

## Form **990**

**Return of Organization Exempt From Income Tax** 

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

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

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

OMB No. 1545-0047

2022

Open to Public

Department of the Treasury Internal Revenue Service

<u>A I</u>	For the	2022 calendar year, or tax year beginning	and	ending			
	Check if applicable	C Name of organization			D Employ	er identific	cation number
Г	Addres	KIAWAH ISLAND COMMUNITY ASSOCIATI	ON INC				
F	Name change	- · · ·			57-	0713010	
F	Initial return	Number and street (or P.O. box if mail is not del	ivered to street address)	Room/suit	e <b>E</b> Telepho	ne numbei	
F	Final return/	23 BEACHWALKER DRIVE			•	)226-177	
	termin- ated	City or town, state or province, country, and	ZIP or foreign postal code		<b>G</b> Gross rece	eipts \$	27,623,967.
	Ameno		0 1		H(a) Is this	a group re	eturn
	Application	F Name and address of principal officer: Straw	ON WHITE			bordinates	
	pendin	SAME AS C ABOVE			H(b) Are all s	subordinates in	cluded? Yes No
<u> </u>	Tax-exe	empt status: 501(c)(3) X 501(c) ( 4 )	(insert no.) 4947(a)(1)	or 52	27 If "No	," attach a	list. See instructions
J	Websit	e: WWW.KICA.US			H(c) Group	exemptio	n number
		organization,	sociation Other	L Yea	ar of formation:	2010 N	N State of legal domicile; SC
Pa		Summary					
ø)	1	Briefly describe the organization's mission or most			ED IN PROMO	TING THE	3
Š		COMMON GOOD AND GENERAL WELFARE OF THI	E RESIDENTS OF KIAWAH I	SLAND.			
Governance	2		ntinued its operations or dispos	sed of mor	re than 25% of	its net ass	sets.
8	3	Number of voting members of the governing body	, , , , , , , , , , , , , , , , , , , ,				7
		Number of independent voting members of the gov					7
es	5	Total number of individuals employed in calendar y					151
Activities &	6	Total number of volunteers (estimate if necessary)					134 062
Act	7 a	Total unrelated business revenue from Part VIII, co					134,062.
	<u>b</u>	Net unrelated business taxable income from Form	990-1, Part I, line 11	·····	Prior Ye		Current Year
	8	Contributions and grants (Part VIII line 1b)			FIIOLIE	0.	0.
ne	9	. (5 1)(111 1: 0 )			19 4	109,815.	18,561,372.
Revenue	10	Program service revenue (Part VIII, line 2g) Investment income (Part VIII, column (A), lines 3, 4,	and 7d)			11,685.	-550,306.
æ	11	Other revenue (Part VIII, column (A), lines 5, 4,				308,139.	930,019.
		Total revenue - add lines 8 through 11 (must equal				129,639.	18,941,085.
		Grants and similar amounts paid (Part IX, column (				0.	0.
		Benefits paid to or for members (Part IX, column (A				0.	0.
"	45	Salaries, other compensation, employee benefits (F			6,7	707,241.	7,157,029.
Expenses	16a	Professional fundraising fees (Part IX, column (A), li			·	0.	0.
per	. b	Total fundraising expenses (Part IX, column (D), line		0.			
ŭ	17	Other expenses (Part IX, column (A), lines 11a-11d,			9,6	54,883.	12,756,488.
		Total expenses. Add lines 13-17 (must equal Part I)			16,3	362,124.	19,913,517.
	19	Revenue less expenses. Subtract line 18 from line			4,0	067,515.	-972,432.
Net Assets or	9			E	Beginning of Cu	rrent Year	End of Year
sets	20	Total assets (Part X, line 16)				368,014.	25,266,002.
t As	21					311,487.	3,770,087.
	22	Net assets or fund balances. Subtract line 21 from	line 20		23,0	56,527.	21,495,915.
	art II	Signature Block					<del> </del>
		Ities of perjury, I declare that I have examined this return,				-	knowledge and belief, it is
true	, correc	t, and complete. Declaration of preparer (other than office	r) is based on all information of wr	nch prepare	er nas any know	leage.	
0:	_	Signature of officer			I Dat	te .	
Sig		SHANNON WHITE , CHIEF OPERATING OFF:	r C E D		Du		
Her	е	Type or print name and title	CER				
			Droparor's signature		Date	Check	PTIN
Paid	1	Print/Type preparer's name AMY BIBBY	Preparer's signature AMY BIBBY		09/06/23	if self-employ	
	parer	Firm's name FORVIS, LLP					44-0160260
	Only	Firm's address 500 RIDGEFIELD COURT				II O EIIN	
	<b>,</b>	ASHEVILLE, NC 28806			Ph	one no (82	8) 254-2254
Ma	v the IF	S discuss this return with the preparer shown about	ve? See instructions			2.70 1101	X Yes No

Pa	statement of Program Service Accomplishments	
	Check if Schedule O contains a response or note to any line in this Part III	X
1	Briefly describe the organization's mission:	
	THE ASSOCIATION IS PRIMARILY ENGAGED IN PROMOTING THE COMMON GOOD AND	
	GENERAL WELFARE OF THE RESIDENTS OF KIAWAH ISLAND. IT ACCOMPLISHES	
	THIS BY PROVIDING A FRAMEWORK TO ESTABLISH AND ENFORCE COMMUNITY	
	EXPECTATIONS AND STANDARDS; BY UNDERTAKING AND IMPLEMENTING STRATEGIC	
2	Did the organization undertake any significant program services during the year which were not listed on the	
	prior Form 990 or 990-EZ?	Yes X No
	If "Yes," describe these new services on Schedule O.	
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	Yes X No
	If "Yes," describe these changes on Schedule O.	
4	Describe the organization's program service accomplishments for each of its three largest program services, as	measured by expenses.
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to other	ers, the total expenses, and
	revenue, if any, for each program service reported.	
4a		nue \$ 17,578,353. )
	KICA IS RESPONSIBLE FOR MAINTAINING AND PRESERVING THE COMMON AREA OF	
	KIAWAH ISLAND. THIS INCLUDES UPKEEP OF 60 MILES OF ROADWAYS; 19 MILES	
	OF LEISURES TRAILS; 122 LAKES AND PONDS; 10 CRABBING DOCKS; 26	
	BOARDWALKS; 8 VEHICULAR BRIDGES; 30 PEDESTRIAN BRIDGES; 3 VIEWING	
	TOWERS; AND 1005 ACRES OF COMMON PROPERTY.	
4b		nue \$ 139,134.
	TO ENHANCE THE SECURITY AND SAFETY OF THE KIAWAH ISLAND COMMUNITY, THE	
	ASSOCIATION PROVIDES ONSITE SECURITY PATROL.	
4c	(Code:) (Expenses \$1,618,877. including grants of \$) (Reve	nue \$ 734 ,415 . )
	THE ASSOCIATION PROVIDES VARIOUS AMENITIES TO MEMBERS AND OPERATES A	
	COMMUNITY CENTER WHICH PROVIDES RECREATIONAL AND FITNESS PROGRAMS. THE	
	RECREATION STAFF ALSO MANAGE THE BOATING AND PICNIC FACILITIES.	
4d	Other program services (Describe on Schedule O.)	
	(Expenses \$ including grants of \$ ) (Revenue \$	)
4e	Total program service expenses 16,405,475.	
		Form <b>990</b> (2022)

### Part IV | Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1		Х
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2		Х
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		х
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		
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		x
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
Ū	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		x
7				
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	_		x
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X,			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	Х	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		х
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		х
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		х
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	
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	11f	Х	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	<del></del>		
izu	· · · · · · · · · · · · · · · · · · ·	12a	х	
h	Schedule D, Parts XI and XII  Was the organization included in consolidated, independent audited financial statements for the tax year?	124		_
b		12b		x
40	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional			X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			ļ <u></u>
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18		Х
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		х
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Х
	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		х

232003 12-13-22

Form 990 (2022) KIAWAH ISLAND COMMUNITY

Part IV | Checklist of Required Schedules (continuous)

ı uı	Officerist of Required Scriedules (continued)			1	
				Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individu				v
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III		22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization answer "Yes" to Part VIII, Section A, line 3, 4, or 5, about compensation of the organization answer "Yes" to Part VIII, Section A, line 3, 4, or 5, about compensation of the organization and the or				ı
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Ye	'	00	x	ı
24.5	Schedule J  Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than		23		
<b>24</b> a	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24c				ı
	Schedule K. If "No," go to line 25a		24a		Х
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		24b		
	Did the organization maintain an escrow account other than a refunding escrow at any time during the				
	any tax-exempt bonds?		24c		ı
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year		24d		
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess				
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I		25a		Х
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in				
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?	f "Yes," complete			ı
	Schedule L, Part I		25b		X
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any	current			ı
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%				ı
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II		26		X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trust				ı
	creator or founder, substantial contributor or employee thereof, a grant selection committee member,				l
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete s	,	27		X
28	Was the organization a party to a business transaction with one of the following parties (see the Sche	dule 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 contribu				v
	"Yes," complete Schedule L, Part IV		28a		<u>х</u>
	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV		28b		
С	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b?		000		х
20	"Yes," complete Schedule L, Part IV		28c 29		X
29 30	Did the organization receive more than \$25,000 in non-cash contributions? <i>If</i> "Yes," <i>complete Schedi</i> . Did the organization receive contributions of art, historical treasures, or other similar assets, or qualifications.		29		
30	contributions? If "Yes," complete Schedule M		30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Sched		31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"				
-	Schedule N. Part II	complete	32		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regi	ulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I		33		Х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Pan				
	Part V, line 1		34		Х
35 a	5111		35a		Х
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a	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-charitab	le related organization?			ı
	If "Yes," complete Schedule R, Part V, line 2		36		
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization				I
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule $R$ ,		37		X
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines	11b and 19?			ı
Da	Note: All Form 990 filers are required to complete Schedule O		38	Х	
Pai					
	Check if Schedule O contains a response or note to any line in this Part V				<u> </u>
<b>.</b>	Enter the number reported in her 2 of Ferma 1000. Fator 0, if and any Parklet	<b>1</b> a   65		Yes	No
	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	LID			
C	(gambling) winnings to prize winners?	portable garming	1c	Х	
232004	12-13-22				(2022)

