efil	e Pı	ublic Visເ	ual Render	ObjectId	l: 20233314934	9302488 - Su	Ibmissio	on: 2023-	11-10	Т	'IN: 57-1007436
	0	חר	Re	eturn of	Organizatio	n Exempt	From	n Incom	ie Tax		OMB No. 1545-0047
Form	93	J U			•	•					2022
					7, or 4947(a)(1) of the social security nur			• • •		itions)	2022
Derest		6 4h - T			irs.gov/Form990 f			,	•		Open to Public
		f the Treasury nue Service			<u></u>						Inspection
A F	or th	ne 2022 ca	alendar year,	or tax year b	beginning 01-01-2	022 , and endi	ing 12-3	1-2022			
B Che	ck if a	applicable:	C Name of organ EDISTO ISLAN	nization ID OPEN LAND T	RUST				D Employ	yer identi	ification number
_		change							57-100)7436	
		hange eturn	Doing business	s as					—		
🔾 Fin	al retu	rn/terminated							E Telenho	ne numbe	r
		ed return ion pending	Number and st PO BOX 1	treet (or P.O. bo	ix if mail is not delivered	d to street address)	Room/su	ite			
- C Ap	plicat	lon penaing		tata ar province	e, country, and ZIP or fo	araign postal codo			(843)	869-9004	4
			EDISTO ISLAN						G Gross r	eceipts \$	1,535,435
					incipal officer:			H(a) Is t	his a group r	eturn for	· · · ·
			ROBERT HARE PO BOX 1	=					ordinates?		🗌 Yes 🗹 No
			EDISTO ISLAN	ND, SC 29438	3				all subordina	ates	□ Yes □No
I Ta:	x-exe	mpt status:	S 01(c)(3)	501(c) () 🖣 (insert no.)) 4947(a)(1) or	527	-		list. See	instructions.
<u> v</u>	ebsi	ite: 🕨 WW	W.EDISTO.ORG	3				H(c) Gro	oup exemption	n numbe	r 🕨
			_					L Veen of for	mation: 1994	M Chat	af land daminilar CC
K Forr	n of c	organization:	Corporation	n ∪ Trust ∪	Association 🗌 Othe	er 🕨		L Year of for	mation: 1994	M State	e of legal domicile: SC
Pa	art I	Sum	mary								
		Briefly des	cribe the organ		sion or most significa						
e					N LAND TRUST IS TO TO ISLAND FOR FUT			T LANDS, SO	CENIC VISTAS	5, HERIT	AGE, AND
anc											
ш.											
Governance		Check this box \blacktriangleright									
	3	Number of voting members of the governing body (Part VI, line 1a)								3	13
es	4			5	ers of the governing	, (,	,		•	4	13
Activities &	5				in calendar year 202	-	a)		•	5	5
Act	6		otal number of volunteers (estimate if necessary)			• •		6	62		
					e from Form 990-T, I				•	7a 7b	
		Net unrei			e nom rom 990-1,	raiti, inte II .			rior Year	70	Current Year
	8	Contribut	ions and grants	s (Part VIII, lin	e1h)				964,	280	1,283,239
Revenue	9		service revenue	、 ,	,				501,	200	0
eve	10	-		-	(A), lines 3, 4, and	7d)			37,	218	12,230
æ					lines 5, 6d, 8c, 9c, 1				76,	483	123,053
	12	Total reve	enue—add lines	8 through 11	. (must equal Part V	III, column (A), lir	ne 12)		1,077,	981	1,418,522
	13	Grants ar	nd similar amou	ints paid (Part	t IX, column (A), line	es 1-3)					0
	14	Benefits p	oaid to or for m	embers (Part	IX, column (A), line	4)					0
8	15	Salaries,	other compens	ation, employ	ee benefits (Part IX,	column (A), lines	s 5–10)		310,	872	326,354
Exp enses	16	a Professio	nal fundraising	fees (Part IX,	column (A), line 11	e)	•				0
xb	b	Total fundr	aising expenses (l	Part IX, _{column}	(D), line 25) 55,16 4						
ш					lines 11a-11d, 11f-		•		172,	069	391,303
					t equal Part IX, colu				482,		717,657
. 00	19	Revenue	less expenses.	Subtract line	18 from line 12 .				595,		700,865
Net Assets or Fund Balances								Beginnir	ng of Current N	rear	End of Year
sset	20	Total asse	ets (Part X, line	16)					2,587,	760	3,246,664
ot A									62,	821	91,389
N ^N	22	Net asset	s or fund balan	ces. Subtract	line 21 from line 20				2,524,	939	3,155,275
Pa	art II	Sign	ature Block							•	

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

	I.					2023-11-10					
Sign	Sig	nature of officer				Date					
Here		BERT HARE PRESIDENT									
		be or print name and title									
Paic	!'	Print/Type preparer's name	Preparer's sign	ature	Date 2023-11-10	Check if	PTIN P00534004				
	barer	Firm's name FINNE	EY CAULEY LLP			self-employed Firm's EIN > 5	2-2212837				
-	Only		-								
	,	Firm's address ▶ 908 N MAIN ST ANDERSON, SC				Phone no. (864) 225-8713				
May t	he IRS disci	uss this return with the prepar	rer shown above? See	Instructions			. 🗹 Yes 🗌 No				
		Reduction Act Notice, see t				lo. 11282Y	Form 990 (2022)				
				Page 2							
Form	990 (2022)						Page 2				
Par	t III Sta	atement of Program Ser	vice Accomplishm	ients			5				
		eck if Schedule O contains a re	· /	line in this Part III			🛛				
1	,	cribe the organization's missio									
		THE ORGANIZATION IS TO PERITAGE THROUGH CONSERVAT			I EDISTO BY PRO	DTECTING LAN	DS, WATERWAYS, SCENIC				
=											
2	-	ganization undertake any signi	ficant program service	s during the year w	hich were not lis	ted on					
	•	orm 990 or 990-EZ?					🗌 Yes 🗹 No				
2		escribe these new services on a		nace in how it could	ucto any progra	~					
3	-	ganization cease conducting, o	r make significant cha	nges in now it condi	ucts, any progra	m	. 🗌 Yes 🔽 No				
	services?	escribe these changes on Sche	udule O								
4	Describe th Section 50	ne organization's program serv 1(c)(3) and 501(c)(4) organiza Je, if any, for each program se	vice accomplishments f ations are required to								
4a	(Code:) (Expenses \$	557,426 in	cluding grants of \$) (Revenue \$)				
	PRIMARILY E ORGANIZAT PROPERTY. 1 LAND TRUST	AND OPEN LAND TRUSTS MAIN GO. BY ACCEPTING CONSERVATION EAS ION CURRENTLY PROTECTS OVER 4 THE ORGANIZATION FOLLOWS LAN T, AND IS A NATIONALLY ACCREDIT IS TOWARDS IMPROVING WATER Q	SEMENT DONATIONS FROM \$,200 ACRES OF LAND. MC D TRUST ALLIANCE PRACT "ED LAND TRUST. THE LAN	M CONCERNED LANDON DST OF THAT LAND IS F TICES TO ENSURE ETHI ID TRUST ALSO OVERS	WNERS OR PURCHA PROTECTED THROU ICAL AND RESPONS	SING FEE OWNE GH CONSERVATI	RSHIP OF LAND. THE ION EASEMENTS ON PRIVATE NS OF THE ORGANIZATION AS A				
4b	(Code:) (Expenses \$	27,440 in	cluding grants of \$) (Revenue \$)				
ŦŬ	THE HUTCHI RECONSTRU PRESERVE T OF THE CHA FROM RESID	INSON HOUSE, CONSTRUCTED ARC INSON HOUSE, CONSTRUCTED ARC INSON HOUSE, CONSTRUCTO IN INSON HOUSE, CONSTRUCTION OF INTER AND A CONSTRUCTION INTERPRETING THE HISTORY OF THE INTERPRETING THE HISTORY OF THE	DUND 1885, IS ONE OF TH HEN THE PROPERTY WEN YEN LAND TRUST STEPPED OGRAM, THE ORGANIZATIO EDISTO ISLAND OPEN LAN	IE OLDEST SURVIVING T FOR SALE, A COMMU OUP AS THE ORGANIZA ON WAS ABLE TO PURC ND TRUST OWNS THE F	NITY WIDE PUSH V TION TO PURCHAS HASE THE ADJACE HOME AND THE LAN	AFRICAN AMERI VAS MADE TO PU E THE HOME. WI NT 9 ACRE PARC ND IT SITS ON W	RCHASE THE PROPERTY TO ITH THE FINANCIAL ASSISTANCE EL IN 2019 TO BUFFER THE HOME ITH THE GOAL OF RESTORING				
4c	(Code:) (Expenses \$	in	cluding grants of \$) (Revenue \$)				
	-										
4d	Other prog	gram services (Describe in Sch \$ i	edule O.) including grants of \$) (Revenue s	6)				

Pa	qe	è 3

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

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Form 990 (2022)

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Pai	t IV Checklist of Required Schedules (continued)			
			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		No
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	23		No
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a	24a		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
с	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? \ldots .	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L</i> , Part I	25a		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L,</i> Part I	25b		No
26	Did the organization report any amount on Part X, line 5 or 22 for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part II</i>	26		No
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? <i>If "Yes," complete Schedule L</i> ,Part III	27		No
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV	28a		No
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	201		
~	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If "Yes," complete	28b		No
C	Schedule L, Part IV	28c		No
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M 🔒 🕺	29	Yes	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>	33		No
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34		No
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		No
b	If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		No
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O.	38	Yes	
Pa	statements Regarding Other IRS Filings and Tax Compliance			_
	Check if Schedule O contains a response or note to any line in this Part V	<u> </u>		
			Yes	No

1a Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable . .b Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable . .

