TOWN OF SEABROOK ISLAND

Accommodations Tax Advisory Committee Meeting August 29, 2023 – 11:00 AM

Town Hall, Council Chambers 2001 Seabrook Island Road Seabrook Island, SC 29455



Watch Live Stream (YouTube)

Virtual Participation: Individuals who wish to participate in the meeting via Zoom may call (843) 768-9121 or email kwatkins@townofseabrookisland.org for log-in information prior to the meeting.

AGENDA

CALL TO ORDER - Randall Buck, Chair

INTRODUCTORY REMARKS – Randall Buck, Chair

APPROVAL OF MINUTES

- Regular Meeting: August 23, 2022
- Special Called Meeting: June 14, 2023

OVERVIEW OF PROJECTED REVENUES FOR FY 2024- Joe Cronin, Town Administrator

PRESENTATION OF REQUESTS FOR FY 2024 ACOMMODATIONS TAX FUNDS

- St. Johns Fire District (STJFD) Ryan Kunitzer
 - Fire Department UTV with Medical Equipment amount requested: \$15,600.00
- Alan Fleming Tournament Comm./Seabrook Island Employee Assistance Fund Debbie Pickens
 - o 2024 Alan Fleming Tennis Tournament amount requested: \$18,500.00
- Bohicket Marina and Market Beau Anderson
 - Electrical Upgrades to existing A dock
 amount requested: \$15,000.00
- Kiawah Seabrook Exchange Club/Bohicket 5K and ½ Marathon Bill Nelson
 - o 2024 Bohicket 5K and ½ Marathon amount requested: \$1,500.00
- Seabrook Island Birders Nancy Brown
 - Seabrook Island Shorebird Stewardship amount requested: \$3,000.00
- Seabrook Island Club Mitchell Laskowitz
 - Fourth of July Celebration amount requested: \$25,000.00
- Seabrook Island Employee Assistance Fund Lucy Walton

Outdoor Concert (swing/jazz)

Seabrook Island Property Owners Association – Heather Paton

Audubon International Sustainably Community Signs amount requested: \$10,000.00
 Charleston Symphony Orchestra Annual Concert amount requested: \$27,000.00

amount requested: \$20,000.00

Noth American Land Trust Conservation Plan amount requested: \$60,000.00

• The Seabrook Island Turtle Patrol – Bill Nelson

Seabrook Island Turtle Patrol amount requested: \$1,000.00

• Town of Seabrook Island – Joe Cronin, Town Administrator

O Beach Patrol amount requested: \$100,000.00

Bike Path Improvements (Fence)
 Dolphin Education Program
 amount requested: \$100,000.00
 amount requested: \$10,000.00

Special Events
 amount requested: \$50,000.00

o Tourism Related Personnel & Operating Expenses amount requested: \$75,783.00

COMMITTEE DISCUSSION

OTHER BUSINESS

ADJOURN

TOWN OF SEABROOK ISLAND

Accommodations Tax Advisory Committee Meeting August 23, 2022

Watch Live Stream (YouTube)



MINUTES

CALL TO ORDER - Randall Buck, Chair

Present: Buck (Chair), Fagan (virtual), Leggett, O'Rourke, Pontuti, Spisak, Schildge (virtual)

Absent: None

Staff Present: Town Administrator Cronin, Town Clerk Watkins

Mr. Buck called the meeting to order at 9:58AM

INTRODUCTORY REMARKS – Randall Buck, Chair

Mr. Buck introduced the new committee member Ann O'Rourke.

APPROVAL OF MINUTES

• Regular Meeting: August 12th, 2022

Mr. Buck moved to approve the previous meeting minutes of August 12th; Ms. Leggett seconded. All voted in favor.

The previous meeting minutes of August 12th were approved.

OVERVIEW OF PROJECTED REVENUES FOR FY 2023- Joe Cronin, Town Administrator

Town Administrator Cronin summarized the projected revenues for FY 2023 and fund balance in the ATAX account.

The committee clarified what funds are included in the fund balance for ATAX.

PRESENTATION OF REQUESTS FOR FY 2023 ACOMMODATIONS TAX FUNDS

- St. Johns Fire District (STJFD) Ryan Kunitzer
 - o EMS Monitor

amount requested: \$18,500.00

Ryan Kunitzer summarized the application and how this will benefit the Seabrook Island Community for both tourists and visitors.

A discussion was had on where the ambulances come from when responding to a call.

A discussion was had on what the EMS Monitor does.

• Alan Fleming Tournament Comm./Seabrook Island Club – Karen Petrucelli

o 2023 Alan Fleming Tennis Tournament amount requested: \$17,000.00

Karen Petrucelli and Director of Racquet Sports with the Seabrook Island Club Laura Ferreira summarized the Alan Fleming Tennis Tournament application for 2023.

A discussion was had on the estimate for participants coming from off island for the upcoming year.

A discussion was had on where the welcoming party will be held for the tournament.

• Town of Seabrook Island – Joe Cronin, Town Administrator

0	Beach Patrol	amount requested: \$90,000.00
0	Dolphin Education Program	amount requested: \$10,000.00
0	Gateway and Wayfinder Signage	amount requested: \$5,000.00
0	Special Events	amount requested: \$40,000.00
0	Tourism Related Personnel & Operating Expenses	amount requested: \$74,594.00
0	Bike Path Improvements/Amenities	amount requested: \$150,000.00

Town Administrator Cronin summarized all the applications submitted by the Town.

A discussion was had on the potential increased services for beach patrol, the vehicles used, the monthly reports received, the number of incidents on the beach, potentially increasing the access point, and who provides the equipment, and the name of the company.

A discussion was had on the number of participants for the Chow Town Food Truck Rodeos and the number of staff needed for this event.

A discussion was had on the code enforcement officer if they would overlap with beach patrol.

A discussion was had on the type of lighting improvements to the bike path.

A discussion was had on potential light pollution from the developments along the bike path.

COMMITTEE DISCUSSION

Town Administrator Cronin summarized the total amount requested compared to the budgeted amount.

A discussion was had on the requests and using some of remaining ATAX funds in the fund balance.

A discussion was had on the request from St. Johns Fire District.

Mr. Buck moved to recommend awarding the St. Johns Fire District (STJFD) \$18,500.00; Mr. Spisak seconded. All voted in favor.

The recommendation to award STJFD \$18,500.00 was approved.

Mr. Buck moved to recommend awarding the Alan Flemming Comm./Seabrook Island Club \$17,000.00; Mr. Spisak seconded. A vote was taken as follows:

Ayes: Fagan, Leggett, O'Rourke, Schildge, Spisak, Buck

Recused: Pontuti

The recommendation to award Alan Flemming Comm./Seabrook Island Club \$17,000.00 was approved.

Mr. Buck moved to recommend awarding the Town of Seabrook Island for Beach Patrol \$90,000.00; Ms. Leggett seconded. All voted in favor.

The recommendation to award the Town of Seabrook Island for Beach Patrol \$90,000.00 was approved.

Mr. Buck moved to recommend awarding the Town of Seabrook Island for the Dolphin Education Program \$10,000.00; Mr. Pontuti seconded. All voted in favor.

The recommendation to award the Town of Seabrook Island for the Dolphin Education Program \$10,000.00 was approved.

Mr. Buck moved to recommend awarding the Town of Seabrook Island for Gateway and Wayfinder Signage \$5,000.00; Ms. O'Rourke seconded. All voted in favor.

The recommendation to award the Town of Seabrook Island for Gateway and Wayfinder Signage \$5,000.00 was approved.

Mr. Buck moved to recommend awarding the Town of Seabrook Island for Special Events \$40,000.00; Ms. Fagan seconded. A vote was taken as follows:

Ayes: Fagan, Leggett, O'Rourke, Schildge, Spisak, Buck

Recused: Pontuti

The recommendation to award the Town of Seabrook Island for Special Events \$40,000.00 was approved.

Mr. Buck moved to recommend awarding the Town of Seabrook Island for Tourism Related Personnel & Operating Expenses \$74,594.00; Mr. Spisak seconded. All voted in favor.

The recommendation to award the Town of Seabrook Island for Tourism Related Personnel & Operating Expenses \$74,594.00 was approved.

Mr. Buck moved to recommend awarding the Town of Seabrook Island for the Bike Path Improvements/Amenities \$150,000.00; Ms. Leggett seconded. All voted in favor.

The recommendation to award the Town of Seabrook Island for the Bike Path Improvements/Amenities \$150,000.00 was approved.

OTHER BUSINESS

A discussion was had on when the committee's recommendations go before Town Council and when the Town notifies the applicants of what funds were approved.

ADJOURN

Mr. Spisak moved to adjourn; Mr. Schildge seconded. All voted in favor.

The meeting adjourned at 11:09AM.

Date: August 24, 2022 Prepared by: Xatharine & Watkins

Town Clerk/Treasurer

TOWN OF SEABROOK ISLAND

Accommodations Tax Advisory Committee Special Called Meeting June 14, 2023



MINUTES

CALL TO ORDER

Present: Buck (Chair, Virtual), Fagan (virtual), Leggett, Spisak, Schildge (virtual)

Absent: O'Rourke

Staff Present: Town Administrator Cronin, Assistant Town Administrator Watkins

ITEMS FOR INFORMATION / DISCUSSION

 Discussion with Town Administrator Cronin for the proposed budget amendment with regards to State Accommodations Tax

Town Administrator Cronin and Assistant Town Administrator Watkins summarized the proposed budget amendment for FY 2023 with regards to the allocation of funds for the proposed Town Hall Annex and Town Hall Garage Project.

A discussion was held on the need for this project, how much allocation can be made regarding ATAX funds, how long the proposed project will take, what the remaining dollar amount will be left in the account after the proposed allocation, how the proposed budget amendment will affect the already budgeted projects, if affordable housing will reduce the amount of ATAX funds received from the state, and the decrease in rental activity in the area.

The Committee clarified the amount that would be left in the ATAX fund balance if this proposed amendment is approved.

Mr. Spisak moved to recommend the allocation of \$250,000 from State Accommodations Tax Fund Balance to Town Facilities and reduce the appropriation for pathway improvements to \$100,000 by delaying fence to a future year; Ms. Fagan seconded. A vote was taken as follows:

Ayes: Fagan, Leggett, Spisak, Buck

Abstain: Schildge

The recommendation for the allocation of \$250,000 from State Accommodations Tax Fund Balance to Town Facilities and reduce the appropriation for pathway improvements to \$100,000 by delaying fence to a future year was approved.

A Discussion was had on the vacancy of the hospitality seat and clarified the qualifications to fill the hospitality seat.

Mr. Buck had to leave the meeting at 11:30AM.

Mr. Spisak moved to adjourn the meeting; Ms. Fagan seconded. All voted in favor.

The meeting adjourned at 11:33AM

Date: June 14, 2023 Prepared by: Xatharine & Watkins

Asst. Town Administrator

Note: These minutes are not verbatim minutes. To listen to the meeting, please use the following link:

https://www.youtube.com/@townofseabrookisland5287/streams

Accommodations Tax Revenue Projections FY 2024

Description		FY 2019	FY 2020	FY 2021	FY 2022	FY 2023		FY 2023	FY 2024	FY	2024
		Actual	Actual	Actual	Actual	Budget	- /	Actual (YTD)	Budget	Actu	ial (YTD)
1st Quarter	\$	18,792.83	\$ 24,312.42	\$ 45,353.59	\$ 48,982.96	\$	\$	45,643.62	\$ -	\$	-
2nd Quarter	\$	68,464.79	\$ 50,964.15	\$ 158,662.89	\$ 185,594.20	\$ -	\$	178,624.56	\$ -	\$	-
3rd Quarter	\$	93,272.40	\$ 133,526.00	\$ 189,775.95	\$ 197,532.66	\$ -	\$	-	\$ -	\$	-
4th Quarter	\$	24,500.03	\$ 58,302.53	\$ 73,636.26	\$ 67,012.58	\$ -	\$	-	\$	\$	-
Other	\$	6,732.13	\$ -	\$ -	\$ -	\$ -	\$	-	\$ -	\$	-
TOTAL	\$	211,762.18	\$ 267,105.10	\$ 467,428.69	\$ 499,122.40	\$ 475,000.00	\$	224,268.18	\$ 400,000.00	\$	-

Description	FY 2019 Actual	FY 2020 Actual	FY 2021 Actual	,	FY 2022 Actual (YTD)	FY 2023 Budget	FY 2023 Actual (YTD)	FY 2024 Budget	Y 2024 ual (YTD)
Total Revenue	\$ 211,762.18	\$ 267,105.10	\$ 467,428.69	\$	499,122.40	\$ 475,000.00	\$ 224,268.18	\$ 400,000.00	\$ -
First \$25,000 (General Fund)	\$ 25,000.00	\$ 25,000.00	\$ 25,000.00	\$	25,000.00	\$ 25,000.00	\$ 25,000.00	\$ 25,000.00	\$ -
Balance of ATAX Funds	\$ 186,762.18	\$ 242,105.10	\$ 442,428.69	\$	474,122.40	\$ 450,000.00	\$ 199,268.18	\$ 375,000.00	\$ -
5% of Balance (General Fund)	\$ 9,338.11	\$ 12,105.26	\$ 22,121.43	\$	23,706.12	\$ 22,500.00	\$ 9,963.41	\$ 18,750.00	\$ -
30% of Balance (Promotion-CVB)	\$ 56,028.65	\$ 72,631.53	\$ 132,728.61	\$	142,236.72	\$ 135,000.00	\$ 59,780.45	\$ 112,500.00	\$ -
65% of Balance (Tourism-Related Expenditures)	\$ 121,395.42	\$ 157,368.32	\$ 287,578.65	\$	308,179.56	\$ 292,500.00	\$ 129,524.32	\$ 243,750.00	\$ -