57-0713010

					Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,					
	filed for the calendar year ending with or within the year covered by this return	2a	151			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax return	ns? .		2b	Х	
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?			3a	Х	
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule	Ο.		3b	Х	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other a	autho	ity over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial a	ccou	nt)?	4a		Х
b	If "Yes," enter the name of the foreign country					
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Advanced in the Financi	ccour	its (FBAR).			
				5a		X
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction			5b		Х
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?			5c		├
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	e orga	anization solicit			,,
	any contributions that were not tax deductible as charitable contributions?			6a		Х
b	If "Yes," did the organization include with every solicitation an express statement that such contributi			<b>.</b>		
_	were not tax deductible?			6b		
7	Organizations that may receive deductible contributions under section 170(c).	viooo.	aravidad ta tha navara	7-		
	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and ser If "Yes," did the organization notify the donor of the value of the goods or services provided?			7a 7b		
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was		uirod	76		
C	=			7c		
А		7d	1	70		
e	If "Yes," indicate the number of Forms 8282 filed during the year  Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit or			7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contra			7f		
g g	If the organization received a contribution of qualified intellectual property, did the organization file Fo		399 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organiza			7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained					
	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:		ı			
	Gross income from members or shareholders	11a				
b	Gross income from other sources. (Do not net amounts due or paid to other sources against					
	amounts due or received from them.)	11b	•			
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form	1	1	12a		
	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.			40-		
а	Is the organization licensed to issue qualified health plans in more than one state?  Note: See the instructions for additional information the organization must report on Schedule O.			13a		
h	Enter the amount of reserves the organization is required to maintain by the states in which the					
D	organization is licensed to issue qualified health plans	13b				
_	Enter the amount of reserves on hand	13c				
			1	14a		Х
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedul			14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuner					
	excess parachute payment(s) during the year?			15		x
	If "Yes," see the instructions and file Form 4720, Schedule N.					
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment	t inco	me?	16		х
	If "Yes," complete Form 4720, Schedule O.					
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any ac	tivitie	S			
	that would result in the imposition of an excise tax under section 4951, 4952 or 4953?			17		
	If "Yes," complete Form 6069.					

232005 12-13-22

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

_	Check if Schedule O contains a response or note to any line in this Part VI						Х
Sec	tion A. Governing Body and Management						
			1			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a		7			
	If there are material differences in voting rights among members of the governing body, or if the governing						
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.						
b	Enter the number of voting members included on line 1a, above, who are independent	1b		7			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship	with	any other				
	officer, director, trustee, or key employee?			2	2:		Х
3	Did the organization delegate control over management duties customarily performed by or under the						
				3	;		Х
4	Did the organization make any significant changes to its governing documents since the prior Form 9						Х
5	Did the organization become aware during the year of a significant diversion of the organization's ass				;		Х
6	Did the organization have members or stockholders?				;	х	
7a	Did the organization have members, stockholders, or other persons who had the power to elect or ap						
	more members of the governing body?	•		7	a	x	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, st						
	persons other than the governing body?		·	7	,	x	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year						
а	The governing body?	-	-	8:	a	Х	
b	Each committee with authority to act on behalf of the governing body?						Х
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be read						
Ŭ	organization's mailing address? If "Yes." provide the names and addresses on Schedule O			و ا	,		Х
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Re						
	(This Section B requests information about policies not required by the internal ne	<u>venue</u>	Code.)		Τ,	Yes	No
10a	Did the organization have local chapters, branches, or affiliates?			10			Х
	If "Yes," did the organization have written policies and procedures governing the activities of such ch			<u>                                   </u>	_		
~			, armatoo,	10	h		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body			11		х	
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.	, 5010	o ming the form.		_		
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13			12	9	Х	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise				-	Х	
C	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Y			·   <u>'</u>			
·	on Schedule O how this was done	,		12		х	
13				1:		X	
	Did the organization have a written whistleblower policy?  Did the organization have a written document retention and destruction policy?					x	
14				1	+	-	
15	Did the process for determining compensation of the following persons include a review and approva		аерепаеті				
_	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			45		Х	
	The organization's CEO, Executive Director, or top management official			15		41	Х
D	Other officers or key employees of the organization			15	טי		
40-	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.		uith a				
юа	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangent to active the contribute assets.			40			Х
	taxable entity during the year?			16	а		Λ
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate in initial and a grant and a gr	-	<u>=</u>				
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organ			40			
Sec	exempt status with respect to such arrangements? tion C. Disclosure			16	D		
17 10	Elot the states with which a copy of the Form cost is required to be fined	74 000	T (coction 501/a)//	8/0 00	٠/ ٥٠	vailah	olo.
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, ar	เน ฮฮโ	7-1 (SECTION SO I (C)(	ווט פני	y) a	vanal	JI <del>C</del>
	for public inspection. Indicate how you made these available. Check all that apply.		- t t - t - C \				
40	X Own website Another's website X Upon request Other (explain			- d £:-	- ·	a l	
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, co	milCt (	ווע וחזוווויט ווונפווויט ווונפווויט	na tin	ancı	તા	
	statements available to the public during the tax year.		-l !				
20	State the name, address, and telephone number of the person who possesses the organization's boo	ks an	u records				
	DALE SCHOON - (843)768-9194						
	23 BEACHWALKER DRIVE, KIAWAH ISLAND, SC 29455						

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

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

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
  - List all of the organization's current key employees, if any. See the instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.

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

- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. See the instructions for the order in which to list the persons above.

(A) Name and title	(B) Average hours per	(do	not cl	Pos heck i	c) ition	than o	one	(D) Reportable compensation	(E) Reportable compensation	<b>(F)</b> Estimated amount of
	week (list any hours for related organizations below line)	stee or director	nstitutional trustee				tee)	from the organization (W-2/1099-MISC/ 1099-NEC)	from related organizations (W-2/1099-MISC/ 1099-NEC)	other compensation from the organization and related organizations
(1) SHANNON WHITE	40.00	_	_			1 0				
CHIEF OPERATING OFFICER				Х				282,733.	0.	28,990.
(2) TONY ELDER	40.00									
DIRECTOR OF OPERATIONS					Х			163,034.	0.	21,889.
(3) DOUG WALTER	40.00									
DIRECTOR OF LAND/LAKES						Х		128,071.	0.	14,459.
(4) SARAH BOND	40.00									
DIRECTOR OF HR						Х		118,722.	0.	15,398.
(5) WILL CONNOR	40.00									
DIRECTOR OF MRR (THRU SEPT)						Х		101,413.	0.	20,060.
(6) DALE SCHOON	40.00	1								
DIRECTOR OF FINANCE						Х		101,229.	0.	14,573.
(7) LEAH BURRIS	40.00	-								
DIRECTOR OF COMMUNICATIONS						Х		111,166.	0.	0.
(8) JERRY MCGEE	10.00									
CHAIRMAN OF THE BOD		Х		Х				0.	0.	0.
(9) BETH ZAMPINO	10.00	-								
VICE CHAIR OF THE BOD		Х		Х				0.	0.	0.
(10) ALEX FERNANDEZ	10.00	-								
TREASURER		Х		Х				0.	0.	0.
(11) BRAD MCILVAIN	10.00	-								
SECRETARY		Х		Х				0.	0.	0.
(12) LISA MASCOLO	5.00									
DIRECTOR		Х						0.	0.	0.
(13) DAVID DESTEFANO	5.00	ł								
DIRECTOR	5.00	Х						0.	0.	0.
(14) AMANDA MOLE	5.00	١.,							_	0
DIRECTOR	10.00	Х						0.	0.	0.
(15) DAVE MORLEY	10.00	.,		3,7					_	0
CHAIRMAN OF THE BOD (THRU MAR)	-	Х		Х		$\vdash$	-	0.	0.	0.
										- 000 (assa)

FOIII 990 (2022) RIMMI 15HM.	D COLLIONITI	-110	200		_ OI1	711			37 071301	· Fage •
Part VII Section A. Officers, Directors, Trus	tees, Key Emp	oloye	ees,	and	l Hig	ghes	t C	ompensated Employee	s (continued)	
(A)	(B)			(0	C)			(D)	(E)	(F)
Name and title	Average	(do		Pos		l than d	one	Reportable	Reportable	Estimated
	hours per	box,	, unles	ss per	son i	s both	n an	compensation	compensation	amount of
	week	_	cer an	u a u	recto	r/trus	lee)	from	from related	other
	(list any hours for	recto						the	organizations	compensation
	related	or di	tee			sated		organization (W-2/1099-MISC/	(W-2/1099-MISC/ 1099-NEC)	from the organization
	organizations	ruste	l trus		99	ubeu		1099-NEC)	1099-NEO)	and related
	below	dual t	ıtiona	_	nploy	st cor	 	10001420)		organizations
	line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
		-								
		-								
		-								
		<u> </u>								
1b Subtotal								1,006,368.	0.	115,369.
c Total from continuation sheets to Part VI	I, Section A							0.	0.	0.
•								1,006,368.	0.	115,369.
2 Total number of individuals (including but n	ot limited to th	ose	liste	d ab	ove	) wh	o re	ceived more than \$100,	000 of reportable	

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

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

### Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
BANKS CONSTRUCTION		
PO BOX 71505, N CHARLESTON, SC 29415	STREET RESURFACING	3,158,640.
TRULUCK CONSTRUCTION, 1012-A SAINT ANDREWS		
BLVD, CHARLESTON, SC 29407	STREET RESURFACING	856,400.
NU-PIPE LLC		
PO BOX 2529, MOUNT PLEASANT, SC 29465	DRAINAGE/PIPE INSTALLATION	796,406.
KOPPERS UTILITY & INDUSTRIAL PRODUCTS, INC		
PO BOX 746367, ATLANTA, GA 30374-6367	CONSTRUCTION SERVICES	512,976.
CRU CATERING		
1784 HARMON ST, N CHARLESTON, SC 29405	CATERING SERVICES	428,088.
Total number of independent contractors (including but not limited to the \$100,000 of compensation from the organization.)	hose listed above) who received more than 8	000