. 1a 21 1b 0

c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming

(gambling) winnings to prize winners?	•		-		·	•				•		-	-	1c	Yes	
														F	orm 99	0 (2022)

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Form 990 (2022)

Page **5**

Pa	t V Statements Regarding Other IRS Filings and Tax Compliance (continued)			
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return2a			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Yes	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		No
b	If "Yes," has it filed a Form 990-T for this year?If "No" to line 3b, provide an explanation in Schedule O	3b		
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		No
b	If "Yes," enter the name of the foreign country:			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?			No
		5b 5c		
	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5C 6a		No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		No
b	If "Yes," did the organization notify the donor of the value of the goods or services provided? \ldots	7b		
с	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c	Yes	
d	If "Yes," indicate the number of Forms 8282 filed during the year 7d 1			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		No
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		No
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on Part VIII, line 12 10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
11	Section 501(c)(12) organizations. Enter:			
а	Gross income from members or shareholders			
b	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year.			
	12b			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans			
С	Enter the amount of reserves on hand			
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		No
h	If "Yes" has it filed a Form 720 to report these navments? If "No" provide an explanation in Schedule Ω .	14h		

~	in respondence and the concerness payments in the provide an explanation in Senedale O in a			
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year?	15		No
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.	16		No
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities that would result in the imposition of an excise tax under section 4951, 4952, or 4953? If "Yes," complete Form 6069.	17		
		F	orm 99	0 (2022)
	Page 6			
Form	990 (2022)			Page 6
Par	t VI Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a "No lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI		onse to	
Se	ction A. Governing Body and Management			
_			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 13			l
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.			
b	Enter the number of voting members included in line 1a, above, who are independent 1b 13			l
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			l
_	officer, director, trustee, or key employee?	2		No
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? .	3		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? \cdot	4		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		No
6	Did the organization have members or stockholders?	6		No
	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a		No
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b		No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?	8a	Yes	
b	Each committee with authority to act on behalf of the governing body?	8b	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? <i>If "Yes," provide the names and addresses in Schedule O</i>	9		No
Se	ction B. Policies (This Section B requests information about policies not required by the Internal Revenue	e Code		
10-	Did the organization have local chapters, branches, or affiliate?	10a	Yes	No No
	Did the organization have local chapters, branches, or affiliates?	10a		NO
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		·
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Yes	L
	Describe on Schedule O the process, if any, used by the organization to review this Form 990			
	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Yes	
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done	12c	Yes	L
13	Did the organization have a written whistleblower policy?	13	Yes	
14	Did the organization have a written document retention and destruction policy?	14	Yes	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
	The organization's CEO, Executive Director, or top management official	15a	Yes	
b	Other officers or key employees of the organization	15b		No
16-	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.			I
	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		No
D	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?			

		16b	l	1
S	ection C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed SC			
18	Section 6104 requires an organization to make its Form 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.			
19	□ Own website			
20	State the name, address, and telephone number of the person who possesses the organization's books and records: AARON JUSTICE PO BOX 1 EDISTO ISLAND, SC 29438 (843) 869-9004			
		F	orm 9	90 (2022)
	Page 7			
Form	990 (2022)			Page 7
Pa	rt VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Em and Independent Contractors	ployee	es,	
	Check if Schedule O contains a response or note to any line in this Part VII			. 🗆
S	ection A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees			
	omplete this table for all persons required to be listed. Report compensation for the calendar year ending with or within t	he orga	nizatio	n's tax
	List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of am mpensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.	ount		
•	List all of the organization's current key employees, if any. See the instructions for definition of "key employee."			
who	List the organization's five current highest compensated employees (other than an officer, director, trustee or key employ received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of mo organization and any related organizations.		ו \$100	,000 from
	List all of the organization's former officers, key employees, or highest compensated employees who received more than portable compensation from the organization and any related organizations.	\$100,0	00	
	List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee on inization, more than \$10,000 of reportable compensation from the organization and any related organizations.	f the		
See	the instructions for the order in which to list the persons above.			
	Check this box if neither the organization nor any related organization compensated any current officer, director, or truste	e.		

(A) Name and title	(B) Average hours per week (list	one of	(C) ition (do not ch box, unless pe ficer and a dire	neck ersoi ectoi	n is r/trı	both a	an	(D) Reportable compensation from the	(E) Reportable compensation from related	(F) Estimated amount of other	
	any hours for related organizations below dotted line)	Individual trustee or director	Institutional Trustee;	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099- MISC/1099- NEC)	organizations (W-2/1099- MISC/1099- NEC)	compensation from the organization and related organizations	
(1) JOHN GIRAULT	40.00			x				115,000	0	10,197	
EXECUTIVE DI	2.00										
(2) ROBERT HARE	2.00	x		х				0	0	0	
PRESIDENT		~		~				, i i i i i i i i i i i i i i i i i i i	, i i i i i i i i i i i i i i i i i i i	, i i i i i i i i i i i i i i i i i i i	
(3) DEAN HABHEGGER VICE PRESIDE	2.00	x		x				0	0	0	
(4) JANET OAKLEY SECRETARY	2.00	х		x				0	0	0	
(5) AARON JUSTICE TREASURER	2.00	x		x				0	0	0	
(6) PETER BECK DIRECTOR	2.00	x						0	0	0	
(7) THADDEUS DAISE DIRECTOR	2.00	x						0	0	0	
(8) ELEANOR ELLISON DIRECTOR	2.00	х						0	0	0	
	2.00										

(9) GREG ESTEVEZ DIRECTOR	2.00	х			0	0	0
(10) JAMES KEMPSON JR DIRECTOR	2.00	х			0	0	0
(11) I JENKINS MIKELL JR DIRECTOR	2.00	х			0	0	0
(12) BARBARA NEALE DIRECTOR	2.00	х			0	0	0
(13) ALETA RIESBERG DIRECTOR	2.00	х			0	0	0
(14) ELLEN UNGER DIRECTOR	2.00	х			0	0	0
							orm 990 (2022)

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Form 990 (2022)

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	box,	(C) on (do not chec unless person i and a directo Institutional Trustee;	:k m s bo r/tru	oth a ustee	n offic	Former	(D) Reportable compensation from the organization (W- 2/1099- MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099- MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
						ted				
	· · · · ·					•	·			
c Total from continuation sheet d Total (add lines 1b and 1c) .	-						-	115,000		10,197
						-				

2 Total number of individuals (including but not limited to those listed above) who received more than 100,000 of reportable compensation from the organization $\triangleright 1$

Page **8**

						1	163	
3	Did the organization list any former officer, director or truste	ee, key employee, or h	ighest com	pensated	employee on			
4	Ine 1a? If "Yes," complete Schedule J for such individual For any individual listed on line 1a, is the sum of reportable of the sum o				n the	3		No
	organization and related organizations greater than \$150,000 individual	0? If "Yes," complete S	chedule J	for such		4		No
5	Did any person listed on line 1a receive or accrue compensat services rendered to the organization? If "Yes, " complete Sch					5		No
S	ection B. Independent Contractors							
1	Complete this table for your five highest compensated indeperfrom the organization. Report compensation for the calendar					npensa	ition	
	(A) Name and business address			Desc	(B) ription of services		(C Compen	
2	Total number of independent contractors (including but not lim	ited to these listed abo	wa) who re	coived m	oro than \$100.00	0 of		
2	compensation from the organization	ited to those listed abo			ore than \$100,00			
						F	orm 99	0 (2022)
		— Page 9 ———						
Form	n 990 (2022)							Page 9
	art VIII Statement of Revenue							rage 🦻
	Check if Schedule O contains a response or note to					<u> </u>		
		(A) Total revenue	(E Relati exer func reve	ed or mpt tion	(C) Unrelated business revenue		(D) Reven excluded under s 512 - !	iue from sections
bifts artu Dthe Simi Arfic d f f	tributions, Grants, MemberShip dues 1b arAmt 358,030 dar arAmt 358,030 dar arAmt 358,030 dar arant sing events 1c 30,594 Related organizations 1d Government grants (contributions) 1e All other contributions, gifts, grants, and similar amounts not included above 1f 894,615 Noncash contributions included in lines 1a - 1f:\$ 1g 65,000 Total. Add lines 1a-1f							
arvice						+		
ram S	1					_		
0r00	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~		ļ					
Ī	 f All other program service revenue. g Total. Add lines 2a−2f 							

3 Investment income similar amounts)			terest, and other	12,230	12,230
4 Income from invest	stment	of tax-exempt bor	nd proceeds		
5 Royalties			>		
		(i) Real	(ii) Personal		
6a Gross rents	6a				
b Less: rental					
expenses	6b				
c Rental income or (loss)	6c				
d Net rental incom	e or (l	oss)			
		(i) Securities	(ii) Other		
7a Gross amount from sales of assets other than inventory	7a		65,000		
Less: cost or other basis and sales expenses Gain or (loss) d Net gain or (loss	7b		65,000		
Gain or (loss)	7c				
📱 d Net gain or (loss	;) .				
a Gross income from f (not including \$ contributions reports See Part IV, line 18 b Less: direct expen	ed on li	30,594 of ne 1c).	166,372 51,913		
c Net income or (lo	ss) fro	om fundraising ever	nts 🕨	114,459	114,45
9a Gross income from See Part IV, line 1					
b Less: direct expe	nses	9b			
c Net income or (lo	ss) fro	om gaming activitie	s 🕨		
10a Gross sales of inv returns and allow	ventory vances	/, less ••• 10a	8,016		
b Less: cost of good	ds solo	1 10b			
c Net income or (lo	ss) fro	om sales of invento	ry 🕨	8,016	8,010
			Business Code		
11a _{REFUNDS & REI}	MBURS	SEMENTS	900099	578	57
b					
therfevenueMiscAmt					
d All other revenue					+
e Total. Add lines :		1d		578	
12 Total revenue.	See ins	structions	<u> ▶</u> ⊢		1
		-		1,418,522	135,283

— Page 10 —

Form 990 (20	022)				Page 10
	Statement of Functional Expenses Section 501(c)(3) and 501(c)(4) organizations must	complete all column	All other ergenizati	ana must complete a	olump (A)
	Check if Schedule O contains a response or note to a		5		🗸
	ude amounts reported on lines 6b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
	and other assistance to domestic organizations and c governments. See Part IV, line 21				
3 Cranta -	and other assistance to domestic individuals. Cas				

2	Grants and other assistance to domestic individuals. See Part IV, line 22				
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16.				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	143,296	101,676	24,972	16,648
6	Compensation not included above, to disqualified persons (as defined under section $4958(f)(1)$) and persons described in section $4958(c)(3)(B)$				
7	Other salaries and wages	136,748	97,030	23,831	15,887
8	Pension plan accruals and contributions (include section $401(k)$ and $403(b)$ employer contributions)	7,013	4,976	1,222	815
9	Other employee benefits	19,697	13,976	3,433	2,288
10	Payroll taxes	19,600	13,907	3,416	2,277
11	Fees for services (non-employees):				
ā	Management				
t)Legal	3,716	3,716		
c	Accounting	12,100	8,470	2,178	1,452
c	Lobbying				
e	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
ç	Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	218,933	215,292	3,641	
12	Advertising and promotion				
13	Office expenses	16,741	10,423	1,848	4,470
14	Information technology	10,424	7,296	1,877	1,251
15	Royalties				
16	Occupancy	19,332	13,533	3,479	2,320
17	Travel	4,997	3,498	899	600
18	Payments of travel or entertainment expenses for any federal, state, or local public officials .				
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization				
23	Insurance	10,058	7,041	1,810	1,207
24	Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
	a EDUCATION	31,247	31,247		
	b RESTORATION PROJECTS	27,440	27,440		
	c DUES & SUBSCRIPTIONS	4,885	4,885		
	d LAND STEWARDSHIP	928	928		
	e All other expenses	30,502	19,532	5,021	5,949
25	Total functional expenses. Add lines 1 through 24e	717,657	584,866	77,627	55,164
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				
	Check here b if following SOP 98-2 (ASC 958-720).				

