					
TOTALS	11,351		11,351	0	0

* A corporation having a net operating loss (NOL) carryover from any taxable year must apply the special rule of §170(d)(2)(B). The rules are designed to prevent a double tax benefit through interaction of NOL and charitable contribution carryovers. The excess charitable deduction can reduce taxable income only once. Under these rules, a corporation's charitable contributions carryover (but not the NOL carryover) must be reduced, to the extent the charitable contribution deduction, in computing the taxable income of an intervening year, would increase the NOL to a succeeding year.

Carryover/Carryforward Worksheet

Form 1120

(This page is not filed with the return. It is for your records only.)

2023

Name(s) as shown on return

Tax ID Number

SHELTER COVE COMPANY

57-0739304

	To Next Year
Form 1120	
Contributions carryover	_____
Net Operating Loss Carryover	_____
Schedule D (Form 1120)	
Unused capital loss carryover	_____
Reserved for future use	_____
Carryover expiring this year	_____
Capital loss carryover to next year	_____
Form 2220	
Tax	<u>4,307</u>
Form 3800	
General business credit carryforward	_____
Form 4562	
Section 179 Carryover	_____
Form 4797	
Nonrecaptured net section 1231 losses from WK_1231C	_____
Reserved for future use	_____
Reserved	
Reserved for future use	_____
Form 8827	
Minimum tax credit carryforward	_____



STATE OF SOUTH CAROLINA
C CORPORATION INCOME TAX RETURN

SC 1120
(Rev.7/14/23)
3091

dor.sc.gov

Due by the 15th day of the fourth month following the close of the taxable year.

Income Tax period ending 05-29-2024
License Fee period ending 05-29-2025
FEIN 57-0739304
Name SHELTER COVE COMPANY
Mailing address PO BOX 6004
City Hilton Head Isla State SC ZIP 29938
Change of Address Accounting Period Officers

County or counties in SC where property is located
Beaufort
Audit location: Street address
23C Shelter Cove Ln
City State ZIP
Hilton Head Islan SC 29928
Audit contact: Name Phone number
Deborah Faragher
Email

Check if you filed a federal or state extension
Check if: Initial Return Consolidated Return (Complete Schedule M)
Amended Return Includes Disregarded LLC(s) (Complete Schedule L)
Check if: Merged Reorganized Final
Total gross receipts 1,537,349
Total cost of depreciable personal property in SC 1,832,099

Is the corporation included in a consolidated federal return?
Yes No
Name of federal parent company
FEIN of federal parent company
Attach complete copy of federal return

PART I COMPUTATION OF INCOME TAX LIABILITY

Table with 3 columns: Line number, Description, Amount. Includes rows for Federal taxable income, net adjustment, total net income, tax, and final balance due of 1,626.00.



PART II
COMPUTATION OF LICENSE FEE

20. Total capital and paid in surplus (multi-state corporations, see Schedule E)	▶ 20.	0	00
21. License Fee: multiply line 20 by .001 then add \$15 (Fee cannot be less than \$25 per taxpayer)	▶ 21.	0	00
22. Credit taken this year from SC1120TC, Part II, Column C	▶ 22.	< 0	00 >
23. Balance (subtract line 22 from line 21)	▶ 23.	0	00
24. Payments: (a) Paid with extension	▶ 24a.		00
(b) Credit from line 19b	▶ 24b.		00
25. Total payments (add line 24a and line 24b)	▶ 25.	0	00
26. Balance of License Fee (subtract line 25 from line 23)	▶ 26.	0	00
27. (a) Interest <input type="text" value="00"/> (b) Late file/pay penalty <input type="text" value="00"/>	▶ 27.		00
Total (add line 27a and line 27b) See penalty and interest in SC1120 Instructions	▶ 27.		00
28. Total License Fee, interest, and penalty (add line 26 and line 27)	▶ 28.	0	00
29. Overpayment (subtract line 23 from line 25) <input type="text" value="00"/> To be applied as follows:			
(a) Estimated Tax <input type="text" value="00"/> (b) Income Tax <input type="text" value="00"/> (c) REFUND <input type="text" value="00"/>			
30. GRAND TOTAL: INCOME TAX and LICENSE FEE DUE (add line 18 and line 28)	▶ 30.	1,626	00

REFUND OPTIONS (select one; subject to program limitations) Direct Deposit Paper Check

If you select Direct Deposit, choose the account type (US accounts only) Checking Savings

Account Routing Must be 9 digits. First two numbers of the RTN must be 01 - 12 or 21 - 32 Bank Account 1-17 digits Number (RTN) Number (BAN)

SCHEDULE A AND B ADDITIONS TO FEDERAL TAXABLE INCOME

1. Taxes on or measured by income	1.	0
2. Federal net operating loss	2.	11,351
3.	3.	
4.	4.	
5. Other additions (attach schedule)	5.	
6. Total additions (add line 1 through line 5)	6.	11,351

DEDUCTIONS FROM FEDERAL TAXABLE INCOME

7. Interest on US obligations	7.	0
8.	8.	
9.	9.	
10. Other deductions (attach schedule)	10.	
11. Total deductions (add line 7 through line 10)	11.	0
12. Net adjustment (subtract line 11 from line 6) Also enter on SC1120, Part I, line 2	12.	11,351

SCHEDULE C SUMMARY OF INCOME TAX CREDITS (FROM SC1120TC)

1. Credit carryover from previous year's SC1120, Schedule C (should match SC1120TC Column A, line 13)	1.	0
2. Enter total credits from SC1120TC, Column B, line 13 (attach SC1120TC and tax credit schedules)	2.	0
3. Total credits (add line 1 and line 2)	3.	0
4. Tax from SC1120, Part I, line 9	4.	0
5. Lesser of line 3 or line 4 (enter on SC1120, Part I, line 10; should match SC1120TC, Column C, line 13)	5.	0
6. Enter credits lost due to statute (should match SC1120TC, Column D, line 13)	6.	0
7. Credit carryover (subtract line 5 and line 6 from line 3; should match SC1120TC, Column E, line 13)	7.	0

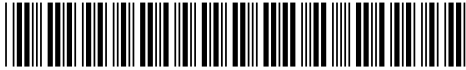
Under penalty of law, I certify that I have examined this return, including accompanying annual report, statements, and schedules, and it is true and complete to the best of my knowledge.

Sign Here	Signature of officer	President	Officer's title	Email
	Alfred Nelson	08-12-2024	Date	Phone number
Paid Preparer's Use Only	Preparer's signature	08-12-2024	Date	Preparer's phone number
	Firm's name (or yours if self-employed) and address	CE JERNIGAN CPA	PTIN or FEIN	81-4276440
		PO BOX 6674 Hilton Head SC	ZIP	29938

If this is a corporation's final return, signing here authorizes the SCDOR to disclose that information to the South Carolina Secretary of State (SCSOS). You must close with the SCSOS and the SCDOR.

Taxpayer's signature
30912083

Date



SCHEDULE D ANNUAL REPORT TO BE COMPLETED BY ALL CORPORATIONS

- 1. Name SHELTER COVE COMPANY
- 2. Incorporated under the laws of the state of SC
- 3. Location of the registered office of the corporation in South Carolina PO BOX 6004
In the city of Hilton Head Island Registered agent at this address Walter Nester
- 4. Principal office address PO BOX 6004 Hilton Head Island SC 2
Nature of principal business in South Carolina Home Owners Association

5. Total number of **authorized shares** of capital stock, itemized by class and series, if any, within each class:

Number of shares	Class	Series
	<u>COMMON</u>	<u>0</u>

6. Total number of **issued and outstanding shares** of capital stock itemized by class and series, if any, within each class:

Number of shares	Class	Series
	<u>COMMON</u>	<u>0</u>

7. Names and business addresses of the directors (or individuals functioning as directors) and principal officers in the corporation:
Attach separate schedules if you need more space.
- | Name | Title | Business address |
|--|-------|------------------|
| <u>Officers and Directors; President; 19 SHelter Cove Ln Suite 305; Hilton Hea</u> | | |
| <u>are elected annually; Vice Pres; 19 Shelter Cove Ln Suite 305; Hilton Head</u> | | |

- 8. Date incorporated 02-19-1982 Date commenced business in South Carolina 02-19-1982
- 9. Date of this report 08-12-2024 FEIN 57-0739304
- 10. If foreign corporation, the date qualified to do business in South Carolina _____
- 11. Was the name of the corporation changed during the year? NO Previous name _____
- 12. The corporation's books are in the care of % Deborah Faragher
Located at (street address) PO Box 6004
- 13. If filing consolidated, complete and attach Schedule J for each corporation included in the consolidation.
- 14. Total amount of stated capital per balance sheet:
 - A. Total paid in capital stock (cannot be a negative amount) \$ _____
 - B. Total paid in capital surplus (cannot be a negative amount) \$ _____
 - C. Total amount of stated capital (cannot be a negative amount) \$ _____

Attach a complete copy of your federal return.

File electronically using Modernized Electronic Filing (MeF). **It's the fastest and easiest way to complete your return!**
Learn more at dor.sc.gov/biz-services.

Getting a refund? **Choose Direct Deposit! It's fast, accurate, and secure!**

Have a balance due? **Pay online! It's quick and easy!** Use our free online tax portal, MyDORWAY, at dor.sc.gov/pay.
Select **Business Income Tax Payment** to get started.

If you pay by check, make your check payable to SCDOR, and include your name, FEIN, tax year, and SC1120 in the memo. **Do not send cash.**

Mail Balance Due returns to:
SCDOR
Corporate Taxable
PO Box 100151
Columbia, SC 29202

Mail Refund or Zero Tax returns to:
SCDOR
Corporate Refund
PO Box 125
Columbia, SC 29214-0032



Only multi-state corporations must complete Schedules E, F, G, and H

SCHEDULE E COMPUTATION OF LICENSE FEE OF MULTI-STATE CORPORATIONS

1. Total capital and paid in surplus at end of year	\$	0
2. SC proportion (multiply line 1 by the ratio from Schedule H-1, H-2, or H-3, as appropriate) Also enter on SC1120, line 20.	\$	0

SCHEDULE F INCOME SUBJECT TO DIRECT ALLOCATION

	Gross Amounts 1	Less: Related Expenses 2	Net Amounts Allocated Directly to SC and Other States 3	Net Amounts Allocated Directly to SC 4
1. Interest not connected with business				
2. Dividends received				
3. Rents				
4. Gains/losses on real property				
5. Gains/losses on intangible personal property				
6. Investment income directly allocated				
7. Total income directly allocated				
8. Income directly allocated to SC				

SCHEDULE G COMPUTATION OF TAXABLE INCOME OF MULTI-STATE CORPORATIONS

1. Total net income as reconciled from SC1120, page 1, line 3	1.	
2. Income subject to direct allocation to SC and other states from Schedule F, line 7	2.	
3. Total net income subject to apportionment (subtract line 2 from line 1)	3.	
4. Multiply line 3 by appropriate ratio from Schedule H-1, H-2, or H-3	4.	
5. Income subject to direct allocation to SC from Schedule F, line 8	5.	
6. Total SC net income (add line 4 and line 5) Also enter on SC1120, page 1, line 4	6.	

SCHEDULE H-1 COMPUTATION OF SALES RATIO

	Amount	Ratio
1. Total sales within South Carolina (see instructions)		
2. Total sales everywhere (see instructions)		
3. Sales ratio (line 1 divided by line 2)		%

If there are no sales anywhere: Enter 100% on line 3 if South Carolina is the principal place of business.
Enter 0% on line 3 if principal place of business is outside South Carolina.

SCHEDULE H-2 COMPUTATION OF GROSS RECEIPTS RATIO

	Amount	Ratio
1. South Carolina gross receipts		
2. Amounts allocated to South Carolina on Schedule F	< >	
3. South Carolina adjusted gross receipts (subtract line 2 from line 1)		
4. Total gross receipts		
5. Total amounts allocated on Schedule F	< >	
6. Total adjusted gross receipts (subtract line 5 from line 4)		
7. Gross receipts ratio (line 3 divided by line 6)		%

SCHEDULE H-3 COMPUTATION OF RATIO FOR SECTION 12-6-2310 COMPANIES

	Amount	Ratio
1. Total within South Carolina (see instructions)		
2. Total everywhere		
3. Taxable ratio (line 1 divided by line 2)		%



SCHEDULE I **RESERVED**
SCHEDULE J **CORPORATIONS INCLUDED IN CONSOLIDATED RETURN**
AFFILIATED CORPORATION NO.

1. Name _____
2. Incorporated under the laws of the state of _____
3. Location of the registered office of the corporation in South Carolina _____
 In the city of _____ Registered agent at this address _____
4. Principal office address _____
 Nature of principal business in South Carolina _____
5. Total number of **authorized shares** of capital stock, itemized by class and series, if any, within each class:

Number of shares	Class	Series

6. Total number of **issued and outstanding shares** of capital stock itemized by class and series, if any, within each class:
- | Number of shares | Class | Series |
|------------------|-------|--------|
| | | |

7. Names and business addresses of the directors (or individuals functioning as directors) and principal officers in the corporation:
 Attach separate schedules if you need more space.
- | Name | Title | Business address |
|------|-------|------------------|
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |

8. Date incorporated _____ Date commenced business in South Carolina _____
9. Date of this report _____ FEIN _____ SC file # _____
10. If foreign corporation, the date qualified to do business in South Carolina _____
11. Was the name of the corporation changed during the year? _____ Previous name _____
12. The corporation's books are in the care of _____
 Located at (street address) _____
13. Corporate mailing address _____
14. Total amount of stated capital per balance sheet:

A. Total paid in capital stock (cannot be a negative amount)	\$ _____
B. Total paid in capital surplus (cannot be a negative amount)	\$ _____
C. Total amount of stated capital (cannot be a negative amount)	\$ _____

For additional affiliated corporations, include additional Schedule Js as needed.



SCHEDULE L DISREGARDED LLCs INCLUDED IN RETURN

List each disregarded Limited Liability Company (LLC) doing business in South Carolina or registered with the SCSOS.

Name	FEIN/SC File #
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Include additional Schedule Ls as needed.



SCHEDULE M CONSOLIDATED RETURN AFFILIATIONS SCHEDULE

Include additional Schedule Ms as needed. Include only corporations doing business in South Carolina.

Part 1 General Information

Is the common parent corporation included in the return? Yes No

If no, enter name and FEIN of common parent corporation.

Name	FEIN
Name of each corporation included in this consolidated return	FEIN
Corporation 1	
Corporation 2	
Corporation 3	
Corporation 4	
Corporation 5	
Corporation 6	
Corporation 7	
Corporation 8	

Part 2 Income Tax Information

	Federal Taxable Income	Amounts Directly Allocated	Amounts Allocated to SC	SC Adjustments	SC NOL Prior Year Carryovers
Corporation 1	\$	\$	\$	\$	\$
Corporation 2					
Corporation 3					
Corporation 4					
Corporation 5					
Corporation 6					
Corporation 7					
Corporation 8					
Total					
	Equals page 1, line 1	Equals Sch. F, line 7	Equals Sch. F, line 8	Equals page 1, line 2	Equals page 1, line 5

Part 3 License Fee, Allocation, and Apportionment Information

	Tax Credited on Return	Total Capital and Paid in Surplus	Apportionment Percentage	License Fee
Corporation 1	\$	\$	%	\$
Corporation 2				
Corporation 3				
Corporation 4				
Corporation 5				
Corporation 6				
Corporation 7				
Corporation 8				
Total				
	Equals page 1, line 15	Equals page 2, line 20	From Schedule H	Equals page 2, line 21

1024

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STATE OF SOUTH CAROLINA
DEPARTMENT OF REVENUE

CORPORATE INCOME TAX PAYMENT VOUCHER

SC1120-V

(Rev. 5/4/22)
3416

Pay online using our free tax portal, MyDORWAY, at dor.sc.gov/pay. Select **Business Income Tax Payment** to get started. Do not mail a paper copy of the SC1120-V if you pay online.

- If you owe \$15,000 or more in connection with any SCDOR return, you must file and pay electronically according to SC Code Section 12-54-250.
- If you file by paper, use only black ink on the SC1120-V and on your check.
- Enter your Federal Employer Identification Number (FEIN), name, and address.
- Enter the Income Tax period ending in the MM-YY format.
- Enter your payment amount in whole dollars without a dollar sign (example: 154.00).
- Your payment amount should match the balance due on your Corporate Tax Return.
- If the total tax due is not paid in full by the original due date, penalty and interest will result until the return is filed and the full amount of tax is paid.
- If you filed your Corporate Tax Return electronically with a balance due, **do not** include a paper copy of your return when you mail your SC1120-V.
- If you file your Corporate Tax Return by paper and have a balance due, submit your payment with the return. **Do not** mail your payment separately with the SC1120-V.
- Make your check payable to SCDOR. Include your name, FEIN, tax year, and SC1120-V in the memo line of the check. **Do not send cash.**
- Mail your SC1120-V and payment in one envelope.

Mail your SC1120-V and payment to: SCDOR, Corporate Voucher, PO Box 100153, Columbia, SC 29202

— cut along dotted line —

1024

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SC DEPARTMENT OF REVENUE
CORPORATE INCOME TAX PAYMENT VOUCHER

SC1120-V

(Rev. 5/4/22)
3416

Pay online! It's quick and easy! Use our free online tax portal, MyDORWAY, at dor.sc.gov/pay.

FEIN ▶57-0739304	Income Tax period ending (MM-YY) ▶05-24	Payment amount ▶ <u>1,626.00</u>
Name and address of corporation SHELTER COVE COMPANY PO BOX 6004 Hilton Head Island SC 29938		

Do not send cash. Make your check payable to SCDOR and include your name, FEIN, tax year, and SC1120-V in the memo.

34161034 570739304 0524 00000162600

UNDERPAYMENT OF ESTIMATED TAX
BY CORPORATIONS

2023

dor.sc.gov

Name SHELTER COVE COMPANY	FEIN 57-0739304
------------------------------	--------------------

Part I Required annual payment	
1. Total tax (line 11, of the SC1120; or comparable line for other Income Tax returns) If the result is less than \$100, do not complete this form. You do not owe a penalty	1 1,593
2. Enter the tax from the corporation's 2022 Income Tax return (see instructions) If the tax is zero or the tax year was for less than 12 months, skip this line	2
3. Enter the lesser of line 1 or line 2. If the corporation is required to skip line 2, enter the amount from line 1	3 1,593

Part II Reasons for filing

Check the boxes below that apply. If any box is checked, the corporation **must** file the SC2220 with the corporation's tax return, even if no penalty is due. If the box on line 4 or line 5 applies, the corporation may be able to lower or eliminate the penalty.

- 4. The corporation is using the adjusted seasonal installment method.
- 5. The corporation is using the annualized income installment method.
- 6. The corporation is a **large corporation** calculating its first required installment based on the prior year's tax.

Part III Calculating your underpayment

	A	B	C	D
7. Installment due dates: Enter in columns A through D the 15th day of the 4th, 6th, 9th, and 12th months of the corporation's tax year	7 09-15-2023	11-15-2023	02-15-2024	05-15-2024
8. Required installments: If you checked the boxes on line 4, line 5, or line 6, see the instructions for the amount to enter in each column. If none of these boxes are checked, enter 25% of line 3 in each column	8 398	398	398	399
9. Estimated Tax paid or credited for each period: For column A only, enter the amount from line 9 on line 13	9			
Complete line 10 through line 16 of one column before going to line 10 of the next column.				
10. Enter amount from line 16 of the previous column	10			
11. Add line 9 and line 10	11			
12. Add amounts on line 14 and line 15 of the previous column	12	398	796	1,194
13. Subtract line 12 from line 11. If zero or less, enter 0	13			
14. If the amount on line 13 is zero, subtract line 11 from line 12. Otherwise, enter 0	14	398	796	
15. Underpayment: If line 13 is less than or equal to line 8, subtract line 13 from line 8	15 398	398	398	399
16. Overpayment. If line 8 is less than line 13, subtract line 8 from line 13. Enter here and on line 10 of the next column	16			

If there are amounts on line 15 in any column, go to Part IV on page 2 to calculate the penalty.

Part IV		Calculating the penalty				
		(a)	(b)	(c)	(d)	
17.	Enter the date of payment or the 15th day of the 4th month after the close of the tax year, whichever is earlier. (SC1120S filers: use the 3rd month. SC 990-T filers: use the 5th month.)	17	09-15-2024	09-15-2024	09-15-2024	09-15-2024
18.	Number of days from due date of installment on line 7 to the date on line 17	18	366	305	213	123
19.	Number of days on line 18 after 4/15/23 and before 7/1/23	19				
20.	Underpayment on line 15 x $\frac{\text{Number of days on line 19}}{365}$ x 7%	20	\$	\$	\$	\$
21.	Number of days on line 18 after 6/30/23 and before 10/1/23	21	15			
22.	Underpayment on line 15 x $\frac{\text{Number of days on line 21}}{365}$ x 7%	22	\$ 1	\$	\$	\$
23.	Number of days on line 18 after 9/30/23 and before 1/1/24	23	92	46		
24.	Underpayment on line 15 x $\frac{\text{Number of days on line 23}}{365}$ x 8%	24	\$ 8	\$ 4	\$	\$
25.	Number of days on line 18 after 12/31/23 and before 4/1/24	25	92	92	46	
26.	Underpayment on line 15 x $\frac{\text{Number of days on line 25}}{366}$ x 8%	26	\$ 8	\$ 8	\$ 4	\$
27.	Number of days on line 18 after 3/31/24 and before 7/1/24	27	91	91	91	46
28.	Underpayment on line 15 x $\frac{\text{Number of days on line 27}}{366}$ x *%	28	\$	\$	\$	\$
29.	Number of days on line 18 after 6/30/24 and before 10/1/24	29	77	77	77	77
30.	Underpayment on line 15 x $\frac{\text{Number of days on line 29}}{366}$ x *%	30	\$	\$	\$	\$
31.	Number of days on line 18 after 9/30/24 and before 1/1/25	31				
32.	Underpayment on line 15 x $\frac{\text{Number of days on line 31}}{366}$ x *%	32	\$	\$	\$	\$
33.	Number of days on line 18 after 12/31/24 and before 3/16/25	33				
34.	Underpayment on line 15 x $\frac{\text{Number of days on line 33}}{365}$ x *%	34	\$	\$	\$	\$
35.	Add lines 20, 22, 24, 26, 28, 30, 32, and 34	35	\$ 17	\$ 12	\$ 4	\$
36.	Penalty: Add columns (a) through (d), of line 35. Enter the total here and on line 17 of the SC1120, or the comparable line for other Income Tax returns	36	\$			33

* Use the penalty interest rate for each calendar quarter. The SCDOR will determine these rates during the first month in the preceding quarter. These rates are published quarterly in Information Letters, available at dor.sc.gov/policy.

Depreciation and Amortization
(Including Information on Listed Property)

State **SC**

▶ See separate instructions. ▶ Keep for your records.

Name(s) shown on return SHELTER COVE COMPANY	Business or activity to which this form relates FORM 1120	Identifying number 57-0739304
--	---	---

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	
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	
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	
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	
10 Carryover of disallowed deduction from line 13 of your 2022 Form 990	10	
11 Business income limitation. Enter the smaller of business income (not less than zero) or line 5. See instructions	11	
12 Section 179 expense deduction. Add lines 9 and 10, but don't enter more than line 11	12	
13 Carryover of disallowed deduction to 2024. Add lines 9 and 10, less line 12	13	

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

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	34,310
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	
				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	34,310
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.

STATE OF SOUTH CAROLINA
DEPARTMENT OF REVENUE
CORPORATE INCOME TAX
DECLARATION FOR ELECTRONIC FILING

SC8453C
(Rev. 8/3/21)
3415

dor.sc.gov

Name of corporation: SHELTER COVE COMPANY
Mailing address: PO BOX 6004
City: Hilton Head Island, State: SC, ZIP: 29938
FEIN: 57-0739304
Phone number:
Tax Year: 2023

Part I Information from your Corporation Income Tax Return
Table with 3 rows: 1. Federal taxable income from SC 1120 (line 1) or SC1120S (line 1) = 20,511.00; 2. Tax (SC1120, line 7 or SC1120S, line 10) = 1,593.00; 3. Total payments and refundable credits (SC1120, line 15 or SC1120S, line 14) = 00.

Part II Bank information for Refund or Balance Due
4. Routing number (RTN) [grid] Must be 9 digits. The first two numbers of the RTN must be 01 through 12 or 21 through 32.
5. Bank account number (BAN) [grid] 1-17 digits
6. Type of account: [] Checking [] Savings
7. Payment Withdrawal Date _____ Payment Withdrawal Amount \$ _____

Part III Declaration of Taxpayer/Corporation Officer
8. [] a. I consent for my refund to be directly deposited as designated in Part II. I declare that the information on line 1 through line 3 is correct.
[] b. I authorize the South Carolina Department of Revenue (SCDOR) and its designated agents to initiate an ACH Debit request to my bank account, provided in Part II, for payment of the South Carolina taxes I owe. I authorize my bank to debit my account for the requested funds and consent to the sharing of financial information between institutions for the purpose of resolving issues related to my payment.