57-0713010

Form 990 (2022) KIAWAH ISLA
Part VIII Statement of Revenue

		Check if Schedule O contains a response of	or note to any line	e in this Part VIII			
		-	,	(A)	(B)	(C)	(D)
				Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under
					iunction revenue	business revenue	sections 512 - 514
ပ္သ လ	1 :	Federated campaigns 1a					
Contributions, Gifts, Grants and Other Similar Amounts		Membership dues 1b					
يَ ق		Fundraising events 1c					
ifts		Related organizations 1d					
nila Bila		Government grants (contributions)					
Sir		All other contributions, gifts, grants, and					
uti her		similar amounts not included above					
që		Noncash contributions included in lines 1a-1f					
Spa		Total. Add lines 1a-1f					
			Business Code				
σ.	2 8	GENERAL ASSESSMENT	531310	9,352,163.	9,352,163.		
, vic		COMMUNITY MAINTENANCE	531310	7,855,184.	7,855,184.		
Ser		RECREATION AND MEMBERS	531310	697,287.	697,287.		
am SVel		SPECIAL ASSESSMENT REV	531310	383,542.	383,542.		
Program Service Revenue		SECURITY	531310	273,196.	139,134.	134,062.	
Pro	1	All other program service revenue		,	,	,	
		Total. Add lines 2a-2f		18,561,372.			
	3	Investment income (including dividends, interes	st. and				
		other similar amounts)					
	4	Income from investment of tax-exempt bond pr					
	5	Royalties		317,506.			317,506.
		(i) Real	(ii) Personal				
	6 8	Gross rents 6a					
	1	Less: rental expenses 6b					
		Rental income or (loss) 6c					
		Net rental income or (loss)					
	7 :	Gross amount from sales of (i) Securities	(ii) Other				
		assets other than inventory <b>7a</b> 7,750,000.	6,545.				
	ı	Less: cost or other basis					
ě		and sales expenses <b>7b</b> 8,275,047.	31,804.				
en	(	Gain or (loss) 7c -525,047.	-25,259.				
Re		Net gain or (loss)		-550,306.			-550,306.
her Revenue	8 8	Gross income from fundraising events (not					
₹		including \$ of					
		contributions reported on line 1c). See					
		Part IV, line 188a					
	-	Less: direct expenses 8b					
	(	Net income or (loss) from fundraising events					
	9 8	Gross income from gaming activities. See					
		Part IV, line 199a					
	ı	Less: direct expenses 9b					
	(	Net income or (loss) from gaming activities					
	10 a	Gross sales of inventory, less returns					
		and allowances 10a	400,623.				
	ı	Less: cost of goods sold 10b	376,031.				
		Net income or (loss) from sales of inventory		24,592.	24,592.		
ွ			Business Code				
e e	11 8	MISCELLANEOUS	531310	587,921.			587,921.
Miscellaneous Revenue	ı	·					
Sel. Zev	(	•					
Mis L	(	All other revenue		E07 004			
		Total. Add lines 11a-11d		587,921.	10 451 000	124 000	255 121
	12	Total revenue. See instructions		18,941,085.	18,451,902.	134,062.	355,121.

232009 12-13-22

### Part IX | Statement of Functional Expenses

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

_	Check if Schedule O contains a respons	(A)	(B)	(C)	(D)
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
_	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,	445,767.		445,767.	
_	trustees, and key employees	445,707.		445,707.	
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
_	persons described in section 4958(c)(3)(B)	5,410,601.	4,823,738.	586,863.	
7	Other salaries and wages	3,410,001.	4,023,730.	300,003.	
8	Pension plan accruals and contributions (include	150,064.	117,990.	32 074	
0	section 401(k) and 403(b) employer contributions)	679,093.	622,308.	32,074. 56,785.	
9	Other employee benefits	471,504.	407,293.	64,211.	
10	Payroll taxes	471,304.	407,233.	04,211.	
11	Fees for services (nonemployees):				
а	Management	150,978.	120,782.	30,196.	
b	Legal	21,690.	120,762.	21,690.	
С	Accounting	21,090.		21,090.	
d	Lobbying				
e	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25,	600 703	E0E E40	15 161	
	column (A), amount, list line 11g expenses on Sch O.)	600,703.	585,542.	15,161.	
12	Advertising and promotion	014 674	F10 110	404 560	
13	Office expenses	914,674.	510,112.	404,562.	
14	Information technology	693,128.	93,856.	599,272.	
15	Royalties	502 020	543,164.	50 775	
16	Occupancy	593,939.	· · · · · · · · · · · · · · · · · · ·	50,775. 30,509.	
17	Travel	391,705.	361,196.	30,309.	
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials	227 001	105 201	121 700	
19	Conferences, conventions, and meetings	237,081.	105,291.	131,790.	
20	Interest				
21	Payments to affiliates	379,987.	379,987.		
22 22	Depreciation, depletion, and amortization	649,148.	247,853.	401,295.	
23	Insurance	049,140.	247,033.	±01,293.	
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.)				
а	REPAIRS AND MAINTENANCE	7,015,576.	6,982,762.	32,814.	
b	ADMINISTRATIVE EXPENSES	515,192.		515,192.	
С	OPERATING SUPPLIES	485,365.	472,876.	12,489.	
d	RECRUITMENT	85,002.	18,248.	66,754.	
е	All other expenses	22,320.	12,477.	9,843.	
25	Total functional expenses. Add lines 1 through 24e	19,913,517.	16,405,475.	3,508,042.	(
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 if following SOP 98-2 (ASC 958-720)				

Form 990 (2022)
Part X | Balance Sheet

		Check if Schedule O contains a response or n	oto to an	v line in this Part V			
ī		Check if Schedule O Contains a response of the	ole lo an	y IIIIe III UIIS FAIL A	(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			3,774,200.	1	2,396,635.
	2	Savings and temporary cash investments			7,528,831.	2	2,653,996.
	3	Pledges and grants receivable, net				3	
	4				1,620,513.	4	1,104,039.
	5	Loans and other receivables from any current					
		trustee, key employee, creator or founder, sub					
		controlled entity or family member of any of th		5			
"	6	Loans and other receivables from other disqua					
		under section 4958(f)(1)), and persons describ		Г		6	
	7	Notes and loans receivable, net		7			
Assets	8	Inventories for sale or use		8			
Ass	9	Donner of the control of the former of the control			180,725.	9	338,108.
		Land, buildings, and equipment: cost or other					, .
	104	basis. Complete Part VI of Schedule D		6,001,457.			
	h	Less: accumulated depreciation		3,259,472.	2,889,842.	10c	2,741,985.
	11	Investments - publicly traded securities			10,336,403.	11	15,818,832.
	12	Investments - other securities. See Part IV, line				12	
	13	Investments - other securities. See Fart IV, line		13			
	14			14			
	15	Other assets. See Part IV, line 11	37,500.	15	212,407.		
	16				26,368,014.	16	25,266,002.
	17	Total assets. Add lines 1 through 15 (must equal line 33)  Accounts payable and accrued expenses			913,130.	17	1,748,228.
	18		,	18			
	19	Grants payable  Deferred revenue	2,190,704.	19	1,991,259.		
	20			20			
	21	Escrow or custodial account liability. Complete		21			
Liabilities	22	Loans and other payables to any current or for		21			
	22	trustee, key employee, creator or founder, sub					
		controlled entity or family member of any of th		22			
Lia	22		-			23	
	23 24	Secured mortgages and notes payable to unrelate		Г		24	
	25	Unsecured notes and loans payable to unrelated Other liabilities (including federal income tax, page 13).		24			
	23	parties, and other liabilities not included on lin					
		of Schedule D	207,653.	25	30,600.		
	26	Total liabilities. Add lines 17 through 25			3,311,487.	26	3,770,087.
	20	Organizations that follow FASB ASC 958, cl	ack her	e X	-,,	20	-,,
S		and complete lines 27, 28, 32, and 33.	ieck iiei	e <u></u>			
ĕ	27			-	23,056,527.	27	21,495,915.
ala	28					28	
Β	20	Organizations that do not follow FASB ASC		ock here		20	
Ξ		and complete lines 29 through 33.	950, CH	sck liefe			
Net Assets or Fund Balances	29	Capital stock or trust principal, or current fund	le	ļ		29	
ets	30	Paid-in or capital surplus, or land, building, or				30	
\ss	31	Retained earnings, endowment, accumulated				31	
et /	32	Total net assets or fund balances			23,056,527.	32	21,495,915.
Ž	33	Total liabilities and net assets/fund balances		·····	26,368,014.	33	25,266,002.
	JJ	TOTAL HADIILIES AND HEL ASSELS/IUND DAIANCES		I	20,000,014.	- 33	23,200,002.

Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1	18	,941,	085.
2	Total expenses (must equal Part IX, column (A), line 25)	2	19	,913,	517.
3	Revenue less expenses. Subtract line 2 from line 1	3		-972,	432.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	23	,056,	527.
5	Net unrealized gains (losses) on investments	5	-	-588,	180.
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain on Schedule O)				0.
10	et assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,				
	column (B)) 10				915.
Part XII Financial Statements and Reporting					
	Check if Schedule O contains a response or note to any line in this Part XII				X
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.				
2a	2a Were the organization's financial statements compiled or reviewed by an independent accountant?				Х
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a				
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	Х	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	basis,			
	consolidated basis, or both:				
	X 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	Х	
	If the organization changed either its oversight process or selection process during the tax year, explain on Scho	edule O.			
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the				
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?		3a		Х
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required				
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b	222	
			Form	990	(2022)

### **SCHEDULE D** (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

Attach to Form 990.

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

OMB No. 1545-0047 Inspection

Name of the organization

KIAWAH ISLAND COMMUNITY ASSOCIATION INC

**Employer identification number** 

57 - 0713010

Pai	t I Organizations Maintaining Donor Advised organization answered "Yes" on Form 990, Part IV, line		r Si	milar Funds (	or Ac	coun	nts. Complete if the
		(a) Donor ad	vised	d funds	(	<b>b)</b> Fun	ds and other accounts
1	Total number at end of year				•		
2	Aggregate value of contributions to (during year)						
3	Aggregate value of grants from (during year)						
4	Aggregate value at end of year						
5	Did the organization inform all donors and donor advisors in w	vriting that the asset	s hel	d in donor advise	ed fund	ls	
	are the organization's property, subject to the organization's e	-					Yes No
6	Did the organization inform all grantees, donors, and donor ad						
	for charitable purposes and not for the benefit of the donor or	r donor advisor, or fo	r any	other purpose c	onferri	ng	
	impermissible private benefit?						Yes No
Par	t II Conservation Easements. Complete if the org	ganization answered	"Yes	" on Form 990, P	art IV,	line 7.	
1	Purpose(s) of conservation easements held by the organization	on (check all that app	oly).				
	Preservation of land for public use (for example, recreat	tion or education)		Preservation of	a histo	rically	important land area
	Protection of natural habitat			Preservation of	a certif	fied his	storic structure
	Preservation of open space						
2	Complete lines 2a through 2d if the organization held a qualifi	ied conservation cor	tribu	tion in the form o	of a cor	nserva	
	day of the tax year.						Held at the End of the Tax Year
а	Total number of conservation easements					2a	
b	Total acreage restricted by conservation easements					2b	
С	Number of conservation easements on a certified historic stru	ucture included in (a)				2c	
d	Number of conservation easements included in (c) acquired a						
	historic structure listed in the National Register						
3	3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax						
	year						
4	Number of states where property subject to conservation easement is located						
5	Does the organization have a written policy regarding the peri						
	violations, and enforcement of the conservation easements it holds?						
6	6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year						
7	7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year						
•	Amount of expenses incurred in monitoring, inspecting, narion	iiig oi violations, and	J CITI	ording conservati	on cas	SCITICITI	is during the year
8	Does each conservation easement reported on line 2(d) above	e satisfy the requiren	nents	of section 170(h	)(4)(B)(	(i)	
	and section 170(h)(4)(B)(ii)?	•		•			Yes No
9	In Part XIII, describe how the organization reports conservation						d
	balance sheet, and include, if applicable, the text of the footne						
	organization's accounting for conservation easements.						
Par	t III Organizations Maintaining Collections of		Γrea	sures, or Oth	ner Si	imila	r Assets.
	Complete if the organization answered "Yes" on Form						
1a	If the organization elected, as permitted under FASB ASC 958	, ,					
	of art, historical treasures, or other similar assets held for pub	•				ice of p	oublic
	service, provide in Part XIII the text of the footnote to its finan						
b	If the organization elected, as permitted under FASB ASC 958						
	art, historical treasures, or other similar assets held for public	exhibition, educatio	n, or	research in furthe	erance	of pub	olic service,
	provide the following amounts relating to these items:						
	(i) Revenue included on Form 990, Part VIII, line 1						
.=							\$
2	If the organization received or held works of art, historical trea				gain, p	provide	)
	the following amounts required to be reported under FASB AS						•
а	Revenue included on Form 990, Part VIII, line 1						\$
b	Assets included in Form 990, Part X						\$