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 \Box

Part X Balance Sheet

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

. . /B)

					(م) Beginning of year		رہے) End of year
	1	Cash-non-interest-bearing			1,306,700	1	1,234,580
	2	Savings and temporary cash investments				2	
	3	Pledges and grants receivable, net		3			
	4	Accounts receivable, net		4			
	5	Loans and other receivables from any current of trustee, key employee, creator or founder, sub- controlled entity or family member of any of th	stantial o	contributor, or 35%		5	
	6	Loans and other receivables from other disqual section $4958(f)(1)$, and persons described in s				6	
s	7	Notes and loans receivable, net				7	
ssets	8	Inventories for sale or use				8	
ss	9	Prepaid expenses and deferred charges		F	8,000	9	
4	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a	857,985			
	b	Less: accumulated depreciation	10b		592,022	10c	857,985
	11	Investments—publicly traded securities .			445,166	11	881,482
	12	Investments-other securities. See Part IV, line			12		
	13	Investments-program-related. See Part IV, lin		13			
	14	Intangible assets			14		
	15	Other assets. See Part IV, line 11		235,872	15	272,617	
	16	Total assets. Add lines 1 through 15 (must ed	qual line	33)	2,587,760	16	3,246,664
	17	Accounts payable and accrued expenses .	•	62,821	17	91,389	
	18	Grants payable		Γ		18	
	19	Deferred revenue		Γ		19	
	20	Tax-exempt bond liabilities		· · [20	
s	21	Escrow or custodial account liability. Complete	Part IV o	f Schedule D		21	
Liabilities	22	Loans and other payables to any current or for employee, creator or founder, substantial contr or family member of any of these persons	ibutor, o	r 35% controlled entity		22	
	23	Secured mortgages and notes payable to unrel	ated thir	d parties		23	
	24	Unsecured notes and loans payable to unrelate	d third p	arties		24	
	25	Other liabilities (including federal income tax, p and other liabilities not included on lines 17 - 2 Complete Part X of Schedule D		to related third parties,		25	
	26	Total liabilities. Add lines 17 through 25 .			62,821	26	91,389
ances	27	Organizations that follow FASB ASC 958, c complete lines 27, 28, 32, and 33. Net assets without donor restrictions	heck he	ere 🕨 🗹 and	1,733,306	27	2,356,915
Bal	27		· · · · · ·			, ,	
pq	28	Net assets with donor restrictions	• •	· · · · ·	791,633	28	798,360
Net Assets or Fund Balance	29	Organizations that do not follow FASB ASC complete lines 29 through 33. Capital stock or trust principal, or current funds	heck here 🕨 🗌 and		29		
R	30	Paid-in or capital surplus, or land, building or e		it fund		30	
Sel	31	Retained earnings, endowment, accumulated in				31	
As	32	Total net assets or fund balances			2,524,939	32	3,155,275
Vet	33		•••		2,587,760	33	3,246,664
~	33	Total liabilities and net assets/fund balances			2,307,700	33	5,240,004

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Part X	Reconcilliation of Net Assets		Page 12
	Check if Schedule O contains a response or note to any line in this Part XI	<u> </u>	🗹
1 To	tal revenue (must equal Part VIII, column (A), line 12)	1	1,418,522
2 To	tal expenses (must equal Part IX, column (A), line 25)	2	717,657
3 Re	evenue less expenses. Subtract line 2 from line 1	3	700,865
4 Ne	et assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) $\ .$	4	2,524,939
5 Ne	et unrealized gains (losses) on investments	5	-70,529

~		-			
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9			
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10		3	,155,275
Pa	t XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				
				Yes	No
1	Accounting method used to prepare the Form 990: Cash Cash Accrual Other If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		No
	If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed or separate basis, consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis	па			
Ь	Were the organization's financial statements audited by an independent accountant?		2b	Yes	
	If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate b consolidated basis, or both:	asis,			
	Separate basis Consolidated basis Both consolidated and separate basis				
С	If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?		2c	Yes	
	If the organization changed either its oversight process or selection process during the tax year, explain in Sched	ule O			
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Unif Guidance, 2 C.F.R. Part 200, Subpart F?	form	Зa		No
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the require audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.	ed	Зb		
			F	orm 99	0 (2022)

Additional Data

Return to Form

Software ID:

Software Version:

Form 990, Special Condition Description:

Special Condition Description

SCHEDUEA (enne	e Pul	olic Visual	Render		20233314934930	2488 - Subr	nission: 2023-	11-10	TIN: 57-1007436
beta device. Service <i>instructions</i> and the latest information.	(Forn Departn	n 990) nent of th	ne Treasury	Co		rganization is a sect 4947(a)(1) nonexe	ion 501(c)(3) mpt charitab) organization or le trust.		
Anne of the organization Employer indextrication number STD LEMAD OF NUM TRUE S7-1007436 Part 1 Reason for Public Charity Status (All organizations must complete this part.) See instructions. Image: Anti-Anti-Anti-Anti-Anti-Anti-Anti-Anti-				•	Go to <u>www.irs</u>			ormation.	Open to Public	
Image: State in the instruction of the second sec									Employer identif	
Part 1 Rescon for Public Charity Status (All organizations must complete this part). See instructions: he organization incs a private foundation because its: (For lines 1 through 12, check only one bax). 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(ii). 2 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(iii). 3 A hospital or a cooperative baptal service organization described in section 170(b)(1)(A)(iii). Enter the hospital's mane, div, and state. 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). 6 A forder, state, or local government or governmental unit described in section 170(b)(1)(A)(iv). Complete Part II.) 7 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). Complete Part II.) 8 A community trust described in section 170(b)(1)(A)(iv). Complete Part II.) 9 An arganization organization described 1 370(b)(1)(A)(iv). Complete Part II.) 10 An arganization organization described 1 370(b)(1)(A)(iv). Complete Part II.) 10 An organization organization described 1 370(b)(1)(A)(iv). Complete Part II.) 11 A norganization organization arganization scientestabil sincome (lises section 590(a)(2).	DIST) ISLAI	ND OPEN LAND	TRUST					57-1007436	
1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(II). 2 A school described in section 170(b)(1)(A)(III). (Attach Schedule E (Form 990).) 3 A bopical or a coopenative hospital service arganization described in section 170(b)(1)(A)(III). 4 A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(III). Enter the hospital's inservice arganization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(V). (Complete Part II.) 6 A feedral, state, or focal government or governmental unit described in section 170(b)(1)(A)(V). (Complete Part II.) 7 Comparization that normally receives: a substantial part of its support from a governmental unit described in section 170(b)(1)(A)(V). (Complete Part II.) 8 A community trust described in 150(b)(1)(A)(A)(C) complete Part II.) 9 An organization onpanization described in 150(b)(1)(A)(A)(C) governet than 30.1% of its support from organization and unrelated buildes stable in como (LI)(A)(A)(C). See section 509(a)(3). 10 An organization organization organization described in section sol(A) (3) complete Part III.) 11 An organization organization adjected exclusively to test for public safety. See section 509(a)(3). Check the in on inses 12a through 12d that describes the type of supporting organization adjected exclusively to test for public safety. See section 509(a)(3). Check the in on lines 12a through 12d that describes the type of sup	Pa	τI	Reason	for Public	Charity State	us (All organization	s must comp	lete this part.) S		
A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).) A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: A organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(ii). Complete Part II) A noganization that normally receives a substantial part of its support from a governmental unit described in section 170(b)(1)(A)(V). (Complete Part II.) An apricalization that normally receives a substantial part of its support from consumption with a lend grant college or university or normality receives a substantial part of its support from consumption with a lend grant college or grant. Table (1)(1)(A)(V)(X) (Complete Part II.) An apricalization that normally receives as instructions. Entire the name, city, and state of the college or university or normanize and unrelated business taxable income (less section 51)(1)(A)(A)(X). Support from cost in a support from cost in assess of notice sections 509(a)(1). An organization organization aperated exclusively to test for public safety. See section 509(a)(4). An organization organization operated, supervised, or controlled by its supported organization(5) by playing the support organization operated, supporting organization and complete instances of the supporting organization operated, supporting organization and complete instances of the supporting organization operated, supporting organization operated, supporting organization and complete instances of or the organization operated business tax toring instances on the support of organization operated supporting organization operated, supporting organization operated, supporting organization operated, support of orga	he o	rganiz		•			. .			
A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's <u>amer</u> , city, and state: A norganization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)((iv)). (Complete Fart II.) A community trust described in section 170(b)(1)(A)(v). (Complete Fart II.) A community trust described in section 170(b)(1)(A)(V). (Complete Fart II.) A community trust described in section 170(b)(1)(A)(V). (Complete Fart II.) A community trust described in section 170(b)(1)(A)(V). (Complete Fart II.) A community trust described in section 170(b)(1)(A)(V). (Complete Fart II.) A community trust described in section 170(b)(1)(A)(V). (Complete Fart II.) A community trust described in the torganization described in section from contributions, membership fees, and grass receipts from activities related to its seempt functions—bubject to certain exceptions; and (2) no more than 33 u/W of its support from grass tive described in section 509(a)(2). (Complete Fart III.) An organization organization described in section 509(a)(2). Consection 509(a)(3). Const the in nines 12a through 12d that describes that the infom (less section 509(a)(2). See section 509(a)(3). Const the in nines 12a through 12d that describe of supporting organization adaptication signal supporting organization organization secribic organization operated is upervised, or controlled by this support dorganization(s), by laving the supporting organization of grainization of secribic adaptication(s). You called by the organization (3) the same described in connection with its supporting organization(s). You must complete Part IV, Sections A and C. Type III Asupporting organization operated in connection with its uspoprit organization(s). You must complete Part IV, Sections A and C		\Box							(A)(i).	
A medical research organization operated in conjunction with a lospital described in section 170(b)(1)(A)(iii). Enter the hospital's marme, city, and state: A community comparization operated for the banefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(V). (Complete Part II.) A community trust described in section 170(b)(1)(A)(v). A companization organization described in section 170(b)(1)(A)(V).	2		A school de	escribed in s	ection 170(b)(1)(A)(ii). (Attach Sch	edule E (Form	990).)		
name, city, and state: 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(v). (Complete Part II.) 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(vi). (Complete Part II.) 7 An organization that mormally receives a substantial part of its support from a governmental unit of rom the general public described section 170(b)(1)(A)(vi). (Complete Part II.) 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) 9 An agricultural research organization discribed in 320/45 of its support from combutors, membership fees, and gross receipts non-schem 30(2): 0.00000000000000000000000000000000000	3	\Box	A hospital o	or a coopera	tive hospital serv	vice organization desci	ribed in sectio	n 170(b)(1)(A)(iii).	
□ 70(6)(1)(A)(V). (Complete Part II.) □ A fearla, state, or local government or governmental unit described in section 170(b)(1)(A)(V). □ A community trust described in section 170(b)(1)(A)(V). (Complete Part II.) □ A community trust described in section 170(b)(1)(A)(V). (Complete Part II.) □ A agricultural research organization described in 170(b)(1)(A)(V). (Complete Part II.) □ non-inding ranc tollege of agriculture. See instructions. Enter the name, city, and state of the college or university: □ non-inding ranc tollege of agriculture. See instructions. Enter the name, city, and state of the college or university: □ non-inding ranc tollege of agriculture. See instructions. Enter the name, city, and state of the college or university: □ nor-indig ranc tollege of agriculture. See instructions. Enter the name, city, and states acquired by the organization after 130, 157. See section 509(a)(2). Complete Part III.) □ An organization organized and operated exclusively to test for public safety. See section 509(a)(2). Check the is on ines 12a through 12d that describes the type of the public for the senetic for the section 509(a)(2). Check the is only appoint or organization agriculture organization. See yourset organization. Section Safe(2)(1) or section 509(a)(2). Check the is only appoint or organization operated, supporting organization. Section Safe add operated exclusively to test for public safety. See section 509(a)(3). Check the is only to organization supported organization only the support organization. Section Safe add and the directors or trustees of the supporting organization. Section Safe add an controlled in connection with is supported organization(s), by having cor	4				anization operate	ed in conjunction with	a hospital des	cribed in section :	170(b)(1)(A)(iii).	Enter the hospital's
? An organization that normally receives a substantial part of its support from a governmental unit or from the general public described section 170(b)(1)(A)(V). (Complete Part II.) ? A normumity true described in section 170(b)(1)(A)(V). (Complete Part II.) ? An agricultural research organization described in 170(b)(1)(A)(V). (Complete Part II.) ? An organization that normally receives: (1) more than 33.r/% of its support from contributions, membership fees, and gross receipts investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after J 30, 1975. See section 509(a)(2). Complete Part III.) 11 An organization organized and operated exclusively to test for public safety. See section 509(a)(2). Check the b on ine subicity supported organizations described in section 500(a)(1) or section 500(a)(2). See section 509(a)(3). Check the b on ine 12a htrough 2d that described supporting organization and unrelated business taxable income (less section sof tax) for and 12g. 12 An organization organization operated exclusively to test for public safety. See section 509(a)(3). Check the b on ine 12a htrough 2d that described in supporting organization and operated exclusively to test for public safety. See section 509(a)(3). Check the b on ine 12a htrough 2d that described a supporting organization and complete lines 12a, 12d, and 12g. 13 Type I.1.4 supporting organization supervised or controlled by its supported organization(s), by alving the supporting organization supervised or controlled by its support dorganization(s). by having control or management of the supporting organization supervised or controlled in connecti	_		170(Ď)(1)	(A)(iv). (C	omplete Part II.)	-				ibed in section
						-				
Importance Importance Importance Importance ID A norganization that normally receives: (1) more than 33:x% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 u/% of its support from gross investment income and unrelated business taxable income (less section 509(a)(2). II An organization organized and operated exclusively to test for public safety. See section 509(a)(3). II An organization organized and operated exclusively to test for public safety. See section 509(a)(3). III An organization organization describes the type of supporting organization and complete lines 12. III Comparization is power to regulary appoint or grapization and complete lines 12. III Comparization is power to regulary appoint or grapization and complete lines 12. III Comparization (S) the power to regulary appoint or grapization and complete lines 12. IIII Comparization (S) the power to regulary appoint or grapization and complete lines 12. IIII Comparization (S) the power to regulary appoint or grapization and the supported organization. You must complete Part IV, Sections A and B. IIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIII	_		section 17	'0(b)(1)(A	(vi). (Complete	Part II.)		-	init or from the gene	ral public described in
one-land grant college of agriculture. See instructions. Entire the name, city, and state of the college or university: 10 A norganization that normally receives: (1) more than 33x/9% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization agriculture. See instructions—subject to certain exceptions, and (2) no more than 33 x/9% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization agriculture organized and operated exclusively to test for public safety. See section 509(a)(2). 11 An organization organized and operated exclusively to test for public safety. See section 509(a)(2). See section 509(a)(2). 12 An organization organized and operated exclusively to test for public safety. See section 509(a)(2). See section 509(a)(2). 13 Charge agriculture. See instructions in the section sole of complete instructions in the functions of use to carry out the purposes of one morganization organization material support for organization. See section 509(a)(2). 14 Charge agriculture. See instructions of the director sole of use supporting organization. See section 509(a)(2). 15 Type I. A supporting organization supervised, or controlled by its support for organization(s), by having control or management of the supporting organization organization and Complete Part IV, Sections A and C. 17 Type II. A supporting organization supervised in controlled in connection with its supported organizatin(s), by its is supported organization(s) (see instru	9		An agricult	ural research	n organization de	escribed in 170(b)(1)	(A)(ix) operat	ted in conjunction	with a land-grant co	llege or university or a
investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after J 11 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 12 An organization organized and operated exclusively to test for public safety. See section 509(a)(2). 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one on lines 12a through 12d that describes the type of supporting organization and completel lines 12e, 12f, and 12g. 13 Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), by point by using the supporting organization supervised or controlled the supporting organization. You music complete Part IV, Sections A and B. 14 Type II. A supporting organization supervised or controlled in the same persons that control or manage the supporting organization supervised or controlled in the same persons that control or manage the supporting organization (s) (see instructions). You music complete Part IV, Sections A and C. 15 Type III functionally integrated. A supporting organization operated in connection with its supported organization(s): the is supported organization (s) (see instructions). You music complete Part IV, Sections A and C, and Part V. 16 Type III functionally integrated. A supporting organization operated in connection with a attentiveness requirement (see instructions), You music complete Part IV, Sections A and C, and Part V. 16 Type III functionally integrated supportin	10		non-land gi An organiza	rant college ation that no	of agriculture. So ormally receives:	ee instructions. Enter (1) more than 331/3%	the name, city, o of its support	, and state of the of from contribution	college or university: s, membership fees,	and gross receipts
11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one more publicly supported organizations described in section S09(a)(1) or section S09(a)(2). See section S09(a)(3). Check the bare is a the supporting organization operated, supervised, or controlled by its supported organizations(), typically by giving the support a Organization operated, supervised or controlled by its supported organizations(), typically by giving the support b Type II. A supporting organization overted in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and B. c Organization (S) its organization supervised or controlled in connection with its supported organization(s). You must complete Part IV, Sections A, D, and E. d Organization(s) its organization operated and c. c Type III functionally integrated. A supporting organization operated in connection with its supported organization(s) that is r functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. e Check this box if the organization supervised supporting organization operated supporting organizations. f Enter the number of supported organizations. (iv) Is the organization support organization supported organization (it) is not any support (see instructions)). (vi) Amount of monetary support (see instructions) (vi) Amount of monetary support (see instructions)) (vi) Amount of		_	investment 30, 1975. S	income and See section	unrelated busin 509(a)(2). (Co	ess taxable income (le omplete Part III.)	ess section 511	tax) from busines	sses acquired by the	
more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the binomines 12a through 12d that describes the type of supporting organization and complete lines 12a, 12f, and 12g. a Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. b Type I.1. A supporting organization operated. A supporting organization operated in connection with its supported organization(s), by having control or management of the supporting organization operated in connection with supported organization(s) (see instructions). You must complete Part IV, Sections A and C. c Type I.1 functionally integrated. A supporting organization operated in connection with its supported organization(s) the gravet add. A supporting organization operated in connection with its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. d Type I.11 non-functionally integrated. A supporting organization operated in connection with its supported organization(s) the organization received a written determination from the IRS that it is a Type I, Type III functionally integrated. A supported organization(s). e Check this box if the organization received a vritten determination from the IRS that it is a Type I, Type III functionally integrated supported organization(s). f Interview of supported organization received a organization(s). f Interview of supported organization received a organization. </td <td></td> <td></td> <td>-</td> <td>-</td> <td>•</td> <td></td> <td></td> <td></td> <td></td> <td></td>			-	-	•					
organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and C. c Type II. A supporting organization supervised or controlled in connection with its supported organization(s). by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. c Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. e Check this box if the organization received a written determination from the IRS that it is a Type II, Type III functionally integrated organizations. f Enter the number of supported organizations (ii) Type Organization information about the supported organization. g Provide the following information about the supported organization (ii) State organization (iii) Type organization (iii) Type organization (iv) Amount of organization (iii) Type organization (iv) Amount of organization (iii) Type organization (iv) Amount of organization (iii) Type organization (iii) Type organization (iii) Type organization (iv) State organization (iv) Amount of organization (iii) Type organization (iii) State organization (iv) Amount of organization (iii) Type organization (iii) State organization (iiii) State organization (iii) State organization (iii) S	12		more public	cly supporte	d organizations o	described in section 5	09(a)(1) or s	ection 509(a)(2). See section 509	
management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A, D, and E. c Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. d Type III non-functionally integrated. A supporting organization perated in connection with its supported organization(s) (see instructions). You must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. e Check this box if the organization received a written determination from the IRS that it is a Type I, Type III, Type III functionally integrated supporting organization. f Enter the number of supported organizations (iv) Is the organization listed in your governing document? (v) Amount of organization of (described on lines 1 - 10 above (see instructions)) (v) Amount of nonetary support of the support of organizations instructions) fortal	а		organizatio	n(s) the pov	ver to regularly a	appoint or elect a majo				
c Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. d Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is a functionally integrated. A support IV, Sections A, D, and E. e Check this box if the organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A, D, and Part V. e Check this box if the organization received a written determination from the IRS that it is a Type I, Type III functionally integrated supporting organization. f Enter the number of supported organization about the supported organization (s). (iv) Amount of organization (described on lines 1 - 10 above (see instructions)) (iv) Is the organization so the support (see instructions) (vi) Amount of (see instructions) fortal	b		manageme	nt of the su	porting organiza	ation vested in the san				
d Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is a functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. e Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated supporting organization. f Enter the number of supported organizations 9 Provide the following information about the supported organization(s). (i) Name of supported organization (ii) Type of organization (described on lines instructions) (i) Name of supported organization (iii) Type of organization (described on lines instructions) 1 - 10 above (see instructions)) Yes No e Page 2 Page 2 Page 2 Page 2 Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) If the organization failed to qualify under the tests listed below, please complete Part III.) Section A. Public Support	с		Type III f	unctionally	integrated. A s	supporting organizatio				ated with, its
e Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated supporting organization. f Enter the number of supported organizations	d		Type III n	on-functio	nally integrate	d. A supporting organi	zation operate	d in connection wi	th its supported orga	inization(s) that is not quirement (see
integrated, or Type III non-functionally integrated supporting organization. f Enter the number of supported organizations g Provide the following information about the supported organization (ii) Type of organization (described on lines (i) Name of supported organization (iii) Til Dabve (see instructions)) in 1 above (see instructions)) (v) Amount of monetary support (see instructions) fotal Image: Schedule A (Form 990) 202 Page 2 Page 2 Schedule A (Form 990) 202 Page 2 Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part I II.) Section A. Public Support Image: Schedule A (part in the reganization failed to qualify under the tests listed below, please complete Part III.)	P	\square		,	-		•			T functionally
9 Provide the following information about the supported organization(s). (ii) Name of supported organization (iii) EIN (iii) Type of organization (described on lines 1-10 above (see instructions))) (iv) Is the organization listed in your governing document? (v) Amount of monetary support (see instructions)) Yes No Yes No (vi) Amount of monetary support (see instructions)) Total Image: Section A. Public Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under the tests listed below, please complete Part III.) Section A. Public Support Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)	C	\Box							pe i, iype ii, iype i	I functionally
(i) Name of studing interaction with the organization granication organization organization (ii) EIN (iii) Type of organization (described on lines 1 - 10 above (see instructions))) (iv) Is the organization listed in your governing document? (v) Amount of monetary support (see instructions) (vi) Amount of other support (see instructions) Yes No Yes No Fotal									· · · · · · · · - <u>-</u>	
organization organization (described on lines 1-10 above (see instructions)) in your governing document? monetary support (see instructions) other support (sinstructions) Yes No Yes No	g				1			rganization listed	(v) Amount of	(vi) Amount of
Fotal Cat. No. 11285F Schedule A (Form 990) 20 For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Cat. No. 11285F Schedule A (Form 990) 20 Page 2 Page 2 Page 1 Page 1 Page 1 Page 1 Schedule A (Form 990) 2022 Page 1 Page 2 Page 2 Page 2 Schedule A (Form 990) 2022 Page 2 Page 2 Page 2 Schedule A (Form 990) 2022 Page 2 Page 2 Page 2 Schedule A (Form 990) 2022 Page 2 Page 2 Page 2 Schedule A (Form 990) 2022 Page 2 Page 2 Page 2 Schedule A (Form 990) 2022 Page 2 Page 2 Page 2 Schedule A (Form 990) 2022 Page 2 Page 2 Page 2 Schedule A (Form 990) 2022 Page 2 Page 2 Page 2 Schedule A (Form 990) 2022 Page 2 Page 2 Page 2 Schedule A (Form 990) 2022 Page 2 Page 2 Page 2 Schedule A (Form 990) 2023 Fage 2 Fage 2 Page 2 Schedule A (Form 990) 2024 Fage 2 Fage 2 Fage 2 Schedule A (Form 990)		(-)			(,	organization (described on lines 1- 10 above (see			monetary support	other support (see
or Paperwork Reduction Act Notice, see the Instructions for form 990 or 990-EZ. Cat. No. 11285F Schedule A (Form 990) 20 Page 2 Page 2 Page 2 Schedule A (Form 990) 2022 Page 2 Page 2 Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under the tests listed below, please complete Part III.) Section A. Public Support							Yes	No		
or Paperwork Reduction Act Notice, see the Instructions for form 990 or 990-EZ. Cat. No. 11285F Schedule A (Form 990) 20 Page 2 Page 2 Page 2 Inchedule A (Form 990) 2022 Page 2 Page 2 Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under the tests listed below, please complete Part III.) Section A. Public Support										
or Paperwork Reduction Act Notice, see the Instructions for form 990 or 990-EZ. Cat. No. 11285F Schedule A (Form 990) 20 Page 2 Page 2 Page 2 Schedule A (Form 990) 2022 Page 2 Page 2 Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under the tests listed below, please complete Part III.) Section A. Public Support	[otal									
Page 2 Pa	or P	aperv		tion Act No	tice, see the Ir	nstructions for	Cat. No. 112	85F	Schedul	e A (Form 990) 2022
Schedule A (Form 990) 2022 Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part I If the organization failed to qualify under the tests listed below, please complete Part III.) Section A. Public Support						Pa				
Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part I I f the organization failed to qualify under the tests listed below, please complete Part III.) Section A. Public Support							yu z			
Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part I I f the organization failed to qualify under the tests listed below, please complete Part III.) Section A. Public Support	Scher	lule A	(Form 990)	2022						Page 2
(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part I If the organization failed to qualify under the tests listed below, please complete Part III.) Section A. Public Support			. ,		e for Organiz	ations Described	in Sections	170(b)(1)(A)	(iv) and 170(b)	-
		_	(Comple If the o	ete only if rganizatior	you checked th	ne box on line 5, 7,	or 8 of Part I	or if the organi	zation failed to qu	
Calendar year				Support						