		FY 2019		FY 2020		FY 2021		FY 2022		FY 2023		FY 2023		FY 2024		Y 2024
Description		Actual		Actual		Actual		Actual (YTD)		Budget	-	Actual (YTD)		Budget		ual (YTD)
General Fund								,				,				,
Revenue																
First \$25,000	\$	25,000.00	\$	25,000.00	\$	25,000.00	\$	25,000.00	\$	25,000.00	\$	25,000.00	\$	25,000.00	\$	-
5% of Balance	\$	9,338.11	\$	12,105.26	\$	22,121.43	\$	23,706.12	\$	22,500.00	\$	9,963.41	\$	18,750.00	\$	-
Total Revenue	\$	34,338.11	\$	37,105.26	\$	47,121.43	\$	48,706.12	\$	47,500.00	\$	34,963.41	\$	43,750.00	\$	-
Expenditures																
Transfers to General Fund	\$	34,338.11	\$	37,105.26	\$	47,121.43	\$	48,706.12	\$	47,500.00	\$	34,963.41	\$	43,750.00	\$	-
Total Expenditures	\$	34,338.11	\$	37,105.26	\$	47,121.43	\$	48,706.12	\$	47,500.00	\$	34,963.41	\$	43,750.00	\$	-
General Fund Surplus/(Deficit)	\$		\$		\$		\$		\$		\$		\$		\$	
Promotion (30%)																
Revenue																
30% of Balance	\$	56,028.65	\$	72,631.53	\$	132,728.61	\$	142,236.72	\$	135,000.00	\$	59,780.45	\$	112,500.00	\$	-
Total Revenue	\$	56,028.65	\$	72,631.53	\$	132,728.61	\$	142,236.72	\$	135,000.00	\$	59,780.45	\$	112,500.00	\$	-
Expenditures																
Charleston CVB	\$	56,028.65	\$	72,631.53		132,728.61		142,236.72		135,000.00	\$	59,780.45		112,500.00	\$	-
Total Expenditures	\$	56,028.65	\$	72,631.53		132,728.61		142,236.72		135,000.00	\$	59,780.45		112,500.00	\$	-
Promotion (30%) Surplus/(Deficit)	\$	-	\$	-	\$	-	\$	-	\$		\$	-	\$	-	\$	-
Fourism-Related Expenditures (65%)																
Revenue																
65% of Balance	\$	121,395.42		157,368.32		287,578.65	\$				\$			243,750.00		-
Interest Income	\$	-	\$	941.19	\$	237.30	\$	5,030.70	\$	750.00	\$	6,636.21	\$	1,200.00		-
Total Revenue	\$	121,395.42	\$	158,309.51	\$	287,815.95	\$	313,210.26	\$	293,250.00	\$	136,160.53	\$	244,950.00	\$	-
Expenditures																
Tourism-Related Expenditures	\$	118,039.44	\$	86,350.95		153,450.02	\$	208,142.62		463,402.00	\$	13,693.09		244,950.00		
Frandfer to Town Facilities Fund	\$	-	\$		\$	-	\$	-	_	250,000.00		250,000.00	\$	-		
Total Expenditures	\$	118,039.44	\$	86,350.95	\$	153,450.02	\$	208,142.62	\$	713,402.00		263,693.09	\$	244,950.00	\$	-
Tourism Related Expenditures (65%) Surplus/(Deficit)	\$	3,355.98	\$	71,958.56	\$	134,365.93	\$	105,067.64	\$	(420,152.00)	\$	(127,532.56)	\$		\$	-
Fund Balance																
Beginning of Year	\$	130,122.48	\$	133,478.46	\$	205,437.01	\$	339,802.94	\$	444,870.58	\$	444,870.58	\$	24,718.58	\$	-
End of Year	Ġ	133,478,46	s	205.437.01	ė	220 902 04	é	444.870.58	c			317.338.02	ċ	24.718.58	è	

	Revenues Through Q2												
Description		FY 2019		FY 2020		FY 2021		FY 2022		FY 2023			
Q1 Revenue	\$	18,792.83	\$	24,312.42	\$	45,353.59	\$	48,982.96	\$	45,643.62			
Q2 Revenue	\$	68,464.79	\$	50,964.15	\$	158,662.89	\$	185,594.20	\$	178,624.56			
Q3 Revenue	\$	-	\$	-	\$	-	\$	-	\$	-			
Q4 Revenue	\$	-	\$	-	\$	-	\$	-	\$	-			
Other Revenue	\$		\$		\$	-	\$	-	\$				
Total Revenue (To Date)	\$	87,257.62	\$	75,276.57	\$	204,016.48	\$	234,577.16	\$	224,268.18			
Change from Prior Year				-13.7%		171.0%		15.0%		-4.4%			

4th Quarter State ATAX Revenue

Actual (Unadjusted) Revenue

	2019	2020	2021	2022	2023
Q4 Revenue	\$ 24,500.03	\$ 58,302.53	\$ 73,636.26	\$ 67,012.58	
Annual Change		138.0%	26.3%	-9.0%	

Adjusted Revenue Using CPI for Lodging Away from Home in U.S. City Average (LAFH)

	2019	2020	2021	2022	2023
CPI LAFH (Dec)	147.590	133.538	165.472	170.729	
Adjustment	1.157	1.279	1.032	1.000	
Q4 Revenue (Adjusted)	\$ 28,341.12	\$ 74,540.08	\$ 75,975.66	\$ 67,012.58	
Annual Change		163.0%	1.9%	-11.8%	

1st Quarter State ATAX Revenue

Actual (Unadjusted) Revenue

	2019	2020	2021	2022	2023
Q1 Revenue	\$ 18,792.83	\$ 24,312.42	\$ 45,353.59	\$ 48,982.96	\$ 45,643.62
Annual Change		29.4%	86.5%	8.0%	-6.8%

34,577.16	\$ 224,268.18	-4.4%
46,564.18	\$ 224,268.18	-9.0%

Adjusted Revenue Using CPI for Lodging Away from Home in U.S. City Average (LAFH)

	2019	2020	2021	2022	2023
CPI LAFH (March)	168.321	157.565	147.470	184.463	197.855
Adjustment	1.175	1.256	1.342	1.073	1.000
Q1 Revenue (Adjusted)	\$ 22,090.26	\$ 30,529.20	\$ 60,849.22	\$ 52,539.12	\$ 45,643.62
Annual Change		38.2%	99.3%	-13.7%	-13.1%

2nd Quarter State ATAX Revenue

Actual (Unadjusted) Revenue

	2019	2020	2021	2022	2023
Q2 Revenue	\$ 68,464.79	\$ 50,964.15	\$ 158,662.89	\$ 185,594.20	\$ 178,624.56
Annual Change		-25.6%	211.3%	17.0%	-3.8%

Adjusted Revenue Using CPI for Lodging Away from Home in U.S. City Average (LAFH)

	2019	2020	2021	2022	2023
CPI LAFH (Jun)	177.637	152.721	175.746	193.324	202.106
Adjustment	1.138	1.323	1.150	1.045	1.000
Q2 Revenue (Adjusted)	\$ 77,895.62	\$ 67,444.30	\$ 182,460.61	\$ 194,025.06	\$ 178,624.56
Annual Change		-13.4%	170.5%	6.3%	-7.9%

Lodging away from home in U.S. city average, all urban consumers, not seasonally adjusted

https://data.bls.gov/timeseries/CUURO000SEHB?output_view=data
U.S. Bureau of Labor Statistics
(December 1997 = 100.000)

9

Accommodations Tax Appropriations FY 2024

Description		Requested	Recom	mended	App	roved
Bohicket Marina & Market	Ś	15,000	Ś	-	\$	-
Kiawah Seabrook Exchange Club	\$	1,500	\$	-	\$	_
St. Johns Fire District	\$	15,600	\$	-	\$	_
Seabrook Island Birders	\$	3,000	\$	-	\$	_
Seabrook Island Club	\$	25,000	\$	-	\$	_
Seabrook Island Employee Assistance Fund - Outdoor Concert	\$	20,000	\$	-	\$	_
Seabrook Island Employee Assistance Fund- Alan Fleming Tennis Tournament	\$	18,500	\$	-	\$	_
Seabrook Island Property Owners Association - Audubon International Sustainably Community Sign	\$	10,000	\$	-	\$	_
Seabrook Island Property Owners Association - Charleston Symphony Orchestra Annual Concert	\$	27,000	\$	-	\$	_
Seabrook Island Property Owners Association - North American Land Trust Conservation Plan	\$	60,000	\$	-	\$	-
The Seabrook Island Turtle Patrol	\$	1,000	\$	-	\$	-
Town of Seabrook Island - Beach Patrol	\$	100,000	\$	-	\$	_
Town of Seabrook Island - Tourism-Related Personnel	\$	75,783	\$	-	\$	_
Town of Seabrook Island - Dolphin Education Program	\$	10,000	\$	-	\$	_
Town of Seabrook Island - Linear Park Enhancements (Fence)	\$	100,000	\$	-	\$	_
Town of Seabrook Island - Special Events	\$	50,000	\$	-	\$	-
OTAL	Ś	532,383.00	Ś		\$	_

Accommodations Tax Appropriations FY 2023

Description	Requested	Red	commended	Approved
Seabrook Island Club - Alan Fleming Tennis Tournament	\$ 17,000	\$	17,000.00	\$ 17,000.00
St. Johns Fire District	\$ 18,500	\$	18,500.00	\$ 18,500.00
Town of Seabrook Island - Beach Patrol	\$ 90,000	\$	105,000.00	\$ 100,000.00
Town of Seabrook Island - Tourism-Related Personnel	\$ 74,594	\$	72,027.00	\$ 72,027.00
Town of Seabrook Island - Dolphin Education Program	\$ 10,000	\$	10,000.00	\$ 10,000.00
Town of Seabrook Island - Gateway & Wayfinder Signs	\$ 5,000	\$	5,000.00	\$ 5,000.00
Town of Seabrook Island - Linear Park Enhancements	\$ 150,000	\$	200,000.00	\$ 200,000.00
Town of Seabrook Island - Special Events	\$ 40,000	\$	40,000.00	\$ 40,000.00
OTAL	\$ 405,094.00	\$	467,527.00	\$ 462,527.00

Town of Seabrook Island 2001 Seabrook Island Road Seabrook Island, SC 29455 townofseabrookisland.org

State ATAX Funding Application FY 2024

Contact Us: (843) 768-9121 kwatkins@townofseabrookisland.org

APPLICATIONS MUST BE RECEIVED BY 12:00 PM ON MON. AUGUST 7, 2023 **LATE APPLICATIONS WILL NOT BE CONSIDERED**

1 ORGANIZATION INFOR	MATION				S SUS	11 X 145	
Organization Name	St. Johns Fir	St. Johns Fire District					
Contact Person	Name	Ryan Kunitzer	Title	Fire Chief			
Contact Person	Phone #	843-559-9194	Email	Email r.kunitzer@stjfd.org			
Mailing Address	Street	PO Box 56					
Commence of the second	City Johns Island State S				Zip	29457	
Website Address	www.stjfd.c	www.stjfd.org					
Year Established	1959						
Organization Type	 ✓ Government Unit (City, County, School) ☐ Tax-Exempt Charitable Organization ☐ Church or Religious Organization ☐ Other (Please Specify): 					ation	
Federal Employee ID #	576008015						
If this organization registered with the South Carolina Secretary of State's Office as a Not-Profit Organization?							
☐ Yes 🕡 No	If yes, plea	se attach a copy of your organizati	ion's registr	ation certific	ate		
If this organization federally	exempt un	der IRS Code 501(c) 3, 4, 5k, 6, 7 o	r 10?			No. Vision Co.	
☐ Yes 🗹 No	If yes, plea	se attach a copy of your organizat	ion's IRS Ta	x Exempt De	terminat	ion Letter	
In the space below, please [provide a bri	ef description of your organizatio	n's history	and mission			
St. Johns Fire Distict provides emergency services to Seabrook, Kiawah, Johns and Wadmalaw Islands. STJFD services include emergency medical services (EMS) and pre-hospital treatment, responses to fires, citizen assists, and a multitude of rescue incidents. Established in 1959, the STJFD has grown from a volunteer organization to a modern fire department with 144 personnel and 7 fire stations proviiding service 24/7/365 to residents and its visitors.						d a modern	
Please attach a list of your organization's Governing Body (eg. Board of Directors), Chief Officers and Key Staff.							
2 PROJECT OVERVIEW							
Project Name	Fire Depart	ment UTV with Medical Transport	Bed				
Project Date(s)	1/01/2024					(USS 7cc 12	
Amount Requested	\$ 15,600.00				R Bester Rose		
	Adverti	ising & Promotion	Public F	acilities			
Tourism-Related Expenditure Category (Check all that cook)		tion of Arts & Cultural Events Cultural Facilities		ortation & She		rishment	

✓ Public Services

(Check all that apply)

☐ Visitor Information Centers

Please provide a brief descr	lption of the project, including its	purpose, goals and objectives.
including difficult areas of resp support special events (firewo with beach fires, this UTV will I have a team able to cut trees a	onse including Camp St Christopher rks, etc) with this support vehicle. If be a critical asset to traverse the bea	S personnel to access all parts of Seabrook Island, golf courses, and the beach. Additionally, STJFD can additional services are warranted of the fire depratment ach. This may also assist us during hurricane season to to deploy to retrieve the patient.
How will your project prom	ote tourism and/or enhance the t	ourist trade in the Town of Seabrook Island?
		to Seabrook Island, thye expect professional and ponse UTV will assist in emergencies on the beach and
Who is your target audience?	Visitors of any range to Seabrook Is	sland.
	Television	Radio
	Newspaper	✓ Website
How will you advertise this project to visitors?	Magazine	Brochures
(Check all that apply)	Billboards	☐ Mailers (Out of County)
	Visitor's Guide	Other: STJFD Communications
3 PROJECT IMPACT		
Estimated Attendance	Total Attendance	NA
L'Sullateu Attenuance	Total # of Tourists/Visitors	MU
What is the estimated finant (How many tourist dollars w	icial impact of this project? iill be spent in the community?)	MA
What methodology did you	use to estimate total attendance	, visitor attendance and financial impact?
· ·	-	luding census data, short-term rental data, and Seabrook of spring/summer/early fall we estimate approximately

Estimated tourist impact was derived from a variety of sources including census data, short-term rental data, and Seabrook Island Club occupancy. Based on estimates- during the high season of spring/summer/early fall we estimate approximately 50/50% split of residents and visitors. This does not include number of guests related to each rental increasing the number of non-residents we respond to. This UTV will be assigned to Seabrook Island.