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

Schedule D (Form 990) 2022

complete if the organization answered "Ves" on Form 900, Part IV, line 11a, See Form 900, Part Y, line 10

Complete if the organization answered	Tes off offi 990, rait it	, ille TTa. See TOITI 990	, rait X, line 10.	
Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		408,448.		408,448.
<b>b</b> Buildings		2,640,553.	1,538,851.	1,101,702.
c Leasehold improvements				
<b>d</b> Equipment		2,952,456.	1,720,621.	1,231,835.
e Other				
Total. Add lines 1a through 1e. (Column (d) must equa	al Form 990 Part X colun	nn (B) line 10c )		2,741,985.

Schedule D (Form 990) 2022

Correction D (1 cmm coc) ECLE	MMUNITY ASSOCIATION	INC	57-0713010 Page
Part VII Investments - Other Securities.			
Complete if the organization answered "Yes"	_		
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or	end-of-year market value
1) Financial derivatives			
(2) Closely held equity interests			
(3) Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
Fotal. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)  Part VIII Investments - Program Related.			
Complete if the organization answered "Yes"	on Form 990 Part IV line	11c See Form 990 Part X line 13	
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or	end-of-year market value
	(b) Book value	(c) Method of Valdation. Cost of	end of year market value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7) (8)			
(9)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)			
Part IX Other Assets.			
Complete if the organization answered "Yes"	on Form 990. Part IV. line	11d. See Form 990. Part X. line 15.	
	) Description		(b) Book value
(1)	,p		(4) = 2 2 3 3 4 3 4 3 4 3
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) lin	ne 15.)		
Part X Other Liabilities.			
Complete if the organization answered "Yes'	on Form 990, Part IV, line	11e or 11f. See Form 990, Part X, line	25.
1. (a) Description of liability			(b) Book value
(1) Federal income taxes			
(2) DEPOSITS			30,600
(3)			
(4)			
(5)			
(6)			1

Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII

30,600.

(7) (8)