If the SCDOR does not receive full and timely payment of the tax liability, I understand that I am responsible for the balance due, including all penalties and interest.
I declare that I am an officer of the corporation listed above. I have compared the information on the corporate return with the information I provided to my ERO. To the best of my knowledge, this return and all attachments are true, correct, and complete. I consent to allow my ERO to send my return to the IRS and the IRS to send my return to the SCDOR.

Sign Here
Signature: _____ Date: 08-12-2024
Title: President
Paid Preparer Authorization: [] Check here if the SCDOR may discuss the return with the preparer shown below.

Part IV Declaration of Electronic Return Originator (ERO) and Paid Preparer

I declare that I have reviewed the above corporation's return and to the best of my knowledge and belief, the information on this South Carolina Corporate Income Tax Return is true, correct, and complete.
I obtained the corporate officer's signature on the SC8453C before submitting the Corporate Income Tax return to the SCDOR. I provided the taxpayer with a copy of all forms and information to be filed with the IRS and the SCDOR, and have followed all requirements specified by the IRS and the SCDOR. If I am the preparer, I declare that I have examined the above taxpayer's return and accompanying schedules and statements, and to the best of my knowledge, they are true and complete. This declaration is based on all information of which I have knowledge.

ERO's Use Only
ERO signature: _____ Date: 08-12-2024 Check if also paid preparer: [X] Check if self-employed: [] PTIN: P00932839
Firm name (or yours if self-employed), and address, ZIP: CE JERNIGAN CPA, Hilton Head Island SC 29938
FEIN: 81-4276440
Phone: 843-290-0083

Paid Preparer's Use Only
Preparer signature: _____ Date: _____ Check if self-employed: [] PTIN: _____
Firm name (or yours if self-employed), and address, ZIP: _____
FEIN: _____
Phone: _____

SCEF_ACK

**Acknowledgement and General Information for
Taxpayers Who File Returns Electronically**

2023

Name(s) as shown on return

SHELTER COVE COMPANY

Identification Number

** - ***9304

Address

PO BOX 6004

Hilton Head Island, SC 29938

Thank you for participating in e-file.

- Your 2023 state income tax return for SC1120 was filed electronically.
The electronic filing services were provided by CE JERNIGAN CPA.
- Your return was accepted on _____ using a Personal Identification Number (PIN) as your electronic signature. You entered a PIN or authorized the Electronic Return Originator (ERO) to enter or generate a PIN for you.
The submission ID assigned to this return is _____.

**PLEASE DO NOT SEND A PAPER COPY OF THE TAX RETURN TO THE
STATE. IF YOU DO, IT WILL DELAY THE PROCESSING OF THE RETURN.**

- A Check if:**
- 1a** Consolidated return (attach Form 851)
 - b** Life/nonlife consolidated return
 - 2** Personal holding co. (attach Sch. PH)
 - 3** Personal service corp. (see instructions)
 - 4** Schedule M-3 attached

TYPE OR PRINT	Name SHELTER COVE COMPANY
	Number, street, and room or suite no. If a P.O. box, see instructions. PO BOX 6004
	City or town, state or province, country and ZIP or foreign postal code Hilton Head Island SC 29938

B Employer identification number 57-0739304
C Date incorporated 02-19-1982
D Total assets (see instructions) \$ 2,435,987

E Check if: (1) Initial return (2) Final return (3) Name change (4) Address change

Income	1a	Gross receipts or sales.	1a	1,537,349		
	b	Returns and allowances	1b			
	c	Balance. Subtract line 1b from line 1a	1c		1,537,349	
	2	Cost of goods sold (attach Form 1125-A)	2			
	3	Gross profit. Subtract line 2 from line 1c	3		1,537,349	
	4	Dividends and inclusions (Schedule C, line 23)	4		64,048	
	5	Interest	5		30,971	
	6	Gross rents	6			
	7	Gross royalties	7			
	8	Capital gain net income (attach Schedule D (Form 1120))	8		24,116	
	9	Net gain or (loss) from Form 4797, Part II, line 17 (attach Form 4797)	9			
10	Other income (see instructions - attach statement)	10				
11	Total income. Add lines 3 through 10	11		1,656,484		
Deductions (See instructions for limitations on deductions.)	12	Compensation of officers (see instructions - attach Form 1125-E)	12			
	13	Salaries and wages (less employment credits)	13		67,896	
	14	Repairs and maintenance	14		571,332	
	15	Bad debts	15			
	16	Rents	16			
	17	Taxes and licenses Wks. Tax/Lic	17		12,116	
	18	Interest (see instructions)	18			
	19	Charitable contributions	19			
	20	Depreciation from Form 4562 not claimed on Form 1125-A or elsewhere on return (attach Form 4562)	20		34,310	
	21	Depletion	21			
	22	Advertising	22			
	23	Pension, profit-sharing, etc., plans	23			
	24	Employee benefit programs	24			
	25	Energy efficient commercial buildings deduction (attach Form 7205)	25			
	26	Other deductions (attach statement) Statement #5.	26		907,105	
	27	Total deductions. Add lines 12 through 26	27		1,592,759	
	28	Taxable income before net operating loss deduction and special deductions. Subtract line 27 from line 11	28		63,725	
29a	Net operating loss deduction (see instructions)	29a		11,351		
	b	Special deductions (Schedule C, line 24)	29b	31,863		
		c Add lines 29a and 29b	29c		43,214	
Tax, Refundable Credits, & Payments	30	Taxable income. Subtract line 29c from line 28. See instructions	30		20,511	
	31	Total tax (Schedule J, Part I, line 11)	31		4,307	
	32	Reserved for future use	32			
	33	Total payments and credits (Schedule J, Part III, line 23)	33			
	34	Estimated tax penalty. See instructions. Check if Form 2220 is attached <input type="checkbox"/>	34			
	35	Amount owed. If line 33 is smaller than the total of lines 31 and 34, enter amount owed	35		4,307	
	36	Overpayment. If line 33 is larger than the total of lines 31 and 34, enter amount overpaid	36			
37	Enter amount from line 36 you want: Credited to 2024 estimated tax Refunded	37				

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

Alfred Nelson		President
Signature of officer	Date	Title

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

Paid Preparer Use Only	Print/Type preparer's name Charles E Jernigan CPA	Preparer's signature Charles E Jernigan CPA	Date 08-12-2024	Check <input type="checkbox"/> if self-employed	PTIN P00932839
	Firm's name CE JERNIGAN CPA	Firm's EIN 81-4276440			Phone no.
	Firm's address PO BOX 6674	Firm's address Hilton Head Island SC 29938			Phone no. (843)290-0083

Schedule C Dividends, Inclusions, and Special Deductions (see instructions)		(a) Dividends and inclusions	(b) %	(c) Special deductions (a) x (b)
1	Dividends from less-than-20%-owned domestic corporations (other than debt-financed stock)	64,048	50	32,024
2	Dividends from 20%-or-more-owned domestic corporations (other than debt-financed stock)		65	
3	Dividends on certain debt-financed stock of domestic and foreign corporations		See instructions	
4	Dividends on certain preferred stock of less-than-20%-owned public utilities		23.3	
5	Dividends on certain preferred stock of 20%-or-more-owned public utilities		26.7	
6	Dividends from less-than-20%-owned foreign corporations and certain FSCs		50	
7	Dividends from 20%-or-more-owned foreign corporations and certain FSCs		65	
8	Dividends from wholly owned foreign subsidiaries		100	
9	Subtotal. Add lines 1 through 8. See instructions for limitations	64,048	See instructions	31,863
10	Dividends from domestic corporations received by a small business investment company operating under the Small Business Investment Act of 1958		100	
11	Dividends from affiliated group members		100	
12	Dividends from certain FSCs		100	
13	Foreign-source portion of dividends received from a specified 10%-owned foreign corporation (excluding hybrid dividends) (see instructions)		100	
14	Dividends from foreign corporations not included on line 3, 6, 7, 8, 11, 12, or 13 (including any hybrid dividends)			
15	Reserved for future use			
16a	Subpart F inclusions derived from the sale by a controlled foreign corporation (CFC) of the stock of a lower-tier foreign corporation treated as a dividend (attach Form(s) 5471) (see instructions)		100	
b	Subpart F inclusions derived from hybrid dividends of tiered corporations (attach Form(s) 5471) (see instructions)			
c	Other inclusions from CFCs under subpart F not included on line 16a, 16b, or 17 (attach Form(s) 5471) (see instructions)			
17	Global Intangible Low-Taxed Income (GILTI) (attach Form(s) 5471 and Form 8992)			
18	Gross-up for foreign taxes deemed paid			
19	IC-DISC and former DISC dividends not included on line 1, 2, or 3			
20	Other dividends			
21	Deduction for dividends paid on certain preferred stock of public utilities			
22	Section 250 deduction (attach Form 8993)			
23	Total dividends and inclusions. Add column (a), lines 9 through 20. Enter here and on page 1, line 4	64,048		
24	Total special deductions. Add column (c), lines 9 through 22. Enter here and on page 1, line 29b			31,863

Schedule J Tax Computation and Payment (see instructions)

Part I - Tax Computation

1	Income tax. See instructions		1	4,307
2	Base erosion minimum tax amount (attach Form 8991)		2	
3	Corporate alternative minimum tax from Form 4626, Part II, line 13 (attach Form 4626)		3	
4	Add lines 1, 2, and 3		4	4,307
5a	Foreign tax credit (attach Form 1118)	5a		0
b	Credit from Form 8834 (see instructions)	5b		
c	General business credit (see instructions - attach Form 3800)	5c		
d	Credit for prior year minimum tax (attach Form 8827)	5d		
e	Bond credits from Form 8912	5e		
6	Total credits. Add lines 5a through 5e.		6	
7	Subtract line 6 from line 4		7	4,307
8	Personal holding company tax (attach Schedule PH (Form 1120))		8	0
9a	Recapture of investment credit (attach Form 4255)	9a		
b	Recapture of low-income housing credit (attach Form 8611)	9b		
c	Interest due under the look-back method - completed long-term contracts (attach Form 8697)	9c		
d	Interest due under the look-back method - income forecast method (attach Form 8866)	9d		
e	Alternative tax on qualifying shipping activities (attach Form 8902)	9e		
f	Interest/tax due under section 453A(c)	9f		
g	Interest/tax due under section 453(l)	9g		
z	Other (see instructions - attach statement)	9z		
10	Total. Add lines 9a through 9z.		10	
11	Total tax. Add lines 7, 8, and 10. Enter here and on page 1, line 31.		11	4,307

Part II - Payments and Refundable Credits

12	Reserved for future use		12	
13	Preceding year's overpayment credited to the current year		13	
14	Current year's estimated tax payments		14	
15	Current year's refund applied for on Form 4466		15	()
16	Combine lines 13, 14, and 15		16	
17	Tax deposited with Form 7004		17	
18	Withholding (see instructions)		18	
19	Total payments. Add lines 16, 17, and 18.		19	
20	Refundable credits from:			
a	Form 2439	20a		
b	Form 4136	20b		
c	Reserved for future use	20c		
z	Other (attach statement - see instructions)	20z		
21	Total credits. Add lines 20a through 20z.		21	
22	Elective payment election amount from Form 3800		22	
23	Total payments and credits. Add lines 19, 21, and 22. Enter here and on page 1, line 33		23	

Schedule K Other Information (see instructions)

1 Check accounting method: a [] Cash b [X] Accrual c [] Other (specify)
2 See the instructions and enter the:
a Business activity code no. 531310
b Business activity Home Owners Association
c Product or service Home Owners Association
3 Is the corporation a subsidiary in an affiliated group or a parent-subsiary controlled group? X
4 At the end of the tax year:
a Did any foreign or domestic corporation, partnership (including any entity treated as a partnership), trust, or tax-exempt organization own directly 20% or more, or own, directly or indirectly, 50% or more of the total voting power of all classes of the corporation's stock entitled to vote? If "Yes," complete Part I of Schedule G (Form 1120) (attach Schedule G) X
b Did any individual or estate own directly 20% or more, or own, directly or indirectly, 50% or more of the total voting power of all classes of the corporation's stock entitled to vote? If "Yes," complete Part II of Schedule G (Form 1120) (attach Schedule G) X
5 At the end of the tax year, did the corporation:
a Own directly 20% or more, or own, directly or indirectly, 50% or more of the total voting power of all classes of stock entitled to vote of any foreign or domestic corporation not included on Form 851, Affiliations Schedule? For rules of constructive ownership, see instructions X
If "Yes," complete (i) through (iv) below.

Table with 4 columns: (i) Name of Corporation, (ii) Employer Identification Number (if any), (iii) Country of Incorporation, (iv) Percentage Owned in Voting Stock

b Own directly an interest of 20% or more, or own, directly or indirectly, an interest of 50% or more in any foreign or domestic partnership (including an entity treated as a partnership) or in the beneficial interest of a trust? For rules of constructive ownership, see instructions X
If "Yes," complete (i) through (iv) below.

Table with 4 columns: (i) Name of Entity, (ii) Employer Identification Number (if any), (iii) Country of Organization, (iv) Maximum Percentage Owned in Profit, Loss, or Capital

6 During this tax year, did the corporation pay dividends (other than stock dividends and distributions in exchange for stock) in excess of the corporation's current and accumulated earnings and profits? See sections 301 and 316. X
If "Yes," file Form 5452, Corporate Report of Nondividend Distributions. See the instructions for Form 5452.
If this is a consolidated return, answer here for the parent corporation and on Form 851 for each subsidiary.

7 At any time during the tax year, did one foreign person own, directly or indirectly, at least 25% of the total voting power of all classes of the corporation's stock entitled to vote or at least 25% of the total value of all classes of the corporation's stock? X
For rules of attribution, see section 318. If "Yes," enter:

(a) Percentage owned _____ and (b) Owner's country _____
(c) The corporation may have to file Form 5472, Information Return of a 25% Foreign-Owned U.S. Corporation or a Foreign Corporation Engaged in a U.S. Trade or Business. Enter the number of Forms 5472 attached 0

8 Check this box if the corporation issued publicly offered debt instruments with original issue discount []
If checked, the corporation may have to file Form 8281, Information Return for Publicly Offered Original Issue Discount Instruments.

9 Enter the amount of tax-exempt interest received or accrued during the tax year \$ _____

10 Enter the number of shareholders at the end of the tax year (if 100 or fewer) _____

11 If the corporation has an NOL for the tax year and is electing to forego the carryback period, check here (see instructions). . . []
If the corporation is filing a consolidated return, the statement required by Regulations section 1.1502-21(b)(3) must be attached or the election will not be valid.

12 Enter the available NOL carryover from prior tax years (do not reduce it by any deduction reported on page 1, line 29a) \$ 11,351

Schedule K Other Information (continued from page 4)

Table with 2 columns: Question (13-31) and Yes/No response. Includes questions about receipts, UTP, Form 1099, ownership changes, asset dispositions, 351 transfers, Form 1042, cooperative basis, interest/royalty, gross receipts, section 163(j), Form 8990, Form 8996, foreign corporations, digital assets, controlled groups, Alternative Minimum Tax, Form 7208, and consolidated returns.

Schedule L Balance Sheets per Books		Beginning of tax year		End of tax year	
		(a)	(b)	(c)	(d)
Assets					
1	Cash		144,811		371,048
2a	Trade notes and accounts receivable	7,516		17,196	
b	Less allowance for bad debts	()	7,516	()	17,196
3	Inventories				
4	U.S. government obligations				
5	Tax-exempt securities (see instructions)				
6	Other current assets (attach statement)				
7	Loans to shareholders				
8	Mortgage and real estate loans				
9	Other investments (attach statement)	Statement #9	1,333,656		1,464,455
10a	Buildings and other depreciable assets	1,832,099		1,832,099	
b	Less accumulated depreciation	(1,214,501)	617,598	(1,248,811)	583,288
11a	Depletable assets				
b	Less accumulated depletion	()		()	
12	Land (net of any amortization)				
13a	Intangible assets (amortizable only)				
b	Less accumulated amortization	()		()	
14	Other assets (attach statement)				
15	Total assets		2,103,581		2,435,987
Liabilities and Shareholders' Equity					
16	Accounts payable				51,000
17	Mortgages, notes, bonds payable in less than 1 year				
18	Other current liabilities (attach statement)	Statement #11	129,282		351,270
19	Loans from shareholders				
20	Mortgages, notes, bonds payable in 1 year or more				
21	Other liabilities (attach statement)				
22	Capital stock: a Preferred stock				
	b Common stock				
23	Additional paid-in capital				
24	Retained earnings-Appropriated (attach statement)				
25	Retained earnings-Unappropriated		1,974,299		2,033,717
26	Adjustments to shareholders' equity (attach statement)				
27	Less cost of treasury stock		()		()
28	Total liabilities and shareholders' equity		2,103,581		2,435,987

Schedule M-1 Reconciliation of Income (Loss) per Books With Income per Return

Note: The corporation may be required to file Schedule M-3. See instructions.

1	Net income (loss) per books	59,418	7	Income recorded on books this year not included on this return (itemize):	
2	Federal income tax per books	4,307		Tax-exempt interest \$ _____	
3	Excess of capital losses over capital gains			_____	
4	Income subject to tax not recorded on books this year (itemize): _____			_____	
5	Expenses recorded on books this year not deducted on this return (itemize):		8	Deductions on this return not charged against book income this year (itemize):	
a	Depreciation \$ _____		a	Depreciation \$ _____	
b	Charitable contributions \$ _____		b	Charitable contributions \$ _____	
c	Travel and entertainment \$ _____			_____	
6	Add lines 1 through 5	63,725	9	Add lines 7 and 8	
			10	Income (page 1, line 28)-line 6 less line 9	63,725

Schedule M-2 Analysis of Unappropriated Retained Earnings per Books (Schedule L, Line 25)

1	Balance at beginning of year	1,974,299	5	Distributions: a Cash	
2	Net income (loss) per books	59,418		b Stock	
3	Other increases (itemize): _____			c Property	
			6	Other decreases (itemize): _____	
4	Add lines 1, 2, and 3	2,033,717	7	Add lines 5 and 6	
			8	Balance at end of year (line 4 less line 7)	2,033,717

**SCHEDULE D
(Form 1120)**

Department of the Treasury
Internal Revenue Service

Capital Gains and Losses

Attach to Form 1120, 1120-C, 1120-F, 1120-FSC, 1120-H, 1120-IC-DISC, 1120-L, 1120-ND, 1120-PC, 1120-POL, 1120-REIT, 1120-RIC, 1120-SF, or certain Forms 990-T.

Go to www.irs.gov/Form1120 for instructions and the latest information.

OMB No. 1545-0123

2023

Name SHELTER COVE COMPANY	Employer identification number 57-0739304
-------------------------------------	---

Did the corporation dispose of any investment(s) in a qualified opportunity fund during the tax year? Yes No
If "Yes," attach Form 8949 and see its instructions for additional requirements for reporting your gain or loss.

Part I Short-Term Capital Gains and Losses - Assets Held One Year or Less

See instructions for how to figure the amounts to enter on the lines below. This form may be easier to complete if you round off cents to whole dollars.	(d) Proceeds (sales price)	(e) Cost (or other basis)	(g) Adjustments to gain or loss from Form(s) 8949, Part I, line 2, column (g)	(h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g)
1a Totals for all short-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 1b				
1b Totals for all transactions reported on Form(s) 8949 with Box A checked				
2 Totals for all transactions reported on Form(s) 8949 with Box B checked				
3 Totals for all transactions reported on Form(s) 8949 with Box C checked				
4 Short-term capital gain from installment sales from Form 6252, line 26 or 37				4
5 Short-term capital gain or (loss) from like-kind exchanges from Form 8824				5
6 Unused capital loss carryover (attach computation)				6 ()
7 Net short-term capital gain or (loss). Combine lines 1a through 6 in column h				7

Part II Long-Term Capital Gains and Losses - Assets Held More Than One Year

See instructions for how to figure the amounts to enter on the lines below. This form may be easier to complete if you round off cents to whole dollars.	(d) Proceeds (sales price)	(e) Cost (or other basis)	(g) Adjustments to gain or loss from Form(s) 8949, Part II, line 2, column (g)	(h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g)
8a Totals for all long-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 8b				
8b Totals for all transactions reported on Form(s) 8949 with Box D checked	30,570	15,331	68	15,307
9 Totals for all transactions reported on Form(s) 8949 with Box E checked				
10 Totals for all transactions reported on Form(s) 8949 with Box F checked				
11 Enter gain from Form 4797, line 7 or 9				11
12 Long-term capital gain from installment sales from Form 6252, line 26 or 37				12
13 Long-term capital gain or (loss) from like-kind exchanges from Form 8824				13
14 Capital gain distributions (see instructions)				14 8,809
15 Net long-term capital gain or (loss). Combine lines 8a through 14 in column h				15 24,116

Part III Summary of Parts I and II

16 Enter excess of net short-term capital gain (line 7) over net long-term capital loss (line 15)		16
17 Net capital gain. Enter excess of net long-term capital gain (line 15) over net short-term capital loss (line 7)		17 24,116
18 Add lines 16 and 17. Enter here and on Form 1120, page 1, line 8, or the applicable line on other returns		18 24,116

Note: If losses exceed gains, see *Capital Losses* in the instructions.

For Paperwork Reduction Act Notice, see the Instructions for Form 1120.

Schedule D (Form 1120) 2023

Cost of Goods Sold

▶ **Attach to Form 1120, 1120-C, 1120-F, 1120S, or 1065.**
 ▶ **Go to www.irs.gov/Form1125A for the latest information.**

Name		Employer identification number
SHELTER COVE COMPANY		57-0739304
1	Inventory at beginning of year	1
2	Purchases	2
3	Cost of labor	3
4	Additional section 263A costs (attach schedule)	4
5	Other costs (attach schedule)	5
6	Total. Add lines 1 through 5	6
7	Inventory at end of year	7
8	Cost of goods sold. Subtract line 7 from line 6. Enter here and on Form 1120, page 1, line 2 or the appropriate line of your tax return. See instructions	8
<p>9a Check all methods used for valuing closing inventory:</p> <p>(i) <input checked="" type="checkbox"/> Cost</p> <p>(ii) <input type="checkbox"/> Lower of cost or market</p> <p>(iii) <input type="checkbox"/> Other (Specify method used and attach explanation.) ▶ _____</p>		
<p>b Check if there was a writedown of subnormal goods ▶ <input type="checkbox"/></p>		
<p>c Check if the LIFO inventory method was adopted this tax year for any goods (if checked, attach Form 970) ▶ <input type="checkbox"/></p>		
<p>d If the LIFO inventory method was used for this tax year, enter amount of closing inventory computed under LIFO</p>		9d
<p>e If property is produced or acquired for resale, do the rules of section 263A apply to the entity? See instructions <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>		
<p>f Was there any change in determining quantities, cost, or valuations between opening and closing inventory? If "Yes," attach explanation <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>		

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.

Table with 3 columns: Name(s) shown on return (SHELTER COVE COMPANY), Business or activity to which this form relates (FORM 1120), and Identifying number (57-0739304).

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.

Table with 5 columns for lines 1-13. Line 1: Maximum amount; Line 2: Total cost; Line 3: Threshold cost; Line 4: Reduction in limitation; Line 5: Dollar limitation; Line 6-7: Description of property, Cost, and Elected cost; Line 8: Total elected cost; Line 9: Tentative deduction; Line 10: Carryover of disallowed deduction; Line 11: Business income limitation; Line 12: Section 179 expense deduction; Line 13: Carryover of disallowed deduction to 2024.

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.)

Table with 2 columns for lines 14-16. Line 14: Special depreciation allowance; Line 15: Property subject to section 168(f)(1) election; Line 16: Other depreciation (including ACRS).

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

Section A

Table with 2 columns for lines 17-18. Line 17: MACRS deductions for assets placed in service in tax years beginning before 2023 (Total: 34,310); Line 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.

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

Table with 7 columns: (a) Classification of property, (b) Month and year placed in service, (c) Basis for depreciation, (d) Recovery period, (e) Convention, (f) Method, (g) Depreciation deduction. Rows include 3-year, 5-year, 7-year, 10-year, 15-year, 20-year, 25-year properties, and residential/nonresidential rental properties.

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

Table with 7 columns: (a) Class life, (b) Recovery period, (c) Convention, (d) Method, (e) Depreciation deduction. Rows include 12-year, 30-year, and 40-year class lives.

Part IV Summary (See instructions.)

Table with 2 columns for lines 21-23. Line 21: Listed property; Line 22: Total (Total: 34,310); Line 23: For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs.

For Paperwork Reduction Act Notice, see separate instructions.