What is your organization	on's annual operating budget?	\$ 18,568,1	00.00		
What is the estimated budget for this project? What are the estimated revenues for this project? ▼		\$ 15,600.00			
		What are the estimated expenditures for this project			
Source	Amount	Source	Amount		
N/A	\$	John Deere UTV	\$27,139.91		
	\$	MedLite Transport Bed	\$4,060.00		
	\$		\$		
	\$		\$		
100	\$		\$		
	\$		\$		

Please provide a detailed explanation of how your organization will use ATAX funds from the Town.

Use of ATAX funds will provide 50% of expenditure. STJFD will use the UTV for emergency, special event, permitting, beach fires, and other special needs on Seabrook Island.

5 OTHER INFORMATION

Do you wish to provide any additional comments or information about your project or organization?

Funds from ATAX will be used to purchase a John Deere UTV with transport bed attachment. Based on methodology above, STJFD is requesting ATAX funds provide 50% of the cost price of the Johns Deere UTV and transport bed attachment.

6 CERTIFICATION

- (A) I certify that I am authorized to apply for funding and to commit the organization to the terms specified herein.
- (B) I certify that all information contained herein is true and accurate to the best of my knowledge.
- (C) I understand that providing false or fraudulent information may result in the imposition of penalties including, but not limited to, repayment of State Accommodations Tax funds, and any other remedies allowed by law.
- (D) If the Town provides funds, I agree to provide to the Town, within sixty (60) days of the event/activity completion, a full written account of the income and expenditures associated with the project, together with an assessment of the value of the expenditure in promoting tourism.
- (E) If the Town provides funds, I agree to allow a representative of the Town and/or its appointed representative to examine the financial records of my organization insofar as they pertain to this project.
- (F) I hereby declare that this organization carries liability insurance in the amount of \$2,000,000,000 and hereby agrees to include the Town of Seabrook Island as a named insured for purposes of this project.
- (G) This organization assumes full legal responsibility for any suit or action at law or equity, and any or all claims arising from this project, and do hereby indemnify and hold harmless the Town of Seabrook Island and its Accommodations Tax Committee from any liability in any action at law or equity associated with its support for this project.

Applicant Signature		Date	07/26/2023
Applicant Title	Fire Chief		
Organization Name	St. Johns Fire District		





Quote Summary

Prepared For:

St. Johns Fire Department SC

Prepared By:

Chase Blocker Sparrow & Kennedy Tractor 5730 Savannah Highway Ravenel, SC 29470 Phone: 843-769-9881

chase@sparrowkennedy.com

 Quote Id:
 29220043

 Created On:
 13 July 2023

Last Modified On: 13 July 2023 Expiration Date: 31 July 2023

Equipment Summary Suggested List Selling Price Qty Extended

JOHN DEERE GATOR™ XUV855M \$ 28,583.01 \$ 24,899.00 X 1 = \$ 24,899.00 S4 (Model Year 2023)

Equipment Total \$ 24,899.00

	\$ 24,899.00
Quote Summary	
Equipment Total	\$ 24,899.00
SubTotal	\$ 24,899.00
Sales Tax - (9.00%)	\$ 2,240.91
Est. Service Agreement Tax	\$ 0.00
Total	\$ 27,139.91
Down Payment	(0.00)
Rental Applied	(0.00)
Balance Due	\$ 27,139.91



Selling Equipment



Quote Id: 29220043

J	OHN DEERE GATOR™ XUV85	5M S4 (M	lodel Year 2023)
Hours: Stock Number	:		Suggested List \$ 28,583.01
Code 57FAM	Description GATOR™ XUV855M S4 (Model Year	Qty 1	
371 AW	2023)	'	
	Standard Options	- Per Unit	
001A	US/Canada	1	
0505	Build To Order	1	
1063	27" Predator Heavy-Duty all-terrain radial tires on 14" Black Alloy Wheels	1	
2007	Bench Seat - Black	1	
2350	Park Position in Transmission	1	
2501	Olive and Black	1	
3003	Cargo Box with Spray In Liner, Brake, and Tail Lights	1	
3100	Manual Lift	1	
4000	OSR Nets	1	
4030	Black Roof	1	
4152	Rear Bumper	1	
4201	Front Brush Guard	1	
	Dealer Attach	ments	
BUC10605	Rear CV Guards	1	
BM22987	Heavy-Duty Fender Guard	1	
BM22811	Cargo Box FenderGuard	1	
BUC10978	Guard Kit, Heavy Duty Front CV Guard (Legacy)	1	
BUC10682	Winch Kit 4500lb, Winch	1	
BUC10694	Winch Kit, Bumper Mount 4500 lb	1	
BM22980	Front Hood Rack	1	
BM26216	LED Work Lights (2 Lights)	1	
	Other Char	ges	
	Freight	1	
	Setup	1	

KIMTEK CORPORATION



"HOME OF THE AFFORDABLE SKID UNIT!"

326 INDUSTRIAL PARK LANE ORLEANS, VT 05860 Phone 1-888-546-8358 Fax 1-802-754-2300

QUOTE #: SJFD-072623 FOR: MEDLITE Transport

DATE:

Deluxe MTD-103

July 26, 2023

Quote To:

St. John's Fire District 1148 Main Road Johns Island, SC 29455 Kevin Henson (843) 200-6800



DESCRIPTION	AMOUNT
1- MEDLITE Transport Deluxe MTD-103	3,750.00
All to fit - Please indicate year, make & model of UTV.	
1- Crating & Shipping	310.00
Shipping charges quoted do not include accessorial charges such as but not limited to:	
Liftgate service \$65, call prior to delivery \$25, etc.	
Please add these charges to your budget as you see fit.	
For any additional services, please call for a quote.	
TOTAL	\$ 4,060.00

SALES OFFICE HOURS: MON-THURS 8AM-3PM EST

Make all checks payable to KIMTEK CORPORATION

If you have any questions concerning this quote, contact:

Kimball Johnson, President 1-888-546-8358 or email sales@kimtekresearch.com

A Finance Charge of 1.5% (18 Annum) Will Be Charged To Invoice Past Due 30 Days.

Prices subject to change without notice. All quotes good for up to 30 days.

THANK YOU FOR YOUR BUSINESS!

Town of Seabrook Island 2001 Seabrook Island Road Seabrook Island, SC 29455 townofseabrookisland.org

State ATAX Funding Application

FY 2024

Contact Us: (843) 768-9121 kwatkins@townofseabrookisland.org

APPLICATIONS MUST BE RECEIVED BY 12:00 PM ON MON. AUGUST 7, 2023 **LATE APPLICATIONS WILL NOT BE CONSIDERED**

1 ORGANIZATION INFO	RMATION		10 45				
Organization Name	Alan Flemir	ng Tennis Tournament (Seabrool	k Island Empl	loyee Assista	ance Fund	1)	
Contact Person	Name	Debbie Pickens	Title	Chairpers	on		
Contact i erson	Phone #	704-650-4366	Email	debbie@c	debbie@cairdllc.com		
Mailing Address	Street	Street 130 Gardners Circle PMB 508					
Ividining Address	City	Johns Island	State	sc	Zip	29455	
Website Address	alanfleming	stournament.net					
Year Established							
Organization Type ☐ Government Unit (City, County, School) ☐ For-Profit Business or Or ☐ Tax-Exempt Charitable Organization ☐ Other Tax-Exempt Organ ☐ Church or Religious Organization ☐ Unincorporated Associat ☐ Other (Please Specify):			t Organiza	ation			
Federal Employee ID #	PD# 92-1812967						
If this organization registe	red with the S	South Carolina Secretary of State	e's Office as	a Not-Profit	Organiza	tion?	
✓ Yes	If yes, please attach a copy of your organization's registration certificate						
If this organization federal	ly exempt un	der IRS Code 501(c) 3, 4, 5k, 6, 7	or 10?				
✓ Yes No	If yes, plea	se attach a copy of your organize	ation's IRS Ta	x Exempt De	eterminat	ion Letter	
In the space below, please	provide a bri	ef description of your organizati	on's history	and mission	١.		
tennis player) and his wife s is to provide a first class con Tournament has partnered	Sally. Over the npetitive tour with Seabroo	the leadership of Seabrook Islan years participation has grown to nament that attracts players nat k Island Employee Assistance Fur brook during hardships through	o over 275 pl ionally and in nd(The Fund)	ayers. The noternational a 501c(3).	nission of ly. The Al The Fund	the event	

Please attach a list of your organization's Governing Body (eg. Board of Directors), Chief Officers and Key Staff.

2 PROJECT OVERVIEW		The second of the second
Project Name	Alan Fleming Tennis Tournament	
Project Date(s)	Oct 2- 6, 2024	
Amount Requested	\$ 18,500.00	
	✓ Advertising & Promotion	Public Facilities
Tourism-Related Expenditure Category (Check all that apply)	Promotion of Arts & Cultural Events	☐ Transportation & Shuttles
	Civic & Cultural Facilities	Waterfront Erosion & Renourishment
	Public Services	☐ Visitor Information Centers

Please provide a brief description of the project, including its purpose, goals and objectives.

The USTA sanction tournaments attracts high level players from all over. The Alan Fleming tournament is unique due to the fact that is two tournaments at the same time. Both tournaments are for ages 30-80 year old players and it allows the players to play singles and doubles at the Level 3 plus they can participate in the Level 1 mixed doubles. The Level 1 mixed doubles players recieve ITF points for the tournament. Goals for 2024 include:

- *Increase the numbers of players to 325
- *Continue to enhance the palyer and guest experience with a high quality tournament and first rate social activities
- *Encourage residents and guests from the Charleston area to attend the tournament to watch great tennis matches
- *Provide opportunities for the Town of Seabrook and local businesses to showcase themselves to visitors
- *To educate the area about our philanthropic support to Seabrook Island Employee Assistance Fund

How will your project promote tourism and/or enhance the tourist trade in the Town of Seabrook Island?

The project will promote tourism by introducing players and visitors to the Town of Seabrook and its outstanding amenities. The event will be promoted through Social media (Facebook, Instagram); local news publications, and our website. The updated website and increased social media will help local business through the online dining guide and links to Tournament sponsors. The Town of Seabrook along with the other sponsors are promoted with banners displayed during the tournament and a sponsorship banner that is on display during the year. The committee is working to increase the sponsorship revenue by engaging local businesses, restaurants, and local retail shops. The tournament has many returning players and they tell us that it is their favorite tournament and they bring their family with them so that they can enjoy the beauty of our island and all the amenities that we offer.

Who is your target audience?	internationally. The Fleming	y competive tennis players (30-80 year old) nationally and tournament has changed from a southern championship to a Level3 and an international tournament for the Level 1 mixed
	Television	Radio
How will you advertise	✓ Newspaper	✓ Website
this project to visitors? (Check all that apply)	✓ Magazine	✓ Brochures
	Billboards	Mailers (Out of County)
	☐ Visitor's Guide	Other: social media

3 PROJECT IMPACT			
Estimated Attendance	Total Attendance	325	
Estimated Attendance	Total # of Tourists/Visitors	650	
	nncial impact of this project? will be spent in the community?)	\$ 890,500.00	

What methodology did you use to estimate total attendance, visitor attendance and financial impact?