PART X, LINE 2:  N JULY 2010, THE ASSOCIATION WAS APPROVED AS A SOCIAL WELFARE ORGANIZATION  UNDER INTERNAL REVENUE CODE SECTION 501(C)(4). WITH EXCEPTION OF PROFIT  DERIVED FROM UNRELATED BUSINESS ACTIVITIES, THE ASSOCIATION IS EXEMPT FROM  FEDERAL AND STATE INCOME TAXES. SINCE TAX MATTERS ARE SUBJECT TO SOME  DEGREE OF UNCERTAINTY, THERE CAN BE NO ASSURANCE THAT THE ASSOCIATION'S						
Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.  1 Total revenue, gains, and other support per audited financial statements		ddic B (1 0111 000) E02E		evenue per De		13010 Page <b>4</b>
1 Total revenue, gains, and other support per audited financial statements   2	rai	•		evenue per ne	uiii.	
2 Anounts included on line 1 but not on Form 990, Part VIII, line 12:  a Net unrealized gains (osses) on investments  b Contact services and use of facilities  c Recoveries of prior year grants  2c 376,031.  c Add lines 2a through 2d  3 Subtract line 2e from line 1  4 Anounts included on Form 990, Part VIII, line 12; but not on line 1:  a Investment expenses not included on Form 990, Part VIII, line 7b  4 Anounts included on Form 990, Part VIII, line 7b  4 Dother (Describe in Part XIII)  c Add lines 4a and 4b  f Contact Included on Form 990, Part VIII, line 12; but not on line 1:  a Investment expenses and losses per audited financial Statements With Expenses per Return.  Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.  1 Total expenses and losses per audited financial statements  1 20,289,546.  1 20,289,546.  1 Total expenses and losses per audited financial statements  2 Amounts included on line 1 but not on Form 990, Part IV, line 22:  a Donated services and use of facilities  b Prior year adjustments  c Other losses  d Other (Describe in Part XIII)  e Add lines 2 at through 2d  3 19,913,517.  4 Amounts included on Form 990, Part IV, line 25, but not on line 1:  a Investment expenses not included on Form 990, Part IV, line 181  b Other (Describe in Part XIII)  c Add lines 4a and 4b  4c  0.4  Total expenses Add lines 3 and 4c. (This must anual Form 990, Part IV, line 181)  b Other (Describe in Part XIII)  c Add lines 4a and 4b  4c  0.4  Total expenses, Add lines 3 and 4c. (This must anual Form 990, Part IV, line 181)  b Other (Describe in Part XIII)  c Add lines 4a and 4b  4c  0.4  Total expenses, Add lines 3 and 4c. (This must anual Form 990, Part IV, lines 1b and 4c.) Part V, line 4; Part V, line 2; Part X, line 2; Part XI, lines 2d and 4b. Also complete this part to provide any additional information.  Described In Part XIII, lines 2d and 4b. Also complete this part			12a.		4	18 728 936
a Net unrealized gains (losses) on investments 2a - 588,180, b Donated services and use of facilities 2b. c Recoveries of prior year grants 2c - 376,031.  d Other (Describe in Part XIII) 2d 376,031.  2 Add lines 2a through 2d 3 18,941,085.  4 Amounts included on Form 990, Part VIII, line 12, but not on line 1:		, , , , , , , , , , , , , , , , , , , ,			1	10,720,550.
Donated services and use of facilities   2b			ا مم ا	_588 180		
C   Recoveries of prior year grants   2c   376,031.				300,100.		
d Other (Describe in Part XIII.)  e Add lines 2a through 2d  3 Subtract line 2e from line 1  3 18,941,085.  4 Amounts included on Form 990, Part VIII, line 12, but not on line 1:  a Investment expenses not included on Form 990, Part VIII, line 7b  b Other (Describe in Part XIII.)  c Add lines 3 and 4c. (This must equal Form 990, Part VIII, line 7b  c Add lines 4a and 4b  5 18,941,085.  Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.  Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.  1 Total expenses and losses per audited financial statements With Expenses per Return.  Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.  1 Total expenses and losses per audited financial statements  2 Amounts included on line 1 but not on Form 990, Part IV, line 25:  a Donated services and use of facilities  b Prior year adjustments  c Other losses  d Other (Describe in Part XIII)  e Add lines 2a through 2d  3 376,031.  4 Amounts included on Form 990, Part IV, line 25, but not on line 1:  a Investment expenses not included on Form 990, Part IV, line 11 and 12						
Add lines 2a through 2d   3   3   19,941,085.		011 (D 11 : D 1)(11)		376 031		
3 Subtract line 2e from line 1 4 Amounts included on Form 990, Part VIII, line 12, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 70 b Other (Describe in Part XIII.) c Add lines 4a and 4b 5 Total revenue. Add lines 3 and 4e. (This must squal Form 990, Part I line 12.) 5 Total revenue. Add lines 3 and 4e. (This must squal Form 990, Part I line 12.) 5 Total revenue. Add lines 3 and 4e. (This must squal Form 990, Part I line 12.) 5 Total revenue. Add lines 3 and 4e. (This must squal Form 990, Part I line 12.)  1 Total expenses per Return.  Complete if the organization answered "Ves" on Form 990, Part I II line 12. 1 Total expenses and losses per audited financial statements With Expenses per Return.  Complete if the organization answered "Ves" on Form 990, Part I II, line 12a. 1 Total expenses and losses per audited financial statements 2				,	0-	_212 149
4 Amounts included on Form 990, Part VIII, line 12, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 70 b Other (Describe in Part XIII) c Add lines 4a and 4b 5 Total revenue, Add lines 3 and 4c. (This must equal Form 390 Part I, line 12) 5 Total revenue, Add lines 3 and 4c. (This must equal Form 390 Part I, line 12) 5 Total revenue, Add lines 3 and 4c. (This must equal Form 390 Part I, line 12) 5 Total expenses per Audited Financial Statements With Expenses per Return.  Complete if the organization answered "Yes" on Form 990, Part IX, line 12a. 1 Total expenses and losses per audited financial statements 2 Amounts included on line 1 but not on Form 990, Part IX, line 25: a Donated services and use of facilities b Prior year adjustments c Other losses d Other (Describe in Part XIII.) 2 Add lines 2a through 2d 2 376,031. 3 Subtract line 2e from line 1 4 Amounts included on Form 990, Part IX, line 25, but not on line 1: a Investment expenses not included on Form 990, Part IX, line 27, but not on line 1: a Investment expenses in clicular on Form 990, Part IX, line 12a. 4 Amounts included on Form 990, Part IX, line 25, but not on line 1: a Investment expenses in clicular on Form 990, Part IX, line 70 b Other (Describe in Part XIII.) 4 Amounts included on Form 990, Part IX, line 27, Part IX, line 28, part III, lines 20 and 4b, Also complete this part to provide any additional information.  Part X, LINE 2:  N JULY 2010, The Association Was Approved as a social well-pare organization  UNDER INTERNAL REVENUE CODE SECTION 501(C)(4). WITH EXCEPTION OF PROPIT  DERIVED FROM UNRELATED BUSINESS ACTIVITIES, The Association Is EXEMPT FROM  PEDERAL AND STATE INCOME TAXES, SINCE TAX MATTERS ARE SUBJECT TO SOME						· · · · · · · · · · · · · · · · · · ·
a Investment expenses not included on Form 990, Part VIII, line 7b b Other (Describe in Part XIII.) c Add lines 4a and 4b 5 Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I Nine 12). 5 18,941,085.  Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return. Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. 1 Total expenses and losses per audited financial statements 2 Amounts included on line 1 but not on Form 990, Part IX, line 25: a Donated services and use of facilities b Prior year adjustments c Other losses c Other losses d Other (Describe in Part XIII.) e Add lines 2a through 2d 3 Subtract line 2e from line 1 4 Amounts included on Form 990, Part IX, line 25, but not on line 1: a Investment expenses not included on Form 990, Part IXII, line 7b b Other (Describe in Part XIII.) c Add lines 4a and 4b 5 Total expenses. Add lines 3 and 4c. (This must equal Form 990. Part I. line 18.) 5 19,913,517.  Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b. Also complete this part to provide any additional information.  Part XIII Supplemental Information.  Provide the descriptions required for Part III, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b. Also complete this part to provide any additional information.  DEPART XI, LINE 2:  N JULY 2010, The ASSOCIATION WAS APPROVED AS A SOCIAL WELFARE ORGANIZATION  DEPART XI LINE 2:  N JULY 2010, The ASSOCIATION WAS APPROVED AS A SOCIAL WELFARE ORGANIZATION  DEPART XI LINE 2:  N JULY 2010, The ASSOCIATION WAS APPROVED AS A SOCIAL WELFARE ORGANIZATION  DEPART XI LINE 2:  N JULY 2010, The ASSOCIATION WAS APPROVED AS A SOCIAL WELFARE ORGANIZATION  DEPART XI LINE 2:  N JULY 2010, The ASSOCIATION WAS APPROVED AS A SOCIAL WELFARE ORGANIZATION					3	10,541,005.
b Other (Describe in Part XIII.) c Add lines 4a and 4b 5 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I line 12) 5 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part IV, line 12) 5 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part IV, line 12)  1 Total expenses and losses per audited financial statements With Expenses per Return.  Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.  1 Total expenses and losses per audited financial statements 2 Amounts included on line 1 but not on Form 990, Part IV, line 25: a Donated services and use of facilities 2 Point (Describe in Part XIII.) b Ofter (Describe in Part XIII.) c Other (Describe in Part XIII.) 2 Add lines 2a through 2d 2 Agd 376,031. 3 Subtract line 2e from line 1 4 Amounts included on Form 990, Part IV, line 25, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b b Other (Describe in Part XIII.) b Other (Describe in Part XIII.) b Other (Describe in Part XIII.) c Add lines 4a and 4b c Add lines 4a and 4b c Add lines 4a and 4b c Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part II, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b, and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.  PART X, LINE 2:  N JULY 2010, The ASSOCIATION WAS APPROVED AS A SOCIAL WELFARE ORGANIZATION  UNDER INTERNAL REVENUE CODE SECTION 501(C)(4), WITH EXCEPTION OF PROFIT  DERIVED FROM UNRELATED BUSINESS ACTIVITIES, THE ASSOCIATION IS EXEMPT FROM  PEDERAL AND STATE INCOME TAXES, SINCE TAX MATTERS ARE SUBJECT TO SOME			4-			
c Add lines 4a and 4b 5 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I line 12) 5 18,941,085.  Part XII Reconcilitation of Expenses per Audited Financial Statements With Expenses per Return.  Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.  1 Total expenses and losses per audited financial statements 1 20,289,548.  2 Amounts included on line 1 but not on Form 990, Part IX, line 25:  a Donated services and use of facilities 2c 2a 2b 2c 2c 376,031.  b Prior year adjustments 2c 2c 376,031.  c Other (Describe in Part XIII.)  e Add lines 2a through 2d 2e 376,031.  3 Subtract line 2e from line 1 3 19,913,517.  4 Amounts included on Form 990, Part IX, line 25, but not on line 1:  a Investment expenses not included on Form 990, Part VIII, line 7b 4a 4b 4c 0.  5 Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I line 18.)  5 19,913,517.  Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b. Also complete this part to provide any additional information.  PRART XI, LINE 2:  N JULY 2010, The ASSOCIATION WAS APPROVED AS A SOCIAL WELFARE ORGANIZATION  DEFINITION OF TAXES A SOCIATION WAS APPROVED AS A SOCIAL WELFARE ORGANIZATION  DEFINITION OF TAXES A SOCIATION WAS APPROVED AS A SOCIAL WELFARE ORGANIZATION  DEFINITION OF TAXES A SOCIATION WAS APPROVED AS A SOCIAL WELFARE ORGANIZATION  DEFINITION OF TAXES A SOCIATION WAS APPROVED AS A SOCIAL WELFARE ORGANIZATION  DEFINITION OF TAXES A SOCIATION WAS APPROVED AS A SOCIAL WELFARE ORGANIZATION  DEFINITION OF TAXES A SOCIATION WAS APPROVED AS A SOCIAL WELFARE ORGANIZATION  DEFINITION OF TAXES A SOCIATION WAS APPROVED AS A SOCIAL WELFARE ORGANIZATION  DEFINITION OF TAXES A SOCIATION WAS APPROVED AS A SOCIAL WELFARE ORGANIZATION  DEFINITION OF TAXES A SOCIATION WAS APPROVED AS A SOCIAL WELFARE ORGANIZATION  DEFINITION OF TAXES AND TAXES A						
5 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)  Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part IV, line 12).  Description of Expenses per Audited Financial Statements With Expenses per Return.  Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.  1 Total expenses and losses per audited financial statements  1 20, 289, 548.  2 Amounts included on line 1 but not on Form 990, Part IV, line 25:  a Donated services and use of facilities  2 D					4.	0
Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.  1 Total expenses and losses per audited financial statements 2 Amounts included on line 1 but not on Form 990, Part IX, line 25: a Donated services and use of facilities b Prior year adjustments c Other losses d Other (Describe in Part XIII.) 2 Add innes 2a through 2d 3 Subtract line 2e from line 1 3 19,913,517.  4 Amounts included on Form 990, Part IX, line 25; but not on line 1: a Investment expenses not included on Form 990, Part IV, line 12b b Other (Describe in Part XIII.) c Add lines 2a through 2d 4 Amounts included on Form 990, Part IX, line 25, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b b Other (Describe in Part XIII.) c Add lines 4a and 4b 5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I. lina 18.)  Part XIII Supplemental Information.  Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b. Also complete this part to provide any additional information.  PART X, LINE 2:  N JULY 2010, The Association was approved as a social welfare organization  UNDER INTERNAL REVENUE CODE SECTION 501(C)(4). WITH EXCEPTION OF PROFIT  DERIVED FROM UNRELATED BUSINESS ACTIVITIES, THE ASSOCIATION IS EXEMPT FROM  DERIVED FROM UNRELATED BUSINESS ACTIVITIES, THE ASSOCIATION IS EXEMPT FROM  DERIVED FROM UNRELATED BUSINESS ACTIVITIES, THE ASSOCIATION IS EXEMPT FROM  DERIVED FROM UNRELATED BUSINESS ACTIVITIES, THE ASSOCIATION IS EXEMPT FROM						
Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.  1 Total expenses and losses per audited financial statements 1 20, 289, 548.  2 Amounts included on line 1 but not on Form 990, Part IX, line 25:  a Donated services and use of facilities 2b Prior year adjustments 2b 2c 376, 031.  c Other losses 2c 376, 031.  e Add lines 2a through 2d 376, 031.  s Abstract line 2e from line 1 3 19, 913, 517.  4 Amounts included on Form 990, Part IX, line 25, but not on line 1:  a investment expenses not included on Form 990, Part IVII, line 7b 4a 4b 5 19, 913, 517.  b Other (Describe in Part XIII.) 4b 5 19, 913, 517.  Part XIII Supplemental Information.  Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.  PART X, LINE 2:  In JULY 2010, The ASSOCIATION WAS APPROVED AS A SOCIAL WELFARE ORGANIZATION  DUDGER INTERNAL REVENUE CODE SECTION 501(C)(4). WITH EXCEPTION OF PROFIT  DERIVED FROM UNRELATED BUSINESS ACTIVITIES, THE ASSOCIATION IS EXEMPT FROM  DERIVED FROM UNRELATED BUSINESS ACTIVITIES, THE ASSOCIATION IS EXEMPT FROM  DERIVED FROM UNRELATED BUSINESS ACTIVITIES, THE ASSOCIATION IS EXEMPT FROM  DERIVED FROM UNRELATED BUSINESS ACTIVITIES, THE ASSOCIATION IS EXEMPT FROM  DERIVED FROM UNRELATED BUSINESS ACTIVITIES, THE ASSOCIATION IS EXEMPT FROM  DERIVED FROM UNRELATED BUSINESS ACTIVITIES, THE ASSOCIATION IS EXEMPT FROM		t XII   Reconciliation of Expenses per Audited Financial State	ements With E	xpenses per B		10,941,005.
1 Total expenses and losses per audited financial statements 2 Amounts included on line 1 but not on Form 990, Part IX, line 25: a Donated services and use of facilities b Prior year adjustments c Other losses d Other (Describe in Part XIII) 2 Add lines 2a through 2d 3 Subtract line 2e from line 1 4 Amounts included on Form 990, Part IX, line 25, but not on line 1: a Investment expenses not included on Form 990, Part IX, line 25, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b 4 Other (Describe in Part XIII) c Add lines 4a and 4b 5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I line 1R) 6 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I line 1R) 6 Total expenses. Add lines 3 and 4b. Also complete this part to provide any additional information.  Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.  Part X III Supplemental Information.  Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.  Part X III Supplemental Information.				mponece por r		
2 Amounts included on line 1 but not on Form 990, Part IX, line 25: a Donated services and use of facilities b Prior year adjustments c Other (Describe in Part XIII.) c Add lines 2a through 2d 2 376,031.  2 376,031.  2 4 376,031.  2 6 376,031.  3 Subtract line 2e from line 1 4 Amounts included on Form 990, Part IX, line 25, but not on line 1: a Investment expenses not included on Form 990, Part IX, line 25, but not on line 1: a Investment expenses not included on Form 990, Part IX, line 27, but not on line 1: b Other (Describe in Part XIII.) c Add lines 4a and 4b b Other (Describe in Part XIII.) c Add lines 3 and 4c. (This must equal Form 990, Part I line 18)  5 19,913,517.  Part XIII   Supplemental Information.  Part XIII   Supplemental Information.  Part X, Line 2:  N JULY 2010, THE ASSOCIATION WAS APPROVED AS A SOCIAL WELFARE ORGANIZATION  DERIVED FROM UNRELATED BUSINESS ACTIVITIES, THE ASSOCIATION IS EXEMPT FROM  DERIVED FROM UNRELATED BUSINESS ACTIVITIES, THE ASSOCIATION IS EXEMPT FROM  DERIVED FROM UNRELATED BUSINESS ACTIVITIES, THE ASSOCIATION IS EXEMPT FROM  DERIVED FROM UNRELATED BUSINESS ACTIVITIES, THE ASSOCIATION IS EXEMPT FROM  DERIVED FROM UNRELATED BUSINESS ACTIVITIES, THE ASSOCIATION IS EXEMPT FROM  DERIVED FROM UNRELATED BUSINESS ACTIVITIES, THE ASSOCIATION IS EXEMPT FROM  DERIVED FROM UNRELATED BUSINESS ACTIVITIES, THE ASSOCIATION IS EXEMPT FROM  DERIVED FROM UNRELATED BUSINESS ACTIVITIES, THE ASSOCIATION IS EXEMPT FROM  DERIVED FROM UNRELATED BUSINESS ACTIVITIES, THE ASSOCIATION IS EXEMPT FROM	1				1	20,289,548.
a Donated services and use of facilities b Prior year adjustments c Other losses d Other (Describe in Part XIII.) e Add lines 2a through 2d 3 Subtract line 2e from line 1 4 Amounts included on Form 990, Part IX, line 25, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b b Other (Describe in Part XIII.) c Add lines 4a and 4b c 1 c Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I II.) Part XIII Supplemental Information.  Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.  PART X, LINE 2:  N JULY 2010, THE ASSOCIATION WAS APPROVED AS A SOCIAL WELFARE ORGANIZATION  UNDER INTERNAL REVENUE CODE SECTION 501(C)(4). WITH EXCEPTION OF PROFIT  DERIVED FROM UNRELATED BUSINESS ACTIVITIES, THE ASSOCIATION IS EXEMPT FROM  PEDERAL AND STATE INCOME TAXES. SINCE TAX MATTERS ARE SUBJECT TO SOME  DEGREE OF UNCERTAINTY, THERE CAN BE NO ASSURANCE THAT THE ASSOCIATION'S						
b Prior year adjustments c Other losses d Other (Describe in Part XIII.) e Add lines 2a through 2d 3 76,031.  3 Subtract line 2e from line 1 4 Amounts included on Form 990, Part IX, line 25, but not on line 1: a Investment expenses not included on Form 990, Part VIIII, line 7b b Other (Describe in Part XIII.) c Add lines 4a and 4b c Add lines 3 and 4c. (This must equal Form 990, Part I line 18) 5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I line 18) 5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I line 18)  Part XIII Supplemental Information.  Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.  PART X, LINE 2:  N JULY 2010, THE ASSOCIATION WAS APPROVED AS A SOCIAL WELFARE ORGANIZATION  UNDER INTERNAL REVENUE CODE SECTION 501(C)(4). WITH EXCEPTION OF PROFIT  DERIVED FROM UNRELATED BUSINESS ACTIVITIES, THE ASSOCIATION IS EXEMPT FROM  PEDERAL AND STATE INCOME TAXES. SINCE TAX MATTERS ARE SUBJECT TO SOME  DEGREE OF UNCERTAINTY, THERE CAN BE NO ASSURANCE THAT THE ASSOCIATION'S	а		2a			
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		·				