Name(s) shown on return. Name and SSN or taxpayer identification no. not required if shown on other side	Social security number or taxpayer identification number
SHELTER COVE COMPANY	57-0739304

Before you check Box D, E, or F below, see whether you received any Form(s) 1099-B or substitute statement(s) from your broker. A substitute statement will have the same information as Form 1099-B. Either will show whether your basis (usually your cost) was reported to the IRS by your broker and may even tell you which box to check.

Part II Long-Term. Transactions involving capital assets you held more than 1 year are generally long-term (see instructions). For short-term transactions, see page 1.

Note: You may aggregate all long-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS and for which no adjustments or codes are required. Enter the totals directly on Schedule D, line 8a; you aren't required to report these transactions on Form 8949 (see instructions).

You must check Box D, E, or F below. Check only one box. If more than one box applies for your long-term transactions, complete a separate Form 8949, page 2, for each applicable box. If you have more long-term transactions than will fit on this page for one or more of the boxes, complete as many forms with the same box checked as you need.

- (D)** Long-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS (see **Note** above)
- (E)** Long-term transactions reported on Form(s) 1099-B showing basis **wasn't** reported to the IRS
- (F)** Long-term transactions not reported to you on Form 1099-B

1	(a) Description of property (Example: 100 sh. XYZ Co.)	(b) Date acquired (Mo., day, yr.)	(c) Date sold or disposed of (Mo., day, yr.)	(d) Proceeds (sales price) (see instructions)	(e) Cost or other basis. See the Note below and see <i>Column (e)</i> in the separate instructions.	Adjustment, if any, to gain or loss If you enter an amount in column (g), enter a code in column (f). See the separate instructions.		(h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g).
						(f) Code(s) from instructions	(g) Amount of adjustment	
	American Wrld GR	12-03-2020	07-10-2023	4,120	4,120	W	13	13
	RUSsell 1000 GRW ETF	10-12-2015	07-10-2023	16,831	6,015			10,816
	American Wrld GR	12-03-2020	07-10-2023	2,830	2,885	W	55	
	Russell 1000 GRW	02-24-2016	07-10-2023	6,789	2,311			4,478
2 Totals. Add the amounts in columns (d), (e), (g), and (h) (subtract negative amounts). Enter each total here and include on your Schedule D, line 8b (if Box D above is checked), line 9 (if Box E above is checked), or line 10 (if Box F above is checked)				30,570	15,331		68	15,307

Note: If you checked Box D above but the basis reported to the IRS was incorrect, enter in column (e) the basis as reported to the IRS, and enter an adjustment in column (g) to correct the basis. See *Column (g)* in the separate instructions for how to figure the amount of the adjustment.

Form **8879-CORP**
(December 2022)

E-file Authorization for Corporations

For calendar year 2023, or tax year beginning 06-01, 2023, ending 05-29, 20 **24**

Use for efile authorizations for Form 1120, 1120-F or 1120S.

Do not send to the IRS. Keep for your records.

Go to www.irs.gov/Form8879CORP for the latest information.

OMB No. 1545-0123

Department of the Treasury
Internal Revenue Service

Name of corporation

Employer identification number

SHELTER COVE COMPANY

57-0739304

Part I Information (Whole dollars only)

1	Total income (Form 1120, line 11)	1	1,656,484
2	Total income (Form 1120-F, Section II, line 11)	2	
3	Total income (loss) (Form 1120-S, line 6)	3	

Part II Declaration and Signature Authorization of Officer. Be sure to get a copy of the corporation's return.

Under penalties of perjury, I declare that I am an officer of the above corporation and that I have examined a copy of the corporation's electronic income tax 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 amounts in Part I above are the amounts shown on the copy of the corporation's electronic income tax return. I consent to allow my electronic return originator (ERO), transmitter, or intermediate service provider to send the corporation's 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 corporation's 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 corporation's electronic income tax return and, if applicable, the corporation's consent to electronic funds withdrawal.

Officer's PIN: check one box only

I authorize _____ to enter my PIN _____ as my signature _____
ERO firm name do not enter all zeros
 on the corporation's electronically filed income tax return.

As an officer of the corporation, I will enter my PIN as my signature on the corporation's electronically filed income tax return. **39304**

Officer's signature _____ Date **08-06-2024** Title **President**

Part III Certification and Authentication

ERO's EFIN/PIN. Enter your six-digit EFIN followed by your five-digit self-selected PIN. **579568 57213**
do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the electronically filed income tax return for the corporation indicated above. I confirm that I am submitting this return in accordance with the requirements of **Pub. 3112**, IRS *e-file* Application and Participation, and **Pub. 4163**, Modernized e-File (MeF) Information for Authorized IRS *e-file* Providers for Business Returns.

ERO's signature **Charles E Jernigan CPA** Date **08-12-2024**

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

For Paperwork Reduction Act Notice, see instructions.

Form **8879-CORP** (12-2022)

EEA

Elections

(This page is e-filed with the return. Include it if paper-filing.)

2023 PG01

Name(s) as shown on return

Tax ID Number

SHELTER COVE COMPANY

57-0739304

Section 1.263(a)-3(h) Safe Harbor Election for Small Taxpayers

NAME: SHELTER COVE COMPANY

ADDRESS: PO BOX 6004, Hilton Head Island, SC 29938

SSN/EIN: 57-0739304

ELECTION: The amounts paid for repairs, maintenance, improvements and similar activities performed on the eligible building(s) described below qualify under the safe harbor provided in Reg. Section 1.263(a)-3(h)(1).

DESCRIPTION: Unit 305 Waters Edge

Federal Supporting Statements

2023 PG01

Name(s) as shown on return

Tax ID Number

SHELTER COVE COMPANY

57-0739304

Form 1120 - Line 26 - Other Deductions

Statement #5

Description	Amount
Accounting cost	22,050
Bank charges	1,114
Liability Insurance	37,969
Legal and professional	8,022
Marketing	16,500
Office expense	9,784
Postage/Shipping	829
Printing	487
Security	403,128
Telephone	2,351
Utilities	44,798
Ground and Road Maintenance	259,629
Irrigation Repairs	5,299
Facility Repairs and Maintenance	44,444
Internet Marketing	16,068
Brokerage Management fees	12,833
Property Owner Association fees	10,300
Gate Pass Fees	<u>11,500</u>
Total	<u><u>907,105</u></u>

Schedule L - Line 9

PG01
Statement #9

Description	Beg Of Year	End Of Year
Catastrophic Reserve	761,508	804,393
Capital Project Fund	<u>572,148</u>	<u>660,062</u>
Total	<u><u>1,333,656</u></u>	<u><u>1,464,455</u></u>

Federal Supporting Statements

2023 PG01

Name(s) as shown on return

SHELTER COVE COMPANY

Tax ID Number

57-0739304

Schedule L - Line 18

Statement #11

Description	Beg Of Year	End Of Year
Compliance Deposit	47,204	
Accrued Road Repair	49,000	104,976
Accrued Catastrophic	33,039	66,078
Payroll Taxes	39	1,934
Comm Enhance Funds		178,282
Total	<u>129,282</u>	<u>351,270</u>

1120

Overflow Statement

2023

Page 1

(This page is not filed with the return. It is for your records only.)

Name(s) as shown on return

SHELTER COVE COMPANY

FEIN

57-0739304

1099 Composit

Description	Amount
Catastrophic account 1534 Cap Gain Distribution	\$ 5,511
Capital Project account 3534 Cap Gain Distribution	3,298
Total:	\$ 8,809

Other Deductions - Utilities

Description	Amount
Utilities Electricity	\$ 15,396
Utilities Lights	12,968
Utilities Water	12,796
Internet Service	3,638
Total:	\$ 44,798

Description	Amount
Capital Project Morgan Stanley account 3534	\$ 24,746
Catastrophic Morgan Stanley account 1534	39,302
Total:	\$ 64,048

Estimated Tax Worksheet for Corporations

For calendar year 2024, or tax year beginning 06-01, 2024, and ending 05-29, 2025

2024

(This page is not filed with the return. It is for your records only)

Estimated Tax Computation		SHELTER COVE COMPANY		57-0739304	
1	Taxable income expected for the tax year	1	20,511		
2	Multiply line 1 by the applicable percentage			2	4,307
3	Tax credits. See instructions			3	
4	Subtract line 3 from line 2			4	4,307
5	Other taxes. See instructions			5	
6	Total tax. Add lines 4 and 5			6	4,307
7	Credit for federal tax paid on fuels and other refundable credits. See instructions			7	
8	Subtract line 7 from line 6. Note: If the result is less than \$500, the corporation is not required to make estimated tax payments			8	4,307
9a	Enter the tax shown on the corporation's 2023 tax return. See instructions. Caution: If the tax is zero or the tax year was for less than 12 months, skip this line and enter the amount from line 8 on line 9b			9a	4,307
9b	Enter the smaller of line 8 or line 9a. If the corporation is required to skip line 9a, enter the amount from line 8			9b	4,307
10	Installment due dates. See 1120 instructions		(a)	(b)	(c)
		10	09-16-2024	11-15-2024	02-18-2025
					(d)
					05-15-2025
11	Required installments. Enter 25% of line 9b in columns (a) through (d).	11	1,077	1,077	1,077

Summary of Estimates

2024

Name(s) as shown on return

SHELTER COVE COMPANY

Tax ID Number

57-0739304

Federal

Form: 1120

Payment Schedule

Due Date	09-16-2024	11-15-2024	02-18-2025	05-15-2025	Total
Total Installment Amount	1,077	1,077	1,077	1,077	4,308
Overpayment Applied					
Net Installment Due	1,077	1,077	1,077	1,077	4,308

Taxpayer Records

Amount Actually Paid				
Date Paid				
Check #/Confirmation				

Taxes and Licenses Attachment

Note: This information does not transmit to the IRS with e-filed returns.
Including with a paper filed return is optional.

2023

CORPORATION NAME SHELTER COVE COMPANY	EIN 57-0739304
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Taxes and Licenses	Form 1120, line 17 Form 1120-C, line 15 Form 1120-H, line 12
---------------------------	--

1 State income taxes	1	
2 State franchise taxes	2	
3 City income taxes	3	
4 City franchise taxes	4	
5 Real estate taxes	5	
6 Local property taxes	6	5,692
7 Intangible property taxes	7	
8 Payroll taxes	8	6,424
9 Less: credit from Form 8846	9	
10 Foreign taxes paid	10	
11 Occupancy taxes	11	
12 Other miscellaneous taxes	12	
13 Licenses	13	
14 Total to Form 1120, Page 1, Line 17	14	12,116

NOL Limitations Worksheet

(This page is not filed with the return. It is for your records only.)

2023

Name(s) as shown on return

Tax ID Number

SHELTER COVE COMPANY

57-0739304

Description	Amount
Taxable Income	31,862
80% Limitation	<u>0.8</u>
Post 2017 NOL allowable	25,490
Taxable Income	31,862
Less: pre-2018 losses	<u>0</u>
Remaining Taxable Income	31,862
Less: post-2017 losses allowed	<u>(11,351)</u>
Taxable Income after NOL deduction	20,511

Dividends Received Deduction Worksheet

Form 1120

(Keep for your records)

2023

Name(s) as shown on return

Tax ID Number

SHELTER COVE COMPANY

57-0739304

Worksheet for Schedule C, line 9

- 1. Refigure Form 1120, page 1, line 28, without any adjustment under section 1059 and without any capital loss carryback to the tax year under section 1212(a)(1) 1. 63,725
- 2. Complete lines 10, 11, 12, and 13, column (c), and enter the total here 2. _____
- 3. Subtract line 2 from line 1 3. 63,725
- 4. Multiply line 3 by 65% (0.65) 4. 41,421
- 5. Add lines 2, 5, 7, and 8, column (c), and the part of the deduction on line 3, column (c), that is attributable to dividends from 20%-or-more-owned corporations 5. _____
- 6. Enter the smaller of line 4 or line 5. If line 5 is greater than line 4, stop here; enter the amount from line 6 on line 9, column (c), and do not complete the rest of this worksheet 6. _____
- 7. Enter the total amount of dividends from 20%-or-more-owned corporations that are included on lines 2, 3, 5, 7, and 8, column (a) 7. _____
- 8. Subtract line 7 from line 3 8. 63,725
- 9. Multiply line 8 by 50% (0.50) 9. 31,863
- 10. Subtract line 5 from line 9, column (c) 10. 32,024
- 11. Enter the smaller of line 9 or line 10 11. 31,863
- 12. **Dividends-received deduction after limitation (sec. 246(b)).** Add lines 6 and 11. Enter the result here and on line 9, column (c) 12. 31,863

* Item is included in UBIA
for Section 199A calculations.
See "UBIA" in lower right corner.

Depreciation Detail Listing

FORM 1120

2023

PAGE 1

(This page is not filed with the return. It is for your records only.)

Name(s) as shown on return

Social security number/EIN

SHELTER COVE COMPANY

57-0739304

No.	Description	Date	Cost	Basis Adjustment	Business percentage	Section 179	Bonus depreciation	Depreciable Basis	Life	Method	Rate	Prior Depreciation	Current Depreciation	Accumulated Depreciation	AMT Current
1	Pavillion Building St	05-30-2018	299,800		100.00			299,800	27.5	SL MM	3.636	60,416	10,901	71,317	
2	Unit 305 Waters Edge	12-03-2015	168,453		100.00			168,453	27.5	SL MM	3.636	24,298		24,298	
3	Furniture and Fixtur	12-05-2015	5,174		100.00			5,174	5		0	5,174		5,174	
4	Seawall Restoration	12-06-2019	355,840		100.00	PY 300,000		55,840	15	150 DB HY	6.93	317,171	3,870	321,041	
5	Lighting Renovations	11-15-2019	187,513		100.00	PY 187,513		0	15	150 DB HY	6.93	187,513		187,513	
6	Road Signage	09-15-2019	29,919		100.00	PY 29,919		0	5	200 DB HY	11.52	29,919		29,919	
7	Phase III Marina Rewo	12-15-2021	785,400		100.00	PY 556,874		228,526	15	150 DB HY	8.55	590,010	19,539	609,549	
Totals			1,832,099					757,793				1,214,501	34,310	1,248,811	

Land Amount
Net Depreciable Cost

1,832,099

PY,074,306

CY 179 and CY Bonus
TOTAL CY Depr including 179/bonus

34,310

ST ADJ:

Next Year's Depreciation Worksheet

(This page is not filed with the return. It is for your records only.)

2023

Name(s) as shown on return

Tax ID Number

SHELTER COVE COMPANY

57-0739304

Form	Multi-Form	Description	Date	Basis	Method	Life	Deduction
1120	1	Pavillion Building Struc	05-30-2018	299,800	SL MM	27.5	10,902
1120	1	Furniture and Fixtures	12-05-2015	5,174		5	
1120	1	Seawall Restoration	12-06-2019	55,840	150 DBHY	15	3,479
1120	1	Lighting Renovations	11-15-2019		150 DBHY	15	
1120	1	Road Signage	09-15-2019		200 DBHY	5	
1120	1	Phase III Marina Rework	12-15-2021	228,526	150 DBHY	15	17,597
		TOTAL					31,978

**Form 1120, Line 29a, NOL Deduction
Form 1120-C, Schedule G, Line 9a, Column (a),
Patronage NOL Deduction**

(This page is not filed with the return. It is for your records only.)

2023

Name(s) as shown on return

Tax ID Number

SHELTER COVE COMPANY

57-0739304

Year	Loss Carryover/ Carryback	Increase of NOL Due to Sec 170(d)(2)(B) Contribution Reduction*	Loss Applied to 2023	Unused Loss	Unused Sec 170(d)(2)(B)
2003					
2004					
2005					
2006					
2007					
2008					
2009					
2010					
2011					
2012					
2013					
2014					
2015					
2016					
2017					
2018					
2019					
2020					
2021	8,618		8,618		
2022	2,733		2,733		
	Current year NOL		Applied to Prior Years	Remaining 2023 NOL carryover	
2023					
	Future years NOL		Applied to 2023		
Future Years					
TOTALS	11,351		11,351	0	0

* A corporation having a net operating loss (NOL) carryover from any taxable year must apply the special rule of §170(d)(2)(B). The rules are designed to prevent a double tax benefit through interaction of NOL and charitable contribution carryovers. The excess charitable deduction can reduce taxable income only once. Under these rules, a corporation's charitable contributions carryover (but not the NOL carryover) must be reduced, to the extent the charitable contribution deduction, in computing the taxable income of an intervening year, would increase the NOL to a succeeding year.

Carryover/Carryforward Worksheet

Form 1120

(This page is not filed with the return. It is for your records only.)

2023

Name(s) as shown on return

Tax ID Number

SHELTER COVE COMPANY

57-0739304

	To Next Year
Form 1120	
Contributions carryover	_____
Net Operating Loss Carryover	_____
Schedule D (Form 1120)	
Unused capital loss carryover	_____
Reserved for future use	_____
Carryover expiring this year	_____
Capital loss carryover to next year	_____
Form 2220	
Tax	<u>4,307</u>
Form 3800	
General business credit carryforward	_____
Form 4562	
Section 179 Carryover	_____
Form 4797	
Nonrecaptured net section 1231 losses from WK_1231C	_____
Reserved for future use	_____
Reserved	
Reserved for future use	_____
Form 8827	
Minimum tax credit carryforward	_____



STATE OF SOUTH CAROLINA
C CORPORATION INCOME TAX RETURN

SC 1120
(Rev.7/14/23)
3091

dor.sc.gov

Due by the 15th day of the fourth month following the close of the taxable year.

Income Tax period ending 05-29-2024
License Fee period ending 05-29-2025
FEIN 57-0739304
Name SHELTER COVE COMPANY
Mailing address PO BOX 6004
City Hilton Head Isla State SC ZIP 29938
Change of Address Accounting Period Officers

County or counties in SC where property is located
Beaufort
Audit location: Street address
23C Shelter Cove Ln
City State ZIP
Hilton Head Islan SC 29928
Audit contact: Name Phone number
Deborah Faragher
Email

Check if you filed a federal or state extension
Check if: Initial Return Consolidated Return (Complete Schedule M)
Amended Return Includes Disregarded LLC(s) (Complete Schedule L)
Check if: Merged Reorganized Final
Total gross receipts 1,537,349
Total cost of depreciable personal property in SC 1,832,099

Is the corporation included in a consolidated federal return?
Yes No
Name of federal parent company
FEIN of federal parent company
Attach complete copy of federal return

PART I COMPUTATION OF INCOME TAX LIABILITY

Table with 3 columns: Line number, Description, Amount. Includes rows for Federal taxable income, net adjustment, total net income, tax, and final balance due of 1,626.00.



PART II
COMPUTATION OF LICENSE FEE

20. Total capital and paid in surplus (multi-state corporations, see Schedule E)	▶ 20.	0	00
21. License Fee: multiply line 20 by .001 then add \$15 (Fee cannot be less than \$25 per taxpayer)	▶ 21.	0	00
22. Credit taken this year from SC1120TC, Part II, Column C	▶ 22.	< 0	00 >
23. Balance (subtract line 22 from line 21)	▶ 23.	0	00
24. Payments: (a) Paid with extension	▶ 24a.		00
(b) Credit from line 19b	▶ 24b.		00
25. Total payments (add line 24a and line 24b)	▶ 25.	0	00
26. Balance of License Fee (subtract line 25 from line 23)	▶ 26.	0	00
27. (a) Interest <input type="text" value="00"/> (b) Late file/pay penalty <input type="text" value="00"/>	▶ 27.		00
Total (add line 27a and line 27b) See penalty and interest in SC1120 Instructions	▶ 27.		00
28. Total License Fee, interest, and penalty (add line 26 and line 27)	▶ 28.	0	00
29. Overpayment (subtract line 23 from line 25) <input type="text" value="00"/> To be applied as follows:			
(a) Estimated Tax ▶ <input type="text" value="00"/> (b) Income Tax ▶ <input type="text" value="00"/> (c) REFUND ▶ <input type="text" value="00"/>			
30. GRAND TOTAL: INCOME TAX and LICENSE FEE DUE (add line 18 and line 28)	▶ 30.	1,626	00

REFUND OPTIONS (select one; subject to program limitations) Direct Deposit Paper Check

If you select Direct Deposit, choose the account type (US accounts only) Checking Savings

Account Routing Must be 9 digits. First two numbers of the RTN must be 01 - 12 or 21 - 32 Bank Account 1-17 digits Number (RTN) Number (BAN)

SCHEDULE A AND B ADDITIONS TO FEDERAL TAXABLE INCOME

1. Taxes on or measured by income	1.	0
2. Federal net operating loss	2.	11,351
3.	3.	
4.	4.	
5. Other additions (attach schedule)	5.	
6. Total additions (add line 1 through line 5)	6.	11,351

DEDUCTIONS FROM FEDERAL TAXABLE INCOME

7. Interest on US obligations	7.	0
8.	8.	
9.	9.	
10. Other deductions (attach schedule)	10.	
11. Total deductions (add line 7 through line 10)	11.	0
12. Net adjustment (subtract line 11 from line 6) Also enter on SC1120, Part I, line 2	12.	11,351

SCHEDULE C SUMMARY OF INCOME TAX CREDITS (FROM SC1120TC)

1. Credit carryover from previous year's SC1120, Schedule C (should match SC1120TC Column A, line 13)	1.	0
2. Enter total credits from SC1120TC, Column B, line 13 (attach SC1120TC and tax credit schedules)	2.	0
3. Total credits (add line 1 and line 2)	3.	0
4. Tax from SC1120, Part I, line 9	4.	0
5. Lesser of line 3 or line 4 (enter on SC1120, Part I, line 10; should match SC1120TC, Column C, line 13)	5.	0
6. Enter credits lost due to statute (should match SC1120TC, Column D, line 13)	6.	0
7. Credit carryover (subtract line 5 and line 6 from line 3; should match SC1120TC, Column E, line 13)	7.	0

Under penalty of law, I certify that I have examined this return, including accompanying annual report, statements, and schedules, and it is true and complete to the best of my knowledge.

Sign Here	Signature of officer	President	Officer's title	Email
	Alfred Nelson	08-12-2024	Date	Phone number
Paid Preparer's Use Only	Preparer's signature	08-12-2024	Date	Preparer's phone number
	Firm's name (or yours if self-employed) and address	CE JERNIGAN CPA	PTIN or FEIN	81-4276440
		PO BOX 6674 Hilton Head SC	ZIP	29938

If this is a corporation's final return, signing here authorizes the SCDOR to disclose that information to the South Carolina Secretary of State (SCSOS). You must close with the SCSOS and the SCDOR.

Taxpayer's signature
30912083

Date



SCHEDULE D ANNUAL REPORT TO BE COMPLETED BY ALL CORPORATIONS

1. Name SHELTER COVE COMPANY

2. Incorporated under the laws of the state of SC

3. Location of the registered office of the corporation in South Carolina PO BOX 6004
 In the city of Hilton Head Island Registered agent at this address Walter Nester

4. Principal office address PO BOX 6004 Hilton Head Island SC 2
 Nature of principal business in South Carolina Home Owners Association

5. Total number of **authorized shares** of capital stock, itemized by class and series, if any, within each class:

Number of shares	Class	Series
<u> </u>	<u>COMMON</u>	<u>0</u>

6. Total number of **issued and outstanding shares** of capital stock itemized by class and series, if any, within each class:

Number of shares	Class	Series
<u> </u>	<u>COMMON</u>	<u>0</u>

7. Names and business addresses of the directors (or individuals functioning as directors) and principal officers in the corporation:
 Attach separate schedules if you need more space.

Name	Title	Business address
<u>Officers and Directors; President; 19 Shelter Cove Ln Suite 305; Hilton Head</u>		
<u>are elected annually; Vice Pres; 19 Shelter Cove Ln Suite 305; Hilton Head</u>		

8. Date incorporated 02-19-1982 Date commenced business in South Carolina 02-19-1982

9. Date of this report 08-12-2024 FEIN 57-0739304

10. If foreign corporation, the date qualified to do business in South Carolina

11. Was the name of the corporation changed during the year? NO Previous name

12. The corporation's books are in the care of % Deborah Faragher
 Located at (street address) PO Box 6004

13. If filing consolidated, complete and attach Schedule J for each corporation included in the consolidation.

14. Total amount of stated capital per balance sheet:

A. Total paid in capital stock (cannot be a negative amount) \$	<u> </u>
B. Total paid in capital surplus (cannot be a negative amount) \$	<u> </u>
C. Total amount of stated capital (cannot be a negative amount) \$	<u> </u>

Attach a complete copy of your federal return.

File electronically using Modernized Electronic Filing (MeF). **It's the fastest and easiest way to complete your return!**
Learn more at **dor.sc.gov/biz-services**.

Getting a refund? **Choose Direct Deposit! It's fast, accurate, and secure!**

Have a balance due? **Pay online! It's quick and easy!** Use our free online tax portal, MyDORWAY, at **dor.sc.gov/pay**.
Select **Business Income Tax Payment** to get started.