	r fiscal year beginning in) 🕨	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not	302,979	553,033	396,686	964,280	1,283,239	3,500,217
_	include any "unusual grant.")						
2	Tax revenues levied for the organization's benefit and either paid						
3	to or expended on its behalf The value of services or facilities						
3	furnished by a governmental unit to						
4	the organization without charge Total. Add lines 1 through 3	302,979	553,033	396,686	964,280	1,283,239	3,500,217
	The portion of total contributions by	302,979		590,000	504,200	1,203,239	5,500,217
	each person (other than a governmental unit or publicly supported organization) included on						437,764
	line 1 that exceeds 2% of the amount						
6	shown on line 11, column (f) Public support. Subtract line 5 from						2 062 452
	line 4.						3,062,453
	ection B. Total Support	() 2010	(1) 2010	() 2020	(1) 2024	() 2022	
	fiscal year beginning in) 🕨	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
7 8	Amounts from line 4 Gross income from interest,	302,979	553,033	396,686	964,280	1,283,239	3,500,217
ð	dividends, payments received on	2.042	5,444	4.962	27.210	12.220	62.608
	securities loans, rents, royalties and income from similar sources.	3,943	5,444	4,863	37,218	12,230	63,698
9	Net income from unrelated business						
	activities, whether or not the business is regularly carried on.	49,880	52,897	99,218	76,483	123,053	401,531
10	Other income. Do not include gain or						
	loss from the sale of capital assets (Explain in Part VI.).						
11	Total support. Add lines 7 through						3,965,446
12	10 Gross receipts from related activities, e	etc. (see instructio		<u> </u> 	<u> </u>	12	5,505,110
	First 5 years. If the Form 990 is for the						ization, check
	this box and stop here	-					
S	ection C. Computation of Public						
14	Public support percentage for 2022 (lin	ne 6, column (f) di	ivided by line 11,	column (f))		14	77.230 %
	Public support percentage for 2021 Scl					15	89.280 %
16 a	33 1/3% support test—2022. If the						
b		e organization did	not check a box o	n line 13 or 16a, a	and line 15 is 33 $_{ m 1}$	/3% or more, check	k this
17a	box and stop here. The organization 10%-facts-and-circumstances test and if the organization meets the "fact	-2022. If the org	ganization did not ces" test, check th	check a box on lir is box and stop h	ne 13, 16a, or 16b I ere. Explain in Pa	o, and line 14 is 10 art VI how the orga	% or more, nization
b	meets the "facts-and-circumstances" to 10%-facts-and-circumstances tes more, and if the organization meets t	t—2021. If the o	rganization did no	t check a box on l	ine 13, 16a, 16b,	or 17a, and line 15	5 is 10% or
	meets the "facts-and-circumstances"						
18	Private foundation. If the organization	on did not check a	box on line 13, 1	6a, 16b, 17a, or 1	.7b, check this box	k and see	
	instructions						<u> ► □</u>
						Schedule A (F	Form 990) 2022
			Page 3				
			i dge b				
Sch	edule A (Form 990) 2022						Da
	Part III Support Schedule fo	or Organizatio	ne Described i	n Section 509	(2)(2)		Page 3
	(Complete only if you					d to qualify und	er Part II. If
	the organization fails	to qualify under	the tests listed	below, please of	complete Part II	.)	
	ection A. Public Support						
(0)	fiscal year beginning in) 🕨	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not						
	include any "unusual grants.") .				4		
2	Gross receipts from admissions, merchandise sold or services						
	performed, or facilities furnished in						
	any activity that is related to the organization's tax-exempt purpose						

	ergamzation e tax exempt purpose
3	Gross receipts from activities that are
	not an unrelated trade or business
	under section 513

4 Tax revenues levied for the organization's benefit and either paid

	to or expended on its benair.					1			
5	The value of services or facilities								
	furnished by a governmental unit to the organization without charge								
6	Total. Add lines 1 through 5								
7a	Amounts included on lines 1, 2, and								
b	3 received from disqualified persons Amounts included on lines 2 and 3								
U	received from other than disqualified								
	persons that exceed the greater of								
	\$5,000 or 1% of the amount on line 13 for the year.								
с	Add lines 7a and 7b.								
8	Public support. (Subtract line 7c								
Se	from line 6.) ection B. Total Support								
	endar year	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f)	Total	
-	fiscal year beginning in) 🕨	(a) 2010	(b) 2015	(C) 2020	(u) 2021	(e) 2022	(1)	iotai	
9 10a	Amounts from line 6 Gross income from interest,								
10a	dividends, payments received on								
	securities loans, rents, royalties and								
b	income from similar sources Unrelated business taxable income								
5	(less section 511 taxes) from								
	businesses acquired after June 30, 1975.								
с	Add lines 10a and 10b.								
11	Net income from unrelated business								
	activities not included on line 10b,								
	whether or not the business is regularly carried on.								
12	Other income. Do not include gain or								
	loss from the sale of capital assets (Explain in Part VI.)								
13									
	11, and 12.).		first second thin	d farruth an fifth t		m F01(a)(2) an		hiana ak	
14	First 5 years. If the Form 990 is for the	-			-		-		_
6.	this box and stop here					<u></u>		•••	
<u> </u>	Public support percentage for 2022 (lir	e 8. column (f) d	ivided by line 13.	column (f))		15			
16	Public support percentage from 2021 S					15			
-	ection D. Computation of Invest					10			
<u> </u>	Investment income percentage for 202	22 (line 10c, colur	mn (f) divided by	line 13, column (f	·))	17			
18	Investment income percentage from 2	-		· · · · · ·		18			
	33 1/3% support tests-2022. If the					-	ne 17	is not	
194	more than 33 1/3%, check this box and								
b		organization did	not check a box o	on line 14 or line 1	9a, and line 16 is	more than 33 1	/3% ar	nd line	18 is
	not more than 33 1/3%, check this box	and stop here. T	The organization o	qualifies as a publi	cly supported orga	anization			
20	Private foundation. If the organization	on did not check a	a box on line 14, 1	.9a, or 19b, check	this box and see	instructions			
						Schedule A			2022
			Page 4						
Sche	dule A (Form 990) 2022							Р	age 4
Par	t IV Supporting Organization	s							
	(Complete only if you checked a box 12b, of Part I, complete Se								
	12d, of Part I, complete Section				inplete Sections A,	D, and L. II yo	u chec	keu Do	X
Se	ction A. All Supporting Organiz	ations	· · ·						
								Yes	No
1	Are all of the organization's supported								
	If "No," describe in Part VI how the su describe the designation. If historic and			ted. If designated	by class or purpos	se,			
	-	2					1		<u> </u>
2	Did the organization have any support								
	509(a)(1) or (2)? If "Yes," explain in P described in section 509(a)(1) or (2).	art VI now the o	ryanization deterr	ninea that the sup	oported organizatio	on was			
							2		
3a	Did the organization have a supported <i>3c below.</i>	organization desc	cribed in section 5	01(c)(4), (5), or ((6)? If "Yes," answ	er lines 3b and			
	SC DEIOW.						3a		
b	Did the organization confirm that each								
	the public support tests under section <i>determination.</i>	509(a)(2)? If "Yes	s," describe in Pa l	rt VI when and ho	ow the organizatio	n made the	3b		

c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in **Part VI** what controls the organization put in place to ensure such use.