WILL NOT BE SUBJECT TO TAX, PENALTIES AND INTEREST AS RESULT OF THOSE

CHALLENGES. MANAGEMENT HAS DETERMINED THAT THE ASSOCIATION DOES NOT HAVE

ANY UNCERTAIN TAX POSITIONS WHICH MATERIALLY IMPACT THE FINANCIAL

STATEMENTS OR RELATED DISCLOSURES. THE ASSOCIATION'S TAX RETURNS REMAIN

AVAILABLE FOR EXAMINATION BY GOVERNMENT AUTHORITIES FOR THREE YEARS

Schedule D (Form 990) 2022

Schedule D (Form 990) 2022 KIAWAH ISLAND COMMUNITY ASSOCIA	ATION INC	57-0713010	Page <b>5</b>
Schedule D (Form 990) 2022 KIAWAH ISLAND COMMUNITY ASSOCIATION (Continued)			
SUBSEQUENT TO THEIR ORIGINAL FILING.			
SUBSEQUENT TO THEIR ORIGINAL FILLING.			
DIDE UT TIME OF CHURCH IN THE STATE OF CHURCH			
PART XI, LINE 2D - OTHER ADJUSTMENTS:			
COGS	376,031.		
PART XII, LINE 2D - OTHER ADJUSTMENTS:			
cogs	376,031.		

### SCHEDULE J (Form 990)

**Compensation Information** 

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

Complete if the organization answered "Yes" on Form 990, Part IV, line 23.

Attach to Form 990.

Open to Public Inspection

OMB No. 1545-0047

Department of the Treasury
Internal Revenue Service

Name of the organization

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

KIAWAH ISLAND COMMUNITY ASSOCIATION INC

Employer identification number 57-0713010

Pa	art I Questions Regarding Compensation			
			Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990,			
	Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.			
	First-class or charter travel Housing allowance or residence for personal use			
	Travel for companions Payments for business use of personal residence			
	Tax indemnification and gross-up payments  Health or social club dues or initiation fees			
	Discretionary spending account Personal services (such as maid, chauffeur, chef)			
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or			
	reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors,			
	trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?	2		
3	Indicate which, if any, of the following the organization used to establish the compensation of the organization's			
	CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to			
	establish compensation of the CEO/Executive Director, but explain in Part III.			
	X Compensation committee X Written employment contract			
	Independent compensation consultant  X Compensation survey or study			
	Form 990 of other organizations  X Approval by the board or compensation committee			
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing			
	organization or a related organization:			
а	Receive a severance payment or change-of-control payment?	4a		Х
b	Participate in or receive payment from a supplemental nonqualified retirement plan?	4b		Х
С	Participate in or receive payment from an equity-based compensation arrangement?	4c		Х
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
	contingent on the revenues of:			
а	The organization?	5a		X
b	Any related organization?	5b		Х
	If "Yes" on line 5a or 5b, describe in Part III.			
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
	contingent on the net earnings of:	_		
	The organization?	6a		X
b	Any related organization?	6b		Х
_	If "Yes" on line 6a or 6b, describe in Part III.			
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments	_		V
_	not described on lines 5 and 6? If "Yes," describe in Part III	7		X
8	Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the			77
_	initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	8		X
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in			
	Regulations section 53.4958-6(c)?	9	1	1

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

Schedule J (Form 990) 2022

Schedule J (Form 990) 2022

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that aren't listed on Form 990, Part VII. Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

Note: The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

		(B) Breakdown of W-2 and/or 1099-MISC and/or 1099-NEC compensation	-2 and/or 1099-MISC compensation	3 and/or 1099-NEC	(C) Retirement and other deferred	<b>(D)</b> Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B)
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation			reported as deferred on prior Form 990
(1) SHANNON WHITE	(i)	248,503.	34,230.	0.	14,495.	14,495.	311,723.	0.
CHIEF OPERATING OFFICER	(E)	• 0	• 0	• 0	• 0	• 0	• 0	0
(2) TONY ELDER	(i)	143,734.	19,300.	0	0	21,889.	184,923.	• 0
DIRECTOR OF OPERATIONS	(ii)	0	• 0	0.	0.	0.	• 0	• 0
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(E)							
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	(ii)							

## SCHEDULE O (Form 990)

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2022

Open to Public

Department of the Treasury Internal Revenue Service

Name of the organization

KTAWAH ISLAND COMMUNITY ASSOCIATION INC.

Inspection
Employer identification number
57-0713010

KIMMI ISBUMD COMMONITI INDUCTINITION INC	37 0713010
FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:	
AND OPERATIONAL PLANNING; AND BY LEADING THE STAFF OF WELL-TRAINED	
EMPLOYEES WHO ARE COMMITTED TO QUALITY SERVICES. THROUGH ITS PROGRAMS	
AND SERVICES, THE ASSOCIATION PLAYS A LEADERSHIP ROLE IN ENSURING THAT	
KIAWAH ISLAND IS A BEAUTIFUL, SAFE, WELL-MAINTAINED AND FRIENDLY	
COMMUNITY.	
FORM 990, PART VI, SECTION A, LINE 6:	
ALL PROPERTY OWNERS BECOME MEMBERS OF THE KIAWAH ISLAND COMMUNITY	
ASSOCIATION UPON PURCHASE OF THEIR PROPERTY.	
FORM 990, PART VI, SECTION A, LINE 7A:	
MEMBER DIRECTORS ARE ELECTED FOR THREE-YEAR TERMS BY THE MEMBERSHIP AT THE	
ANNUAL MEETING, WHICH IS NORMALLY HELD IN MARCH.	
FORM 990, PART VI, SECTION A, LINE 7B:	
MEMBERS MUST VOTE TO APPROVE COVENANT CHANGES AND SPECIAL ASSESSMENTS.	
FORM 990, PART VI, SECTION A, LINE 8B:	
NO COMMITTEE HAS THE AUTHORITY TO ACT ON BEHALF OF THE GOVERNING BODY.	
FORM 990, PART VI, SECTION B, LINE 11B:	
FORM 990 IS REVIEWED BY THE DIRECTOR OF FINANCE AND BOARD OF DIRECTORS OF	
KICA BEFORE IT IS FILED WITH THE IRS.	
FORM 990, PART VI, SECTION B, LINE 12C:	

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

Schedule O (Form 990) 2022

Schedule O (Form 990) 2022	Page Z
Name of the organization  KIAWAH ISLAND COMMUNITY ASSOCIATION INC	Employer identification number 57-0713010
BOARD POLICY FOR KEY STAFF, BOARD MEMBERS & VOLUNTEERS TO SIGN COI	
ANNUALLY. ALL CONFLICTS ARE SHARED WITH THE BOARD. BY POLICY, THE BOD MUST	
APPROVE ANY RELATED PARTY AND/OR CONFLICT OF INTEREST TRANSACTIONS OR	
CONTRACTS.	
FORM 990, PART VI, SECTION B, LINE 15A:	
THE BOARD OF DIRECTORS ANNUALLY REVIEWS AND APPROVES THE CHIEF OPERATING	
OFFICER'S COMPENSATION USING COMPARABILITY DATA. THE BOARDS DECISION IS	
OCCUMENTED IN THE MINUTES.	
FORM 990, PART VI, SECTION C, LINE 19:	
FORM 990, AUDITED FINANCIAL STATEMENTS, AND GOVERNING DOCUMENTS ARE	
AVAILABLE IN KICA'S WEBSITE.	
FORM 990, PART XII, LINE 2C:	
THE PROCESS HAS NOT CHANGED SINCE THE PRIOR YEAR.	