If you pay by check, make your check payable to SCDOR, and include your name, FEIN, tax year, and SC1120 in the memo. **Do not send cash.**

Mail Balance Due returns to:
 SCDOR
 Corporate Taxable
 PO Box 100151
 Columbia, SC 29202

Mail Refund or Zero Tax returns to:
 SCDOR
 Corporate Refund
 PO Box 125
 Columbia, SC 29214-0032



Only multi-state corporations must complete Schedules E, F, G, and H

SCHEDULE E COMPUTATION OF LICENSE FEE OF MULTI-STATE CORPORATIONS

1. Total capital and paid in surplus at end of year	\$	0
2. SC proportion (multiply line 1 by the ratio from Schedule H-1, H-2, or H-3, as appropriate) Also enter on SC1120, line 20.	\$	0

SCHEDULE F INCOME SUBJECT TO DIRECT ALLOCATION

	Gross Amounts 1	Less: Related Expenses 2	Net Amounts Allocated Directly to SC and Other States 3	Net Amounts Allocated Directly to SC 4
1. Interest not connected with business				
2. Dividends received				
3. Rents				
4. Gains/losses on real property				
5. Gains/losses on intangible personal property				
6. Investment income directly allocated				
7. Total income directly allocated				
8. Income directly allocated to SC				

SCHEDULE G COMPUTATION OF TAXABLE INCOME OF MULTI-STATE CORPORATIONS

1. Total net income as reconciled from SC1120, page 1, line 3	1.	
2. Income subject to direct allocation to SC and other states from Schedule F, line 7	2.	
3. Total net income subject to apportionment (subtract line 2 from line 1)	3.	
4. Multiply line 3 by appropriate ratio from Schedule H-1, H-2, or H-3	4.	
5. Income subject to direct allocation to SC from Schedule F, line 8	5.	
6. Total SC net income (add line 4 and line 5) Also enter on SC1120, page 1, line 4	6.	

SCHEDULE H-1 COMPUTATION OF SALES RATIO

	Amount	Ratio
1. Total sales within South Carolina (see instructions)		
2. Total sales everywhere (see instructions)		
3. Sales ratio (line 1 divided by line 2)		%

If there are no sales anywhere: Enter 100% on line 3 if South Carolina is the principal place of business.
Enter 0% on line 3 if principal place of business is outside South Carolina.

SCHEDULE H-2 COMPUTATION OF GROSS RECEIPTS RATIO

	Amount	Ratio
1. South Carolina gross receipts		
2. Amounts allocated to South Carolina on Schedule F	< >	
3. South Carolina adjusted gross receipts (subtract line 2 from line 1)		
4. Total gross receipts		
5. Total amounts allocated on Schedule F	< >	
6. Total adjusted gross receipts (subtract line 5 from line 4)		
7. Gross receipts ratio (line 3 divided by line 6)		%

SCHEDULE H-3 COMPUTATION OF RATIO FOR SECTION 12-6-2310 COMPANIES

	Amount	Ratio
1. Total within South Carolina (see instructions)		
2. Total everywhere		
3. Taxable ratio (line 1 divided by line 2)		%



SCHEDULE I **RESERVED**
SCHEDULE J **CORPORATIONS INCLUDED IN CONSOLIDATED RETURN**
AFFILIATED CORPORATION NO.

1. Name _____
2. Incorporated under the laws of the state of _____
3. Location of the registered office of the corporation in South Carolina _____
 In the city of _____ Registered agent at this address _____
4. Principal office address _____
 Nature of principal business in South Carolina _____
5. Total number of **authorized shares** of capital stock, itemized by class and series, if any, within each class:

Number of shares	Class	Series

6. Total number of **issued and outstanding shares** of capital stock itemized by class and series, if any, within each class:
- | Number of shares | Class | Series |
|------------------|-------|--------|
| | | |

7. Names and business addresses of the directors (or individuals functioning as directors) and principal officers in the corporation:
 Attach separate schedules if you need more space.
- | Name | Title | Business address |
|------|-------|------------------|
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |

8. Date incorporated _____ Date commenced business in South Carolina _____
9. Date of this report _____ FEIN _____ SC file # _____
10. If foreign corporation, the date qualified to do business in South Carolina _____
11. Was the name of the corporation changed during the year? _____ Previous name _____
12. The corporation's books are in the care of _____
 Located at (street address) _____
13. Corporate mailing address _____
14. Total amount of stated capital per balance sheet:

A. Total paid in capital stock (cannot be a negative amount)	\$ _____
B. Total paid in capital surplus (cannot be a negative amount)	\$ _____
C. Total amount of stated capital (cannot be a negative amount)	\$ _____

For additional affiliated corporations, include additional Schedule Js as needed.



SCHEDULE L

DISREGARDED LLCs INCLUDED IN RETURN

List each disregarded Limited Liability Company (LLC) doing business in South Carolina or registered with the SCSOS.

Name	FEIN/SC File #
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Include additional Schedule Ls as needed.



SCHEDULE M CONSOLIDATED RETURN AFFILIATIONS SCHEDULE

Include additional Schedule Ms as needed. Include only corporations doing business in South Carolina.

Part 1 General Information

Is the common parent corporation included in the return? Yes No

If no, enter name and FEIN of common parent corporation.

Name	FEIN
Name of each corporation included in this consolidated return	FEIN
Corporation 1	
Corporation 2	
Corporation 3	
Corporation 4	
Corporation 5	
Corporation 6	
Corporation 7	
Corporation 8	

Part 2 Income Tax Information

	Federal Taxable Income	Amounts Directly Allocated	Amounts Allocated to SC	SC Adjustments	SC NOL Prior Year Carryovers
Corporation 1	\$	\$	\$	\$	\$
Corporation 2					
Corporation 3					
Corporation 4					
Corporation 5					
Corporation 6					
Corporation 7					
Corporation 8					
Total					
	Equals page 1, line 1	Equals Sch. F, line 7	Equals Sch. F, line 8	Equals page 1, line 2	Equals page 1, line 5

Part 3 License Fee, Allocation, and Apportionment Information

	Tax Credited on Return	Total Capital and Paid in Surplus	Apportionment Percentage	License Fee
Corporation 1	\$	\$	%	\$
Corporation 2				
Corporation 3				
Corporation 4				
Corporation 5				
Corporation 6				
Corporation 7				
Corporation 8				
Total				
	Equals page 1, line 15	Equals page 2, line 20	From Schedule H	Equals page 2, line 21

1024

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STATE OF SOUTH CAROLINA
DEPARTMENT OF REVENUE

CORPORATE INCOME TAX PAYMENT VOUCHER

SC1120-V

(Rev. 5/4/22)
3416

Pay online using our free tax portal, MyDORWAY, at dor.sc.gov/pay. Select **Business Income Tax Payment** to get started. Do not mail a paper copy of the SC1120-V if you pay online.

- If you owe \$15,000 or more in connection with any SCDOR return, you must file and pay electronically according to SC Code Section 12-54-250.
- If you file by paper, use only black ink on the SC1120-V and on your check.
- Enter your Federal Employer Identification Number (FEIN), name, and address.
- Enter the Income Tax period ending in the MM-YY format.
- Enter your payment amount in whole dollars without a dollar sign (example: 154.00).
- Your payment amount should match the balance due on your Corporate Tax Return.
- If the total tax due is not paid in full by the original due date, penalty and interest will result until the return is filed and the full amount of tax is paid.
- If you filed your Corporate Tax Return electronically with a balance due, **do not** include a paper copy of your return when you mail your SC1120-V.
- If you file your Corporate Tax Return by paper and have a balance due, submit your payment with the return. **Do not** mail your payment separately with the SC1120-V.
- Make your check payable to SCDOR. Include your name, FEIN, tax year, and SC1120-V in the memo line of the check. **Do not send cash.**
- Mail your SC1120-V and payment in one envelope.

Mail your SC1120-V and payment to: SCDOR, Corporate Voucher, PO Box 100153, Columbia, SC 29202

— cut along dotted line —

1024

dor.sc.gov



SC DEPARTMENT OF REVENUE
CORPORATE INCOME TAX PAYMENT VOUCHER

SC1120-V

(Rev. 5/4/22)
3416

Pay online! It's quick and easy! Use our free online tax portal, MyDORWAY, at dor.sc.gov/pay.

FEIN ▶57-0739304	Income Tax period ending (MM-YY) ▶05-24	Payment amount ▶ <u>1,626.00</u>
Name and address of corporation SHELTER COVE COMPANY PO BOX 6004 Hilton Head Island SC 29938		

Do not send cash. Make your check payable to SCDOR and include your name, FEIN, tax year, and SC1120-V in the memo.

34161034 570739304 0524 00000162600

UNDERPAYMENT OF ESTIMATED TAX
BY CORPORATIONS

2023

dor.sc.gov

Name SHELTER COVE COMPANY	FEIN 57-0739304
------------------------------	--------------------

Part I Required annual payment	
1. Total tax (line 11, of the SC1120; or comparable line for other Income Tax returns) If the result is less than \$100, do not complete this form. You do not owe a penalty	1 1,593
2. Enter the tax from the corporation's 2022 Income Tax return (see instructions) If the tax is zero or the tax year was for less than 12 months, skip this line	2
3. Enter the lesser of line 1 or line 2. If the corporation is required to skip line 2, enter the amount from line 1	3 1,593

Part II Reasons for filing

Check the boxes below that apply. If any box is checked, the corporation **must** file the SC2220 with the corporation's tax return, even if no penalty is due. If the box on line 4 or line 5 applies, the corporation may be able to lower or eliminate the penalty.

- 4. The corporation is using the adjusted seasonal installment method.
- 5. The corporation is using the annualized income installment method.
- 6. The corporation is a **large corporation** calculating its first required installment based on the prior year's tax.

Part III Calculating your underpayment

	A	B	C	D
7. Installment due dates: Enter in columns A through D the 15th day of the 4th, 6th, 9th, and 12th months of the corporation's tax year	7 09-15-2023	11-15-2023	02-15-2024	05-15-2024
8. Required installments: If you checked the boxes on line 4, line 5, or line 6, see the instructions for the amount to enter in each column. If none of these boxes are checked, enter 25% of line 3 in each column	8 398	398	398	399
9. Estimated Tax paid or credited for each period: For column A only, enter the amount from line 9 on line 13	9			
Complete line 10 through line 16 of one column before going to line 10 of the next column.				
10. Enter amount from line 16 of the previous column	10			
11. Add line 9 and line 10	11			
12. Add amounts on line 14 and line 15 of the previous column	12	398	796	1,194
13. Subtract line 12 from line 11. If zero or less, enter 0	13			
14. If the amount on line 13 is zero, subtract line 11 from line 12. Otherwise, enter 0	14	398	796	
15. Underpayment: If line 13 is less than or equal to line 8, subtract line 13 from line 8	15 398	398	398	399
16. Overpayment. If line 8 is less than line 13, subtract line 8 from line 13. Enter here and on line 10 of the next column	16			

If there are amounts on line 15 in any column, go to Part IV on page 2 to calculate the penalty.

Part IV		Calculating the penalty				
		(a)	(b)	(c)	(d)	
17.	Enter the date of payment or the 15th day of the 4th month after the close of the tax year, whichever is earlier. (SC1120S filers: use the 3rd month. SC 990-T filers: use the 5th month.)	17	09-15-2024	09-15-2024	09-15-2024	09-15-2024
18.	Number of days from due date of installment on line 7 to the date on line 17	18	366	305	213	123
19.	Number of days on line 18 after 4/15/23 and before 7/1/23	19				
20.	Underpayment on line 15 x $\frac{\text{Number of days on line 19}}{365}$ x 7%	20	\$	\$	\$	\$
21.	Number of days on line 18 after 6/30/23 and before 10/1/23	21	15			
22.	Underpayment on line 15 x $\frac{\text{Number of days on line 21}}{365}$ x 7%	22	\$ 1	\$	\$	\$
23.	Number of days on line 18 after 9/30/23 and before 1/1/24	23	92	46		
24.	Underpayment on line 15 x $\frac{\text{Number of days on line 23}}{365}$ x 8%	24	\$ 8	\$ 4	\$	\$
25.	Number of days on line 18 after 12/31/23 and before 4/1/24	25	92	92	46	
26.	Underpayment on line 15 x $\frac{\text{Number of days on line 25}}{366}$ x 8%	26	\$ 8	\$ 8	\$ 4	\$
27.	Number of days on line 18 after 3/31/24 and before 7/1/24	27	91	91	91	46
28.	Underpayment on line 15 x $\frac{\text{Number of days on line 27}}{366}$ x *%	28	\$	\$	\$	\$
29.	Number of days on line 18 after 6/30/24 and before 10/1/24	29	77	77	77	77
30.	Underpayment on line 15 x $\frac{\text{Number of days on line 29}}{366}$ x *%	30	\$	\$	\$	\$
31.	Number of days on line 18 after 9/30/24 and before 1/1/25	31				
32.	Underpayment on line 15 x $\frac{\text{Number of days on line 31}}{366}$ x *%	32	\$	\$	\$	\$
33.	Number of days on line 18 after 12/31/24 and before 3/16/25	33				
34.	Underpayment on line 15 x $\frac{\text{Number of days on line 33}}{365}$ x *%	34	\$	\$	\$	\$
35.	Add lines 20, 22, 24, 26, 28, 30, 32, and 34	35	\$ 17	\$ 12	\$ 4	\$
36.	Penalty: Add columns (a) through (d), of line 35. Enter the total here and on line 17 of the SC1120, or the comparable line for other Income Tax returns	36	\$			33

* Use the penalty interest rate for each calendar quarter. The SCDOR will determine these rates during the first month in the preceding quarter. These rates are published quarterly in Information Letters, available at dor.sc.gov/policy.

Depreciation and Amortization
(Including Information on Listed Property)

State **SC**

▶ See separate instructions. ▶ Keep for your records.

Name(s) shown on return SHELTER COVE COMPANY	Business or activity to which this form relates FORM 1120	Identifying number 57-0739304
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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	
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	
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	
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	
10 Carryover of disallowed deduction from line 13 of your 2022 Form 990	10	
11 Business income limitation. Enter the smaller of business income (not less than zero) or line 5. See instructions	11	
12 Section 179 expense deduction. Add lines 9 and 10, but don't enter more than line 11	12	
13 Carryover of disallowed deduction to 2024. Add lines 9 and 10, less line 12	13	

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

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	34,310
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	
				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	34,310
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.

STATE OF SOUTH CAROLINA
DEPARTMENT OF REVENUE
CORPORATE INCOME TAX
DECLARATION FOR ELECTRONIC FILING

SC8453C
(Rev. 8/3/21)
3415

dor.sc.gov

Name of corporation: SHELTER COVE COMPANY
FEIN: 57-0739304
Mailing address: PO BOX 6004
Phone number:
City: Hilton Head Island, State: SC, ZIP: 29938
Tax Year: 2023

Part I Information from your Corporation Income Tax Return
Table with 3 rows: 1. Federal taxable income from SC 1120 (line 1) or SC1120S (line 1) = 20,511.00; 2. Tax (SC1120, line 7 or SC1120S, line 10) = 1,593.00; 3. Total payments and refundable credits (SC1120, line 15 or SC1120S, line 14) = 00.

Part II Bank information for Refund or Balance Due
4. Routing number (RTN) [grid] Must be 9 digits. The first two numbers of the RTN must be 01 through 12 or 21 through 32.
5. Bank account number (BAN) [grid] 1-17 digits
6. Type of account: [] Checking [] Savings
7. Payment Withdrawal Date _____ Payment Withdrawal Amount \$ _____

Part III Declaration of Taxpayer/Corporation Officer
8. [] a. I consent for my refund to be directly deposited as designated in Part II. I declare that the information on line 1 through line 3 is correct.
[] b. I authorize the South Carolina Department of Revenue (SCDOR) and its designated agents to initiate an ACH Debit request to my bank account, provided in Part II, for payment of the South Carolina taxes I owe. I authorize my bank to debit my account for the requested funds and consent to the sharing of financial information between institutions for the purpose of resolving issues related to my payment.

If the SCDOR does not receive full and timely payment of the tax liability, I understand that I am responsible for the balance due, including all penalties and interest.
I declare that I am an officer of the corporation listed above. I have compared the information on the corporate return with the information I provided to my ERO. To the best of my knowledge, this return and all attachments are true, correct, and complete. I consent to allow my ERO to send my return to the IRS and the IRS to send my return to the SCDOR.

Sign Here
Signature: _____ Date: 08-12-2024
Title: President
Paid Preparer Authorization: [] Check here if the SCDOR may discuss the return with the preparer shown below.

Part IV Declaration of Electronic Return Originator (ERO) and Paid Preparer
I declare that I have reviewed the above corporation's return and to the best of my knowledge and belief, the information on this South Carolina Corporate Income Tax Return is true, correct, and complete.
I obtained the corporate officer's signature on the SC8453C before submitting the Corporate Income Tax return to the SCDOR. I provided the taxpayer with a copy of all forms and information to be filed with the IRS and the SCDOR, and have followed all requirements specified by the IRS and the SCDOR. If I am the preparer, I declare that I have examined the above taxpayer's return and accompanying schedules and statements, and to the best of my knowledge, they are true and complete. This declaration is based on all information of which I have knowledge.

ERO's Use Only
ERO signature: _____ Date: 08-12-2024 Check if also paid preparer: [X] Check if self-employed: [] PTIN: P00932839
Firm name (or yours if self-employed), and address, ZIP: CE JERNIGAN CPA, Hilton Head Island SC 29938
FEIN: 81-4276440
Phone: 843-290-0083

Paid Preparer's Use Only
Preparer signature: _____ Date: _____ Check if self-employed: [] PTIN: _____
Firm name (or yours if self-employed), and address, ZIP: _____ FEIN: _____
Phone: _____

SCEF_ACK

**Acknowledgement and General Information for
Taxpayers Who File Returns Electronically**

2023

Name(s) as shown on return

SHELTER COVE COMPANY

Identification Number

** - ***9304

Address

PO BOX 6004

Hilton Head Island, SC 29938

Thank you for participating in e-file.

1. Your 2023 state income tax return for SC1120 was filed electronically.
The electronic filing services were provided by CE JERNIGAN CPA.

2. Your return was accepted on _____ using a Personal Identification Number (PIN) as your electronic signature. You entered a PIN or authorized the Electronic Return Originator (ERO) to enter or generate a PIN for you.
The submission ID assigned to this return is _____.

**PLEASE DO NOT SEND A PAPER COPY OF THE TAX RETURN TO THE
STATE. IF YOU DO, IT WILL DELAY THE PROCESSING OF THE RETURN.**

- A Check if:**
- 1a** Consolidated return (attach Form 851)
 - b** Life/nonlife consolidated return
 - 2** Personal holding co. (attach Sch. PH)
 - 3** Personal service corp. (see instructions)
 - 4** Schedule M-3 attached

TYPE OR PRINT	Name	SHELTER COVE COMPANY
	Number, street, and room or suite no. If a P.O. box, see instructions.	
	PO BOX 6004	
	City or town, state or province, country and ZIP or foreign postal code	Hilton Head Island SC 29938

B Employer identification number	57-0739304
C Date incorporated	02-19-1982
D Total assets (see instructions)	\$ 2,103,581

E Check if: (1) Initial return (2) Final return (3) Name change (4) Address change

Income	1a	Gross receipts or sales	1a	1,584,092		
	b	Returns and allowances	1b			
	c	Balance. Subtract line 1b from line 1a	1c		1,584,092	
	2	Cost of goods sold (attach Form 1125-A)	2		5,545	
	3	Gross profit. Subtract line 2 from line 1c	3		1,578,547	
	4	Dividends and inclusions (Schedule C, line 23)	4		41,854	
	5	Interest	5			
	6	Gross rents	6			
	7	Gross royalties	7			
	8	Capital gain net income (attach Schedule D (Form 1120))	8		22,435	
	9	Net gain or (loss) from Form 4797, Part II, line 17 (attach Form 4797)	9			
10	Other income (see instructions - attach statement)	10				
11	Total income. Add lines 3 through 10	11		1,642,836		
Deductions (See instructions for limitations on deductions.)	12	Compensation of officers (see instructions - attach Form 1125-E)	12			
	13	Salaries and wages (less employment credits)	13		65,879	
	14	Repairs and maintenance	14		718,284	
	15	Bad debts	15			
	16	Rents	16			
	17	Taxes and licenses	17	Wks. Tax/Lic	11,050	
	18	Interest (see instructions)	18			
	19	Charitable contributions	19			
	20	Depreciation from Form 4562 not claimed on Form 1125-A or elsewhere on return (attach Form 4562)	20		36,912	
	21	Depletion	21			
	22	Advertising	22		22,179	
	23	Pension, profit-sharing, etc., plans	23			
	24	Employee benefit programs	24			
	25	Reserved for future use	25			
	26	Other deductions (attach statement)	26	Statement #5	770,338	
	27	Total deductions. Add lines 12 through 26	27		1,624,642	
	28	Taxable income before net operating loss deduction and special deductions. Subtract line 27 from line 11	28		18,194	
29a	Net operating loss deduction (see instructions)	29a				
	b Special deductions (Schedule C, line 24)	29b		20,927		
	c Add lines 29a and 29b	29c		20,927		
Tax, Refundable Credits, & Payments	30	Taxable income. Subtract line 29c from line 28. See instructions	30		(2,733)	
	31	Total tax (Schedule J, Part I, line 11)	31		0	
	32	Reserved for future use	32			
	33	Total payments and credits (Schedule J, Part III, line 23)	33			
	34	Estimated tax penalty. See instructions. Check if Form 2220 is attached <input type="checkbox"/>	34			
	35	Amount owed. If line 33 is smaller than the total of lines 31 and 34, enter amount owed	35			
	36	Overpayment. If line 33 is larger than the total of lines 31 and 34, enter amount overpaid	36			
37	Enter amount from line 36 you want: Credited to 2023 estimated tax Refunded	37				

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

Sign Here	Signature of officer	Date	Title
	Alfred Nelson		President

May the IRS discuss this return with the preparer shown below? See instructions. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN	
	Charles E Jernigan CPA	Charles E Jernigan CPA	08-12-2024		P00932839	
	Firm's name	CE JERNIGAN CPA	Firm's EIN	81-4276440		
	Firm's address	PO BOX 6674 Hilton Head Island SC 29938	Phone no.	(843)290-0083		

Schedule C Dividends, Inclusions, and Special Deductions (see instructions)		(a) Dividends and inclusions	(b) %	(c) Special deductions (a) x (b)
1	Dividends from less-than-20%-owned domestic corporations (other than debt-financed stock)	41,854	50	20,927
2	Dividends from 20%-or-more-owned domestic corporations (other than debt-financed stock)		65	
3	Dividends on certain debt-financed stock of domestic and foreign corporations		See instructions	
4	Dividends on certain preferred stock of less-than-20%-owned public utilities		23.3	
5	Dividends on certain preferred stock of 20%-or-more-owned public utilities		26.7	
6	Dividends from less-than-20%-owned foreign corporations and certain FSCs		50	
7	Dividends from 20%-or-more-owned foreign corporations and certain FSCs		65	
8	Dividends from wholly owned foreign subsidiaries		100	
9	Subtotal. Add lines 1 through 8. See instructions for limitations	41,854	See instructions	20,927
10	Dividends from domestic corporations received by a small business investment company operating under the Small Business Investment Act of 1958		100	
11	Dividends from affiliated group members		100	
12	Dividends from certain FSCs		100	
13	Foreign-source portion of dividends received from a specified 10%-owned foreign corporation (excluding hybrid dividends) (see instructions)		100	
14	Dividends from foreign corporations not included on line 3, 6, 7, 8, 11, 12, or 13 (including any hybrid dividends)			
15	Reserved for future use			
16a	Subpart F inclusions derived from the sale by a controlled foreign corporation (CFC) of the stock of a lower-tier foreign corporation treated as a dividend (attach Form(s) 5471) (see instructions)		100	
b	Subpart F inclusions derived from hybrid dividends of tiered corporations (attach Form(s) 5471) (see instructions)			
c	Other inclusions from CFCs under subpart F not included on line 16a, 16b, or 17 (attach Form(s) 5471) (see instructions)			
17	Global Intangible Low-Taxed Income (GILTI) (attach Form(s) 5471 and Form 8992)			
18	Gross-up for foreign taxes deemed paid			
19	IC-DISC and former DISC dividends not included on line 1, 2, or 3			
20	Other dividends			
21	Deduction for dividends paid on certain preferred stock of public utilities			
22	Section 250 deduction (attach Form 8993)			
23	Total dividends and inclusions. Add column (a), lines 9 through 20. Enter here and on page 1, line 4	41,854		
24	Total special deductions. Add column (c), lines 9 through 22. Enter here and on page 1, line 29b			20,927

Schedule J Tax Computation and Payment (see instructions)