The methodology used to estimate 325 in attendance is by increasing the Fleming tournament to a Level 1 mixed and to a level 3 in singles and doubles will attract more high level players. Last year we had 302 register but there was a hurricane that hit Florida and we had several players that canceled. This will result in an increase in the number of spectators, tourist and vistors. Financial impact is based on a study that the average person spends \$274.00 per day over the 5 days of the tournament.

What is your organization's a	nnual operating budget?	\$ 90,664.	00
What is the estimated budget for this project?		\$ 90,664.	00
What are the estimated rever	ues for this project? ▼	What are the estimated expend	itures for this project?
Source	Amount	Source	Amount
Entrance Fees	\$ 41,275.00	Tournament	\$44,689.00
Sale of Merchandise	\$ 3,000.00	Player Party	\$32,575.00
Player Event Guests	\$ 3,000.00	Hospitality	\$8,400.00
Business Sponsors	\$ 43,389.00	General and Fundraising	\$ 5,000.00
	\$		\$
	\$ 90,664.00		\$90,664.00

Please provide a detailed explanation of how your organization will use ATAX funds from the Town.

Revenue from player registration and sponsorships cover only a portion of the event expenses. Funding from the Town of Seabrook as the presenting sponsor will afford the ability to present a high-quality tournament experience for players by providing funds for advertising ad promotion, hospitality and social interaction to further promote the Town of Seabrook.

5 OTHER INFORMATION

Do you wish to provide any additional comments or information about your project or organization?

The tournament costs continue to increase particularly for referee compensation, court maintenance, housing and hospitally. With the support of ATAX funding and Seabrook resident volunteer hours, the Fleming Tennis Tournament can continue to be one of the premier events on Seabrook Island.

6 CERTIFICATION

- (A) I certify that I am authorized to apply for funding and to commit the organization to the terms specified herein.
- (B) I certify that all information contained herein is true and accurate to the best of my knowledge.
- (C) I understand that providing false or fraudulent information may result in the imposition of penalties including, but not limited to, repayment of State Accommodations Tax funds, and any other remedies allowed by law.
- (D) If the Town provides funds, I agree to provide to the Town, within sixty (60) days of the event/activity completion, a full written account of the income and expenditures associated with the project, together with an assessment of the value of the expenditure in promoting tourism.
- (E) If the Town provides funds, I agree to allow a representative of the Town and/or its appointed representative to examine the financial records of my organization insofar as they pertain to this project.
- (F) I hereby declare that this organization carries liability insurance in the amount of \$_____ and hereby agrees to include the Town of Seabrook Island as a named insured for purposes of this project.
- (G) This organization assumes full legal responsibility for any suit or action at law or equity, and any or all claims arising from this project, and do hereby indemnify and hold harmless the Town of Seabrook Island and its Accommodations Tax Committee from any liability in any action at law or equity associated with its support for this project.

Applicant Signature	DEBBIE PICKENS Date 08				
Applicant Title	Debbie Pickens, Chairperson Alan Fleming Tennis Tournament				
Organization Name	Alan Fleming Tennis Tournament				



SEABROOK ISLAND CLUB EMPLOYEE ASSISTANCE FUND 3772 SEABROOK ISLAND RD SEABROOK ISLAND, SC 29455

Date:
03/22/2023
Employer ID number:
92-1812967
Person to contact:
Name: Customer Service
ID number: 31954
Telephone: 877-829-5500
Accounting period ending:
December 31
Public charity status:
170(b)(1)(A)(vi)

Form 990 / 990-EZ / 990-N required: Yes

Effective date of exemption: January 18, 2023 Contribution deductibility: Yes

Addendum applies:

No DLN:

ا با به د د این در

26053476003743

Dear Applicant:

We're pleased to tell you we determined you're exempt from federal income tax under Internal Revenue Code (IRC) Section 501(c)(3). Donors can deduct contributions they make to you under IRC Section 170. You're also qualified to receive tax deductible bequests, devises, transfers or gifts under Section 2055, 2106, or 2522. This letter could help resolve questions on your exempt status. Please keep it for your records.

Organizations exempt under IRC Section 501(c)(3) are further classified as either public charities or private foundations. We determined you're a public charity under the IRC Section listed at the top of this letter.

If we indicated at the top of this letter that you're required to file Form 990/990-EZ/990-N, our records show you're required to file an annual information return (Form 990 or Form 990-EZ) or electronic notice (Form 990-N, the e-Postcard). If you don't file a required return or notice for three consecutive years, your exempt status will be automatically revoked.

If we indicated at the top of this letter that an addendum applies, the enclosed addendum is an integral part of this letter.

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

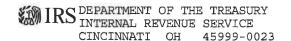
Sincerely

Stephen A. Martin

Director, Exempt Organizations

stephen a martin

Rulings and Agreements



Date of this notice: 01-18-2023

Employer Identification Number:

92-1812967

Form: SS-4

Number of this notice: CP 575 E

SEABROOK ISLAND CLUB EMPLOYEE ASSISTANCE FUND 3772 SEABROOK ISLAND RD SEABROOK ISLAND, SC 29455

For assistance you may call us at: 1-800-829-4933

IF YOU WRITE, ATTACH THE STUB AT THE END OF THIS NOTICE.

WE ASSIGNED YOU AN EMPLOYER IDENTIFICATION NUMBER

Thank you for applying for an Employer Identification Number (EIN). We assigned you EIN 92-1812967. This EIN will identify your entity, accounts, tax returns, tax returns, and documents, even if you have no employees. Please keep this notice in your permanent records.

Taxpayers request an EIN for business and tax purposes. Some taxpayers receive CP575 notices when another person has stolen their identity and are operating using their information. If you did **not** apply for this EIN, please contact us at the phone number or address listed on the top of this notice.

When filing tax documents, making payments, or replying to any related correspondence, it is very important that you use your EIN and complete name and address exactly as shown above. Any variation may cause a delay in processing, result in incorrect information in your account, or even cause you to be assigned more than one EIN. If the information is not correct as shown above, please make the correction using the attached tear-off stub and return it to us.

When you submitted your application for an EIN, you checked the box indicating you are a non-profit organization. Assigning an EIN does not grant tax-exempt status to non-profit organizations. Publication 557, Tax-Exempt Status for Your organization, has details on the application process, as well as information on returns you may need to file. To apply for recognition of tax-exempt status, organizations must complete an application on one of the following forms: Form 1023, Application for Recognition of Exemption Under Section 501(c)(3) of the Internal Revenue Code; Form 1023-EZ, Streamlined Application for Recognition of Exemption Under Section 501(c)(3) of the Internal Revenue Code; Form 1024, Application for Recognition Under Section 501(a); or Form 1024-A, Application for Recognition of Exemption Under Section 501(c)(4) of the Internal Revenue Code.

Nearly all organizations claiming tax-exempt status must file a Form 990-series annual information return (Form 990, 990-EZ, or 990-PF) or notice (Form 990-N) beginning with the year they legally form, even if they have not yet applied for or received recognition of tax-exempt status.

If you become tax-exempt, you will lose tax-exempt status if you fail to file a required return or notice for three consecutive years, unless a filing exception applies to you (search www.irs.gov for Annual Exempt Organization Return: Who Must File). We start calculating this three-year period from the tax year we assigned the EIN to you. If that first tax year isn't a full twelve months, you're still responsible for submitting a return for that year. If you didn't legally form in the same tax year in which you obtained your EIN, contact us at the phone number or address listed at the top of this letter. For the most current information on your filing requirements and other important information, visit www.irs.gov/charities.

IMPORTANT REMINDERS:

- Keep a copy of this notice in your permanent records. This notice is issued only one time and the IRS will not be able to generate a duplicate copy for you. You may give a copy of this document to anyone asking for proof of your EIN.
- * Use this EIN and your name exactly as they appear at the top of this notice on all your federal tax forms.
- * Refer to this EIN on your tax-related correspondence and documents.
- * Provide future officers of your organization with a copy of this notice.

Your name control associated with this EIN is SEAB. You will need to provide this information along with your EIN, if you file your returns electronically.

Safeguard your EIN by referring to Publication 4557, Safeguarding Taxpayer Data: A Guide for Your Business.

You can get any of the forms or publications mentioned in this letter by visiting our website at www.irs.gov/forms-pubs or by calling 800-TAX-FORM (800-829-3676).

If you have questions about your EIN, you can contact us at the phone number or address listed at the top of this notice. If you write, please tear off the stub at the bottom of this notice and include it with your letter.

Thank you for your cooperation.

Keep this part for your records. CP 575 E (Rev. 7-2007)

Return this part with any correspondence so we may identify your account. Please correct any errors in your name or address.

CP 575 E

999999999

Your Telephone Number Best Time to Call DATE OF THIS NOTICE: 01-18-2023 () – EMPLOYER IDENTIFICATION NUMBER: 92-1812967 FORM: SS-4 NOBOD

INTERNAL REVENUE SERVICE CINCINNATI OH 45999-0023 hlabliddaladalahladladlaallaallaladal

SEABROOK ISLAND CLUB EMPLOYEE ASSISTANCE FUND 3772 SEABROOK ISLAND RD SEABROOK ISLAND, SC 29455



State of South Carolina Office of the Secretary of State The Honorable Mark Hammond

Mar 30, 2023

Seabrook Island Club Employee Assistance Fund CYNTHIA B BROWN BROWN 2481 SEABROOK ISLAND RD JOHNS ISLAND, SC 29455-6061

RE: Registration Confirmation

Charity Public ID: P76925

Dear CYNTHIA B BROWN BROWN:

This letter confirms that the Secretary of State's Office has received and accepted your Registration, therefore, your charitable organization is in compliance with the registration requirement of the "South Carolina Solicitation of Charitable Funds Act." The registration of your charitable organization will expire on May 15, 2024.

If any of the information on your Registration form changes throughout the course of the year, please contact our office to make updates. It is important that this information remain updated so that our office can keep you informed of any changes that may affect your charitable organization.

If you have not yet filed your annual financial report or an extension for the annual financial report, the annual financial report is still due 4 ½ months after the close of your fiscal year.

- Annual financial reports must either be submitted on the Internal Revenue Service Form 990 or 990-EZ
 or the Secretary of State's Annual Financial Report Form.
- If you wish to extend the filing of that form with us, please submit a written request by email or fax to our office using the contact information below. Failure to submit the annual financial report may result in an administrative fine of up to \$2,000.00.

If you have any questions or concerns, please visit our website at www.sos.sc.gov or contact our office using the contact information below.

Sincerely,

Kimberly S. Wickersham

Director, Division of Public Charities

K1Dickuj2

Laura Ferreira	Tennis	lferreira@seabrookisland.com	843-768-7543
Debbie Pickens	Committee Chairman	debbie@cairdllc.com	704-650-4366
Mary Ann Rayfield	Committee Co-Chair	Maryanne.rayfield@gmail.com	704-771-4194
Annalee Regensburg	Player Lounge	agregensburg@gmail.com	703-662-8086
Cindy Brown	Finance	cbbrowncpa@gmail.com	919-270-2986
TBD	Publicity		
Holly Loving	Charity Fundraising Chair	hollyhloving@gmail.com	703-627-1167
Ruthie Dalpee	Charity Fundraising	radalpe@gmail.com	410-598-3651
Sarah Good	Player Favors	sarahgood329@gmail.com	704-661-7175
David Pickens	Court Management	david@cairdllc.com	704-650-4366
Martha Ross	Sponsorship	mlwross@aol.com	704-995-6660
Julian Colquitt	Sponsorships	Julian.colquitt@gmail.com	860-816-9430
Jim Petrucelli	Sponsorships	jpetrucellisc@gmail.com	412-302-8634
Dee Colquitt	Social Chair	Mdcol1952@aol.com	860-581-3028
Pat Tallman	Social Co-chair	Pjtalls320@gmail.com	440-376-9910
Ellen Smith	Website/Social Media	Smit2916@comcast.net	678-313-0253
Patty Linton	Player Registration /IT	pvlinton@gmail.com	516-707-1404
Bill Good	Parking	Bgood1414@gmail.com	847-276-1664
Jeff Davis	Photography	jeff@jefferydavis.com	218-833-2847



Seabrook Island Employee Assistance Fund

Board of Directors, 2023

Meg Carter – Co-President
Lucy Walton – Co-President
Cindy Brown – Treasurer
Nancy Buck – Secretary
Debbie Pickens – Board Member
Tony Sirianni – Board Member
Nancy Beaudway – Board Member

TheFundatSI.org 3772 Seabrook Island Road Johns Island, SC 24955

Town of Seabrook Island 2001 Seabrook Island Road Seabrook Island, SC 29455 townofseabrookisland.org

State ATAX Funding Application FY 2024

Contact Us: (843) 768-9121 kwatkins@townofseabrookisland.org

APPLICATIONS MUST BE RECEIVED BY 12:00 PM ON MON. AUGUST 7, 2023 **LATE APPLICATIONS WILL NOT BE CONSIDERED**

1 ORGANIZATION INFOR	MATION					
Organization Name	Bohicket Marina and Market					
Contact Person	Name	Beau Anderson	Title	Marina M	anager	
Contact i cison	Phone #	843-768-1280 Opt. 1	Email	marinama	nager@b	ohicket.com
Mailing Address	Street	1880 Andell Bluff Blvd				
Widiling Address	City	Johns Island	State	SC	Zip	29455
Website Address	www.bohic	ket.com				
Year Established	1981					
Organization Type	☐ Government Unit (City, County, School) ☐ Tax-Exempt Charitable Organization ☐ Church or Religious Organization ☐ Other (Please Specify): ☐ Government Unit (City, County, School) ☐ Other Tax-Exempt Organization ☐ Unincorporated Association or Group					ation
Federal Employee ID #	86-1398	272				
If this organization registere	d with the S	South Carolina Secretary of State's	s Office as	Not-Profit	Organiza	tion?
Yes X No	If yes, please attach a copy of your organization's registration certificate					
If this organization federally	exempt un	der IRS Code 501(c) 3, 4, 5k, 6, 7 o	r 10?			
Yes V No	If yes, plea	se attach a copy of your organizat	ion's IRS Ta	x Exempt D	eterminat	ion Letter
In the space below, please p	rovide a bri	ef description of your organizatio	n's history	and mission	n.	
Bohicket Marina is a 40 year old established marina within the Town of Seabrook Island. Bohicket Marina provides a number of recreational activities for visitors and guests such as Boat Rentals, Fishing Charters and a Boat Club. Bohicket Marina strives to provide five star service to its tenants and guests, provide options for water access and recreation and be a good steward to our neighbors and community.						
Please attach a list of your organization's Governing Body (eg. Board of Directors), Chief Officers and Key Staff.						