THIS IS NOT A FILEABLE COPY \*\*\*\*\*

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

For calendar year 2022, or fiscal year beginning

, 2022, and ending

OMB No. 1545-0047

Department of the Treasury

Form 8879-TF

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

Go to www.irs.gov/Form8879TE for the latest information. Internal Revenue Service EIN or SSN Name of filer KIAWAH ISLAND COMMUNITY ASSOCIATION INC 57-0713010 SHANNON WHITE Name and title of officer or person subject to tax CHIEF OPERATING OFFICER Type of Return and Return Information Part I Check the box for the return for which you are using this Form 8879-TE and enter the applicable amount, if any, from the return. Form 8038-CP and Form 5330 filers may enter dollars and cents. For all other forms, enter whole dollars only. If you check the box on line 1a, 2a, 3a, 4a, 5a, 6a, 7a, 8a, 9a, or 10a below, and the amount on that line for the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, 5b, 6b, 7b, 8b, 9b, or 10b, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. Do not complete more than one line in Part I. Form 990 check here ...... b Total revenue, if any (Form 990, Part VIII, column (A), line 12) \_\_\_\_\_ 1b 1a **b Total revenue,** if any (Form 990-EZ, line 9) 2a Form 990-EZ check here Form 1120-POL check here **b Total tax** (Form 1120-POL, line 22) 3a Tax based on investment income (Form 990-PF, Part V, line 5) 4a Form 990-PF check here b Balance due (Form 8868, line 3c) Form 8868 check here ..... 5a Form 990-T check here ..... **b Total tax** (Form 990-T, Part III, line 4) 6a 7a Form 4720 check here ..... b Total tax (Form 4720, Part III, line 1) 7b 8a Form 5227 check here ..... **b** FMV of assets at end of tax year (Form 5227, Item D) Form 5330 check here ..... **b** Tax due (Form 5330, Part II, line 19) 9a 9b Form 8038-CP check here **b** Amount of credit payment requested (Form 8038-CP, Part III, line 22) 10b 10a Declaration and Signature Authorization of Officer or Person Subject to Tax Under penalties of perjury, I declare that X I am an officer of the above entity or I am a person subject to tax with respect to (name and that I have examined a copy of the 2022 electronic return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and 2022 electronic return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the electronic return and, if applicable, the consent to electronic funds withdrawal. PIN: check one box only X | I authorize FORVIS, LLP to enter my PIN 63916 Enter five numbers, but ERO firm name do not enter all zeros as my signature on the tax year 2022 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen. As an officer or person subject to tax with respect to the entity, I will enter my PIN as my signature on the tax year 2022 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen. \*\*\*\* THIS IS NOT A FILEABLE COPY \*\*\*\* Certification and Authentication ERO's EFIN/PIN. Enter your six-digit electronic filing identification 56926052977 number (EFIN) followed by your five-digit self-selected PIN. Do not enter all zeros I certify that the above numeric entry is my PIN, which is my signature on the 2022 electronically filed return indicated above. I confirm that I am submitting this return in accordance with the requirements of Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns. AMY BIBBY 09/06/23 ERO's signature Date **ERO Must Retain This Form - See Instructions** Do Not Submit This Form to the IRS Unless Requested To Do So

202521 12-16-22

LHA For Privacy Act and Paperwork Reduction Act Notice, see instructions.

Form **8879-TE** (2022)

Form <b>990-T</b>	6	Exempt Organization Business Income Tax Retu (and proxy tax under section 6033(e))	rn	OMB No. 1545-0047	
	For ca	lendar year 2022 or other tax year beginning , and ending		2022	
Department of the Treasury Internal Revenue Service		Go to www.irs.gov/Form990T for instructions and the latest information.  Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3)	3). C	Open to Public Inspection for 01(c)(3) Organizations Only	
A Check box if address changed.		Name of organization ( Check box if name changed and see instructions.)	<b>D</b> Employ	yer identification number	
B Exempt under section	Print	KIAWAH ISLAND COMMUNITY ASSOCIATION INC	5	57-0713010	
X 501(c )(4 ) 408(e) 220(e)	or Type	Number, street, and room or suite no. If a P.O. box, see instructions. 23 BEACHWALKER DRIVE		exemption number structions)	
408A 530(a) 529(a) 529A		City or town, state or province, country, and ZIP or foreign postal code KIAWAH ISLAND, SC 29455	F Check box if		
	C Book value of all assets at end of year				
G Check organization	type	X 501(c) corporation 501(c) trust 401(a) trust Other trust	State c	college/university	
H Check if filing only to	0	Claim credit from Form 8941 Claim a refund shown on Form 2439			
Check if a 501(c)(3)	organiz	ation filing a consolidated return with a 501(c)(2) titleholding corporation	<u></u>		
J Enter the number of	attach	ed Schedules A (Form 990-T)	1	<u> </u>	
K During the tax year,	was th	e corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group?		Yes X No	
If "Yes," enter the na	ame an	d identifying number of the parent corporation.			
L The books are in ca		DALE SCHOON Telephone number	(843)76	8-9194	
Part I Total Uni	elate	d Business Taxable Income			
<ol> <li>Total of unrelated</li> </ol>	busine	ss taxable income computed from all unrelated trades or businesses (see			
instructions)			1	2,308.	
2 Reserved			. 2		
3 Add lines 1 and 2			3	2,308.	
4 Charitable contrib	utions	(see instructions for limitation rules)	4	0.	
5 Total unrelated but	ısiness	taxable income before net operating losses. Subtract line 4 from line 3	5	2,308.	
6 Deduction for net	operati	ng loss. See instructions	6		
7 Total of unrelated	busine	ss taxable income before specific deduction and section 199A deduction.			
Subtract line 6 fro	m line	5	7	2,308.	
8 Specific deduction	n (gene	rally \$1,000, but see instructions for exceptions)	8	1,000.	
9 Trusts. Section 19	99A de	duction. See instructions	9		
10 Total deductions	. Add li	nes 8 and 9	10	1,000.	
11 Unrelated busine	ss tax	able income. Subtract line 10 from line 7. If line 10 is greater than line 7,			
enter zero			11	1,308.	
Part II Tax Com	putat	ion			
1 Organizations tax	kable a	s corporations. Multiply Part I, line 11 by 21% (0.21)	1	275.	
2 Trusts taxable at	trust r	ates. See instructions for tax computation. Income tax on the amount on			
Part I, line 11 from	n: [	Tax rate schedule or Schedule D (Form 1041)	2		
3 Proxy tax. See ins	structio	ns	3		
4 Other tax amounts	s. See i	nstructions	4		
5 Alternative minimu	ım tax				
		cility income. See instructions			
Total Add lines 2	+broug	h C to line 1 or 0 whichover applies	7	275	

223701 01-16-23

LHA For Paperwork Reduction Act Notice, see instructions.

	Under penalties of perjury, I declare correct, and complete. Declaration of	owledge ar	id belief, it is	true,				
Here			CHIEF OPERATING OFFICER			May the IRS discuss this return with the preparer shown below (see		
5	Signature of officer	Date	Title		instructi	ons)? X	Yes	No
	Print/Type preparer's name	e Preparer's signature	Date	Check	] if F	PTIN		
Paid				self- employ	yed			
Preparer	AMY BIBBY	AMY BIBBY	09/06/	23		P004458	391	
Use Only	Firm's name FORVIS	, LLP		Firm's EIN		44-01	60260	
	500	RIDGEFIELD COURT						
	Firm's address ASH	Phone no.	(828)	254-2	254			

223711 01-16-23

## SCHEDULE A (Form 990-T)

# **Unrelated Business Taxable Income From an Unrelated Trade or Business**

2022

**2022** 

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

Go to www.irs.gov/Form990T for instructions and the latest information.

Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).

Open to Public Inspection for 501(c)(3) Organizations Only

<b>A</b> N	Name of the organization KIAWAH ISLAND COMMUNITY ASSOCIATION INC				B Employer identification number 57-0713010			
<u>c</u> ს	Inrelated business activity code (see instructions) 531310			<b>D</b> Seque	nce: 1	of 1		
<b>E</b> D	escribe the unrelated trade or business SECURITY SERVICES							
Par	Unrelated Trade or Business Income		(A) Income	(B) Exper	nses	(C) Net		
	Gross receipts or sales 134,062.							
	Less returns and allowances c Balance	1c	134,062					
2	Cost of goods sold (Part III, line 8)	2						
3	Gross profit. Subtract line 2 from line 1c	3	134,062	•		134,062.		
4 a	Capital gain net income (attach Schedule D (Form 1041 or Form							
	1120)). See instructions	4a						
b	Net gain (loss) (Form 4797) (attach Form 4797). See instructions)	4b						
С	Capital loss deduction for trusts	4c						
5	Income (loss) from a partnership or an S corporation (attach							
	statement)	5						
6	Rent income (Part IV)	6						
7	Unrelated debt-financed income (Part V)	7						
8	Interest, annuities, royalties, and rents from a controlled							
	organization (Part VI)	8						
9	Investment income of section 501(c)(7), (9), or (17)							
	organizations (Part VII)	9						
10	Exploited exempt activity income (Part VIII)	10						
11	Advertising income (Part IX)	11						
12	Other income (see instructions; attach statement)  Total. Combine lines 3 through 12  13  134,062.					134,062.		
13			· · · · · · · · · · · · · · · · · · ·	<u> </u>		· · · · · · · · · · · · · · · · · · ·		
Par	<b>till</b> Deductions Not Taken Elsewhere See instruction directly connected with the unrelated business in		r limitations on de	eductions. De	ductions mu	ist be		
1	Compensation of officers, directors, and trustees (Part X)				. 1	_		
2	Salaries and wages				. 2	76,409.		
3	Repairs and maintenance							
4	Bad debts							
5	Interest (attach statement). See instructions							
6	Taxes and licenses				. 6	6,772.		
7	Depreciation (attach Form 4562). See instructions							
8	Less depreciation claimed in Part III and elsewhere on return		· · · · · · · · · · · · · · · · · · ·		8b			
9	Depletion							
10	Contributions to deferred compensation plans					11,205.		
11	Employee benefit programs					11,203.		
12 13	Excess exempt expenses (Part VIII)							
13 14	Excess readership costs (Part IX)  Other deductions (attach statement)		SEE STATEM	 ENT 1	14	28,135.		
15	Total deductions. Add lines 1 through 14				.	122,521.		
16	Unrelated business income before net operating loss deduction. S				.			
	column (C)				16	11,541.		
17	Deduction for net operating loss. See instructions		STMT 2	STMT 4	17	9,233.		
18	Unrelated business taxable income. Subtract line 17 from line 16			18	2,308.			
	For Paperwork Reduction Act Notice, see instructions. Schedule A (Form 990-T) 20					Form 990-T) 2022		