Part I - Tax Computation

1	Check if the corporation is a member of a controlled group (attach Schedule O (Form 1120)). See instructions	<input type="checkbox"/>		
2	Income tax. See instructions		2	0
3	Base erosion minimum tax amount (attach Form 8991)		3	
4	Add lines 2 and 3		4	0
5a	Foreign tax credit (attach Form 1118)	5a	0	
b	Credit from Form 8834 (see instructions)	5b		
c	General business credit (attach Form 3800)	5c		
d	Credit for prior year minimum tax (attach Form 8827)	5d		
e	Bond credits from Form 8912	5e		
6	Total credits. Add lines 5a through 5e.		6	
7	Subtract line 6 from line 4		7	0
8	Personal holding company tax (attach Schedule PH (Form 1120))		8	0
9a	Recapture of investment credit (attach Form 4255)	9a		
b	Recapture of low-income housing credit (attach Form 8611)	9b		
c	Interest due under the look-back method - completed long-term contracts (attach Form 8697)	9c		
d	Interest due under the look-back method - income forecast method (attach Form 8866)	9d		
e	Alternative tax on qualifying shipping activities (attach Form 8902)	9e		
f	Interest/tax due under Section 453A(c) and/or Section 453(l)	9f		
g	Other (see instructions - attach statement)	9g		
10	Total. Add lines 9a through 9g.		10	
11	Total tax. Add lines 7, 8, and 10. Enter here and on page 1, line 31.		11	0

Part II - Reserved For Future Use

12	Reserved for future use		12	
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Part III - Payments and Refundable Credits

13	2021 overpayment credited to 2022		13	
14	2022 estimated tax payments		14	
15	2022 refund applied for on Form 4466		15	()
16	Combine lines 13, 14, and 15		16	
17	Tax deposited with Form 7004		17	
18	Withholding (see instructions)		18	
19	Total payments. Add lines 16, 17, and 18.		19	
20	Refundable credits from:			
a	Form 2439	20a		
b	Form 4136	20b		
c	Reserved for future use	20c		
d	Other (attach statement - see instructions)	20d		
21	Total credits. Add lines 20a through 20d.		21	
22	Reserved for future use		22	
23	Total payments and credits. Add lines 19 and 21. Enter here and on page 1, line 33.		23	

Schedule K Other Information (see instructions)

1	Check accounting method: a <input type="checkbox"/> Cash b <input checked="" type="checkbox"/> Accrual c <input type="checkbox"/> Other (specify) _____	Yes	No
2	See the instructions and enter the:		
a	Business activity code no. <u>531310</u>		
b	Business activity <u>Home Owners Association</u>		
c	Product or service <u>Home Owners Association</u>		
3	Is the corporation a subsidiary in an affiliated group or a parent-subsi- dary controlled group? If "Yes," enter name and EIN of the parent corporation _____		X
4	At the end of the tax year:		
a	Did any foreign or domestic corporation, partnership (including any entity treated as a partnership), trust, or tax-exempt organization own directly 20% or more, or own, directly or indirectly, 50% or more of the total voting power of all classes of the corporation's stock entitled to vote? If "Yes," complete Part I of Schedule G (Form 1120) (attach Schedule G)		X
b	Did any individual or estate own directly 20% or more, or own, directly or indirectly, 50% or more of the total voting power of all classes of the corporation's stock entitled to vote? If "Yes," complete Part II of Schedule G (Form 1120) (attach Schedule G)		X
5	At the end of the tax year, did the corporation:		
a	Own directly 20% or more, or own, directly or indirectly, 50% or more of the total voting power of all classes of stock entitled to vote of any foreign or domestic corporation not included on Form 851 , Affiliations Schedule? For rules of constructive ownership, see instructions If "Yes," complete (i) through (iv) below.		X

(i) Name of Corporation	(ii) Employer Identification Number (if any)	(iii) Country of Incorporation	(iv) Percentage Owned in Voting Stock

b	Own directly an interest of 20% or more, or own, directly or indirectly, an interest of 50% or more in any foreign or domestic partnership (including an entity treated as a partnership) or in the beneficial interest of a trust? For rules of constructive ownership, see instructions If "Yes," complete (i) through (iv) below.	Yes	No
			X

(i) Name of Entity	(ii) Employer Identification Number (if any)	(iii) Country of Organization	(iv) Maximum Percentage Owned in Profit, Loss, or Capital

6	During this tax year, did the corporation pay dividends (other than stock dividends and distributions in exchange for stock) in excess of the corporation's current and accumulated earnings and profits? See sections 301 and 316. If "Yes," file Form 5452 , Corporate Report of Nondividend Distributions. See the instructions for Form 5452. If this is a consolidated return, answer here for the parent corporation and on Form 851 for each subsidiary.	Yes	No
			X
7	At any time during the tax year, did one foreign person own, directly or indirectly, at least 25% of the total voting power of all classes of the corporation's stock entitled to vote or at least 25% of the total value of all classes of the corporation's stock? For rules of attribution, see section 318. If "Yes," enter: (a) Percentage owned _____ and (b) Owner's country _____ (c) The corporation may have to file Form 5472 , Information Return of a 25% Foreign-Owned U.S. Corporation or a Foreign Corporation Engaged in a U.S. Trade or Business. Enter the number of Forms 5472 attached <u>0</u>	Yes	No
			X
8	Check this box if the corporation issued publicly offered debt instruments with original issue discount <input type="checkbox"/> If checked, the corporation may have to file Form 8281 , Information Return for Publicly Offered Original Issue Discount Instruments.		
9	Enter the amount of tax-exempt interest received or accrued during the tax year \$ _____		
10	Enter the number of shareholders at the end of the tax year (if 100 or fewer) _____		
11	If the corporation has an NOL for the tax year and is electing to forego the carryback period, check here (see instructions). . . <input type="checkbox"/> If the corporation is filing a consolidated return, the statement required by Regulations section 1.1502-21(b)(3) must be attached or the election will not be valid.		
12	Enter the available NOL carryover from prior tax years (do not reduce it by any deduction reported on page 1, line 29a.) \$ <u>8,618</u>		

Schedule K Other Information (continued from page 4)

Table with 2 columns: Question (13-26) and Yes/No checkboxes. Includes questions about total receipts, Schedule UTP, Form 1099, ownership changes, asset dispositions, section 351 transfers, cooperative basis, interest/royalty, gross receipts, Form 8991, Form 8996, and foreign acquisitions.

Schedule L	Balance Sheets per Books	Beginning of tax year		End of tax year	
		(a)	(b)	(c)	(d)
Assets					
1	Cash		143,467		144,811
2a	Trade notes and accounts receivable	5,294		7,516	
b	Less allowance for bad debts	()	5,294	()	7,516
3	Inventories				
4	U.S. government obligations				
5	Tax-exempt securities (see instructions)				
6	Other current assets (attach statement)				
7	Loans to shareholders				
8	Mortgage and real estate loans				
9	Other investments (attach statement)	Statement #9	1,282,418		1,333,656
10a	Buildings and other depreciable assets	1,832,099		1,832,099	
b	Less accumulated depreciation	(1,177,589)	654,510	(1,214,501)	617,598
11a	Depletable assets				
b	Less accumulated depletion	()		()	
12	Land (net of any amortization)				
13a	Intangible assets (amortizable only)				
b	Less accumulated amortization	()		()	
14	Other assets (attach statement)				
15	Total assets		2,085,689		2,103,581
Liabilities and Shareholders' Equity					
16	Accounts payable				
17	Mortgages, notes, bonds payable in less than 1 year				
18	Other current liabilities (attach statement)	Statement #11	129,584		129,282
19	Loans from shareholders				
20	Mortgages, notes, bonds payable in 1 year or more				
21	Other liabilities (attach statement)				
22	Capital stock: a Preferred stock				
	b Common stock				
23	Additional paid-in capital				
24	Retained earnings-Appropriated (attach statement)				
25	Retained earnings-Unappropriated		1,956,105		1,974,299
26	Adjustments to shareholders' equity (attach statement)				
27	Less cost of treasury stock		()		()
28	Total liabilities and shareholders' equity		2,085,689		2,103,581

Schedule M-1 Reconciliation of Income (Loss) per Books With Income per Return

Note: The corporation may be required to file Schedule M-3. See instructions.

1	Net income (loss) per books	18,194	7	Income recorded on books this year not included on this return (itemize): Tax-exempt interest \$ _____	
2	Federal income tax per books				
3	Excess of capital losses over capital gains				
4	Income subject to tax not recorded on books this year (itemize): _____				
5	Expenses recorded on books this year not deducted on this return (itemize): a Depreciation \$ _____ b Charitable contributions \$ _____ c Travel and entertainment \$ _____		8	Deductions on this return not charged against book income this year (itemize): a Depreciation \$ _____ b Charitable contributions \$ _____	
6	Add lines 1 through 5	18,194	9	Add lines 7 and 8	
			10	Income (page 1, line 28)-line 6 less line 9	18,194

Schedule M-2 Analysis of Unappropriated Retained Earnings per Books (Schedule L, Line 25)

1	Balance at beginning of year	1,956,105	5	Distributions: a Cash	
2	Net income (loss) per books	18,194		b Stock	
3	Other increases (itemize): _____			c Property	
			6	Other decreases (itemize): _____	
4	Add lines 1, 2, and 3	1,974,299	7	Add lines 5 and 6	
			8	Balance at end of year (line 4 less line 7)	1,974,299

**SCHEDULE D
(Form 1120)**

Department of the Treasury
Internal Revenue Service

Capital Gains and Losses

Attach to Form 1120, 1120-C, 1120-F, 1120-FSC, 1120-H, 1120-IC-DISC, 1120-L, 1120-ND, 1120-PC, 1120-POL, 1120-REIT, 1120-RIC, 1120-SF, or certain Forms 990-T.

Go to www.irs.gov/Form1120 for instructions and the latest information.

OMB No. 1545-0123

2022

Name SHELTER COVE COMPANY	Employer identification number 57-0739304
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Did the corporation dispose of any investment(s) in a qualified opportunity fund during the tax year? Yes No
If "Yes," attach Form 8949 and see its instructions for additional requirements for reporting your gain or loss.

Part I Short-Term Capital Gains and Losses - Assets Held One Year or Less

See instructions for how to figure the amounts to enter on the lines below. This form may be easier to complete if you round off cents to whole dollars.	(d) Proceeds (sales price)	(e) Cost (or other basis)	(g) Adjustments to gain or loss from Form(s) 8949, Part I, line 2, column (g)	(h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g)
1a Totals for all short-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 1b				
1b Totals for all transactions reported on Form(s) 8949 with Box A checked	110,789	122,929	0	(12,140)
2 Totals for all transactions reported on Form(s) 8949 with Box B checked				
3 Totals for all transactions reported on Form(s) 8949 with Box C checked				
4 Short-term capital gain from installment sales from Form 6252, line 26 or 37			4	
5 Short-term capital gain or (loss) from like-kind exchanges from Form 8824			5	
6 Unused capital loss carryover (attach computation)			6	()
7 Net short-term capital gain or (loss). Combine lines 1a through 6 in column h			7	(12,140)

Part II Long-Term Capital Gains and Losses - Assets Held More Than One Year

See instructions for how to figure the amounts to enter on the lines below. This form may be easier to complete if you round off cents to whole dollars.	(d) Proceeds (sales price)	(e) Cost (or other basis)	(g) Adjustments to gain or loss from Form(s) 8949, Part II, line 2, column (g)	(h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g)
8a Totals for all long-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 8b				
8b Totals for all transactions reported on Form(s) 8949 with Box D checked	534,068	500,203	25	33,890
9 Totals for all transactions reported on Form(s) 8949 with Box E checked				
10 Totals for all transactions reported on Form(s) 8949 with Box F checked				
11 Enter gain from Form 4797, line 7 or 9			11	
12 Long-term capital gain from installment sales from Form 6252, line 26 or 37			12	
13 Long-term capital gain or (loss) from like-kind exchanges from Form 8824			13	
14 Capital gain distributions (see instructions)			14	685
15 Net long-term capital gain or (loss). Combine lines 8a through 14 in column h			15	34,575

Part III Summary of Parts I and II

16 Enter excess of net short-term capital gain (line 7) over net long-term capital loss (line 15)				
17 Net capital gain. Enter excess of net long-term capital gain (line 15) over net short-term capital loss (line 7)				22,435
18 Add lines 16 and 17. Enter here and on Form 1120, page 1, line 8, or the applicable line on other returns				22,435

Note: If losses exceed gains, see *Capital Losses* in the instructions.

For Paperwork Reduction Act Notice, see the Instructions for Form 1120.

Schedule D (Form 1120) 2022

Cost of Goods Sold

▶ **Attach to Form 1120, 1120-C, 1120-F, 1120S, or 1065.**
 ▶ **Go to www.irs.gov/Form1125A for the latest information.**

Name SHELTER COVE COMPANY		Employer identification number 57-0739304
1	Inventory at beginning of year	1
2	Purchases	2 5,545
3	Cost of labor	3
4	Additional section 263A costs (attach schedule)	4
5	Other costs (attach schedule)	5
6	Total. Add lines 1 through 5	6 5,545
7	Inventory at end of year	7
8	Cost of goods sold. Subtract line 7 from line 6. Enter here and on Form 1120, page 1, line 2 or the appropriate line of your tax return. See instructions	8 5,545
9a Check all methods used for valuing closing inventory:		
(i) <input checked="" type="checkbox"/> Cost		
(ii) <input type="checkbox"/> Lower of cost or market		
(iii) <input type="checkbox"/> Other (Specify method used and attach explanation.) ▶ _____		
b	Check if there was a writedown of subnormal goods ▶	<input type="checkbox"/>
c	Check if the LIFO inventory method was adopted this tax year for any goods (if checked, attach Form 970) ▶	<input type="checkbox"/>
d	If the LIFO inventory method was used for this tax year, enter amount of closing inventory computed under LIFO	9d _____
e	If property is produced or acquired for resale, do the rules of section 263A apply to the entity? See instructions	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
f	Was there any change in determining quantities, cost, or valuations between opening and closing inventory? If "Yes," attach explanation	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

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.

Name(s) shown on return SHELTER COVE COMPANY	Business or activity to which this form relates FORM 1120	Identifying number 57-0739304
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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	
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	
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	
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	
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	
12 Section 179 expense deduction. Add lines 9 and 10, but don't enter more than line 11	12	
13 Carryover of disallowed deduction to 2023. Add lines 9 and 10, less line 12	13	

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

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 10,902

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 26,010
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	
			27.5 yrs.	MM	S/L	
i Nonresidential real property			39 yrs.	MM	S/L	
				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 36,912
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.

Sales and Other Dispositions of Capital Assets

Department of the Treasury
Internal Revenue Service

Go to www.irs.gov/Form8949 for instructions and the latest information.
File with your Schedule D to list your transactions for lines 1b, 2, 3, 8b, 9, and 10 of Schedule D.

2022
Attachment
Sequence No. **12A**

Name(s) shown on return: **SHELTER COVE COMPANY**
Social security number or taxpayer identification number: **57-0739304**

Before you check Box A, B, or C below, see whether you received any Form(s) 1099-B or substitute statement(s) from your broker. A substitute statement will have the same information as Form 1099-B. Either will show whether your basis (usually your cost) was reported to the IRS by your broker and may even tell you which box to check.

Part I Short-Term. Transactions involving capital assets you held 1 year or less are generally short-term (see instructions). For long-term transactions, see page 2.

Note: You may aggregate all short-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS and for which no adjustments or codes are required. Enter the totals directly on Schedule D, line 1a; you aren't required to report these transactions on Form 8949 (see instructions).

You must check Box A, B, or C below. Check only one box. If more than one box applies for your short-term transactions, complete a separate Form 8949, page 1, for each applicable box. If you have more short-term transactions than will fit on this page for one or more of the boxes, complete as many forms with the same box checked as you need.

- (A) Short-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS (see **Note** above)
- (B) Short-term transactions reported on Form(s) 1099-B showing basis **wasn't** reported to the IRS
- (C) Short-term transactions not reported to you on Form 1099-B

1	(a) Description of property (Example: 100 sh. XYZ Co.)	(b) Date acquired (Mo., day, yr.)	(c) Date sold or disposed of (Mo., day, yr.)	(d) Proceeds (sales price) (see instructions)	(e) Cost or other basis. See the Note below and see <i>Column (e)</i> in the separate instructions.	Adjustment, if any, to gain or loss. If you enter an amount in column (g), enter a code in column (f). See the separate instructions.		(h) Gain or (loss). Subtract column (e) from column (d) and combine the result with column (g).	
						(f) Code(s) from instructions	(g) Amount of adjustment		
	Blackrock Inflat Prot Bond	08-31-2022	11-30-2022	2,625	2,927			(302)	
	Clearbridge Intl Growth	06-17-2022	11-30-2022	1,377	1,621			(244)	
	Lord Abbett Sht Duration Inc	04-29-2022	05-03-2022	1,013	1,055			(42)	
	Pioneer Mlt Ast	04-29-2022	05-03-2022	30,896	31,152			(256)	
	Pioneer Strategic	10-31-2022	11-30-2022	27,932	32,291			(4,359)	
	Putnam Ultra Dur	04-29-2022	05-03-2022	94	94				
	Blackrock Inflat Prot Bond I	08-31-2022	11-30-2022	3,508	3,912			(404)	
	Clearbridge Intl Growth	06-17-2022	11-30-2022	1,927	2,267			(340)	
	Lord Abbett Sht Duration Inc	10-31-2022	11-30-2022	1,725	1,787			(62)	
	Pioneer Strategic Income Y	10-31-2022	11-30-2022	39,279	45,409			(6,130)	
	Putnam Ultra Sht Dur	10-31-2022	11-30-2022	413	414			(1)	
2	Totals. Add the amounts in columns (d), (e), (g), and (h) (subtract negative amounts). Enter each total here and include on your Schedule D, line 1b (if Box A above is checked), line 2 (if Box B above is checked), or line 3 (if Box C above is checked)				110,789	122,929			(12,140)

Note: If you checked Box A above but the basis reported to the IRS was incorrect, enter in column (e) the basis as reported to the IRS, and enter an adjustment in column (g) to correct the basis. See *Column (g)* in the separate instructions for how to figure the amount of the adjustment.

Name(s) shown on return. Name and SSN or taxpayer identification no. not required if shown on other side SHELTER COVE COMPANY	Social security number or taxpayer identification number 57-0739304
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Before you check Box D, E, or F below, see whether you received any Form(s) 1099-B or substitute statement(s) from your broker. A substitute statement will have the same information as Form 1099-B. Either will show whether your basis (usually your cost) was reported to the IRS by your broker and may even tell you which box to check.

Part II Long-Term. Transactions involving capital assets you held more than 1 year are generally long-term (see instructions). For short-term transactions, see page 1.

Note: You may aggregate all long-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS and for which no adjustments or codes are required. Enter the totals directly on Schedule D, line 8a; you aren't required to report these transactions on Form 8949 (see instructions).

You must check Box D, E, or F below. Check only one box. If more than one box applies for your long-term transactions, complete a separate Form 8949, page 2, for each applicable box. If you have more long-term transactions than will fit on this page for one or more of the boxes, complete as many forms with the same box checked as you need.

- (D)** Long-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS (see **Note** above)
- (E)** Long-term transactions reported on Form(s) 1099-B showing basis **wasn't** reported to the IRS
- (F)** Long-term transactions not reported to you on Form 1099-B

1	(a) Description of property (Example: 100 sh. XYZ Co.)	(b) Date acquired (Mo., day, yr.)	(c) Date sold or disposed of (Mo., day, yr.)	(d) Proceeds (sales price) (see instructions)	(e) Cost or other basis. See the Note below and see <i>Column (e)</i> in the separate instructions.	Adjustment, if any, to gain or loss. If you enter an amount in column (g), enter a code in column (f). See the separate instructions.		(h) Gain or (loss). Subtract column (e) from column (d) and combine the result with column (g).
						(f) Code(s) from instructions	(g) Amount of adjustment	
	Blackrock Inflat Prot Bond	10-29-2021	11-30-2022	27,854	28,859			(1,005)
	Clearbridge Intl Growth I	12-22-2020	11-30-2022	56,401	65,411			(9,010)
	Ishares Russell 1000	02-24-2016	11-30-2022	48,829	20,309			28,520
	Ishares Russell 1000 Value	02-24-2016	11-30-2022	49,981	30,280			19,701
	JP Morgan Strat Inc	09-03-2015	11-30-2022	1,907	1,932	W	5	(20)
	Lord Abbot Sht Duration	04-30-2021	05-03-2022	42,416	44,499			(2,083)
	Putnam Ultra Sht Dur	04-30-2021	05-03-2022	24,664	24,853			(189)
	Vanguard Mid Cap	10-16-2015	11-30-2022	27,863	15,646			12,217
	Vanguard Small Cap eft	10-12-2015	11-30-2022	14,451	8,364			6,087
	American Cap Wrld Gr	12-03-2020	11-30-2022	28,022	30,176	W	20	(2,134)
	Blackrock Inflat Prot Bond	10-29-2021	11-30-2022	37,228	38,630			(1,402)
	Clearbridge Intl Growth	12-22-2020	11-30-2022	78,899	91,503			(12,604)
	Ishares Russell 1000 GRW	09-25-2015	11-30-2022	1,156	477			679
	Lord Abbett Sht Duration Inc	10-29-2021	11-30-2022	58,383	63,390			(5,007)
	Putnam Ultra Sht Dur	10-29-2021	11-30-2022	34,844	35,193			(349)
	Vanguard Small Cap	09-03-2015	11-30-2022	1,170	681			489
2	Totals. Add the amounts in columns (d), (e), (g), and (h) (subtract negative amounts). Enter each total here and include on your Schedule D, line 8b (if Box D above is checked), line 9 (if Box E above is checked), or line 10 (if Box F above is checked)			534,068	500,203		25	33,890

Note: If you checked Box D above but the basis reported to the IRS was incorrect, enter in column (e) the basis as reported to the IRS, and enter an adjustment in column (g) to correct the basis. See *Column (g)* in the separate instructions for how to figure the amount of the adjustment.

Form **8879-CORP**
(December 2022)

E-file Authorization for Corporations

For calendar year 2022, or tax year beginning 06-01, 2022, ending 05-31, 20 23

Use for efile authorizations for Form 1120, 1120-F or 1120S.

Do not send to the IRS. Keep for your records.

Go to www.irs.gov/Form8879CORP for the latest information.

OMB No. 1545-0123

Department of the Treasury
Internal Revenue Service

Name of corporation

Employer identification number

SHELTER COVE COMPANY

57-0739304

Part I Information (Whole dollars only)

1	Total income (Form 1120, line 11)	1	1,642,836
2	Total income (Form 1120-F, Section II, line 11)	2	
3	Total income (loss) (Form 1120-S, line 6)	3	

Part II Declaration and Signature Authorization of Officer. Be sure to get a copy of the corporation's return.

Under penalties of perjury, I declare that I am an officer of the above corporation and that I have examined a copy of the corporation's electronic income tax 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 amounts in Part I above are the amounts shown on the copy of the corporation's electronic income tax return. I consent to allow my electronic return originator (ERO), transmitter, or intermediate service provider to send the corporation's 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 corporation's 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 corporation's electronic income tax return and, if applicable, the corporation's consent to electronic funds withdrawal.

Officer's PIN: check one box only

I authorize _____ to enter my PIN _____ as my signature _____
ERO firm name do not enter all zeros
 on the corporation's electronically filed income tax return.

As an officer of the corporation, I will enter my PIN as my signature on the corporation's electronically filed income tax return. **39304**

Officer's signature _____ Date 07-15-2023 Title President

Part III Certification and Authentication

ERO's EFIN/PIN. Enter your six-digit EFIN followed by your five-digit self-selected PIN. 579568 57213
do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the electronically filed income tax return for the corporation indicated above. I confirm that I am submitting this return in accordance with the requirements of **Pub. 3112**, IRS *e-file* Application and Participation, and **Pub. 4163**, Modernized e-File (MeF) Information for Authorized IRS *e-file* Providers for Business Returns.

ERO's signature Charles E Jernigan CPA Date 08-12-2024

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

For Paperwork Reduction Act Notice, see instructions.

Form **8879-CORP** (12-2022)

Elections

(This page is e-filed with the return. Include it if paper-filing.)

2022 PG01

Name(s) as shown on return

SSN/EIN

SHELTER COVE COMPANY

57-0739304

Section 1.263(a)-3(h) Safe Harbor Election for Small Taxpayers

NAME: SHELTER COVE COMPANY

ADDRESS: PO BOX 6004, Hilton Head Island, SC 29938

SSN/EIN: 57-0739304

ELECTION: The amounts paid for repairs, maintenance, improvements and similar activities performed on the eligible building(s) described below qualify under the safe harbor provided in Reg. Section 1.263(a)-3(h)(1).