2 PROJECT OVERVIEW				
Project Name	Electrical Upgrades to existing A dock.			
Project Date(s)	Fall 2023			
Amount Requested	\$ 15,000.00			
	Advertising & Promotion	✓ Public Facilities		
Tourism-Related Expenditure Category	Promotion of Arts & Cultural Events	Transportation & Shuttles		
(Check all that apply)	Civic & Cultural Facilities	Waterfront Erosion & Renourishment		
	Public Services	☐ Visitor Information Centers		

Please provide a brief description of the project, including its purpose, goals and objectives.

Bohicket Marina has been hosting the annual Bohicket Invitational Billfish Tournament which is part of the SC Govorners Cup Billfishing Series since the 1980's. Our annual tournament has attracted visitors and participants from all over the Charleston area and country to experience the tournament and compete. Our current electrical infastructure has limited us the ability to attract more boats to fish out of our Marina due to its low capacity. This request would be applied to upgrade our electrical needs for our tournament participants.

In addition, this upgrade will also give our primary dock the electrical capability to accommodate larger transient and chartered vessels making their way north and south each year. Due to our limitations, many of these vessels have bypassed our Marina and docked at other facilitities in Charleston or Hilton Head. These upgrades will ensure an advantage to attract transient visitors and provide adaquate amentities to our guests.

How will your project promote tourism and/or enhance the tourist trade in the Town of Seabrook Island?

This project will promote tourism by attracting more visitors to the marina for the Billfish tournament where participants, venders and guests will request lodging in Seabrook Island. The marina would also like to work with real estate agencies on Seabook to book homes and condos for our guests prior to their visit. This additional service will provide exposure for the Town of Seabrooks growing amentities and attractions such as world class golf courses, tennis centers and year round beach access.

The attraction will also be beneficial to our transient visitors by providing the same exposure. Our larger transient boaters allow staff to stay on board while the owners and guests stay in local rental homes, visiting local establishments and take part in recreational landside activities.

Who is your target audience?	Charleston area and out of town visitors.	
How will you advertise this project to visitors? (Check all that apply)	☐ Television ☐ Newspaper ☐ Magazine ☐ Billboards ☐ Visitor's Guide	 Radio ✓ Website Brochures Mailers (Out of County) Other: Word of mouth and social media

3 PROJECT IMPACT		
	Total Attendance	200
Estimated Attendance	Total # of Tourists/Visitors	300
What is the estimated financial impact of this project? (How many tourist dollars will be spent in the community?)		\$ 100,000.00

What methodology did you use to estimate total attendance, visitor attendance and financial impact?

In the past two years, we've had a total of 33 participating tournament boats. Within those boats, you have owners and crew. On average, the owners familys total 4 which do not stay on board with the crew. An average weeks lodging on in the TOSI home is around \$2000/week. This is multiplied by 33 boats total giving us 66k in a week from tournament lodging.

For our transients, the marina averages 30 large transient boats (70' and over) each year, staying at the marina for a week. On board, there is typically 4 individuals who choose to stay offsite. Based on the same average home rental price, we estimate the annual income for rentals is approx 44k.

What is your organization's annual or	perating budget?	\$ 500,000	0.00	
What is the estimated budget for this project? What are the estimated revenues for this project? ▼		\$ 20,000.00 What are the estimated expenditures for this project:		
Fransient and tournament dockage	\$100,000.00	Project estimates	\$20,000.00	
	\$		\$	
	\$		\$	
	Ś		\$	
	Ś		\$	
	Ś		\$	

Please provide a detailed explanation of how your organization will use ATAX funds from the Town.

If provided, we will be using the requested funds to help upgrade our electrical infrastructure which will attract more visitors to our Marina and in turn, allow more visitors to Seabrook Island.

5 OTHER INFORMATION

Do you wish to provide any additional comments or information about your project or organization?

We thank the Town of Seabrook for the continued supprt of our tournament and growth to our facility.

6 CERTIFICATION

- (A) I certify that I am authorized to apply for funding and to commit the organization to the terms specified herein.
- (B) I certify that all information contained herein is true and accurate to the best of my knowledge.
- (C) I understand that providing false or fraudulent information may result in the imposition of penalties including, but not limited to, repayment of State Accommodations Tax funds, and any other remedies allowed by law.
- (D) If the Town provides funds, I agree to provide to the Town, within sixty (60) days of the event/activity completion, a full written account of the income and expenditures associated with the project, together with an assessment of the value of the expenditure in promoting tourism.
- (E) If the Town provides funds, I agree to allow a representative of the Town and/or its appointed representative to examine the financial records of my organization insofar as they pertain to this project.
- (F) I hereby declare that this organization carries liability insurance in the amount of \$2,000,000.00 and hereby agrees to include the Town of Seabrook Island as a named insured for purposes of this project.
- (G) This organization assumes full legal responsibility for any suit or action at law or equity, and any or all claims arising from this project, and do hereby indemnify and hold harmless the Town of Seabrook Island and its Accommodations Tax Committee from any liability in any action at law or equity associated with its support for this project.

Applicant Signature	S. C.	Date	08/07/2023
Applicant Title	Marina Manager		
Organization Name	Bohicket Marina and Market		



Town of Seabrook Island

State ATAX Funding Application FY 2024

2001 Seabrook Island Road Seabrook Island, SC 29455 townofseabrookisland.org



Contact Us: (843) 768-9121 kwatkins@townofseabrookisland.org

APPLICATIONS MUST BEVICEIVED BY 12:00 PM ON MON. AUGUST 7, 2023 **LATE APPLICATIONS WILL NOT BE CONSIDERED**

Organization Nam	e	Kiawah Se	eabrook Exchange Club - Boh	icket 5K a	nd 1/2 Ma	rathon	
CII B		Name	Bill Nelson	Title	Race lun	teer Cod	ordinator
Contact Person		Phone #	203-948-2248	Email	wnelson1	942@g	mail.com
		Street	3758 Beach Court		are Annual Control of the Control of		
Mailing Address		City	Seabrook Island	State	SC	Zip	29455
Website Address		https://ww	w.bohicketrun.com				
Year Established		Exchange	Club - 1982 Bohicket Race 2	2012			
Organization Type		☐ Government Unit (City, County, School) ☐ For-Profit Business or Organ ☐ Tax-Exempt Charitable Organization ☐ Other Tax-Exempt Organization ☐ Church or Religious Organization ☐ Unincorporated Association ☐ Other (Please Specify): Race Organizers				ation	
Federal Employee ID #							
If this organization	register	ed with the S	South Carolina Secretary of State's	office as	Not-Profit	Organiza	tion?
✓ Yes	☐ No		se attach a copy of your organizati	The second secon			
If this organization	federall	THE RESIDENCE OF THE PARTY OF T	der IRS Code 501(c) 3, 4, 5k, 6, 7 o				
✓ Yes	☐ No		se attach a copy of your organizati		x Exempt De	eterminat	ion Letter
In the space below	, please _l		ef description of your organizatio				on zette,
The Exchange Cl Wadmalaw Island	ub is a led the second in the	ocal Services. Our Clu Marathon o	e Club (since 1982) with its mi b provides the volunteers to m organization (since 2012) is a c	ssion aim nonitor and	ed at supp d support t	orting John Processing	
Please attach o	a list of v	our oraanizat	tion's Governing Body (eg. Board o	f Directors	Chief Offic	ers and V	ov Ctaff

2 PROJECT OVERVIEW					
Project Name	Bohicket 5K and 1/2 Marathon				
Project Date(s)	Late November 2024				
Amount Requested	\$1500				
Tourism-Related Expenditure Category (Check all that apply)	Advertising & Promotion Promotion of Arts & Cultural Events Civic & Cultural Facilities Public Services	☐ Public Facilities ☐ Transportation & Shuttles ☐ Waterfront Erosion & Renourishment ☐ Visitor Information Centers			

Please provide a brief des	scription of the project, including it	s purpose, goals and objectives.		
The Bohicket 5K and 1/2 sport of running, and prov visibility and promotion of	iding funding for local charities. As	nt for the last 10 years promoting healthy exercise, the s with many events like this one, the run provides		
How will your project pro	mote tourism and/or enhance the	tourist trade in the Town of Seabrook Island?		
the trip here from Georgia	, North Carolina and elsewhere in information on what works best bu	0 people coming from outside of the area. Many make our state. Our intent is to use the 2023 experience it will likely use ads in running publications and		
Who is your target audience?	Runners from local states along with participants from the Charleston area and elsewhere in South Carolina			
How will you advertise this project to visitors? (Check all that apply)	☐ Television ☐ Newspaper ✓ Magazine ☐ Billboards ☐ Visitor's Guide	Radio Website Brochures Mailers (Out of County) Other: Posters/Signs/Websites		
3 PROJECT IMPACT				
	Total Attendance	800 participants and their friends and families		
Estimated Attendance	Total # of Tourists/Visitors	Over 1000		
	ancial impact of this project? will be spent in the community?)	\$100,000		
What methodology did yo	u use to estimate total attendance	, visitor attendance and financial impact?		
Recent year race participa	nts and their likely spending on loo	dging and food.		

What is your organization's annual operating budget? What is the estimated budget for this project? What are the estimated revenues for this project? ▼		\$239,000 \$20,000 What are the estimated expenditures for this project? ▼						
					Source	Amount	Source	Amount
					Race Participant Fees 45 80	\$ 36,000	T-Shirts, Awards, Timing Gear, Food, etc.	\$16,000
Sponsors	\$ 7,500	Race Setup	\$ 2500					
	\$	Road Signage, Posters, Website Ads, etc	\$1500					
	\$		\$					
	\$		\$					
	\$		\$					

Please provide a detailed explanation of how your organization will use ATAX funds from the Town.

The ATAX funds with be used for the promotional materials and fees.

5 OTHER INFORMATION

Do you wish to provide any additional comments or information about your project or organization?

The race represents an opportunity to introduce Seabrook to a large number of out of state and area visitors and even people from the broader community who often have never before been exposed to our island.

6 CERTIFICATION

- (A) I certify that I am authorized to apply for funding and to commit the organization to the terms specified herein.
- (B) I certify that all information contained herein is true and accurate to the best of my knowledge.
- (C) I understand that providing false or fraudulent information may result in the imposition of penalties including, but not limited to, repayment of State Accommodations Tax funds, and any other remedies allowed by law.
- (D) If the Town provides funds, I agree to provide to the Town, within sixty (60) days of the event/activity completion, a full written account of the income and expenditures associated with the project, together with an assessment of the value of the expenditure in promoting tourism.
- (E) If the Town provides funds, I agree to allow a representative of the Town and/or its appointed representative to examine the financial records of my organization insofar as they pertain to this project.
- (F) I hereby declare that this organization carries liability insurance in the amount of \$\frac{1}{2}\$ None and hereby agrees to include the Town of Seabrook Island as a named insured for purposes of this project.
- (G) This organization assumes full legal responsibility for any suit or action at law or equity, and any or all claims arising from this project, and do hereby indemnify and hold harmless the Town of Seabrook Island and its Accommodations Tax Committee from any liability in any action at law or equity associated with its support for this project.