30

		50		L
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.			
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported	4a		
	organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.	4b		
с	Did the organization support any foreign supported organization that does not have an IRS determination under sections $501(c)(3)$ and $509(a)(1)$ or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section $170(c)(2)(B)$ purposes.	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI , including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).	5a		
b	Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?			
с	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI .			
	organization's supported organizations? If fes, provide detail in Part V1.	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section $4958(c)(3)(C)$), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).			
~				
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? If "Yes," complete Part I of Schedule L (Form 990).	8		
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI .			
		9a		
D	Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI .	9b		
с	Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets	90		
•	in which the supporting organization also had an interest? If "Yes," provide detail in Part VI .	9c		
10a	Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes,"			
	answer line 10b below.	10a		
b	Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings).	10b		

Schedule A (Form 990) 2022

Page 5

– Page 5 –

Schedule A (Form 990) 2022

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

Section B. Type I Supporting Organizations

1	Did the officers, directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.
	applied to such powers during the tax year.

	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting organization.
--	---

	Yes	No
1		
2		

Yes

No

Section C. Type II Supporting Organizations

1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of	
	each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the	┝

1	

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

Section E. Type III Functionally-Integrated Supporting Organizations

- 1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions):
 - **a** The organization satisfied the Activities Test. Complete **line 2** below.
 - **b** _____ The organization is the parent of each of its supported organizations. Complete **line 3** below.
 - c The organization supported a governmental entity. Describe in **Part VI** how you supported a government entity (see instructions)

2 Activities Test. Answer lines 2a and 2b below.

	a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted		
	substantially all of its activities.	2a	
	b Did the activities described on line 2a, above constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the		
	organization's involvement.	2b	
3	Parent of Supported Organizations. Answer lines 3a and 3b below.		
	a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each o the supported organizations? If "Yes" or "No", provide details in Part VI .	f 3a	

Page 6 -

b Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? *If "Yes," describe in Part VI. the role played by the organization in this regard.*

3b Schedule A (Form 990) 2022

Schedule A (Form 990) 2022

Page 6

Yes No

Pa	Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations					
1	Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E.					
	Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)		
1	Net short-term capital gain	1				
2	Recoveries of prior-year distributions	2				
3	Other gross income (see instructions)	3				
4	Add lines 1 through 3	4				
5	Depreciation and depletion	5				
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6				
7	Other expenses (see instructions)	7				
8	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8				
	Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)		
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):	1				
а	Average monthly value of securities	1a				
b	Average monthly cash balances	1b				
С	Fair market value of other non-exempt-use assets	1c				
d	Total (add lines 1a, 1b, and 1c)	1d				
e	Discount claimed for blockage or other factors (explain in detail in Part VI):					

		_	1 1
2	Acquisition indebtedness applicable to non-exempt use assets	2	
3	Subtract line 2 from line 1d	3	
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by 0.035	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	
	Section C - Distributable Amount		Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1	
2	Enter 85% of line 1	2	
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3	
4	Enter greater of line 2 or line 3	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6	
7	Check here if the current year is the organization's first as a non-functionally-i instructions)	ntegrat	ed Type III supporting organization (see

Schedule A (Form 990) 2022

Page 7

Schedule A (Form 990) 2022 Page 7 **Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations** (continued) Part V **Current Year** Section D - Distributions 1 1 Amounts paid to supported organizations to accomplish exempt purposes 2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in 2 excess of income from activity з Administrative expenses paid to accomplish exempt purposes of supported organizations 3 4 4 Amounts paid to acquire exempt-use assets 5 Qualified set-aside amounts (prior IRS approval required - provide details in Part VI) 5 6 Other distributions (describe in Part VI). See instructions 6 7 Total annual distributions. Add lines 1 through 6. 7 8 Distributions to attentive supported organizations to which the organization is responsive (provide 8 details in Part VI). See instructions 9 9 Distributable amount for 2022 from Section C, line 6 10 10 Line 8 amount divided by Line 9 amount (ii) (iii) Section E - Distribution Allocations (i) Underdistributions Distributable **Excess Distributions** (see instructions) Amount for 2022 Pre-2022 1 Distributable amount for 2022 from Section C, line 6 2 Underdistributions, if any, for years prior to 2022 (reasonable cause required-- explain in Part VI). See instructions. 3 Excess distributions carryover, if any, to 2022: **a** From 2017. **b** From 2018. . . **c** From 2019. d From 2020. e From 2021. f Total of lines 3a through e g Applied to underdistributions of prior years h Applied to 2022 distributable amount Carryover from 2017 not applied (see i. instructions) Remainder. Subtract lines 3g, 3h, and 3i from line 3f. i 4 Distributions for 2022 from Section D, line 7: \$ a Applied to underdistributions of prior years **b** Applied to 2022 distributable amount

c Remainder. Subtract lines 4a and 4b	from line 4.			
5 Remaining underdistributions for yea 2022, if any. Subtract lines 3g and 4 If the amount is greater than zero, a See instructions.	a from line 2.			
6 Remaining underdistributions for 202 lines 3h and 4b from line 1. If the at than zero, <i>explain in Part VI</i> . See in	mount is greater			
7 Excess distributions carryover to 3j and 4c.	2023. Add lines			
8 Breakdown of line 7:				
a Excess from 2018				
b Excess from 2019				
c Excess from 2020				
d Excess from 2021				
e Excess from 2022				
	Pa	age 8		nedule A (Form 990) (2022)
Schedule A (Form 990) 2022				Page 8
Section A, lines 1, 2, 3b, 3c Part IV, Section D, lines 2 a	Dn. Provide the explanations required by the explanations required by the explanations of the explanations of the explanation of the explanatio	11b, and 11c; Part IV, Section, 2a, 2b, 3a and 3b; Part V,	on B, lines 1 and 2 line 1; Part V, Sect	; Part IV, Section C, line 1; ion B, line 1e; Part V
<i>i</i>				
	Facts And Cir	cumstances Test		
Return Reference		Explanation		

Additional Data

Software ID: Software Version: **Return to Form**

Schedule A (Form 990) 2022

efile Public Visual Ren	der Objectld: 202333149349302488 - Submission: 2023-11-10	TIN: 57-1007436				
Schedule B	Schedule of Contributors	OMB No. 1545-0047				
(Form 990) Department of the Treasury Internal Revenue Service	 Attach to Form 990, 990-EZ, or 990-PF. Go to <u>www.irs.gov/Form990</u> for the latest information. 	2022				
Name of the organization EDISTO ISLAND OPEN LA		Employer identification number				
		57-1007436				
Organization type (che	eck one):					
Filers of:	Section:					
Form 990 or 990-EZ	□ 501(c)() (enter number) organization					
	4947(a)(1) nonexempt charitable trust not treated as a private foundat	ion				
	□ 527 political organization					
Form 990-PF	\Box 501(c)(3) exempt private foundation	\Box 501(c)(3) exempt private foundation				
	4947(a)(1) nonexempt charitable trust treated as a private foundation					
	\Box 501(c)(3) taxable private foundation					

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

General Rule

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

Special Rules

- □ For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33¹/₃% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II.
- For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III.

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

For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF.

Cat. No. 30613X

Schedule B (Form 990) (2022)

Page 2

Schedule B (Form 990) (2022)

Part I Contributors	Contributors (see instructions). Use duplicate copies of Part I if additional	space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
RESTRICTED	,	\$ RESTRICTED	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
-		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	 Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
-		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	 Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
-		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

Schedule B (Form 990) (2022)

– Page 3 –

Schedule E	B (Form 990) (2022)		Page 3
Name of or EDISTO ISL	ganization AND OPEN LAND TRUST	Employer identificatio	n number
Part II	Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.		
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received

I			
-		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
-		\$	
(a) No. from Part I	(b) Description of noncash property given	(C) FMV (or estimate) (See instructions)	(d) Date received
-		\$_	
(a) No. from Part I	(b) Description of noncash property given	(C) FMV (or estimate) (See instructions)	(d) Date received
-		<u> </u>	
(a) No. from Part I	(b) Description of noncash property given	(C) FMV (or estimate) (See instructions)	(d) Date received
-		<u> </u>	
(a) No. from Part I	(b) Description of noncash property given	(C) FMV (or estimate) (See instructions)	(d) Date received
-		<u> </u>	
I			Schedule B (Form 990) (2022)
	Page 4		
Schedule E	3 (Form 990) (2022)		Page
Name of org EDISTO ISL	Janization AND OPEN LAND TRUST	Employer identi 57-1007436	fication number
Part III	Exclusively religious, charitable, etc., contributions to organizations de	scribed in section 501(c)(7), (8)	, or (10) that total more
	than \$1,000 for the year from any one contributor. Complete columns (a organizations completing Part III, enter the total of <i>exclusively</i> religious) through (e) and the following , charitable, etc., contributions	line entry. For of \$1,000 or less for the

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held		
. =					
-	Transferee's name, address, and	(e) Transfer of gift ZIP 4 Relationsh	ip of transferor to transferee		
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held		
. = -	Transferee's name, address, and	(e) Transfer of gift ZIP 4 Relationsh	ip of transferor to transferee		
(a)	(h) Durnage of sift	(a) Upp of gift	(d) Decorintian of how sift is hold		

(b) Purpose of gift	(c) Use of gift	(a) Description of now gift is neia
Transferee's name, address, and 2	(e) Transfer of gift ZIP 4 Relation	ship of transferor to transferee
(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
Transferee's name, address, and 2	(e) Transfer of gift ZIP 4 Relation	ship of transferor to transferee
	(b) Purpose of gift	(e) Transfer of gift (b) Purpose of gift (b) Purpose of gift (c) Use of gift (c) Use of gift (c) Transfer of gift

Schedule B (Form 990) (2022)