DESCRIPTION: Unit 305 Waters Edge

Federal Supporting Statements

2022 PG01

Name(s) as shown on return

Tax ID Number

SHELTER COVE COMPANY

57-0739304

Form 1120 - Line 26 - Other Deductions

Statement #5

Description	Amount
Bank charges	469
Liability Insurance	51,224
Legal and professional	7,544
Marketing	16,771
Office expense	10,869
Postage/Shipping	1,395
Security	355,405
Telephone	2,471
Utilities	35,229
Ground and Road Maintenance	189,687
Irrigation Repairs	3,677
Facility Repairs and Maintenance	42,891
Internet Marketing	16,068
Brokerage Management fees	13,281
Property Owner Association fees	7,903
Gate Pass Fees	11,498
Internet Service	<u>3,956</u>
Total	<u><u>770,338</u></u>

Schedule L - Line 9

PG01
Statement #9

Description	Beg Of Year	End Of Year
Catastrophic Reserve	708,896	761,508
Capital Project Fund	<u>573,522</u>	<u>572,148</u>
Total	<u><u>1,282,418</u></u>	<u><u>1,333,656</u></u>

Federal Supporting Statements

2022 PG01

Name(s) as shown on return

SHELTER COVE COMPANY

Tax ID Number

57-0739304

Schedule L - Line 18

Statement #11

Description	Beg Of Year	End Of Year
Compliance Deposit	46,204	47,204
Accrued Road Repair	49,000	49,000
Accrued Catastrophic	33,039	33,039
Payroll Taxes	<u>1,341</u>	<u>39</u>
Total	<u>129,584</u>	<u>129,282</u>

1120

Overflow Statement

2022

Page 1

(This page is not filed with the return. It is for your records only.)

Name(s) as shown on return

SHELTER COVE COMPANY

FEIN

57-0739304

1099 Composit

Description	Amount
Catastrophic account 1534 Cap Gain Distribution	\$ 393
Capital Project account 3534 Cap Gain Distribution	292
Total:	\$ 685

Other Deductions - Utilities

Description	Amount
Utilities Electricity	\$ 12,100
Utilities Lights	11,472
Utilities Water	11,657
Total:	\$ 35,229

Description	Amount
Capital Project Morgan Stanley account 3534	\$ 15,658
Catastrophic Morgan Stanley account 1534	26,196
Total:	\$ 41,854

Taxes and Licenses Attachment

Note: This information does not transmit to the IRS with e-filed returns.
Including with a paper filed return is optional.

2022

CORPORATION NAME SHELTER COVE COMPANY	EIN 57-0739304
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Taxes and Licenses	Form 1120, line 17 Form 1120-C, line 15 Form 1120-H, line 12
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1 State income taxes	1	
2 State franchise taxes	2	
3 City income taxes	3	
4 City franchise taxes	4	
5 Real estate taxes	5	
6 Local property taxes	6	6,073
7 Intangible property taxes	7	
8 Payroll taxes	8	4,977
9 Less: credit from Form 8846	9	
10 Foreign taxes paid	10	
11 Occupancy taxes	11	
12 Other miscellaneous taxes	12	
13 Licenses	13	
14 Total to Form 1120, Page 1, Line 17	14	11,050

NOL Limitations Worksheet

(This page is not filed with the return. It is for your records only.)

2022

Name(s) as shown on return

Tax ID Number

SHELTER COVE COMPANY

57-0739304

Description	Amount
Taxable Income	(2,733)
80% Limitation	<u>0.8</u>
Post 2017 NOL allowable	(2,186)
Taxable Income	(2,733)
Less: pre-2018 losses	<u>0</u>
Remaining Taxable Income	(2,733)
Less: post-2017 losses allowed	<u>0</u>
Taxable Income after NOL deduction	(2,733)

* Item is included in UBIA
for Section 199A calculations.
See "UBIA" in lower right corner.

Depreciation Detail Listing

FORM 1120

2022

PAGE 1

(This page is not filed with the return. It is for your records only.)

Name(s) as shown on return

Social security number/EIN

SHELTER COVE COMPANY

57-0739304

No.	Description	Date	Cost	Basis Adjustment	Business percentage	Section 179	Bonus depreciation	Depreciable Basis	Life	Method	Rate	Prior Depreciation	Current Depreciation	Accumulated Depreciation	AMT Current
1	Pavillion Building St	05302018	299,800		100.00			299,800	27.5	SL MM	3.636	49,514	10,902	60,416	
2	Unit 305 Waters Edge	12032015	168,453		100.00			168,453	27.5	SL MM	3.636	24,298		24,298	
3	Furniture and Fixtur	12052015	5,174		100.00			5,174	5		0	5,174		5,174	
4	Seawall Restoration	12062019	355,840		100.00	PY 300,000		55,840	15	150 DB HY	7.7	312,871	4,300	317,171	
5	Lighting Renovations	11152019	187,513		100.00	PY 187,513		0	15	150 DB HY	7.7	187,513		187,513	
6	Road Signage	09152019	29,919		100.00	PY 29,919		0	5	200 DB HY	11.52	29,919		29,919	
7	Phase III Marina Rewo	12152021	785,400		100.00	PY 556,874		228,526	15	150 DB HY	9.5	568,300	21,710	590,010	
Totals			1,832,099					757,793				1,177,589	36,912	1,214,501	

Land Amount
Net Depreciable Cost

1,832,099

PY 1,074,306

CY 179 and CY Bonus
TOTAL CY Depr including 179/bonus

36,912

ST ADJ:

Next Year's Depreciation Worksheet

(This page is not filed with the return. It is for your records only.)

2022

Name(s) as shown on return

Tax ID Number

SHELTER COVE COMPANY

57-0739304

Form	Multi-Form	Description	Date	Basis	Method	Life	Deduction
1120	1	Pavillion Building Struc	05-30-2018	299,800	SL	27.5	10,902
1120	1	Furniture and Fixtures	12-05-2015	5,174	M	5	
1120	1	Seawall Restoration	12-06-2019	55,840	M	15	3,870
1120	1	Lighting Renovations	11-15-2019		M	15	
1120	1	Road Signage	09-15-2019		M	5	
1120	1	Phase III Marina Rework	12-15-2021	228,526	M	15	19,539
		TOTAL					34,311

**Form 1120, Line 29a, NOL Deduction
Form 1120-C, Schedule G, Line 9a, Column (a),
Patronage NOL Deduction**

(This page is not filed with the return. It is for your records only.)

2022

Name(s) as shown on return

Tax ID Number

SHELTER COVE COMPANY

57-0739304

Year	Loss Carryover/ Carryback	Increase of NOL Due to Sec 170(d)(2)(B) Contribution Reduction*	Loss Applied to 2022	Unused Loss	Unused Sec 170(d)(2)(B)
2002					
2003					
2004					
2005					
2006					
2007					
2008					
2009					
2010					
2011					
2012					
2013					
2014					
2015					
2016					
2017					
2018					
2019					
2020					
2021	8,618			8,618	
	Current year NOL		Applied to Prior Years	Remaining 2022 NOL carryover	
2022	2,733			2,733	
	Future years NOL		Applied to 2022		
Future Years					
TOTALS	11,351		0	11,351	0

* A corporation having a net operating loss (NOL) carryover from any taxable year must apply the special rule of §170(d)(2)(B). The rules are designed to prevent a double tax benefit through interaction of NOL and charitable contribution carryovers. The excess charitable deduction can reduce taxable income only once. Under these rules, a corporation's charitable contributions carryover (but not the NOL carryover) must be reduced, to the extent the charitable contribution deduction, in computing the taxable income of an intervening year, would increase the NOL to a succeeding year.

Carryover/Carryforward Worksheet

Form 1120

(This page is not filed with the return. It is for your records only.)

2022

Name(s) as shown on return

Tax ID Number

SHELTER COVE COMPANY

57-0739304

	To Next Year
Form 1120	
Contributions carryover	_____
Net Operating Loss Carryover	<u>11,351</u>
Schedule D (Form 1120)	
Unused capital loss carryover	_____
Reserved for future use	_____
Carryover expiring this year	_____
Capital loss carryover to next year	_____
Form 2220	
Tax	_____
Form 3800	
General business credit carryforward	_____
Form 4562	
Section 179 Carryover	_____
Form 4797	
Nonrecaptured net section 1231 losses from WK_1231C	_____
Reserved for future use	_____
Reserved	
Reserved for future use	_____
Form 8827	
Minimum tax credit carryforward	_____



STATE OF SOUTH CAROLINA
C CORPORATION INCOME TAX RETURN

SC 1120
(Rev.5/18/22)
3091

dor.sc.gov

Due by the 15th day of the fourth month following the close of the taxable year

Income Tax period ending 05-31-2023
License Fee period ending 05-31-2024
FEIN 57-0739304
Name SHELTER COVE COMPANY
Mailing address PO BOX 6004
City Hilton Head Isla State SC ZIP 29938
Change of Address Accounting Period Officers

County or counties in SC where property is located
Beaufort
Audit location: Street address
23C Shelter Cove Ln
City State ZIP
Hilton Head Islan SC 29928
Audit contact: Name Phone number
Deborah Faragher
Email

Check if you filed a federal or state extension
Check if: Initial Return Consolidated Return (Complete Schedule M)
Amended Return Includes Disregarded LLC(s) (Complete Schedule L)
Check if: Merged Reorganized Final
Total gross receipts 1,584,092
Total cost of depreciable personal property in SC 1,832,099

Is the corporation included in a consolidated federal return?
Yes No
Name of federal parent company
FEIN of federal parent company
Attach complete copy of federal return

PART I COMPUTATION OF INCOME TAX LIABILITY

Table with 3 columns: Line number, Description, Amount. Includes rows for Federal taxable income, net adjustment, total net income, tax, and final balance due of 0.00.



PART II
COMPUTATION OF LICENSE FEE

20. Total capital and paid in surplus (multi-state corporations see Schedule E)	20.	0	00
21. License Fee: multiply line 20 by .001 then add \$15 (Fee cannot be less than \$25 per taxpayer)	21.	0	00
22. Credit taken this year from SC1120TC, Part II, Column C	22.	<	0 00 >
23. Balance (subtract line 22 from line 21)	23.	0	00
24. Payments: (a) Paid with extension	24a.		00
(b) Credit from line 19b	24b.		00
25. Total payments (add line 24a and line 24b)	25.	0	00
26. Balance of License Fee (subtract line 25 from line 23)	26.	0	00
27. (a) Interest <input type="text" value="00"/> (b) Late file/pay penalty <input type="text" value="00"/>	27.		00
Total (add line 27a and line 27b) See penalty and interest in SC1120 Instructions	27.		00
28. Total License Fee, interest, and penalty (add line 26 and line 27) BALANCE DUE	28.	0	00
29. Overpayment (subtract line 23 from line 25) <input type="text" value="00"/> To be applied as follows:			
(a) Estimated Tax <input type="text" value="00"/> (b) Income Tax <input type="text" value="00"/> (c) REFUND <input type="text" value="00"/>			00
30. GRAND TOTAL: INCOME TAX and LICENSE FEE DUE (add line 18 and line 28)	30.	0	00

REFUND OPTIONS (select one; subject to program limitations) Direct Deposit Paper Check

If you select Direct Deposit, choose the account type (US accounts only) Checking Savings

Account Routing Must be 9 digits. First two numbers of the RTN must be 01 - 12 or 21 - 32 Bank Account 1-17 digits Number (RTN) Number (BAN)

SCHEDULE A AND B ADDITIONS TO FEDERAL TAXABLE INCOME

1. Taxes on or measured by income	1.	0
2. Federal net operating loss	2.	0
3.	3.	
4.	4.	
5. Other additions (attach schedule)	5.	
6. Total additions (add line 1 through line 5)	6.	0

DEDUCTIONS FROM FEDERAL TAXABLE INCOME

7. Interest on US obligations	7.	0
8.	8.	
9.	9.	
10. Other deductions (attach schedule)	10.	
11. Total deductions (add line 7 through line 10)	11.	0
12. Net adjustment (subtract line 11 from line 6) Also enter on SC1120, Part I, line 2	12.	0

SCHEDULE C SUMMARY OF INCOME TAX CREDITS (FROM SC1120TC)

1. Credit carryover from previous year's SC1120, Schedule C (should match SC1120TC Column A, line 13)	1.	0
2. Enter total credits from SC1120TC, Column B, line 13 (attach SC1120TC and tax credit schedules)	2.	0
3. Total credits (add line 1 and line 2)	3.	0
4. Tax from SC1120, Part I, line 9	4.	0
5. Lesser of line 3 or line 4 (enter on SC1120, Part I, line 10; should match SC1120TC, Column C, line 13)	5.	0
6. Enter credits lost due to statute (should match SC1120TC, Column D, line 13)	6.	0
7. Credit carryover (subtract line 5 and line 6 from line 3; should match SC1120TC, Column E, line 13)	7.	0

Under penalty of law, I certify that I have examined this return, including accompanying annual report, statements, and schedules, and it is true and complete to the best of my knowledge.

Sign Here	Signature of officer	President	Officer's title	Email
	Alfred Nelson	08-12-2024	Date	Phone number
Paid Preparer's Use Only	Preparer's signature	08-12-2024	Date	Preparer's phone number
	Firm's name (or yours if self-employed) and address	CE JERNIGAN CPA	PTIN or FEIN	81-4276440
		PO BOX 6674 Hilton Head SC	ZIP	29938

If this is a corporation's final return, signing here authorizes the SCDOR to disclose that information to the South Carolina Secretary of State (SCSOS). You must close with the SCSOS and the SCDOR.

Taxpayer's signature 30912075

Date



SCHEDULE D ANNUAL REPORT TO BE COMPLETED BY ALL CORPORATIONS

- 1. Name SHELTER COVE COMPANY
- 2. Incorporated under the laws of the state of SC
- 3. Location of the registered office of the corporation in South Carolina PO BOX 6004
In the city of Hilton Head Island Registered agent at this address Walter Nester
- 4. Principal office address PO BOX 6004 Hilton Head Island SC 2
Nature of principal business in South Carolina Home Owners Association

5. Total number of **authorized shares** of capital stock, itemized by class and series, if any, within each class:

Number of shares	Class	Series
	COMMON	0

6. Total number of **issued and outstanding shares** of capital stock itemized by class and series, if any, within each class:

Number of shares	Class	Series
	COMMON	0

7. Names and business addresses of the directors (or individuals functioning as directors) and principal officers in the corporation:
Attach separate schedules if you need more space.

Name	Title	Business address
<u>Officers and Directors; President; 19 SHelter Cove Ln Suite 305; Hilton Hea</u>		
<u>are elected annually; Vice Pres; 19 Shelter Cove Ln Suite 305; Hilton Head</u>		

- 8. Date incorporated 02-19-1982 Date commenced business in South Carolina 02-19-1982
- 9. Date of this report 08-12-2024 FEIN 57-0739304
- 10. If foreign corporation, the date qualified to do business in South Carolina _____
- 11. Was the name of the corporation changed during the year? NO Previous name _____
- 12. The corporation's books are in the care of % Deborah Faragher
Located at (street address) PO Box 6004
- 13. If filing consolidated, complete and attach Schedule J for each corporation included in the consolidation.
- 14. Total amount of stated capital per balance sheet:
 - A. Total paid in capital stock (cannot be a negative amount) \$ _____
 - B. Total paid in capital surplus (cannot be a negative amount) \$ _____
 - C. Total amount of stated capital (cannot be a negative amount) \$ _____

Attach a complete copy of your federal return.

File electronically using Modernized Electronic Filing (MeF). **It's the fastest and easiest way to complete your return!**

Getting a refund? **Choose Direct Deposit! It's fast, accurate, and secure!**
 Have a balance due? **Pay online! It's quick and easy!** Use our free online tax portal, MyDORWAY, at dor.sc.gov/pay.
 Select **Business Income Tax Payment** to get started.

If you pay by check, make your check payable to SCDOR, and include your name, FEIN, tax year, and SC1120 in the memo.

Mail Balance Due returns to:
 SCDOR
 Corporate Taxable
 PO Box 100151
 Columbia, SC 29202

Mail Refund or Zero Tax returns to:
 SCDOR
 Corporate Refund
 PO Box 125
 Columbia, SC 29214-0032



Only multi-state corporations must complete Schedules E, F, G, and H

SCHEDULE E COMPUTATION OF LICENSE FEE OF MULTI-STATE CORPORATIONS

1. Total capital and paid in surplus at end of year	\$	0
2. SC proportion: (multiply line 1 by the ratio from Schedule H-1, H-2, or H-3, as appropriate) Also enter on SC1120, line 20.	\$	0

SCHEDULE F INCOME SUBJECT TO DIRECT ALLOCATION

	Gross Amounts 1	Less: Related Expenses 2	Net Amounts Allocated Directly to SC and Other States 3	Net Amounts Allocated Directly to SC 4
1. Interest not connected with business				
2. Dividends received				
3. Rents				
4. Gains/losses on real property				
5. Gains/losses on intangible personal property				
6. Investment income directly allocated				
7. Total income directly allocated				
8. Income directly allocated to SC				

SCHEDULE G COMPUTATION OF TAXABLE INCOME OF MULTI-STATE CORPORATIONS

1. Total net income as reconciled from SC1120, page 1, line 3	1.	
2. Income subject to direct allocation to SC and other states from Schedule F, line 7	2.	
3. Total net income subject to apportionment (subtract line 2 from line 1)	3.	
4. Multiply line 3 by appropriate ratio from Schedule H-1, H-2, or H-3	4.	
5. Income subject to direct allocation to SC from Schedule F, line 8	5.	
6. Total SC net income (add line 4 and line 5) Also enter on SC1120, page 1, line 4	6.	

SCHEDULE H-1 COMPUTATION OF SALES RATIO

	Amount	Ratio
1. Total sales within South Carolina (see instructions)		
2. Total sales everywhere (see instructions)		
3. Sales ratio (line 1 divided by line 2)		%

Note: If there are no sales anywhere: Enter 100% on line 3 if South Carolina is the principal place of business.
Enter 0% on line 3 if principal place of business is outside South Carolina.

SCHEDULE H-2 COMPUTATION OF GROSS RECEIPTS RATIO

	Amount	Ratio
1. South Carolina gross receipts		
2. Amounts allocated to South Carolina on Schedule F	< >	
3. South Carolina adjusted gross receipts (subtract line 2 from line 1)		
4. Total gross receipts		
5. Total amounts allocated on Schedule F	< >	
6. Total adjusted gross receipts (subtract line 5 from line 4)		
7. Gross receipts ratio (line 3 divided by line 6)		%

SCHEDULE H-3 COMPUTATION OF RATIO FOR SECTION 12-6-2310 COMPANIES

	Amount	Ratio
1. Total within South Carolina (see instructions)		
2. Total everywhere		
3. Taxable ratio (line 1 divided by line 2)		%



SCHEDULE I **RESERVED**
SCHEDULE J **CORPORATIONS INCLUDED IN CONSOLIDATED RETURN**
AFFILIATED CORPORATION NO.

1. Name _____
2. Incorporated under the laws of the state of _____
3. Location of the registered office of the corporation in South Carolina _____
 In the city of _____ Registered agent at this address _____
4. Principal office address _____
 Nature of principal business in South Carolina _____
5. Total number of **authorized shares** of capital stock, itemized by class and series, if any, within each class:

Number of shares	Class	Series

6. Total number of **issued and outstanding shares** of capital stock itemized by class and series, if any, within each class:
- | Number of shares | Class | Series |
|------------------|-------|--------|
| | | |

7. Names and business addresses of the directors (or individuals functioning as directors) and principal officers in the corporation:
 Attach separate schedules if you need more space.
- | Name | Title | Business address |
|------|-------|------------------|
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |

8. Date incorporated _____ Date commenced business in South Carolina _____
9. Date of this report _____ FEIN _____ SC file # _____
10. If foreign corporation, the date qualified to do business in South Carolina _____
11. Was the name of the corporation changed during the year? _____ Previous name _____
12. The corporation's books are in the care of _____
 Located at (street address) _____
13. Corporate mailing address _____
14. Total amount of stated capital per balance sheet:
 - A. Total paid in capital stock (cannot be a negative amount) \$ _____
 - B. Total paid in capital surplus (cannot be a negative amount) \$ _____
 - C. Total amount of stated capital (cannot be a negative amount) \$ _____

For additional affiliated corporations, include additional Schedule Js as needed.



57-0739304

SCHEDULE L DISREGARDED LLCs INCLUDED IN RETURN

List each disregarded Limited Liability Company (LLC) doing business in South Carolina or registered with the SCSOS.

Name

FEIN/SC File #

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Include additional Schedule Ls as needed.



SCHEDULE M CONSOLIDATED RETURN AFFILIATIONS SCHEDULE

Include additional Schedule Ms as needed. Include only corporations doing business in South Carolina.

Part 1 General Information

Is the common parent corporation included in the return? Yes No

If no, enter name and FEIN of common parent corporation.

Name	FEIN
Name of each corporation included in this consolidated return	FEIN
Corporation 1	
Corporation 2	
Corporation 3	
Corporation 4	
Corporation 5	
Corporation 6	
Corporation 7	
Corporation 8	

Part 2 Income Tax Information

	Federal Taxable Income	Amounts Directly Allocated	Amounts Allocated to SC	SC Adjustments	SC NOL Prior Year Carryovers
Corporation 1	\$	\$	\$	\$	\$
Corporation 2					
Corporation 3					
Corporation 4					
Corporation 5					
Corporation 6					
Corporation 7					
Corporation 8					
Total					
	Equals page 1, line 1	Equals Sch. F, line 7	Equals Sch. F, line 8	Equals page 1, line 2	Equals page 1, line 5

Part 3 License Fee, Allocation, and Apportionment Information

	Tax Credited on Return	Total Capital and Paid in Surplus	Apportionment Percentage	License Fee
Corporation 1	\$	\$	%	\$
Corporation 2				
Corporation 3				
Corporation 4				
Corporation 5				
Corporation 6				
Corporation 7				
Corporation 8				
Total				
	Equals page 1, line 15	Equals page 2, line 20	From Schedule H	Equals page 2, line 21



SCHEDULE N	PROPERTY INFORMATION
-------------------	-----------------------------

Property within South Carolina

	(a) Beginning period	(b) Ending period
1. Land		
2. Buildings	1,832,099	1,832,099
3. Machinery and equipment		
4. Construction in progress		
5. Other property*		
Total	1,832,099	1,832,099

*Provide an explanation or listing of property from line 5 above.

Description of Property	(a) Beginning period	(b) Ending period
Total		

Depreciation and Amortization
(Including Information on Listed Property)

State **SC**

▶ See separate instructions. ▶ Keep for your records.

Name(s) shown on return SHELTER COVE COMPANY	Business or activity to which this form relates FORM 1120	Identifying number 57-0739304
--	---	---

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	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
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	
10	Carryover of disallowed deduction from line 13 of your 2021 Form 990	10	
11	Business income limitation. Enter the smaller of business income (not less than zero) or line 5. See instructions	11	
12	Section 179 expense deduction. Add lines 9 and 10, but don't enter more than line 11	12	
13	Carryover of disallowed deduction to 2023. Add lines 9 and 10, less line 12	13	

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

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	10,902

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	26,010
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	
			27.5 yrs.	MM	S/L	
i Nonresidential real property			39 yrs.	MM	S/L	
				MM	S/L	

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

20a	Class life					
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	36,912
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.

SCEF_ACK

**Acknowledgement and General Information for
Taxpayers Who File Returns Electronically**

2022

Name(s) as shown on return

SHELTER COVE COMPANY

Identification Number

-*9304

Address

PO BOX 6004
Hilton Head Island, SC 29938

Thank you for participating in IRS e-file.

1. Your 2022 state income tax return for SC1120 was filed electronically.
The electronic filing services were provided by CE JERNIGAN CPA.
2. Your return was accepted on 07-07-2023 using a Personal Identification Number (PIN) as your electronic signature. You entered a PIN or authorized the Electronic Return Originator (ERO) to enter or generate a PIN for you.
The submission ID assigned to this return is 5795682023188voclval.