Applicant Signature	// Ellen	Date	August 6, 2023
Applicant Title	Race Volunteer Coordinator		
Organization Name	Kiawah Seabrook Exchange Club		

Town of Seabrook Island 2001 Seabrook Island Road Seabrook Island, SC 29455 townofseabrookisland.org

State ATAX Funding Application FY 2024

Contact Us: (843) 768-9121 kwatkins@townofseabrookisland.org

APPLICATIONS MUST BE RECEIVED BY 12:00 PM ON MON. AUGUST 7, 2023 **LATE APPLICATIONS WILL NOT BE CONSIDERED**

1 ORGANIZATION INFOR	MATION		Commence of			
Organization Name	Seabrook Island Birders					
Contact Person	Name	Nancy Brown	Title Treasurer			
Contact i Craon	Phone #	843-603-0444	Email	seabrooki	seabrookislandbirders@gm	
Mailing Address	Street	Street 1202 Landfall Way				
Mulling Addi C33	City	Seabrook Island	State	SC	Zip	29455
Website Address	www.seabr	ookislandbirders.org (email: seab	rookislandb	irders@gma	ail.com)	
Year Established	2015					
	Govern	ment Unit (City, County, School)	For-P	rofit Busines	s or Orga	nization
	☐ Tax-Exempt Charitable Organization ☐ Other Tax-Exempt Organization					
Organization Type	☐ Church or Religious Organization ☐ Unincorporated Association or Group					
	Other (Please Specify):					
Federal Employee ID #	87-386727	7				
If this organization register	ed with the S	South Carolina Secretary of State'	s Office as	a Not-Profit	Organiza	tion?
✓ Yes No	If yes, plea	se attach a copy of your organizat	ion's regist	ration certifi	icate	
If this organization federall	y exempt un	der IRS Code 501(c) 3, 4, 5k, 6, 7 c	or 10?			
✓ Yes No	If yes, please attach a copy of your organization's IRS Tax Exempt Determination Letter			ion Letter		
In the space below, please	provide a bri	ef description of your organization	n's history	and mission	1.	
mission is (1) to enlighten re foster an appreciation for th	sidents and o e unique hab r wildlife and	in 2015 by a group of residents wo others about the richness and dive pitats our island provides for these these natural habitats that are es	rsity of Sea varied spe	brook Island cies: and, (3	d's bird life) to emph	e; (2) to asize the

Please attach a list of your organization's Governing Body (eg. Board of Directors), Chief Officers and Key Staff.

2 PROJECT OVERVIEW		
Project Name	Seabrook Island Shorebird Stewardship	
Project Date(s)	Stewards will be between 1/15/24 and 7/3	1/24
Amount Requested	\$ 3,000.00	
Tourism-Related Expenditure Category	✓ Advertising & Promotion	☐ Public Facilities
	Promotion of Arts & Cultural Events	☐ Transportation & Shuttles
(Check all that apply)	Civic & Cultural Facilities	☐ Waterfront Erosion & Renourishment
	✓ Public Services	☐ Visitor Information Centers

Please provide a brief description of the project, including its purpose, goals and objectives.

The Seabrook Island Birders (SIB) operate a seasonal on beach, mobile education station (MES), the Shorebird Stewards. The volunteer stewards educate beach users about migrant and nesting birds including the endangered Red Knots and Piping Plovers sharing the beach (920 interactions in 2023 of which 64% were visitor). The purpose is to provide protection for the birds while enhancing visitor enjoyment of the beach through environmental eductation. The goal is to have volunteers staffing the MES from March 1 to the end of July, a total of 306 2-hour shifts. The goal for 2024 is to attract sufficient volunteers through education, promotion, and incentives to fill a demonstrated need. With more shifts covered, more visitor contacts will result in safer beaches for birds and fewer inappropriate beach behavior by visitors.

How will your project promote tourism and/or enhance the tourist trade in the Town of Seabrook Island?

Visitors learn about the significance of Seabrook Island for the many unusual and protected birds that spend time on our beaches. This enhances the enjoyment of the island and its beaches. It also reduces negative behavior by visitors. The work of the stewards and the presence of endangered species is promoted through traditional local media, SIB social media, and SIB website, attracting people to Seabrook Island specifically to see the birds. (See Appendix) The Seabrook Island Birders (SIB) experience is many visitors who participate in an activity of SIB join SIB to learn about the programs and gain access to the educational material and return in subsequent years. The records of SIB program participants document repeat visitors to SI. A recent study by USC (with data provided by SIB Seabird Shorebird Stewards) demonstrated that 41% of the endangered Red Knots spend time on Seabrook Island. North Beach on SI is designated as critical habitat for the endangered Piping Plover. The presence of these birds has attracted national interest.

Who is your target audience?	advocate for shorebirds to serve a similar fun	tles bring many people to our beaches, and we action. Shorebirds are also present on Seabrook is considered one of the most popular hobbies
How will you advertise this project to visitors? (Check all that apply)	☐ Television ☐ Newspaper ☐ Magazine ☐ Billboards ☐ Visitor's Guide	 Radio ✓ Website ✓ Brochures Mailers (Out of County) ✓ Other: social media and tidelines

3 PROJECT IMPACT		
Estimated Attendance	Total Attendance	2,955
	Total # of Tourists/Visitors	1,894
What is the estimated financial impact of this project? (How many tourist dollars will be spent in the community?)		\$ 330,004.00

What methodology did you use to estimate total attendance, visitor attendance and financial impact?

March 2023 had 312 interactions in 37 shifts = 8.4 people per shift * .64 = 5.39 visitors per shift. April through July 8 saw 608 contacts with 64 shifts = 9.5 people per shift * .64 = 6.08 visitors per shift. Extrapolating to full coverage March has 31 days * 2 shifts = 62 shifts * 5.39 visitors=334. Using the multiplier of \$100 per person day makes the impact of \$33,400. April 1 through July 31 is 122 days * 2 shifts = 244 shifts with 6.08 visitors per shift = 1483.52 visitors using the multiplier of \$300 per person that would be \$296,604 is the peak season impact if Stewards filled all shifts. Total attendance for March 537 (31x2x8.4) + total attendance April - June= 2318 = total attendance 2955 of this 1894 visitors.

FINANCIAL INFORMATION What is your organization's annual operating budget? \$ 7,261.00 What is the estimated budget for this project? \$4,500.00 What are the estimated revenues for this project? ▼ What are the estimated expenditures for this project? ▼ Source Amount Source Amount **ATAX Grant** \$ 3,000.00 Speaker fees \$1,500.00 **TOSI Community Promotion Grant** Volunteer incentives/retention \$ 1,000.00 \$1,200.00 Seabrook Island Birds membership \$ 500.00 Training \$300.00 \$ Web site, Equipment and signage \$1,000.00 \$ Hospitality \$500.00 \$ \$

Please provide a detailed explanation of how your organization will use ATAX funds from the Town.

A larger volunteer corps is needed to fully staff the MES. Using a well know speaker to support the program \$1,000, providing non-cash incentives for volunteer performance and retention (\$1,200), and providing training (\$300), we will build the corps. The MVC needs new signage (\$500) for a total of \$3000. The incentives may include t-shirts which will designate the Steward so visitors can recognize and be attracted to the MES.

5 OTHER INFORMATION

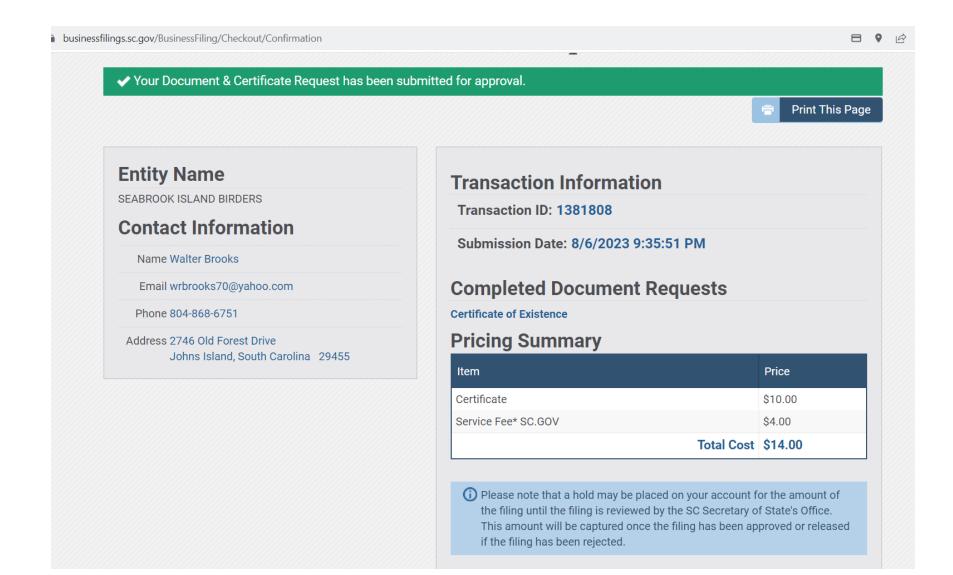
Do you wish to provide any additional comments or information about your project or organization?

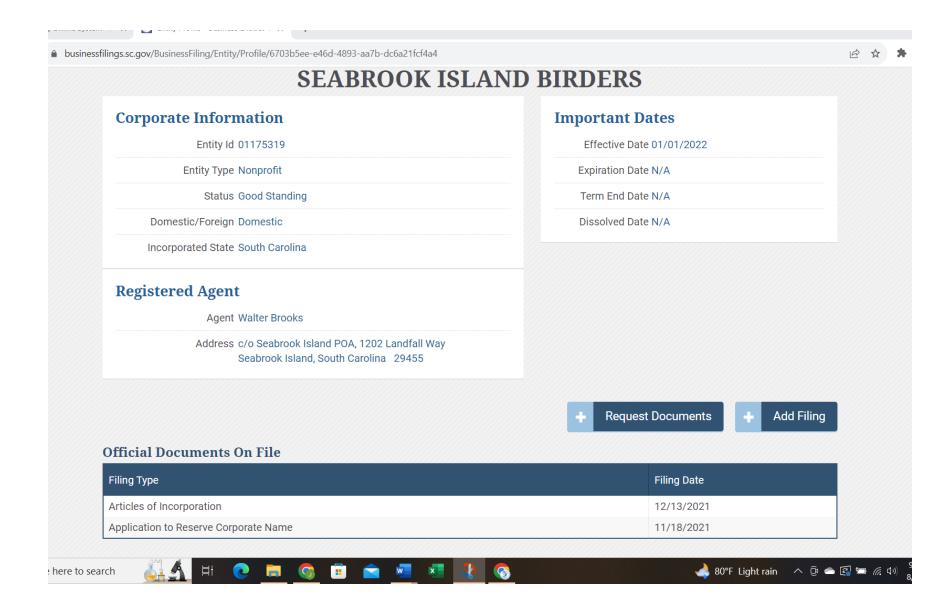
For more information about the Seabrook Island Birders and the Shorebird Steward program visit our website at seabrookislandbirders.org. See attached support documents.

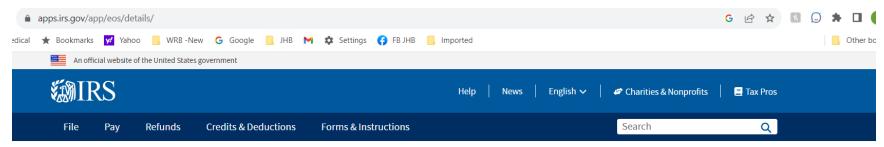
6 CERTIFICATION

- (A) I certify that I am authorized to apply for funding and to commit the organization to the terms specified herein.
- (B) I certify that all information contained herein is true and accurate to the best of my knowledge.
- (C) I understand that providing false or fraudulent information may result in the imposition of penalties including, but not limited to, repayment of State Accommodations Tax funds, and any other remedies allowed by law.
- (D) If the Town provides funds, I agree to provide to the Town, within sixty (60) days of the event/activity completion, a full written account of the income and expenditures associated with the project, together with an assessment of the value of the expenditure in promoting tourism.
- (E) If the Town provides funds, I agree to allow a representative of the Town and/or its appointed representative to examine the financial records of my organization insofar as they pertain to this project.
- (F) I hereby declare that this organization carries liability insurance in the amount of \$1,000,000.00 and hereby agrees to include the Town of Seabrook Island as a named insured for purposes of this project.
- (G) This organization assumes full legal responsibility for any suit or action at law or equity, and any or all claims arising from this project, and do hereby indemnify and hold harmless the Town of Seabrook Island and its Accommodations Tax Committee from any liability in any action at law or equity associated with its support for this project.

Applicant Signature	VIS X B	Date	08/06/2023
Applicant Title	Treasurer O		
Organization Name	Seabrook Island Birders		



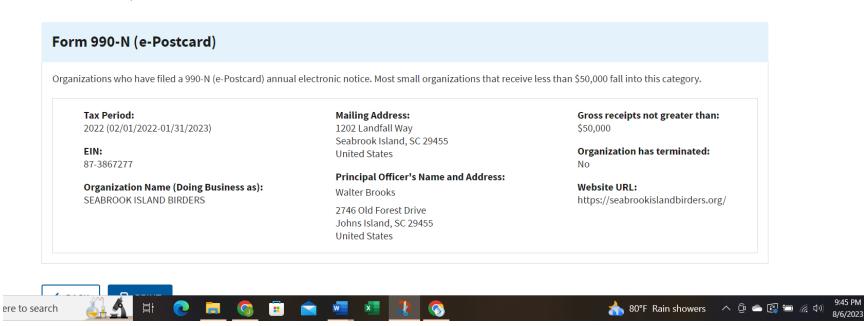


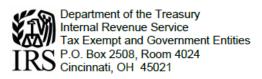


Home / File / Charities and Nonprofits / Search for Charities / Search for Tax Exempt Organizations / Tax Exempt Organization Search / SEABROOK ISLAND BIRDERS

SEABROOK ISLAND BIRDERS

EIN: 87-3867277 | Seabrook Island, South Carolina, United States





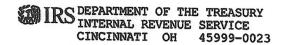
Date: February 16, 2022
Person to Contact: Customer Services
Contact telephone number: 877-829-5500

Seabrook Island Birders C/O Seabrook Island Poa 1202 Landfall Way Seabrook Island, South Carolina 29455

We received your Form 8976, *Notice of Intent to Operate Under 501(c)(4)*, you filed on January 05, 2022. This acknowledgement is not a determination by the IRS that you qualify as tax-exempt under Internal Revenue Code (Code) Section 501(a) as an organization described in Code Section 501(c)(4).