		Α	В	С	D
2	Gross income from or allocable to debt-financed property				
3	Deductions directly connected with or allocable				
	to debt-financed property				
а	Straight line depreciation (attach statement)				
b	Other deductions (attach statement)				
С	Total deductions (add lines 3a and 3b,				
	columns A through D)				
4	Amount of average acquisition debt on or allocable				
	to debt-financed property (attach statement)				
5	Average adjusted basis of or allocable to debt-				
	financed property (attach statement)				
6	Divide line 4 by line 5	%	%	%	%
7	Gross income reportable. Multiply line 2 by line 6				
8	Total gross income (add line 7, columns A through D)	. Enter here and on Pa	t I, line 7, column (A)		0.
9	Allocable deductions. Multiply line 3c by line 6				
0	Total allocable deductions. Add line 9, columns A thr	rough D. Enter here and	d on Part I, line 7, colu	mn (B)	0.
1	Total dividends-received deductions included in line	10			0.
			•	0.1.1.1	. (=

Schedule A (Form 990-T) 2022 Page

Part	VI Interest, Annu	uities, Ro	oyalties, and Re	ents fron	n Control	led Or	ganizations	S (see i	nstructi	ions)	r age <b>c</b>
	,						Exempt Contro				
Name of controlled organization		2. Employer identification number			ments made that conf		<b>5.</b> Part of column 4 that is included in the controlling organization's gross income		income in column 5		
(1)											
(2)											
(3)											
<u>(4)</u>											
	. +				Controlled Or	-					<u> </u>
•	'. Taxable Income	in	Net unrelated acome (loss) e instructions)	1	otal of specif yments mad		that is inc		he	С	Deductions directly connected with ome in column 10
(1)											
(2)											
(3)											
(4)											
							Add colum Enter here line 8, c		art I,	Enter	columns 6 and 11. here and on Part I, ne 8, column (B)
Totals									0.		0.
Part	VII Investment	Income	of a Section 50	1(c)(7), (	9), or (17)	Orgar	nization (s	ee instruc	tions)		
	<b>1.</b> Desc	cription of	income		2. Amou incon		3. Deduction directly connected (attach states	ected (at	4. Set-a	asides atement	5. Total deductions and set-asides (add cols 3 and 4)
(1)											
(2)											
(3)											
(4)					Add amou column 2. here and or line 9, colu	Enter n Part I,					Add amounts in column 5. Enter here and on Part I, line 9, column (B)
Part	VIII Exploited E	xempt A	ctivity Income,	Other T	han Adve	ertising	g Income	(see instru	ıctions)		
1	Description of exploite	ed activity:									
2	Gross unrelated busin	ess incom	e from trade or busi	ness. Entei	r here and o	n Part I,	line 10, colum	n (A)		2	
3	Expenses directly con line 10, column (B)									3	
4	Net income (loss) from		trade or business.							3	
	lines 5 through 7									4	
5	Gross income from ac									5	
6	Expenses attributable	to income	entered on line 5							6	
7	Excess exempt expen	ses. Subtr	act line 5 from line 6							7	

Schedule A (Form 990-T) 2022

Part	IX Advertising Income				
1	Name(s) of periodical(s). Check box if reporting	ng two or more periodicals or	n a consolidated basis		
	A 📄				
	в 🗆				
	c 🗆				
	D				
F4	- — — — — — — — — — — — — — — — — — — —				
Enter a	amounts for each periodical listed above in the				
		A	В	С	D
2	Gross advertising income				
	Add columns A through D. Enter here and on	Part I, line 11, column (A)			0.
а					
3	Direct advertising costs by periodical				
а	Add columns A through D. Enter here and on	Part I, line 11, column (B)			0.
4	Advertising gain (loss). Subtract line 3 from line	ne			
	2. For any column in line 4 showing a gain,				
	complete lines 5 through 8. For any column i	n			
	line 4 showing a loss or zero, do not complet				
	lines 5 through 7, and enter zero on line 8				
5	Readership costs				
6	Circulation income				
7	Excess readership costs. If line 6 is less than				
•	line 5, subtract line 6 from line 5. If line 5 is le				
	than line 6, enter zero				
8	Excess readership costs allowed as a				
0	•	on			
	deduction. For each column showing a gain of				
	line 4, enter the lesser of line 4 or line 7				
а	Add line 8, columns A through D. Enter the g	reater of the line 8a, columns	s total or zero nere and	on on	0.
Dort	Part II, line 13	rootore and Trustoce	· · · · · · · · · · · · · · · · · · ·		
Part		rectors, and Trustees	(see instructions)		
Part	X Compensation of Officers, Di		•	3. Percentage	4. Compensation
Part		rectors, and Trustees 2. Title	•	of time devoted	4. Compensation attributable to
	X Compensation of Officers, Di		•	of time devoted to business	Compensation     attributable to     unrelated business
(1)	X Compensation of Officers, Di		•	of time devoted to business	Compensation     attributable to     unrelated business
	X Compensation of Officers, Di		•	of time devoted to business %	4. Compensation attributable to unrelated business
(1)	X Compensation of Officers, Di		•	of time devoted to business	4. Compensation attributable to unrelated business
(1) (2)	X Compensation of Officers, Di		•	of time devoted to business %	4. Compensation attributable to unrelated business
(1) (2) (3)	X Compensation of Officers, Di		•	of time devoted to business % %	4. Compensation attributable to unrelated business
(1) (2) (3) (4)	1. Name  Lenter here and on Part II, line 1	<b>2.</b> Title	•	of time devoted to business % %	4. Compensation attributable to unrelated business
(1) (2) (3) (4)	1. Name  1. Enter here and on Part II, line 1	<b>2.</b> Title	•	of time devoted to business % %	4. Compensation attributable to unrelated business
(1) (2) (3) (4)	1. Name  Lenter here and on Part II, line 1	<b>2.</b> Title	•	of time devoted to business % %	4. Compensation attributable to unrelated business
(1) (2) (3) (4)	1. Name  Lenter here and on Part II, line 1	<b>2.</b> Title	•	of time devoted to business % %	4. Compensation attributable to unrelated business
(1) (2) (3) (4)	1. Name  Lenter here and on Part II, line 1	<b>2.</b> Title	•	of time devoted to business % %	4. Compensation attributable to unrelated business
(1) (2) (3) (4)	1. Name  Lenter here and on Part II, line 1	<b>2.</b> Title	•	of time devoted to business % %	4. Compensation attributable to unrelated business
(1) (2) (3) (4)	1. Name  Lenter here and on Part II, line 1	<b>2.</b> Title	•	of time devoted to business % %	4. Compensation attributable to unrelated business
(1) (2) (3) (4)	1. Name  Lenter here and on Part II, line 1	<b>2.</b> Title	•	of time devoted to business % %	4. Compensation attributable to unrelated business
(1) (2) (3) (4)	1. Name  Lenter here and on Part II, line 1	<b>2.</b> Title	•	of time devoted to business % %	4. Compensation attributable to unrelated business
(1) (2) (3) (4)	1. Name  Lenter here and on Part II, line 1	<b>2.</b> Title	•	of time devoted to business % %	4. Compensation attributable to unrelated business
(1) (2) (3) (4)	1. Name  Lenter here and on Part II, line 1	<b>2.</b> Title	•	of time devoted to business % %	4. Compensation attributable to unrelated business
(1) (2) (3) (4)	1. Name  Lenter here and on Part II, line 1	<b>2.</b> Title	•	of time devoted to business % %	4. Compensation attributable to unrelated business
(1) (2) (3) (4)	1. Name  Lenter here and on Part II, line 1	<b>2.</b> Title	•	of time devoted to business % %	4. Compensation attributable to unrelated business
(1) (2) (3) (4)	1. Name  Lenter here and on Part II, line 1	<b>2.</b> Title	•	of time devoted to business % %	4. Compensation attributable to unrelated business
(1) (2) (3) (4)	1. Name  Lenter here and on Part II, line 1	<b>2.</b> Title	•	of time devoted to business % %	4. Compensation attributable to unrelated business
(1) (2) (3) (4)	1. Name  Lenter here and on Part II, line 1	<b>2.</b> Title	•	of time devoted to business % %	4. Compensation attributable to unrelated business
(1) (2) (3) (4)	1. Name  Lenter here and on Part II, line 1	<b>2.</b> Title	•	of time devoted to business % %	4. Compensation attributable to unrelated business
(1) (2) (3) (4)	1. Name  Lenter here and on Part II, line 1	<b>2.</b> Title	•	of time devoted to business % %	4. Compensation attributable to unrelated business

TIAWAH ISHAND COMMONITI	ADDOCIATION INC		37 0713010
FORM 990-T (A)	OTHER DEDUCT	IONS	STATEMENT 1
DESCRIPTION			AMOUNT
 DVERHEAD AND OPERATING ADMIN AND GENERAL EXPEN			10,530. 7,700.
INSURANCE			8,905.
FORM 990-T PREPARATION			1,000.
POTAL TO SCHEDULE A, PA	RT II, LINE 14		28,135.
FORM 990-T (A)	POST 2017 NOL SC	HEDULE	STATEMENT 2
PRIOR YEAR POST 2017 NOL	NOL DEDUCTION	CARRYFO POST 20	RWARD OF 17 NOL
14,135.	9,233.		4,902.
990-T SCH A PO	ST-2017 NET OPERATING  LOSS  PREVIOUSLY  NED  APPLIED	LOSS DEDUCTION  LOSS REMAINING	STATEMENT 3  AVAILABLE THIS YEAR
12/31/21 14	,135. 0.	14,135.	14,135.
NOL CARRYOVER AVAILABLE	THIS YEAR	14,135.	14,135.
SCH A (990-T)	SCHEDULE A NOL DETAI	L	STATEMENT 4
TAXABLE INCOME FROM ALTHIS ENTITIES PORTION			11,541 11,541
THIS ENTITIES PERCENTA THIS ENTITIES ALLOWED	100.00		
TAXABLE INCOME AFTER P80% INCOME LIMITATION	11,54 9,23		
POST-2017 AVAILABLE		00	14,135

LESSER OF POST-2017 NET OPERATING LOSS OR 80% LIMITATION

9,233.