**PLEASE DO NOT SEND A PAPER COPY OF THE TAX RETURN TO THE
STATE. IF YOU DO, IT WILL DELAY THE PROCESSING OF THE RETURN.**

- A Check if:**
1a Consolidated return (attach Form 851)
b Life/nonlife consolidated return
2 Personal holding co. (attach Sch. PH)
3 Personal service corp. (see instructions)
4 Schedule M-3 attached

TYPE OR PRINT	Name SHELTER COVE COMPANY
	Number, street, and room or suite no. If a P.O. box, see instructions. PO BOX 6004
	City or town, state or province, country and ZIP or foreign postal code Hilton Head Island SC 29938

B Employer identification number
57-0739304

C Date incorporated
02-19-1982

D Total assets (see instructions)
\$ **2,085,689**

E Check if: (1) Initial return (2) Final return (3) Name change (4) Address change

Income	1a Gross receipts or sales.	1a	1,341,176	
	b Returns and allowances	1b		
	c Balance. Subtract line 1b from line 1a	1c		1,341,176
	2 Cost of goods sold (attach Form 1125-A)	2		
	3 Gross profit. Subtract line 2 from line 1c	3		1,341,176
	4 Dividends and inclusions (Schedule C, line 23)	4		22,851
	5 Interest	5		3
	6 Gross rents	6		
	7 Gross royalties	7		
	8 Capital gain net income (attach Schedule D (Form 1120))	8		101,824
	9 Net gain or (loss) from Form 4797, Part II, line 17 (attach Form 4797)	9		
10 Other income (see instructions - attach statement)	10			
11 Total income. Add lines 3 through 10 ▶	11		1,465,854	
Deductions (See instructions for limitations on deductions.)	12 Compensation of officers (see instructions - attach Form 1125-E) ▶	12		
	13 Salaries and wages (less employment credits)	13		64,721
	14 Repairs and maintenance	14		
	15 Bad debts	15		
	16 Rents	16		
	17 Taxes and licenses Wks. Tax/Lic	17		10,933
	18 Interest (see instructions)	18		
	19 Charitable contributions	19		
	20 Depreciation from Form 4562 not claimed on Form 1125-A or elsewhere on return (attach Form 4562)	20		583,976
	21 Depletion	21		
	22 Advertising	22		
	23 Pension, profit-sharing, etc., plans	23		
	24 Employee benefit programs	24		
	25 Reserved for future use	25		
	26 Other deductions (attach statement) Statement #5.	26		803,416
	27 Total deductions. Add lines 12 through 26 ▶	27		1,463,046
	28 Taxable income before net operating loss deduction and special deductions. Subtract line 27 from line 11	28		2,808
29a Net operating loss deduction (see instructions)	29a			
b Special deductions (Schedule C, line 24)	29b	11,426		
c Add lines 29a and 29b	29c		11,426	
Tax, Refundable Credits, & Payments	30 Taxable income. Subtract line 29c from line 28. See instructions	30		(8,618)
	31 Total tax (Schedule J, Part I, line 11)	31		0
	32 Reserved for future use	32		
	33 Total payments and credits (Schedule J, Part III, line 23)	33		
	34 Estimated tax penalty. See instructions. Check if Form 2220 is attached ▶ <input type="checkbox"/>	34		
	35 Amount owed. If line 33 is smaller than the total of lines 31 and 34, enter amount owed	35		
	36 Overpayment. If line 33 is larger than the total of lines 31 and 34, enter amount overpaid	36		
37 Enter amount from line 36 you want: Credited to 2022 estimated tax ▶ Refunded ▶ 37	37			

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

Alfred Nelson		President
Signature of officer	Date	Title

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

Paid Preparer Use Only	Print/Type preparer's name Charles E Jernigan CPA	Preparer's signature Charles E Jernigan CPA	Date 07-24-2023	Check <input type="checkbox"/> if self-employed	PTIN P00932839
	Firm's name ▶ CE JERNIGAN CPA	Firm's EIN ▶ 81-4276440			Phone no.
	Firm's address ▶ PO BOX 6674	Hilton Head Island SC 29938			(843)290-0083

Schedule C Dividends, Inclusions, and Special Deductions (see instructions)		(a) Dividends and inclusions	(b) %	(c) Special deductions (a) x (b)
1	Dividends from less-than-20%-owned domestic corporations (other than debt-financed stock)	22,851	50	11,426
2	Dividends from 20%-or-more-owned domestic corporations (other than debt-financed stock)		65	
3	Dividends on certain debt-financed stock of domestic and foreign corporations		See instructions	
4	Dividends on certain preferred stock of less-than-20%-owned public utilities		23.3	
5	Dividends on certain preferred stock of 20%-or-more-owned public utilities		26.7	
6	Dividends from less-than-20%-owned foreign corporations and certain FSCs		50	
7	Dividends from 20%-or-more-owned foreign corporations and certain FSCs		65	
8	Dividends from wholly owned foreign subsidiaries		100	
9	Subtotal. Add lines 1 through 8. See instructions for limitations	22,851	See instructions	11,426
10	Dividends from domestic corporations received by a small business investment company operating under the Small Business Investment Act of 1958		100	
11	Dividends from affiliated group members		100	
12	Dividends from certain FSCs		100	
13	Foreign-source portion of dividends received from a specified 10%-owned foreign corporation (excluding hybrid dividends) (see instructions)		100	
14	Dividends from foreign corporations not included on line 3, 6, 7, 8, 11, 12, or 13 (including any hybrid dividends)			
15	Reserved for future use			
16a	Subpart F inclusions derived from the sale by a controlled foreign corporation (CFC) of the stock of a lower-tier foreign corporation treated as a dividend (attach Form(s) 5471) (see instructions)		100	
b	Subpart F inclusions derived from hybrid dividends of tiered corporations (attach Form(s) 5471) (see instructions)			
c	Other inclusions from CFCs under subpart F not included on line 16a, 16b, or 17 (attach Form(s) 5471) (see instructions)			
17	Global Intangible Low-Taxed Income (GILTI) (attach Form(s) 5471 and Form 8992)			
18	Gross-up for foreign taxes deemed paid			
19	IC-DISC and former DISC dividends not included on line 1, 2, or 3			
20	Other dividends			
21	Deduction for dividends paid on certain preferred stock of public utilities			
22	Section 250 deduction (attach Form 8993)			
23	Total dividends and inclusions. Add column (a), lines 9 through 20. Enter here and on page 1, line 4	22,851		
24	Total special deductions. Add column (c), lines 9 through 22. Enter here and on page 1, line 29b			11,426

Schedule J Tax Computation and Payment (see instructions)

Part I - Tax Computation

1	Check if the corporation is a member of a controlled group (attach Schedule O (Form 1120)). See instructions	<input type="checkbox"/>		
2	Income tax. See instructions		2	0
3	Base erosion minimum tax amount (attach Form 8991)		3	
4	Add lines 2 and 3		4	0
5a	Foreign tax credit (attach Form 1118)	5a	0	
b	Credit from Form 8834 (see instructions)	5b		
c	General business credit (attach Form 3800)	5c		
d	Credit for prior year minimum tax (attach Form 8827)	5d		
e	Bond credits from Form 8912	5e		
6	Total credits. Add lines 5a through 5e.		6	
7	Subtract line 6 from line 4		7	0
8	Personal holding company tax (attach Schedule PH (Form 1120))		8	0
9a	Recapture of investment credit (attach Form 4255)	9a		
b	Recapture of low-income housing credit (attach Form 8611)	9b		
c	Interest due under the look-back method - completed long-term contracts (attach Form 8697)	9c		
d	Interest due under the look-back method - income forecast method (attach Form 8866)	9d		
e	Alternative tax on qualifying shipping activities (attach Form 8902)	9e		
f	Interest/tax due under Section 453A(c) and/or Section 453(l)	9f		
g	Other (see instructions - attach statement)	9g		
10	Total. Add lines 9a through 9g.		10	
11	Total tax. Add lines 7, 8, and 10. Enter here and on page 1, line 31.		11	0

Part II - Reserved For Future Use

12	Reserved for future use		12	
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Part III - Payments and Refundable Credits

13	2020 overpayment credited to 2021		13	
14	2021 estimated tax payments		14	
15	2021 refund applied for on Form 4466		15	()
16	Combine lines 13, 14, and 15		16	
17	Tax deposited with Form 7004		17	
18	Withholding (see instructions)		18	
19	Total payments. Add lines 16, 17, and 18.		19	
20	Refundable credits from:			
a	Form 2439	20a		
b	Form 4136	20b		
c	Reserved for future use	20c		
d	Other (attach statement - see instructions)	20d		
21	Total credits. Add lines 20a through 20d.		21	
22	Reserved for future use		22	
23	Total payments and credits. Add lines 19 and 21. Enter here and on page 1, line 33.		23	

Schedule K Other Information (see instructions)

1 Check accounting method: a [] Cash b [X] Accrual c [] Other (specify) ▶
2 See the instructions and enter the:
a Business activity code no. ▶ 531310
b Business activity ▶ Home Owners Association
c Product or service ▶ Home Owners Association
3 Is the corporation a subsidiary in an affiliated group or a parent-subsidary controlled group? X
If "Yes," enter name and EIN of the parent corporation ▶
4 At the end of the tax year:
a Did any foreign or domestic corporation, partnership (including any entity treated as a partnership), trust, or tax-exempt organization own directly 20% or more, or own, directly or indirectly, 50% or more of the total voting power of all classes of the corporation's stock entitled to vote? If "Yes," complete Part I of Schedule G (Form 1120) (attach Schedule G) X
b Did any individual or estate own directly 20% or more, or own, directly or indirectly, 50% or more of the total voting power of all classes of the corporation's stock entitled to vote? If "Yes," complete Part II of Schedule G (Form 1120) (attach Schedule G) X
5 At the end of the tax year, did the corporation:
a Own directly 20% or more, or own, directly or indirectly, 50% or more of the total voting power of all classes of stock entitled to vote of any foreign or domestic corporation not included on Form 851, Affiliations Schedule? For rules of constructive ownership, see instructions. X
If "Yes," complete (i) through (iv) below.

Table with 4 columns: (i) Name of Corporation, (ii) Employer Identification Number (if any), (iii) Country of Incorporation, (iv) Percentage Owned in Voting Stock

b Own directly an interest of 20% or more, or own, directly or indirectly, an interest of 50% or more in any foreign or domestic partnership (including an entity treated as a partnership) or in the beneficial interest of a trust? For rules of constructive ownership, see instructions X
If "Yes," complete (i) through (iv) below.

Table with 4 columns: (i) Name of Entity, (ii) Employer Identification Number (if any), (iii) Country of Organization, (iv) Maximum Percentage Owned in Profit, Loss, or Capital

6 During this tax year, did the corporation pay dividends (other than stock dividends and distributions in exchange for stock) in excess of the corporation's current and accumulated earnings and profits? See sections 301 and 316 X
If "Yes," file Form 5452, Corporate Report of Nondividend Distributions. See the instructions for Form 5452.
If this is a consolidated return, answer here for the parent corporation and on Form 851 for each subsidiary.
7 At any time during the tax year, did one foreign person own, directly or indirectly, at least 25% of the total voting power of all classes of the corporation's stock entitled to vote or at least 25% of the total value of all classes of the corporation's stock? X
For rules of attribution, see section 318. If "Yes," enter:
(a) Percentage owned ▶ and (b) Owner's country ▶
(c) The corporation may have to file Form 5472, Information Return of a 25% Foreign-Owned U.S. Corporation or a Foreign Corporation Engaged in a U.S. Trade or Business. Enter the number of Forms 5472 attached ▶ 0
8 Check this box if the corporation issued publicly offered debt instruments with original issue discount []
If checked, the corporation may have to file Form 8281, Information Return for Publicly Offered Original Issue Discount Instruments.
9 Enter the amount of tax-exempt interest received or accrued during the tax year ▶ \$
10 Enter the number of shareholders at the end of the tax year (if 100 or fewer) ▶
11 If the corporation has an NOL for the tax year and is electing to forego the carryback period, check here (see instructions) []
If the corporation is filing a consolidated return, the statement required by Regulations section 1.1502-21(b)(3) must be attached or the election will not be valid.
12 Enter the available NOL carryover from prior tax years (do not reduce it by any deduction reported on page 1, line 29a.) ▶ \$

Schedule K Other Information (continued from page 4)

Table with 2 columns: Question (13-26) and Yes/No checkboxes. Includes questions about receipts, UTP, Form 1099, ownership changes, asset dispositions, 351 transfers, cooperative basis, interest/royalty, gross receipts, 163(j) election, and Qualified Opportunity Fund.

Schedule L	Balance Sheets per Books	Beginning of tax year		End of tax year	
		(a)	(b)	(c)	(d)
Assets					
1	Cash		172,876		143,467
2a	Trade notes and accounts receivable	14,397		5,294	
b	Less allowance for bad debts	()	14,397	()	5,294
3	Inventories				
4	U.S. government obligations				
5	Tax-exempt securities (see instructions)				
6	Other current assets (attach statement)				
7	Loans to shareholders				
8	Mortgage and real estate loans				
9	Other investments (attach statement)	Statement #9	1,415,681		1,282,418
10a	Buildings and other depreciable assets	1,046,699		1,832,099	
b	Less accumulated depreciation	(593,613)	453,086	(1,177,589)	654,510
11a	Depletable assets				
b	Less accumulated depletion	()		()	
12	Land (net of any amortization)				
13a	Intangible assets (amortizable only)				
b	Less accumulated amortization	()		()	
14	Other assets (attach statement)				
15	Total assets		2,056,040		2,085,689
Liabilities and Shareholders' Equity					
16	Accounts payable		33,039		
17	Mortgages, notes, bonds payable in less than 1 year				
18	Other current liabilities (attach statement)	Statement #11	69,704		129,584
19	Loans from shareholders				
20	Mortgages, notes, bonds payable in 1 year or more				
21	Other liabilities (attach statement)				
22	Capital stock: a Preferred stock				
	b Common stock				
23	Additional paid-in capital				
24	Retained earnings-Appropriated (attach statement)				
25	Retained earnings-Unappropriated		1,953,297		1,956,105
26	Adjustments to shareholders' equity (attach statement)				
27	Less cost of treasury stock		()		()
28	Total liabilities and shareholders' equity		2,056,040		2,085,689

Schedule M-1 Reconciliation of Income (Loss) per Books With Income per Return

Note: The corporation may be required to file Schedule M-3. See instructions.

1	Net income (loss) per books	2,808	7	Income recorded on books this year not included on this return (itemize): Tax-exempt interest \$ _____	
2	Federal income tax per books		8	Deductions on this return not charged against book income this year (itemize): a Depreciation \$ _____ b Charitable contributions \$ _____	
3	Excess of capital losses over capital gains		9	Add lines 7 and 8	
4	Income subject to tax not recorded on books this year (itemize): _____		10	Income (page 1, line 28)-line 6 less line 9	2,808
5	Expenses recorded on books this year not deducted on this return (itemize): a Depreciation \$ _____ b Charitable contributions \$ _____ c Travel and entertainment \$ _____				
6	Add lines 1 through 5	2,808			

Schedule M-2 Analysis of Unappropriated Retained Earnings per Books (Schedule L, Line 25)

1	Balance at beginning of year	1,953,297	5	Distributions: a Cash	
2	Net income (loss) per books	2,808		b Stock	
3	Other increases (itemize): _____			c Property	
			6	Other decreases (itemize): _____	
			7	Add lines 5 and 6	
4	Add lines 1, 2, and 3	1,956,105	8	Balance at end of year (line 4 less line 7)	1,956,105

**SCHEDULE D
(Form 1120)**

Department of the Treasury
Internal Revenue Service

Capital Gains and Losses

▶ Attach to Form 1120, 1120-C, 1120-F, 1120-FSC, 1120-H, 1120-IC-DISC, 1120-L, 1120-ND, 1120-PC, 1120-POL, 1120-REIT, 1120-RIC, 1120-SF, or certain Forms 990-T.

▶ Go to www.irs.gov/Form1120 for instructions and the latest information.

OMB No. 1545-0123

2021

Name SHELTER COVE COMPANY	Employer identification number 57-0739304
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Did the corporation dispose of any investment(s) in a qualified opportunity fund during the tax year? Yes No
If "Yes," attach Form 8949 and see its instructions for additional requirements for reporting your gain or loss.

Part I Short-Term Capital Gains and Losses - Assets Held One Year or Less

See instructions for how to figure the amounts to enter on the lines below. This form may be easier to complete if you round off cents to whole dollars.	(d) Proceeds (sales price)	(e) Cost (or other basis)	(g) Adjustments to gain or loss from Form(s) 8949, Part I, line 2, column (g)	(h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g)
1a Totals for all short-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 1b				
1b Totals for all transactions reported on Form(s) 8949 with Box A checked	4,041	4,054	0	(13)
2 Totals for all transactions reported on Form(s) 8949 with Box B checked				
3 Totals for all transactions reported on Form(s) 8949 with Box C checked				
4 Short-term capital gain from installment sales from Form 6252, line 26 or 37			4	
5 Short-term capital gain or (loss) from like-kind exchanges from Form 8824			5	
6 Unused capital loss carryover (attach computation)			6	()
7 Net short-term capital gain or (loss). Combine lines 1a through 6 in column h			7	(13)

Part II Long-Term Capital Gains and Losses - Assets Held More Than One Year

See instructions for how to figure the amounts to enter on the lines below. This form may be easier to complete if you round off cents to whole dollars.	(d) Proceeds (sales price)	(e) Cost (or other basis)	(g) Adjustments to gain or loss from Form(s) 8949, Part II, line 2, column (g)	(h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g)
8a Totals for all long-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 8b				
8b Totals for all transactions reported on Form(s) 8949 with Box D checked	164,996	79,687	0	85,309
9 Totals for all transactions reported on Form(s) 8949 with Box E checked				
10 Totals for all transactions reported on Form(s) 8949 with Box F checked				
11 Enter gain from Form 4797, line 7 or 9			11	
12 Long-term capital gain from installment sales from Form 6252, line 26 or 37			12	
13 Long-term capital gain or (loss) from like-kind exchanges from Form 8824			13	
14 Capital gain distributions (see instructions)			14	16,528
15 Net long-term capital gain or (loss). Combine lines 8a through 14 in column h			15	101,837

Part III Summary of Parts I and II

16 Enter excess of net short-term capital gain (line 7) over net long-term capital loss (line 15)				
17 Net capital gain. Enter excess of net long-term capital gain (line 15) over net short-term capital loss (line 7)				101,824
18 Add lines 16 and 17. Enter here and on Form 1120, page 1, line 8, or the applicable line on other returns				101,824

Note: If losses exceed gains, see *Capital Losses* in the instructions.

For Paperwork Reduction Act Notice, see the Instructions for Form 1120.

Schedule D (Form 1120) 2021

Cost of Goods Sold

▶ **Attach to Form 1120, 1120-C, 1120-F, 1120S, or 1065.**
 ▶ **Go to www.irs.gov/Form1125A for the latest information.**

Name		Employer identification number
SHELTER COVE COMPANY		57-0739304
1	Inventory at beginning of year	1
2	Purchases	2
3	Cost of labor	3
4	Additional section 263A costs (attach schedule)	4
5	Other costs (attach schedule)	5
6	Total. Add lines 1 through 5	6
7	Inventory at end of year	7
8	Cost of goods sold. Subtract line 7 from line 6. Enter here and on Form 1120, page 1, line 2 or the appropriate line of your tax return. See instructions	8
9a Check all methods used for valuing closing inventory:		
(i) <input type="checkbox"/> Cost		
(ii) <input type="checkbox"/> Lower of cost or market		
(iii) <input type="checkbox"/> Other (Specify method used and attach explanation.) ▶ _____		
b	Check if there was a writedown of subnormal goods	<input type="checkbox"/>
c	Check if the LIFO inventory method was adopted this tax year for any goods (if checked, attach Form 970)	<input type="checkbox"/>
d	If the LIFO inventory method was used for this tax year, enter amount of closing inventory computed under LIFO	9d _____
e	If property is produced or acquired for resale, do the rules of section 263A apply to the entity? See instructions	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
f	Was there any change in determining quantities, cost, or valuations between opening and closing inventory? If "Yes," attach explanation	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

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.

Name(s) shown on return SHELTER COVE COMPANY	Business or activity to which this form relates FORM 1120	Identifying number 57-0739304
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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	1,050,000
2 Total cost of section 179 property placed in service (see instructions)	2	785,400
3 Threshold cost of section 179 property before reduction in limitation (see instructions)	3	2,620,000
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	1,050,000
6 (a) Description of property Phase III Marina Rework Project	(b) Cost (business use only) 785,400	(c) Elected cost 556,874
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	556,874
9 Tentative deduction. Enter the smaller of line 5 or line 8	9	556,874
10 Carryover of disallowed deduction from line 13 of your 2020 Form 4562	10	
11 Business income limitation. Enter the smaller of business income (not less than zero) or line 5. See instructions	11	559,682
12 Section 179 expense deduction. Add lines 9 and 10, but don't enter more than line 11	12	556,874
13 Carryover of disallowed deduction to 2022. Add lines 9 and 10, less line 12	13	

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

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	0
15 Property subject to section 168(f)(1) election	15	
16 Other depreciation (including ACRS)	16	10,902

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 2021	17	4,774
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 2021 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		228,526	15	HY	150 DB	11,426
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	
				MM	S/L	

Section C - Assets Placed in Service During 2021 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	583,976
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.

Sales and Other Dispositions of Capital Assets

► Go to www.irs.gov/Form8949 for instructions and the latest information.
► File with your Schedule D to list your transactions for lines 1b, 2, 3, 8b, 9, and 10 of Schedule D.

Name(s) shown on return SHELTER COVE COMPANY	Social security number or taxpayer identification number 57-0739304
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Before you check Box A, B, or C below, see whether you received any Form(s) 1099-B or substitute statement(s) from your broker. A substitute statement will have the same information as Form 1099-B. Either will show whether your basis (usually your cost) was reported to the IRS by your broker and may even tell you which box to check.

Part I Short-Term. Transactions involving capital assets you held 1 year or less are generally short-term (see instructions). For long-term transactions, see page 2.

Note: You may aggregate all short-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS and for which no adjustments or codes are required. Enter the totals directly on Schedule D, line 1a; you aren't required to report these transactions on Form 8949 (see instructions).

You must check Box A, B, or C below. Check only one box. If more than one box applies for your short-term transactions, complete a separate Form 8949, page 1, for each applicable box. If you have more short-term transactions than will fit on this page for one or more of the boxes, complete as many forms with the same box checked as you need.

- (A)** Short-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS (see **Note** above)
- (B)** Short-term transactions reported on Form(s) 1099-B showing basis **wasn't** reported to the IRS
- (C)** Short-term transactions not reported to you on Form 1099-B

1	(a) Description of property (Example: 100 sh. XYZ Co.)	(b) Date acquired (Mo., day, yr.)	(c) Date sold or disposed of (Mo., day, yr.)	(d) Proceeds (sales price) (see instructions)	(e) Cost or other basis. See the Note below and see <i>Column (e)</i> in the separate instructions	Adjustment, if any, to gain or loss. If you enter an amount in column (g), enter a code in column (f). See the separate instructions.		(h) Gain or (loss). Subtract column (e) from column (d) and combine the result with column (g)
						(f) Code(s) from instructions	(g) Amount of adjustment	
	Invesco Developing Mkts	12-14-2021	12-15-2021	1,770	1,776			(6)
	Invesco Develop acct 4829	12-14-2021	12-15-2021	2,271	2,278			(7)
2 Totals.	Add the amounts in columns (d), (e), (g), and (h) (subtract negative amounts). Enter each total here and include on your Schedule D, line 1b (if Box A above is checked), line 2 (if Box B above is checked), or line 3 (if Box C above is checked) ►			4,041	4,054			(13)

Note: If you checked Box A above but the basis reported to the IRS was incorrect, enter in column (e) the basis as reported to the IRS, and enter an adjustment in column (g) to correct the basis. See *Column (g)* in the separate instructions for how to figure the amount of the adjustment.

For calendar year 2021, or tax year beginning 06-01, 2021, ending 05-30, 2022

2021

Department of the Treasury
Internal Revenue Service

▶ **Do not send to the IRS. Keep for your records.**
▶ **Go to www.irs.gov/Form8879C for the latest information.**

Name of corporation

Employer identification number

SHELTER COVE COMPANY

57-0739304

Part I Tax Return Information (Whole dollars only)

1	Total income (Form 1120, line 11)	1	1,465,854
2	Taxable income (Form 1120, line 30)	2	(8,618)
3	Total tax (Form 1120, line 31)	3	0
4	Amount owed (Form 1120, line 35)	4	0
5	Overpayment (Form 1120, line 36)	5	0

Part II Declaration and Signature Authorization of Officer. Be sure to get a copy of the corporation's return.

Under penalties of perjury, I declare that I am an officer of the above corporation and that I have examined a copy of the corporation's 2021 electronic income tax return and accompanying schedules and statements and to the best of my knowledge and belief, it is true, correct, and complete. I further declare that the amounts in Part I above are the amounts shown on the copy of the corporation's electronic income tax return. I consent to allow my electronic return originator (ERO), transmitter, or intermediate service provider to send the corporation's 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 corporation's 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 corporation's electronic income tax return and, if applicable, the corporation's consent to electronic funds withdrawal.

Officer's PIN: check one box only

I authorize _____ to enter my PIN _____ as my signature _____
ERO firm name do not enter all zeros
on the corporation's 2021 electronically filed income tax return.

As an officer of the corporation, I will enter my PIN as my signature on the corporation's 2021 electronically filed income tax return. 39304

Officer's signature ▶ _____ Date ▶ 08-22-2022 Title ▶ President

Part III Certification and Authentication

ERO's EFIN/PIN. Enter your six-digit EFIN followed by your five-digit self-selected PIN. 579568 57213
do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2021 electronically filed income tax return for the corporation indicated above. I confirm that I am submitting this return in accordance with the requirements of **Pub. 3112**, IRS e-file Application and Participation, and **Pub. 4163**, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature ▶ Charles E Jernigan CPA Date ▶ 07-24-2023

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

Special Depreciation Elections

(This page is e-filed with the return. Include it if paper-filing.)