Additional Data

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Software ID: Software Version:

efile Public Visua	al Render	ObjectId: 2023331	L49349302488 - Su	bmission: 2023-	-11-1	0	TIN: 5	7-1007436
SCHEDULE D		Sunnlemen	ntal Financial S	Statemente			OMB No	. 1545-0047
(Form 990) Department of the Treasury		► Complete if the or Part IV, line 6, 7, 8, 9, 1	ganization answered ' 10, 11a, 11b, 11c, 11d	'Yes," on Form 99 , 11e, 11f, 12a, or			20)22 to Public
Internal Revenue Service	▶ G	ا o to <u>www.irs.gov/Forn</u>	Attach to Form 990. <u>1990</u> for instructions a		rmatio	on.		pection
Name of the organ					Emp	oloyer ident	ification	number
EDISTO ISLAND OPEN L	AND TRUST				57-1	.007436		
		ntaining Donor Advi			or Acc	ounts.		
Comple	te if the orga	anization answered "Ye	es" on Form 990, Part (a) Donor adv			(b) Funds a	nd other a	ccounts
1 Total number at	end of vear .			iseu iulius				ccounts
	,	ns to (during year)						
3 Aggregate value								
4 Aggregate value	at end of year	•						
		l donors and donor adviso ct to the organization's ex				funds are the		Yes 🗌 No
charitable purpo	oses and not fo	l grantees, donors, and do or the benefit of the donor 	or donor advisor, or for	any other purpose of			sible	Yes 🗌 No
	vation Ease		on Form 000 Port	IV line 7				
		anization answered "Ye sements held by the orga						
		oublic use (e.q., recreation		Preservation of an	histor	ically import:	nt land a	-03
\Box	of natural hab			Preservation of a c		<i>,</i> ,		ea
			U	Preservation of a c	certifie		licture	
	on of open spa	if the organization held a	qualified concernation of	antribution in the for	rm of a	concorvatio	2	
easement on the			qualified conservation of					the Year
a Total number of	conservation e	easements			2a			42
b Total acreage res	stricted by con	servation easements			2b			3,639.20
c Number of conse	ervation easen	nents on a certified histori	ic structure included in (a	a)	2c			
historic structure	e listed in the l	nents included in (c) acqui National Register			2d			
3 Number of cons tax year ►	ervation easer	nents modified, transferre	ed, released, extinguishe	d, or terminated by	the or	ganization du	ring the	
4 Number of state	es where prope	erty subject to conservation	on easement is located 🕨	•		1		
		written policy regarding the rvation easements it holds the second se		nspection, handling	of viola	ations,	Yes	
6 Staff and volunt	eer hours dev 80.00	oted to monitoring, inspec	cting, handling of violatic	ons, and enforcing co	onserv	ation easeme	nts during) the year
7 Amount of expe	nses incurred 4,64	in monitoring, inspecting, 4	handling of violations, a	nd enforcing conser	vation	easements d	uring the	year
		nent reported on line 2(d)			70(h)(Yes	🗹 No
balance sheet, a	and include, if	organization reports cons applicable, the text of the for conservation easemen	footnote to the organiza				es	
Part III Organi	zations Mai	ntaining Collections anization answered "Ye	of Art, Historical T		er Si	milar Asse	ts.	
1a If the organizati historical treasu	ion elected, as ires, or other s	permitted under FASB AS imilar assets held for pub ote to its financial statem	SC 958, not to report in i lic exhibition, education,	ts revenue statemer or research in furth				
	ires, or other s	permitted under FASB AS imilar assets held for pub these items:						
		90, Part VIII, line 1				▶\$_		
		Part X						
2 If the organizati	ion received or	held works of art, histori be reported under FASB	cal treasures, or other si	milar assets for fina				
a Revenue include	ed on Form 99	0, Part VIII, line 1				. ►\$		
b Assets included	in Form 990, I	Part X				. ▶\$		

For Paperwork Reduction	Act Notice, see the	Instructions for Form 990.

			Page 2							
Sche	dule D (Form 990) 2022									Page 2
	t III Organizations Maintaining Co	llections of Art	Histori	ical Tr	-0261	res or	Other	Similar A	seate (cont	-
3	Using the organization's acquisition, accessio									
а	items (check all that apply): Public exhibition 		d		Loan	or excha	ange prog	jrams		
b	Scholarly research		е		Othe					
с	 Preservation for future generations 									
4	Provide a description of the organization's co Part XIII.	llections and expla	in how the	ey furth	er the	e organiz	ation's ex	kempt purp	ose in	
5	During the year, did the organization solicit o									
Dar	assets to be sold to raise funds rather than to t IV Escrow and Custodial Arrange		s part of tr	ne orga	nizatio	on's colle	ction?	•	🗌 Yes	🗆 No
rai	Complete if the organization answ line 21.		⁻ orm 990	, Part	IV, lir	ne 9, or	reporte	d an amoi	unt on Form	n 990, Part X,
1a	Is the organization an agent, trustee, custod included on Form 990, Part X?								🗌 Yes	🗆 No
b	If "Yes," explain the arrangement in Part XIII	and complete the	followina	table:		Ι			Amount	
c	Beginning balance					t	1c			
d	Additions during the year					t	1d			
e	Distributions during the year					Ť	1e			
f						t	1f			
•	Ending balance					L			_	
2a	Did the organization include an amount on Fo									🗌 No
b	If "Yes," explain the arrangement in Part XIII	. Check here if the	e explanat	ion has	been	provideo	l in Part)	<iii< td=""><td>. 🗆</td><td></td></iii<>	. 🗆	
Ра	rt V Endowment Funds.									
	Complete if the organization answ			,					h ()	
1-	Paginning of year balance	(a) Current year	(D)	Prior yea	r	(c) 1wo yo	ears back	(d) Three y	ears back (e)	Four years back
	Beginning of year balance									
	Contributions									
	Net investment earnings, gains, and losses									
	Grants or scholarships									
	Other expenditures for facilities and programs									
f	Administrative expenses									
g	End of year balance									
2 a	Provide the estimated percentage of the curr Board designated or quasi-endowment	ent year end balar	nce (line 1	g, colui	mn (a)) held a	s:			
b	Permanent endowment >									
с	Term endowment 🕨									
•	The percentages on lines 2a, 2b, and 2c shou	ıld equal 100%.								
3a	Are there endowment funds not in the posses organization by:	ssion of the organi	zation tha	t are h	eld an	d admini	stered fo	r the		Yes No
	(i) Unrelated organizations								3a(i)	
	(ii) Related organizations								3a(ii)	
b	If "Yes" on 3a(ii), are the related organization	•			?.	• •		• •	. 3b	
4	Describe in Part XIII the intended uses of the	e organization's en	dowment	funds.						
Par	t VI Land, Buildings, and Equipme									-
	Complete if the organization answ Description of property (a) Cost or ot (investment)	her basis (b) C	ost or other					<u>m 990, Pa</u> lepreciation		J. ook value
1a	Land			85	7,985					857,985
	Buildings				,					,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
	Leasehold improvements									
	Equipment									
	Other					10())				
rota	I. Add lines 1a through 1e. (Column (d) must	equal Form 990, P	art X, colu	ımn (B)	, line	1U(c).)		•		857,985
								C - I		arm 0001 2022

Part VII Investments - Other Securities.				
Complete if the organization answered "Yes" on Form 990,	Part IV,	line 11b.See Forr	n 990 <i>.</i> Part	X, line 12.
(a) Description of security or category (including name of security)	(b) Book value	(Cost	(c) Method of	
(1) Financial derivatives	Value			
(2) Closely-held equity interests				
(3)Other				
(A)				
(B)				
(C)				
(D)				
(E)				
(F)				
(G)				
(H)				
Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.)	•			
Part VIII Investments - Program Related.				
Complete if the organization answered 'Yes' on Form 990,	Part IV,			
(a) Description of investment		(b) Book value		ethod of valuation: id-of-year market value
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
Total. (Column (b) must equal Form 990, Part X, col.(B) line 13.)	•			
Part IX Other Assets.		ing 11d Cas Fau		V line 15
Complete if the organization answered 'Yes' on Form 990, I (a) Description	Part IV, I	ine 110. See Forr	11 990, Part	X, line 15. (b) Book value
(1)CONSTRUCTION IN PROGRESS				270,21
(2)OTHER ASSETS				1,60
(3)DEPOSITS				80
(3)				

(4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col.(B) line 15.) 272,617 ۲ . .

Other Liabilities. Part X Complete if the organization answered 'Yes' on Form 990, Part IV, line 11e or 11f.See Form 990, Part X, line 25. (a) Description of liability (b) Book value 1. (1) Federal income taxes

Total. (Column (b) must equal Form 990, Part X, col.(B) line 25.)	•	

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

Schedule D (Form 990) 2022

	Page 4				
chec	lule D (Form 990) 2022				Page 4
	t XI Reconciliation of Revenue per Audited Financial Statem	nents	With Revenue per Re	eturn.	i dge 4
	Complete if the organization answered 'Yes' on Form 990, Par				
L	Total revenue, gains, and other support per audited financial statements $\ .$	• •		1	1,399,906
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
а	Net unrealized gains (losses) on investments	2a	-70,529		
b	Donated services and use of facilities	2b			
с	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII.)	2d	51,913		
е	Add lines 2a through 2d	•		2e	-18,616
	Subtract line 2e from line 1	•		3	1,418,522
	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b $\ .$	4a			
b	Other (Describe in Part XIII.)	4b			
с	Add lines 4a and 4b			4c	
	Total revenue. Add lines ${\bf 3}$ and ${\bf 4c.}$ (This must equal Form 990, Part I, line 12.).		5	1,418,522
ar	XII Reconciliation of Expenses per Audited Financial Stater Complete if the organization answered 'Yes' on Form 990, Par			Return.	
	Total expenses and losses per audited financial statements			1	769,570
	Amounts included on line 1 but not on Form 990, Part IX, line 25:			_	
9	Donated services and use of facilities	2a			
,	Prior year adjustments	2b			
2	Other losses	2c			
d	Other (Describe in Part XIII.)	2d	51,913		
e	Add lines 2a through 2d	24	51,515	2e	51,913
-	Subtract line 2e from line 1	•		3	717,657
	Amounts included on Form 990, Part IX, line 25, but not on line 1:	•		5	/1/,03/
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.)	4b			
;	Add lines 4a and 4b			4c	
-	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18			4C 5	717,657
	t XIII Supplemental Information			5	/1/,03/
	ride the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	1 4 · Day	t IV lines 1h and 2h. Part	V line 4.	Part X line 2: Part XI
	s 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide a			v, iiie 4,	
	Return Reference		Explanation		
HE	DULE D, PAGE 1, PART II, LINE 5 THE ORGANIZATION HAS J IDENTIFICATION OF VIOLJ PROCEDURES FOR ENFOR	ATIONS	, RESPONDING TO VIOLA		ENT POLICY THAT COVERS VALUATING VIOLATIONS, A
HE	DEVELOP THE PROPERTY. FUTURE OWNERS OF THE ENSURE COMPLIANCE WIT	I THE L THE EA PROPE TH THE	ANDOWNER RELINQUISH SEMENT IS PUBLICLY REC RTY. THE ORGANIZATIONS TERMS OF THE EASEMEN	ES SOME CORDED A S PRINCIP T. IT MEE	OR ALL OF THE RIGHTS TO