For important information about your responsibilities, including recordkeeping, reporting, and disclosure requirements, go to www.irs.gov/charities.

If you have questions, you can call Customer Services at 1-877-829-5500.



Date of this notice: 12-07-2021

Employer Identification Number: 87-3867277

Form: SS-4

Number of this notice: CP 575 E

For assistance you may call us at: 1-800-829-4933

IF YOU WRITE, ATTACH THE STUB AT THE END OF THIS NOTICE.

SEABROOK ISLAND BIRDERS % SEABROOK ISLAND POA 1202 LANDFALL WAY SEABROOK ISLAND, SC 29455

WE ASSIGNED YOU AN EMPLOYER IDENTIFICATION NUMBER

Thank you for applying for an Employer Identification Number (EIN). We assigned you EIN 87-3867277. This EIN will identify you, your business accounts, tax returns, and documents, even if you have no employees. Please keep this notice in your permanent records.

When filing tax documents, payments, and related correspondence, it is very important that you use your EIN and complete name and address exactly as shown above. Any variation may cause a delay in processing, result in incorrect information in your account, or even cause you to be assigned more than one EIN. If the information is not correct as shown above, please make the correction using the attached tear-off stub and return it to us.

When you submitted your application for an EIN, you checked the box indicating you are a non-profit organization. Assigning an EIN does not grant tax-exempt status to non-profit organizations. Publication 557, Tax-Exempt Status for Your Organization, has details on the application process, as well as information on returns you may need to file. To apply for recognition of tax-exempt status under Internal Revenue Code Section 501(c)(3), organizations must complete a Form 1023-series application for recognition. All other entities should file Form 1024 if they want to request recognition under Section 501(a).

Nearly all organizations claiming tax-exempt status must file a Form 990-series annual information return (Form 990, 990-EZ, or 990-PF) or notice (Form 990-N) beginning with the year they legally form, even if they have not yet applied for or received recognition of tax-exempt status.

Unless a filing exception applies to you (search www.irs.gov for Annual Exempt Organization Return: Who Must File), you will lose your tax-exempt status if you fail to file a required return or notice for three consecutive years. We start calculating this three-year period from the tax year we assigned the EIN to you. If that first tax year isn't a full twelve months, you're still responsible for submitting a return for that year. If you didn't legally form in the same tax year in which you obtained your EIN, contact us at the phone number or address listed at the top of this letter.

For the most current information on your filing requirements and other important information, visit www.irs.gov/charities.

IMPORTANT REMINDERS:

- * Keep a copy of this notice in your permanent records. This notice is issued only one time and the IRS will not be able to generate a duplicate copy for you. You may give a copy of this document to anyone asking for proof of your EIN.
- * Use this EIN and your name exactly as they appear at the top of this notice on all your federal tax forms.
- * Refer to this EIN on your tax-related correspondence and documents.
- * Provide future officers of your organization with a copy of this notice.

Your name control associated with this EIN is SEAB. You will need to provide this information, along with your EIN, if you file your returns electronically.

If you have questions about your EIN, you can contact us at the phone number or address listed at the top of this notice. If you write, please tear off the stub at the bottom of this notice and include it with your letter. Thank you for your cooperation.

Keep this part for your records.

CP 575 E (Rev. 7-2007)

Return this part with any correspondence so we may identify your account. Please correct any errors in your name or address.

CP 575 E

999999999

Your Telephone Number Best Time to Call DATE OF THIS NOTICE: 12-07-2021)

EMPLOYER IDENTIFICATION NUMBER: 87-3867277

FORM: SS-4 NOBOD

INTERNAL REVENUE SERVICE CINCINNATI OH 45999-0023

SEABROOK ISLAND BIRDERS % SEABROOK ISLAND POA 1202 LANDFALL WAY SEABROOK ISLAND, SC 29455

SIB Board of Directors

As documented in the Seabrook Island Birders (SIB) Operational Guidelines, "the officers of SIB shall be Chair, Chair Emeritus, Vice Chair, Secretary, and Treasurer. They shall be nominated by the Executive Committee and elected by majority vote of the SIB members attending the first membership meeting each year."

We asked our members to vote electronically in early January, 2023.

The slate of officers nominated by the Executive Committee to lead SIB in 2023 and approved by our members are:

Officers:

- -Past President Joleen Ardaiolo
- -President Walter Brooks
- -Vice President Vacant
- -Membership/Treasurer -Nancy Brown
- -Secretary Jean (Nini) Wolitarsky

Standing Committees:

- -Activities Bob Mercer/Judy Morr
- -Communications Judy Morr/Gina Sanders
- -Hospitality Nancy Chomel
- -Program Chair Mary Wilde
- -Shorebird Steward Bob Mercer
- -Web Master Nancy Brown/Judy Morr

Directors-At-Large:

- Tim Barnard
- Alan Fink

Non SIB Executive Committee Members

- Bluebird Trails Chair Melanie Jerome (lead)
- Communications Jackie Brooks, Nancy Brown
- Shorebird Steward Mark Andrews, Lesley Gore

Last updated: 8/1/2023

Seabrook Island Birds marketing material for the first 7 months of 2023

Background

The Seabrook Island Birders (SIB) is a membership organization open to the public with the membership coming primarily from Seabrook Island residents. SIB currently has 288 members of which 66 are new this year. A survey of the membership conducted last year had 72 responses. Of those responding, 51% were full time residents, 24% part-time residents, 18% lived off island and 6% were visitors. Of those who are not full-time residents (37 respondents), people who are either part-time, live off island or are visitors, 41% live within 50 miles of Seabrook Island (the respondents indicating they lived off island), 11% live between 50 and 200 miles from Seabrook Island and 49% live greater than 200 miles from Seabrook Island. Seabrook Island part-time residents and visitors come great distances to Seabrook Island and have a strong interest in enjoying the birds as evidenced by their membership in SIB.

Promotional materials

In the first 7 months of 2023, the SIB provided 3 educational evening programs, two of which were focused on bird migration and underscored the importance of Seabrook Island to migrating shorebirds. These we zoom presentation and were attended by both residents and people from off island. The programs were open to the public.

Each month SIB produces a Seabrooker Article. In the first six months of 2023 three full page articles promoted the shorebirds of Seabrook Island. Each Seabrooker also article went out as a blog. Eight additional blogs specifically on the Shorebird Steward program was published in 2023. In addition, there were three shorebird related articles promoting SIB walks on North Beach specifically to see shorebirds.

Seabrook Island Birders has 658 Facebook followers, 589 people following the blogs, 117 Twitter followers and 490 Instagram followers. In the first seven months of 2023, 165 blogs, 165 tweets, 292 Instagram posts, and 490 Facebook posts published. In 2023 YTD, our website, seabrookislandbirders.org, had 34,195 views, 20,241 visitors and 21,447 referrers from search engines

The Seabrook Island Shorebird Steward program has received national recognition from National Audubon in the form of an article and a video on the successful TOSI Beach Ordinance for Pets.

OPERATIONAL GUIDELINES SEABROOK ISLAND BIRDERS SEABROOK ISLAND, SOUTH CAROLINA

NAME AND STATUS: Seabrook Island Birders (SIB), is an independent, not-for-profit, organization within the Town of Seabrook Island, South Carolina.

MEMBERS: Seabrook Island Birders (SIB) are residents, renters, and guests who have an interest in watching, learning about, and protecting the well-being of the incredible variety of birds that inhabit Seabrook Island, South Carolina throughout the year.

MISSION: SIB's mission is (1) to enlighten residents and others about the richness and diversity of Seabrook Island's bird life; (2) to foster an appreciation for the unique habitats our Island provides for these varied species; and (3) to emphasize the importance of protecting our wildlife and these natural habitats that are essential for the survival of our native birds as well as the migratory birds we host.

ACTIVITIES: To reach these goals, SIB sponsors (1) educational activities, a blog, a website (seabrookislandbirders.org), a Facebook page, membership meetings, lectures, workshops, newspaper and magazine articles, etc.; (2) various interactive activities — including birding events, local and national bird counts, the monitoring of Eastern Bluebird nesting boxes, participation in special Island events such as Earth Day, Fourth of July Parade, etc.; and (3) SIB members' involvement with other Seabrook Island environmental organizations, committees, and activities.

DUES: Annual dues are established, year to year, by the Executive Committee. January through December is the fiscal/membership year. Anyone joining after October 1st shall be considered paid through the end of the following year.

COMPLIMENTARY MEMBERSHIP: (1)16 year old and younger will not be charged a membership fee. (2) Full time staff at SIPOA, Camp St. Christopher, Club and Kiawah Nature Group will not be charged a membership fee

FEES: The SIB Executive Committee may establish fees to be charged for membership meetings and activities prior to each meeting to cover unusual expenses. Typically, members will not be charged a fee (a benefit of membership) and non-members may be charged a fee [currently five (\$5) dollars]. If a member is charged a fee, any non-members participating may be charged the same fee plus five (\$5) dollars.

EXECUTIVE COMMITTEE: The Executive Committee will oversee and carry out all programs, communications, and activities, of SIB including general membership meetings, bird walks, and other activities which contribute to the mission of SIB. The

number of Executive Committee members may be increased or decreased by the existing Executive Committee members by majority vote, but shall not be less than six.

OFFICERS: The officers of SIB shall be Chair, Chair Emeritus, Vice Chair, Secretary, and Treasurer. They shall be nominated by the Executive Committee and elected by majority vote of the SIB members attending the first membership meeting each year.

OFFICERS' DUTIES:

- (1) The Chair shall preside at all meetings and be the executive in charge.
- (2) The Chair Emeritus (preceding year's Chair) is an honorary officer.
- (3) The Vice-Chair shall act in the absence of the Chair and serve as the Chair the following year.
- (4) The Secretary shall prepare and maintain a file of minutes of EC and membership meetings.
- (5) The Treasurer shall maintain records receipts and payments, promptly deposit all funds received, and make such disbursements as may be approved by the Chair or a majority vote of the EC, and shall report the organization's detailed financial status at each monthly EC meeting.
- (6) The Treasurer may also serve as the Membership Chair and, as such, shall be responsible for the collection of dues and maintenance of the membership roster.

STANDING COMMITTEES: EC members will serve as Chairs of the following Standing Committees and, when appropriate, be responsible for recruiting others from the SIB membership to act as committee members. The Standing Committees are:

- (1) Membership
- (2) Communications
- (3) Birding Activities
- (4) Membership Meetings/Programs
- (5) Hospitality
- (6) Bluebird Trails
- (7) Habitat Protection
- (8) Shorebird Stewarship

MEETINGS: (A) The Executive Committee shall normally meet monthly.

(B) The general SIB membership shall normally meet four times a year and, typically, in an evening program which supports the learning aspect of the organization's mission. These programs will normally be free to members. Non-members will normally be welcome and may be charged a fee (currently five [\$5] dollars. Additional fees may be charged as warranted.

BIRDING EVENTS: The watching and learning aspects of the SIB mission will include the offering of a series of birding trips. Typically these trips will be local and free to

members and with a five {\$5} fee for non-members. When a trip expense warrants a fee, the cost shall be spread among those attending. Non-members will be charged an additional \$5 fee above the member's shared cost.

FUNDS: All funds collected by SIB (dues, participation fees, etc.) shall be used only for the benefit of the entire membership of the not-for-profit organization and in support of the mission. No part of SIB's funds may be used for the benefit of any individual.

DISSOLUTION: Should SIB be dissolved as an entity, any unexpended funds in the treasury, after all legitimate obligations are satisfied, shall be donated to the Seabrook Island Green Space Conservancy.

AMENDMENTS: This Operational Guideline is to be regarded as a living document which may be modified at any time by majority vote of the then current Executive Committee.