2021 PG01

Name(s) as shown on return

SHELTER COVE COMPANY

Tax ID Number

57-0739304

THE TAXPAYER MAKES THE FOLLOWING ELECTIONS RELATED TO
BONUS DEPRECIATION FOR THE 2021 TAX YEAR.

CLASS LIFE	BONUS	NO BONUS
3 YEAR	X	
5 YEAR	X	
7 YEAR	X	
10 YEAR	X	
15 YEAR		X
20 YEAR	X	

Elections

(This page is e-filed with the return. Include it if paper-filing.)

2021 PG01

Name(s) as shown on return

SSN/EIN

SHELTER COVE COMPANY

57-0739304

Section 1.263(a)-3(h) Safe Harbor Election for Small Taxpayers

NAME: SHELTER COVE COMPANY

ADDRESS: PO BOX 6004, Hilton Head Island, SC 29938

SSN/EIN: 57-0739304

ELECTION: The amounts paid for repairs, maintenance, improvements and similar activities performed on the eligible building(s) described below qualify under the safe harbor provided in Reg. Section 1.263(a)-3(h)(1).

DESCRIPTION: Unit 305 Waters Edge

Federal Supporting Statements

2021 PG01

Name(s) as shown on return

Tax ID Number

SHELTER COVE COMPANY

57-0739304

Form 1120 - Line 26 - Other Deductions

Statement #5

Description	Amount
Accounting cost	21,293
Bank charges	796
Liability Insurance	39,295
Legal and professional	4,176
Office expense	3,136
Postage/Shipping	598
Security	307,599
Supplies	3,002
Telephone	2,349
Utilities	40,472
Ground and Road Maintenance	273,491
Irrigation Repairs	3,667
Facility Repairs and Maintenance	49,782
Internet Marketing	16,068
Brokerage Management fees	14,560
Property Owner Association fees	7,693
Gate Pass Fees	11,498
Internet Service	<u>3,941</u>
Total	<u><u>803,416</u></u>

Schedule L - Line 9

PG01
Statement #9

Description	Beg Of Year	End Of Year
Catastrophic Reserve	826,269	708,896
Capital Project Fund	<u>589,412</u>	<u>573,522</u>
Total	<u><u>1,415,681</u></u>	<u><u>1,282,418</u></u>

Federal Supporting Statements

2021 PG01

Name(s) as shown on return

Tax ID Number

SHELTER COVE COMPANY

57-0739304

Schedule L - Line 18

Statement #11

Description	Beg Of Year	End Of Year
Compliance Deposit	45,204	46,204
Accrued Road Repair	24,500	49,000
Accrued Catastrophic		33,039
Payroll Taxes		<u>1,341</u>
Total	<u>69,704</u>	<u>129,584</u>

1120

Overflow Statement

2021

Page 1

(This page is not filed with the return. It is for your records only.)

Name(s) as shown on return

SHELTER COVE COMPANY

FEIN

57-0739304

Form 1120, Page 1, Line 26

<u>Description</u>	<u>Amount</u>
Utilities Electricity	\$ 11,581
Utilities Lights	11,423
Utilities Water	17,468
Total:	\$ 40,472

Taxes and Licenses Attachment

Note: This information does not transmit to the IRS with e-filed returns.
Including with a paper filed return is optional.

2021

CORPORATION NAME SHELTER COVE COMPANY	EIN 57-0739304
--	---------------------------------

Taxes and Licenses	Form 1120, line 17 Form 1120-C, line 15 Form 1120-H, line 12
---------------------------	---

1 State income taxes	1	
2 State franchise taxes	2	
3 City income taxes	3	
4 City franchise taxes	4	
5 Real estate taxes	5	5,005
6 Local property taxes	6	
7 Intangible property taxes	7	
8 Payroll taxes	8	5,928
9 Less: credit from Form 8846	9	
10 Foreign taxes paid	10	
11 Occupancy taxes	11	
12 Other miscellaneous taxes	12	
13 Licenses	13	
14 Total to Form 1120, Page 1, Line 17	14	10,933

NOL Limitations Worksheet

(This page is not filed with the return. It is for your records only.)

2021

Name(s) as shown on return

Tax ID Number

SHELTER COVE COMPANY

57-0739304

Description	Amount
Taxable Income	2,808
80% Limitation	<u>0.8</u>
Post 2017 NOL allowable	2,246
Taxable Income	2,808
Less: pre-2018 losses	<u>0</u>
Remaining Taxable Income	2,808
Less: post-2017 losses allowed	<u>0</u>
Taxable Income (Form 1120, Line 30)	2,808

2021 SC1120 Filing Instructions
SHELTER COVE COMPANY

Form filed:

SC1120 and supplemental forms and schedules

Filing method:

Your return has been e-filed, do not mail your return

Due date:

09-15-2022

Other instructions:

The return reflects neither a refund nor a balance due



STATE OF SOUTH CAROLINA
C CORPORATION INCOME TAX RETURN

SC 1120
(Rev.9/23/20)
3091

dor.sc.gov

Due by the 15th day of the fourth month following the close of the taxable year

SC file # 20103662-7
Income Tax period ending 05-30-2022
License Fee period ending 05-30-2023
FEIN 57-0739304
Name SHELTER COVE COMPANY
Mailing address PO BOX 6004
City Hilton Head Isla State SC ZIP 29938

County or counties in SC where property is located
Beaufort
Audit location: Street address
23C Shelter Cove Ln
City State ZIP
Hilton Head Islan SC 29928
Audit contact Phone number
Deborah Faragher

Change of Address Accounting Period
Officers

Is the corporation included in a consolidated federal return?
Yes No

Check if you filed a federal or state extension

Name of federal parent company

FEIN of federal parent company

Attach complete copy of federal return

Check if: Initial Return Consolidated Return (Complete Schedule M)
Amended Return Includes Disregarded LLC(s) (Complete Schedule L)
Check if: Merged Reorganized Final
Total gross receipts Total cost of depreciable personal property in SC
1,341,176 1,832,099

PART I COMPUTATION OF INCOME TAX LIABILITY

Table with 3 columns: Line number, Description, Amount. Rows include Federal taxable income, adjustments, tax, and payments, ending with BALANCE DUE 0.00.



PART II
COMPUTATION OF LICENSE FEE

20. Total capital and paid in surplus (multi-state corporations see Schedule E)	20.	0	00
21. License Fee: multiply line 20 by .001 then add \$15 (Fee cannot be less than \$25 per taxpayer)	21.	0	00
22. Credit taken this year from SC1120TC, Part II, Column C	22.	<	0 00 >
23. Balance (subtract line 22 from line 21)	23.	0	00
24. Payments: (a) Paid with extension	24a.		00
(b) Credit from line 19b	24b.		00
25. Total payments (add line 24a and line 24b)	25.	0	00
26. Balance of License Fee (subtract line 25 from line 23)	26.	0	00
27. (a) Interest <input type="text" value="00"/> (b) Late file/pay penalty <input type="text" value="00"/>	27.		00
Total (add line 27a and line 27b) See penalty and interest in SC1120 Instructions	27.		00
28. Total License Fee, interest, and penalty (add line 26 and line 27) BALANCE DUE	28.	0	00
29. Overpayment (subtract line 23 from line 25) <input type="text" value="00"/> To be applied as follows:			
(a) Estimated Tax <input type="text" value="00"/> (b) Income Tax <input type="text" value="00"/> (c) REFUND <input type="text" value="00"/>			00
30. GRAND TOTAL: INCOME TAX and LICENSE FEE DUE (add line 18 and line 28)	30.	0	00

REFUND OPTIONS (select one; subject to program limitations) Direct Deposit Paper Check

If you select Direct Deposit, choose the account type (US accounts only) Checking Savings

Account Routing Must be 9 digits. First two numbers of the RTN must be 01 - 12 or 21 - 32 Bank Account 1-17 digits

SCHEDULE A AND B ADDITIONS TO FEDERAL TAXABLE INCOME

1. Taxes on or measured by income	1.	0
2. Federal net operating loss	2.	0
3.	3.	
4.	4.	
5. Other additions (attach schedule)	5.	
6. Total additions (add line 1 through line 5)	6.	0

DEDUCTIONS FROM FEDERAL TAXABLE INCOME

7. Interest on US obligations	7.	0
8.	8.	
9.	9.	
10. Other deductions (attach schedule)	10.	
11. Total deductions (add line 7 through line 10)	11.	0
12. Net adjustment (subtract line 11 from line 6) Also enter on SC1120, Part I, line 2	12.	0

SCHEDULE C SUMMARY OF INCOME TAX CREDITS (FROM SC1120TC)

1. Credit carryover from previous year's SC1120, Schedule C (should match SC1120TC Column A, line 13)	1.	0
2. Enter total credits from SC1120TC, Column B, line 13 (attach SC1120TC and tax credit schedules)	2.	0
3. Total credits (add line 1 and line 2)	3.	0
4. Tax from SC1120, Part I, line 9	4.	0
5. Lesser of line 3 or line 4 (enter on SC1120, Part I, line 10; should match SC1120TC, Column C, line 13)	5.	0
6. Enter credits lost due to statute (should match SC1120TC, Column D, line 13)	6.	0
7. Credit carryover (subtract line 5 and line 6 from line 3; should match SC1120TC, Column E, line 13)	7.	0

Under penalty of law, I certify that I have examined this return, including accompanying annual report, statements, and schedules, and it is true and complete to the best of my knowledge.

Sign Here

Signature of officer	President	Officer's title	Email
Alfred Nelson	07-24-2023	Date	Phone number
Print officer's name	I authorize the Director of the SCDOR or delegate to discuss this return, attachments, and related tax matters with the preparer.		Print preparer's name
	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Charles E Jernigan	
Paid Preparer's signature	Date	Check if self-employed <input type="checkbox"/>	Preparer's phone number
	07-24-2023		843-290-0083
Use Only Firm's name (or yours if self-employed) and address	CE JERNIGAN CPA	PTIN or FEIN	81-4276440
	PO BOX 6674 Hilton Head SC	ZIP	29938

If this is a corporation's final return, signing here authorizes the SCDOR to disclose that information to the South Carolina Secretary of State (SCSOS). You must close with the SCSOS and the SCDOR.

Taxpayer's signature 30912067 Date _____



SCHEDULE D ANNUAL REPORT TO BE COMPLETED BY ALL CORPORATIONS

- 1. Name SHELTER COVE COMPANY
- 2. Incorporated under the laws of the state of SC
- 3. Location of the registered office of the corporation in South Carolina PO BOX 6004
In the city of Hilton Head Island Registered agent at this address Walter Nester
- 4. Principal office address PO BOX 6004 Hilton Head Island SC 2
Nature of principal business in South Carolina Home Owners Association

5. Total number of **authorized shares** of capital stock, itemized by class and series, if any, within each class:

Number of shares	Class	Series
_____	<u>COMMON</u>	<u>0</u>

6. Total number of **issued and outstanding shares** of capital stock itemized by class and series, if any, within each class:

Number of shares	Class	Series
_____	<u>COMMON</u>	<u>0</u>

7. Names and business addresses of the directors (or individuals functioning as directors) and principal officers in the corporation:
Attach separate schedules if you need more space.

Name	Title	Business address
<u>Officers and Directors; President; 19 SHelter Cove Ln Suite 305; Hilton Hea</u>		
<u>are elected annually; Vice Pres; 19 Shelter Cove Ln Suite 305; Hilton Head</u>		
_____	_____	_____
_____	_____	_____
_____	_____	_____

- 8. Date incorporated 02-19-1982 Date commenced business in South Carolina 02-19-1982
- 9. Date of this report 07-24-2023 FEIN 57-0739304
- 10. If foreign corporation, the date qualified to do business in South Carolina _____
- 11. Was the name of the corporation changed during the year? NO Previous name _____
- 12. The corporation's books are in the care of % Deborah Faragher
Located at (street address) PO Box 6004
- 13. If filing consolidated, complete and attach Schedule J for each corporation included in the consolidation.
- 14. Total amount of stated capital per balance sheet:
 - A. Total paid in capital stock (cannot be a negative amount) \$ _____
 - B. Total paid in capital surplus (cannot be a negative amount) \$ _____
 - C. Total amount of stated capital (cannot be a negative amount) \$ _____

Attach a complete copy of your federal return.

File electronically using Modernized Electronic Filing (MeF).

Payments: Pay online using our free tax portal, MyDORWAY, at dor.sc.gov/pay. Select **Business Income Tax Payment** to get started.

If you pay by check, make your check payable to SCDOR, and include your name, FEIN, tax year, and SC1120 in the memo.

Mail Balance Due returns to:
 SCDOR
 Corporate Taxable
 PO Box 100151
 Columbia, SC 29202

Mail Refund or Zero Tax returns to:
 SCDOR
 Corporate Refund
 PO Box 125
 Columbia, SC 29214-0032



Only multi-state corporations must complete Schedules E, F, G, and H

SCHEDULE E COMPUTATION OF LICENSE FEE OF MULTI-STATE CORPORATIONS

1. Total capital and paid in surplus at end of year	\$	0
2. SC proportion: (multiply line 1 by the ratio from Schedule H-1, H-2, or H-3, as appropriate) Also enter on SC1120, line 20.	\$	0

SCHEDULE F INCOME SUBJECT TO DIRECT ALLOCATION

	Gross Amounts 1	Less: Related Expenses 2	Net Amounts Allocated Directly to SC and Other States 3	Net Amounts Allocated Directly to SC 4
1. Interest not connected with business				
2. Dividends received				
3. Rents				
4. Gains/losses on real property				
5. Gains/losses on intangible personal property				
6. Investment income directly allocated				
7. Total income directly allocated				
8. Income directly allocated to SC				

SCHEDULE G COMPUTATION OF TAXABLE INCOME OF MULTI-STATE CORPORATIONS

1. Total net income as reconciled from SC1120, page 1, line 3	1.	
2. Income subject to direct allocation to SC and other states from Schedule F, line 7	2.	
3. Total net income subject to apportionment (subtract line 2 from line 1)	3.	
4. Multiply line 3 by appropriate ratio from Schedule H-1, H-2, or H-3	4.	
5. Income subject to direct allocation to SC from Schedule F, line 8	5.	
6. Total SC net income (add line 4 and line 5) Also enter on SC1120, page 1, line 4	6.	

SCHEDULE H-1 COMPUTATION OF SALES RATIO

	Amount	Ratio
1. Total sales within South Carolina (see instructions)		
2. Total sales everywhere (see instructions)		
3. Sales ratio (line 1 divided by line 2)		%

Note: If there are no sales anywhere: Enter 100% on line 3 if South Carolina is the principal place of business.
Enter 0% on line 3 if principal place of business is outside South Carolina.

SCHEDULE H-2 COMPUTATION OF GROSS RECEIPTS RATIO

	Amount	Ratio
1. South Carolina gross receipts		
2. Amounts allocated to South Carolina on Schedule F	< >	
3. South Carolina adjusted gross receipts (subtract line 2 from line 1)		
4. Total gross receipts		
5. Total amounts allocated on Schedule F	< >	
6. Total adjusted gross receipts (subtract line 5 from line 4)		
7. Gross receipts ratio (line 3 divided by line 6)		%

SCHEDULE H-3 COMPUTATION OF RATIO FOR SECTION 12-6-2310 COMPANIES

	Amount	Ratio
1. Total within South Carolina (see instructions)		
2. Total everywhere		
3. Taxable ratio (line 1 divided by line 2)		%



SCHEDULE I **RESERVED**
SCHEDULE J **CORPORATIONS INCLUDED IN CONSOLIDATED RETURN**
AFFILIATED CORPORATION NO.

1. Name _____
2. Incorporated under the laws of the state of _____
3. Location of the registered office of the corporation in South Carolina _____
 In the city of _____ Registered agent at this address _____
4. Principal office address _____
 Nature of principal business in South Carolina _____
5. Total number of **authorized shares** of capital stock, itemized by class and series, if any, within each class:

Number of shares	Class	Series

6. Total number of **issued and outstanding shares** of capital stock itemized by class and series, if any, within each class:
- | Number of shares | Class | Series |
|------------------|-------|--------|
| | | |

7. Names and business addresses of the directors (or individuals functioning as directors) and principal officers in the corporation:
 Attach separate schedules if you need more space.
- | Name | Title | Business address |
|------|-------|------------------|
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |

8. Date incorporated _____ Date commenced business in South Carolina _____
9. Date of this report _____ FEIN _____ SC file # _____
10. If foreign corporation, the date qualified to do business in South Carolina _____
11. Was the name of the corporation changed during the year? _____ Previous name _____
12. The corporation's books are in the care of _____
 Located at (street address) _____
13. Corporate mailing address _____
14. Total amount of stated capital per balance sheet:

A. Total paid in capital stock (cannot be a negative amount)	\$ _____
B. Total paid in capital surplus (cannot be a negative amount)	\$ _____
C. Total amount of stated capital (cannot be a negative amount)	\$ _____

For additional affiliated corporations, include additional Schedule Js as needed.



SCHEDULE L DISREGARDED LLCs INCLUDED IN RETURN

List each disregarded Limited Liability Company (LLC) doing business in South Carolina or registered with the SCSOS.

Name	FEIN	SC file # (if applicable)

Include additional Schedule Ls as needed.



SCHEDULE M CONSOLIDATED RETURN AFFILIATIONS SCHEDULE

Include additional Schedule Ms as needed. Include only corporations doing business in South Carolina.

Part 1 General Information

Is the common parent corporation included in the return? Yes No

If no, enter name and FEIN of common parent corporation.

Name	FEIN
Name of each corporation included in this consolidated return	FEIN
Corporation 1	
Corporation 2	
Corporation 3	
Corporation 4	
Corporation 5	
Corporation 6	
Corporation 7	
Corporation 8	

Part 2 Income Tax Information

	Federal Taxable Income	Amounts Directly Allocated	Amounts Allocated to SC	SC Adjustments	SC NOL Prior Year Carryovers
Corporation 1	\$	\$	\$	\$	\$
Corporation 2					
Corporation 3					
Corporation 4					
Corporation 5					
Corporation 6					
Corporation 7					
Corporation 8					
Total					
	Equals page 1, line 1	Equals Sch. F, line 7	Equals Sch. F, line 8	Equals page 1, line 2	Equals page 1, line 5

Part 3 License Fee, Allocation, and Apportionment Information

	Tax Credited on Return	Total Capital and Paid in Surplus	Apportionment Percentage	License Fee
Corporation 1	\$	\$	%	\$
Corporation 2				
Corporation 3				
Corporation 4				
Corporation 5				
Corporation 6				
Corporation 7				
Corporation 8				
Total				
	Equals page 1, line 15	Equals page 2, line 20	From Schedule H	Equals page 2, line 21



SCHEDULE N PROPERTY INFORMATION

Property within South Carolina

	(a) Beginning period	(b) Ending period
1. Land		
2. Buildings	1,046,699	1,832,099
3. Machinery and equipment		
4. Construction in progress		
5. Other property*		
Total	1,046,699	1,832,099

*Provide an explanation or listing of property from line 5 above.

Description of Property	(a) Beginning period	(b) Ending period
Total		

Depreciation and Amortization
(Including Information on Listed Property)

State **SC**

▶ See separate instructions. ▶ Keep for your records.

Name(s) shown on return SHELTER COVE COMPANY	Business or activity to which this form relates FORM 1120	Identifying number 57-0739304
--	---	---

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	1,050,000
2 Total cost of section 179 property placed in service (see instructions)	2	785,400
3 Threshold cost of section 179 property before reduction in limitation (see instructions)	3	2,620,000
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	1,050,000
6 (a) Description of property	(b) Cost (business use only)	(c) Elected cost
Phase III Marina Rework Project	785,400	556,874
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	556,874
9 Tentative deduction. Enter the smaller of line 5 or line 8	9	556,874
10 Carryover of disallowed deduction from line 13 of your 2020 Form 990	10	
11 Business income limitation. Enter the smaller of business income (not less than zero) or line 5. See instructions	11	559,682
12 Section 179 expense deduction. Add lines 9 and 10, but don't enter more than line 11	12	556,874
13 Carryover of disallowed deduction to 2022. Add lines 9 and 10, less line 12 ▶	13	

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

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	10,902

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 2021	17	4,774
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 2021 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		228,526	15	HY	150 DBHY	11,426
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	
				MM	S/L	

Section C - Assets Placed in Service During 2021 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	583,976
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.

SCEF_ACK

**Acknowledgement and General Information for
Taxpayers Who File Returns Electronically**

2021

Name(s) as shown on return

SHELTER COVE COMPANY

Identification Number

-*9304

Address

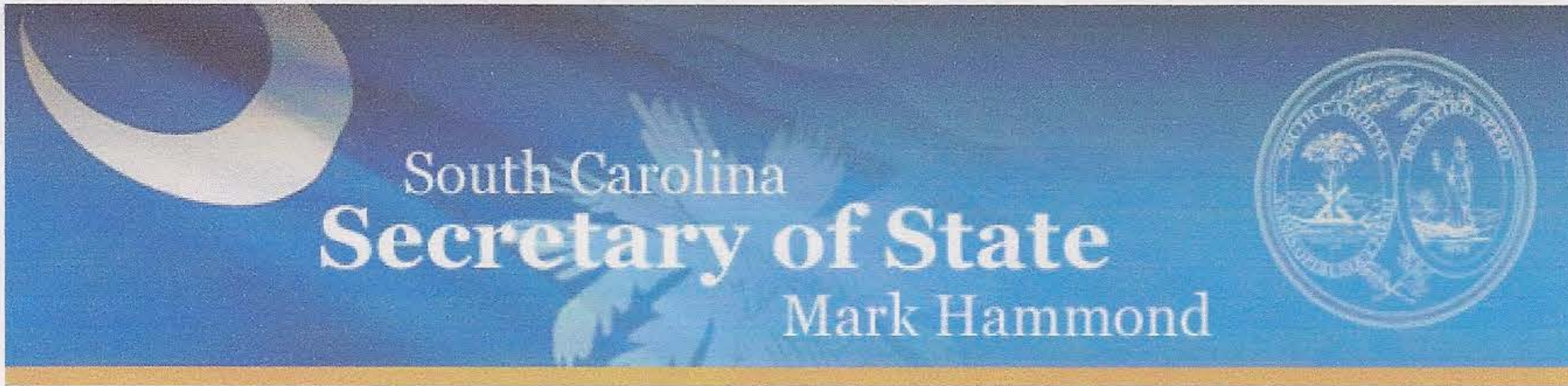
PO BOX 6004
Hilton Head Island, SC 29938

Thank you for participating in IRS e-file.

1. Your 2021 state income tax return for SC1120 was filed electronically.
The electronic filing services were provided by CE JERNIGAN CPA.

2. Your return was accepted on 08-22-2022 using a Personal Identification Number (PIN) as your electronic signature. You entered a PIN or authorized the Electronic Return Originator (ERO) to enter or generate a PIN for you.
The submission ID assigned to this return is 5795682022234beqwg4z.

**PLEASE DO NOT SEND A PAPER COPY OF THE TAX RETURN TO THE
STATE. IF YOU DO, IT WILL DELAY THE PROCESSING OF THE RETURN.**



SHELTER COVE HARBOUR COMPANY

*Note: This online database was last updated on 9/22/2010 6:01:43 PM.
See our Disclaimer.*

DOMESTIC / FOREIGN: Domestic
 STATUS: Good Standing
 STATE OF INCORPORATION / ORGANIZATION: SOUTH CAROLINA Non Profit

REGISTERED AGENT INFORMATION

REGISTERED AGENT NAME: H.H. JOHNSON
 ADDRESS: 6 OFFICE WAY STE 945
 CITY: HILTON HEAD ISLAND
 STATE: SC
 ZIP: 29928
 SECOND ADDRESS:

FILE DATE: 02/19/1982
 EFFECTIVE DATE: 02/19/1982
 DISSOLVED DATE: //

Corporation History Records

CODE	FILE DATE	COMMENT	Document
Agent	12/03/2007	CHG AGT & ADD FR JULIAN J NEXSEN JR	
Eleemosynary Amendment	04/20/1995	AMD-ADD AGT/ADD	Image
Incorporation	02/19/1982	ELEE	Film

Disclaimer: The South Carolina Secretary of State's Business Filings database is provided as a convenience to our customers to research information on business entities filed with our office. Updates are uploaded every 48 hours. Users are advised that the Secretary of State, the State of South Carolina or any agency, officer or employee of the State of South Carolina does not guarantee the accuracy, reliability or timeliness of such information, as it is the responsibility of the business entity to inform the Secretary of State of any updated information. While every effort is made to insure the reliability of this information, portions may be