RECORDING DATE. WHERE SUCH AN APPRAISAL IS NOT AVAILABLE, MANAGEMENT MAKES ITS BEST ESTIMATE OF THE VALUE BASED ON RELEVANT FACTS AND CIRCUMSTANCES.
SCHEDULE D, PAGE 4, PART XI, LINE 2D SPECIAL EVENTS DIRECT COSTS 51,913
SCHEDULE D, PAGE 4, PART XII, LINE 2D SPECIAL EVENTS DIRECT COSTS 51,913

Schedule D (Form 990) 2022

Additional Data

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SCHEDULE G (Form 990)		mental Inf				
			ormation Rega	ardina	OMB No. 1545-0047	
	complete if the organiza	raising or	ties 17, 18, or 19, or if the	2022		
Operatment of the Treasury Internal Revenue Service organization entered more than \$15,000 on Form 990-EZ, line 6a.						
Name of the organization EDISTO ISLAND OPEN LAND TRUS	Т				dentification number	
Part I Fundraising Activ	ities Complete if	the organizatio	n answered "Yes" on F	57-1007436		
Form 990-EZ filers	•	-		orm 990, Part IV, Ine		
1 Indicate whether the organiz	ation raised funds th	rough any of the	following activities. Checl	k all that apply.		
a 🗌 Mail solicitations			e 🗌 Solicitation of nor	n-government grants		
b Internet and email solicit	ations		f Solicitation of gov	vernment grants		
c Phone solicitations			g 🗌 Special fundraisir	ng events		
d In-person solicitations						
2a Did the organization have a or key employees listed in Fo				raising services?	Yes 🗌 No	
b If "Yes," list the 10 highest p to be compensated at least \$			pursuant to agreements	under which the fundra	iser is	
(i) Name and address of individua or entity (fundraiser)	I (ii) Activity	(iii) Did fundraiser have custody or control of contributions?	(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization	
		Yes No				
		►				
3 List all states in which the organicensing.	nization is registered	l or licensed to so	licit contributions or has	l been notified it is exemp	t from registration or	
For Paperwork Reduction Act Notice	, see the Instructions). 50083H	Schedule G (Form 990) 2022	
Schedule G (Form 990) 2022		———— P	age 2		Page 2	
Part II Fundraising Even	indraising event co		answered "Yes" on Foi gross income on Forr		18, or reported more	

Revenue		(a)Event #1 AUCTION PARTY (event type)	(b) Event #2 OYSTER ROAST (event type)	(c)Other events <u>1</u> (total number)	(d) Total events (add col. (a) through col. (c))
	1 Gross receipts	126,207	65,559	5,200	196,966
	2 Less: Contributions	13,895	16,699	5,200	30,594
	3 Gross income (line 1 minus line 2)	112,312	48,860	5,200	
	4 Cash prizes	112,512	+8,000	5,200	100,372
s	5 Noncash prizes				
Direct Expenses	6 Rent/facility costs	8,578	6,898		15,476
Expe	7 Food and beverages	8,019	10,978		18,997
ect	8 Entertainment				
ā	9 Other direct expenses	11,759	4,681	1,000	· · · · · ·
	10 Direct expense summary. Add lines 4 th				51,913
Par	11 Net income summary. Subtract line 10t III Gaming. Complete if the organication		s" on Form 990. Part I	V. line 19. or reported	114,459 more than \$15,000
Revenue	on Form 990-EZ, line 6a.	(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col.(c))
	1 Gross revenue				
Direct Expenses	2 Cash prizes 3 Noncash prizes . . . 4 Rent/facility costs . . .				
õ	5 Other direct expenses				
	6 Volunteer labor	□ Yes%_ □ No	 Yes% No 	□ Yes% □ No	
	7 Direct expense summary. Add lines 2 th	hrough 5 in column (d)			
	8 Net gaming income summary. Subtract	line 7 from line 1, colum	n (d)		
9 a b 10a		aming activities in each of	these states?		
b	If "Yes," explain:				☐ Yes ☐ No

Schedule G (Form 990) 2022

Sche	dule G (Form 990) 2022			F	Page 3
11	Does the organization conduct gaming activities with nonmembers?		🗌 Yes		
12	Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming?		□ Yes		
13	Indicate the percentage of gaming activity conducted in:				
а	The organization's facility	.3a			%
b	An outside facility	.3b			%
14	Enter the name and address of the person who prepares the organization's gaming/special events books and reco	rds:			
	Name 🕨				
	Address 🕨				
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?				
b	If "Yes," enter the amount of gaming revenue received by the organization \triangleright \$ and the amount of gaming revenue retained by the third party \triangleright \$				
с	If "Yes," enter name and address of the third party:				
	Name 🕨				
	Address				
16	Gaming manager information: Name Gaming manager compensation \$				
	Description of services provided 🕨				
	Director/officer Employee Independent contractor				
17	Mandatory distributions:				
а	Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?		🗌 Yes	🗆 No	
b	Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year \triangleright \$		_ 165		
Par	t IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (i III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information.				5.
	Return Reference Explanation				
	Schedule	G (Forr	n 990) 20	022	
Ac	Iditional Data	R	eturn t	o Form	

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efil	e Public Visua	al Render	ObjectId: 20	02333149349302488 -	Submission: 2023-1	1-10	TIN: 57-1	L 007	436
-	IEDULE M		Ν	Ioncash Contri	hutions		OMB No. 15	545-00)47
						202	22		
	► Attach to Form 990.								
	Department of the Treasury thermal Revenue Service For to Public Inspection Inspection								
	Name of the organization Employer identification number								
LDISI	DISTO ISLAND OPEN LAND TRUST 57-1007436								
Ра	rt I Types	of Property							
			(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g		(d) d of determini ontribution ar		S
2 3 4 5		easures . nterests cations isehold							
7	Cars and other v Boats and planes Intellectual prop	s	X	1	65,00	0 RETAIL VALUE			
	Securities—Public	-							
	Securities—Close	,							
11	Securities—Partr or trust interest								
	Securities—Misco Qualified conserv contribution—Hi structures	vation istoric							
14	Qualified conservice contribution—O								
	Real estate—Res								
	Real estate—Cor								
17 18	Real estate—Oth Collectibles .								
	Food inventory								
	Drugs and medic								
21	Taxidermy .								
22	Historical artifact	ts							
23	Scientific specim	iens							
	Archeological art								
25	Other ► (,							
	Other ► (Other ► (
	Other ► (
			d by the ergenize	ation during the tax year for	contributions				
29				3, Part IV, Donee Acknowledg		29			1
	.							Yes	No
30a	hold for at least	three years fro	om the date of th	 contribution any property ne initial contribution, and wh 	nich isn't required to be use				I
ь	If "Yes," describ	e the arrangen	nent in Part II.				30a		No
31	Does the organi	zation have a c	aift acceptance p	olicy that requires the review	of any nonstandard contr	ibutions?	31	Yes	I.
	Does the organi	zation hire or ι	use third parties	or related organizations to so	olicit, process, or sell nonca		32a	-	No
b 33	If "Yes," describ If the organizati describe in Part	ion didn't repor	t an amount in c	olumn (c) for a type of prop	erty for which column (a) is	s checked,			.10
For P	aperwork Reduction	on Act Notice, s	ee the Instructior	is for Form 990.	Cat. No. 51227J	Sche	dule M (Form	990) (2022)
				Page 2 -					

		g in Part I, column (b), the number of contributions, the number of items received, or a con this part for any additional information.	bination of both. Also	
Retur	rn Refere	nce Explanation		
		Se	chedule M (Form 990) (2022)	
Additiona	l Data	3	Return to Form	
		Software ID:		
		Software Version:		
efile Public	Visual	Render ObjectId: 202333149349302488 - Submission: 2023-11-10	TIN: 57-1007436	
SCHEDUL (Form 990) Department of the Trea nternal Revenue Servi	asury	Supplemental Information to Form 990 or 990-E Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information. Attach to Form 990 or 990-EZ. Go to <u>www.irs.gov/Form990</u> for the latest information.	Z OMB No. 1545-0047	
Name of the org EDISTO ISLAND OF			yer identification number	
		57-100)7436	
Return Reference		Explanation		
FORM 990, PAGE 6, PART VI, LINE 11B	THE INITIAL DRAFTS OF FORM 990 ARE REVIEWED BY THE OFFICE MANAGER, THE TREASURER AND THE BOARD PRESIDENT WHERE ANY INITIAL CHANGES OR ADDITIONS ARE MADE. THESE CHANGES ARE INCORPORATED INTO THE 990 AND SUBSEQUENT DRAFTS ARE REVIEWED BY THE BOARD PRESIDENT AND TREASURER AND FINANCE COMMITTEE. WHEN FINAL REVIEWS ARE COMPLETED THE 990 IS THEN GIVEN TO THE FULL BOARD FOR THEIR INFORMATION AND COMMENT, IF ANY.			
FORM 990, PAGE 6, PART VI, LINE 12C	PAGE 6, INTEREST POLICY. THE DIRECTORS ARE ALSO ASKED TO REVIEW THE POLICY AT THE BEGINNING OF EACH YEAR. PART VI,			
FORM 990, PAGE 6, PART VI, LINE 15A	ON DA COMPE	ECUTIVE COMMITTEE ESTABLISHES AND APPROVES COMPENSATION FOR THE E TA FROM THE LAND TRUST ALLIANCE AS WELL AS THE SC NON-PROFIT COMPENS ENSATION PACKAGE IS INCLUDED IN THE ANNUAL BUDGET THAT THE FINANCE CO JLL BOARD FOR FINAL APPROVAL.	ATION REPORT. THE	
FORM 990, PAGE 6, PART VI, LINE 19	GOVEF	RNING DOCUMENTS ARE MADE AVAILABLE UPON REQUEST.		
FORM 990, PART IX, LINE 11G	ACQUI	SITION FEES 213,133 0 0 CONSULTANTS 2,159 3,641 0 TOTAL 215,292 3,641 0		
FORM 990, PART XI, LINE 9	SPECI	AL EVENTS DIRECT COSTS 51,913 SPECIAL EVENTS DIRECT COSTS -51,913		
For Paperwork Reduc	ction Act No	ptice, see the Instructions for Form 990 or 990-EZ. Cat. No. 51056K	Schedule O (Form 990) 2022	

Additional Data

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