APPROVED: February 7, 2017 by unanimous vote of the Executive Committee

REVISED: March 3, 2020 by unanimous vote of the Executive Committee

Town of Seabrook Island 2001 Seabrook Island Road Seabrook Island, SC 29455 townofseabrookisland.org

State ATAX Funding Application

FY 2024

Contact Us: (843) 768-9121 kwatkins@townofseabrookisland.org

APPLICATIONS MUST BE RECEIVED BY 12:00 PM ON MON. AUGUST 7, 2023 **LATE APPLICATIONS WILL NOT BE CONSIDERED**

1 ORGANIZATION INFORI	MATION					
Organization Name	Seabrook Isl	and Club				
Contact Person	Name	Mitchell Laskowitz	Title	GM/COO		
Oontact i erson	Phone #	843-768-7868	Email	mlaskowitz	@seabro	okisland.c
Mailing Address	Street	3771 Seabrook Island Road				
Mailing Address	City	Johns Island	State	SC	Zip	29455
Website Address	www.seabr	ookisland.com				
Year Established						
	Govern	nment Unit (City, County, Schoo	l) For-Pr	ofit Busines	ss or Org	anization
	│	empt Charitable Organization	Other	Tax-Exemp	t Organi	zation
Organization Type	Church or Religious Organization Unincorporated Association or Group					
	✓ Other (Please Specify): Not For Profit					
Federal Employee ID #	570932575					
• • •						
If this organization registered with the South Carolina Secretary of State's Office as a Not-Profit Organization?						
Yes No If yes, please attach a copy of your organization's registration certificate						
	If this organization federally exempt under IRS Code 501(c) 3, 4, 5k, 6, 7 or 10?					
∐ Yes ☑ No	Yes Yo If yes, please attach a copy of your organization's IRS Tax Exempt Determination Letter					
In the space below, please p	rovide a brie	f description of your organization	's history a	nd mission.		
	· ·	e Seabrook Island Club exists to en entertainment activities of exception			•	•
18 hole Championship Golf Courses, Racquet Club, Equestrian Center, Beach Club and 4 dining facilities.						
Please attach a list of yo	our organizati	on's Governing Body (eg. Board of	Directors),	Chief Officer	s and Ke	y Staff.
2 PROJECT OVERVIEW						

2	PROJECT OVERVIEW		
Pro	oject Name	Fourth of July Celebration	
Pro	oject Date(s)	July 3, 2024	
An	nount Requested	\$ 25,000.00	
		Advertising & Promotion	☐ Public Facilities
	urism-Related penditure Category	✓ Promotion of Arts & Cultural Events	Transportation & Shuttles
	heck all that apply)	Civic & Cultural Facilities	☐ Waterfront Erosion & Renourishment
		☐ Public Services	☐ Visitor Information Centers

Please provide a brief descr	iption of the project, including	g its purpose, goals and objectives.		
The club would like to bring in vendors for this celebration that would set up carnival games for the enjoyment of the 3,000 - 4,000 participants.				
How will your project promo	ote tourism and/or enhance t	he tourist trade in the Town of Seabrook Island?		
The Independence Day Celebration continues to grow in numbers and enjoymentwe traditionally kept our activities to a band, food and beverage, and this year added a petting zoo. With the number of families participating this would be a natural addition to an already great event.				
Who is your target audience?	All July 3rd participants who display. Members, guests, a	traditionally come for entertainment, F&B and fireworks nd general public.		
	Television	Radio		
How will you advertise	✓ Newspaper	✓ Website		
this project to visitors?	Magazine	✓ Brochures		
(Check all that apply)	Billboards	☐ Mailers (Out of County)		
	☐ Visitor's Guide	Other:		
3 PROJECT IMPACT				
Estimated Attendance	Total Attendance	3,500		
Lottinated Attendance	Total # of Tourists/Visitors	Approximately 2/3 (2,333) are expected to be tourists		
What is the estimated financial impact of this project? (How many tourist dollars will be spent in the community?) \$466,600				
What methodology did you use to estimate total attendance, visitor attendance and financial impact?				
	we use \$200 per person per d rill stay for one week. (2,333 >	lay. It should be noted that most visitors to Seabrook Island < 200 = \$466,600).		

4 FINANCIAL INFORMATION			
What is your organization's annual opera	ating budget?	-\$ 2,904,000.00	
What is the estimated budget for this pro	oject?	\$ 25,000.00	
What are the estimated revenues for this project? ▼		What are the estimated expenditures for	this project? ▼
Source	Amount	Source	Amount
		Carnival games	\$25,000.00
		Ring Toss	
		Water Gun Races	
		Whack-A-Mole	
		Milk Can Ball Toss	
		Gone Fishing	
		Balloon Pop	
	\$		\$
	\$		\$
	\$		\$
	\$		\$
	\$		\$

Please provide a detailed explanation of how your organization will use ATAX funds from the Town.

Hire a carnival vendor to bring games that we can have attendees participate in.

5 OTHER INFORMATION

Do you wish to provide any additional comments or information about your project or organization?

The Independence Day Celebration continues to grow in size and numbers. Last year we added a couple of new activities but would like to offer more for guests and families.

6 CERTIFICATION

- (A) I certify that I am authorized to apply for funding and to commit the organization to the terms specified herein.
- (B) I certify that all information contained herein is true and accurate to the best of my knowledge.
- (C) I understand that providing false or fraudulent information may result in the imposition of penalties including, but not limited to, repayment of State Accommodations Tax funds, and any other remedies allowed by law.
- (D) If the Town provides funds, I agree to provide to the Town, within sixty (60) days of the event/activity completion, a full written account of the income and expenditures associated with the project, together with an assessment of the value of the expenditure in promoting tourism.
- (E) If the Town provides funds, I agree to allow a representative of the Town and/or its appointed representative to examine the financial records of my organization insofar as they pertain to this project.
- (F) I hereby declare that this organization carries liability insurance in the amount of \$_2,000,000.00 and hereby agrees to include the Town of Seabrook Island as a named insured for purposes of this project.
- (G) This organization assumes full legal responsibility for any suit or action at law or equity, and any or all claims arising from this project, and do hereby indemnify and hold harmless the Town of Seabrook Island and its Accommodations Tax Committee from any liability in any action at law or equity associated with its support for this project.

Applicant Signature	Mitchell Laskowitz Date 08/04/202			
Applicant Title	GM/COO			
Organization Name	Seabrook Island Club			

Town of Seabrook Island

2001 Seabrook Island Road Seabrook Island, SC 29455

townofseabrookisland.org

State ATAX Funding Application FY 2024

Contact Us: (843) 768-9121

kwatkins@townofseabrookisland.org

APPLICATIONS MUST BE RECEIVED BY 12:00 PM ON MON. AUGUST 7, 2023 **LATE APPLICATIONS WILL NOT BE CONSIDERED**

Organization Name		Seabrook Island Employee Assistance Fund					
Contact Person				Title	Co-Presid		
		Phone #	540-353-2208	Email	Iswalton6	@gmail	.com
Mailing Address		Street	2585 Seabrook Island Rd.				
8		City	Seabrook Island	State	SC	Zip	29455
Website Address		thefundats	i.org				1
Year Established		2023					
Organization Type		☐ Government Unit (City, County, School) ☐ For-Profit Business or Organization ☐ Other Tax-Exempt Organization ☐ Church or Religious Organization ☐ Unincorporated Association or Ground ☐ Other (Please Specify):				ation	
Federal Employee II							
If this organization	egistere	ed with the So	outh Carolina Secretary of State's	Office as a	Not-Profit	Organiza	tion?
✓ Yes	No	If yes, please attach a copy of your organization's registration certificate					
If this organization federally exempt under IRS Code 501(c) 3, 4, 5k, 6, 7 or 10?							
✓ Yes	No		e attach a copy of your organization		Exempt De	terminati	ion Letter
In the space below,	please p	rovide a brie	f description of your organization	's history a	nd mission	cerminati	on Letter
The Empoyee Assi	stance vide fin	Fund was cancial assist	reated in 2023. The Seabrook	(lolond F			ce Fund und

Please attach a list of your organization's Governing Body (eg. Board of Directors), Chief Officers and Key Staff.

2 PROJECT OVERVIEW		The second secon
Project Name Project Date(s)	Outdoor concert featuring "Good Sho May 5, 2024	t Judy" - 11 piece jazz/swing band
Amount Requested	\$ 20,000.00	
Tourism-Related Expenditure Category (Check all that apply)	 ☐ Advertising & Promotion ☑ Promotion of Arts & Cultural Events ☑ Civic & Cultural Facilities ☐ Public Services 	 ✓ Public Facilities ☐ Transportation & Shuttles ☐ Waterfront Erosion & Renourishment ☐ Visitor Information Centers

Please provide a brief des	cription of the project, including	its purpose, goals and objectives.		
The concert is a fun event the Seabrook Island Emplo	for Seabrook Island residents, e oyee Assistance Fund.	employees and guests. The purpose is to raise funds for		
Our goal is to provide an e community and the employ	exciting event for all ages to enjo yees who work here.	y as we gather together to celebrate our wonderful		
How will your project project	mote tourism and/or onhance th	e tourist trade in the Town of Seabrook Island?		
		ne outstanding experiences all members and guests		
receive to include maintena	ance of the two championship go ch club pool and the many dining	olf courses, the operation of the racquet center, the		
	Tickets will be available to res	idents and quosts		
Who is your target audience?	The state of the s	idents and guests.		
	Television	Radio		
How will you advertise	Newspaper	₩ Website		
this project to visitors?	Magazine			
(Check all that apply)	Billboards	Brochures		
		Mailers (Out of County)		
	☐ Visitor's Guide	Other: Social media		
3 PROJECT IMPACT				
	Total Attendance			
Estimated Attendance	Total # of Tourists/Visitors	600		
What is the estimated finan		200		
What is the estimated financial impact of this project? (How many tourist dollars will be spent in the community?) \$ 6,000.00				
What methodology did you	use to estimate total attendance	e, visitor attendance and financial impact?		
icket sales will be available	to 600 attendees. The concert	will take place on the driving range at the Island ms to provide the optimum experience.		

What is your organization's a	nnual operating budget?	\$ 100	0,000.00	
What is the estimated budget for this project?		\$30,000.00		
What are the estimated rever	nues for this project? ▼	What are the estimated ex	penditures for this project? ▼	
Source	Amount	Source	Amount	
Parking spot raffle	\$ 15,000	Band	\$18,000	
Ticket Sales	\$ 30,000	Stage	\$7,000	
Sponsorships	\$ 30,000	Promotion	\$2,000	
	\$	Band Lodging	\$3,000	
	\$		\$	
	\$		Ś	

Please provide a detailed explanation of how your organization will use ATAX funds from the Town.

Funds received will be used to cover expenses involved with the event as noted above. This will allow more dollars to be directed to the Employee Assistance Fund to aid employees in need through our application and granting process.

5 OTHER INFORMATION

Do you wish to provide any additional comments or information about your project or organization?

Employees on Seabrook Island are paramount as they enhance the experience for our members, their guests and all rental guests of Seabrook Island. In an effort to successfully recruit and retain incredible staff, the Employee Assistance Fund provides an additional and much needed benefit to our employees.

6 CERTIFICATION

- (A) I certify that I am authorized to apply for funding and to commit the organization to the terms specified herein.
- (B) I certify that all information contained herein is true and accurate to the best of my knowledge.
- (C) I understand that providing false or fraudulent information may result in the imposition of penalties including, but not limited to, repayment of State Accommodations Tax funds, and any other remedies allowed by law.
- (D) If the Town provides funds, I agree to provide to the Town, within sixty (60) days of the event/activity completion, a full written account of the income and expenditures associated with the project, together with an assessment of the value of the expenditure in promoting tourism.
- (E) If the Town provides funds, I agree to allow a representative of the Town and/or its appointed representative to examine the financial records of my organization insofar as they pertain to this project.
- (F) I hereby declare that this organization carries liability insurance in the amount of \$1,000,000.00 and hereby agrees to include the Town of Seabrook Island as a named insured for purposes of this project.
- (G) This organization assumes full legal responsibility for any suit or action at law or equity, and any or all claims arising from this project, and do hereby indemnify and hold harmless the Town of Seabrook Island and its Accommodations Tax Committee from any liability in any action at law or equity associated with its support for this project.

Applicant Signature	Lucy Walton Date			
Applicant Title	Co-President	Dute	07/29/2023	
Organization Name	Seabrook Island Employee Assistance Fund			

Date of this notice: 01-18-2023

Employer Identification Number: 92-1812967

Form: SS-4

Number of this notice: CP 575 E

SEABROOK ISLAND CLUB EMPLOYEE ASSISTANCE FUND 3772 SEABROOK ISLAND RD SEABROOK ISLAND, SC 29455

For assistance you may call us at: 1-800-829-4933

IF YOU WRITE, ATTACH THE STUB AT THE END OF THIS NOTICE.

WE ASSIGNED YOU AN EMPLOYER IDENTIFICATION NUMBER

Thank you for applying for an Employer Identification Number (EIN). We assigned you EIN 92-1812967. This EIN will identify your entity, accounts, tax returns, tax returns, and documents, even if you have no employees. Please keep this notice in your permanent records.

Taxpayers request an EIN for business and tax purposes. Some taxpayers receive CP575 notices when another person has stolen their identity and are operating using their information. If you did **not** apply for this EIN, please contact us at the phone number or address listed on the top of this notice.

When filing tax documents, making payments, or replying to any related correspondence, it is very important that you use your EIN and complete name and address exactly as shown above. Any variation may cause a delay in processing, result in incorrect information in your account, or even cause you to be assigned more than one EIN. If the information is not correct as shown above, please make the correction using the attached tear-off stub and return it to us.

When you submitted your application for an EIN, you checked the box indicating you are a non-profit organization. Assigning an EIN does not grant tax-exempt status to non-profit organizations. Publication 557, Tax-Exempt Status for Your organization, has details on the application process, as well as information on returns you may need to file. To apply for recognition of tax-exempt status, organizations must complete an application on one of the following forms: Form 1023, Application for Recognition of Exemption Under Section 501(c)(3) of the Internal Revenue Code; Form 1023-EZ, Streamlined Application for Recognition of Exemption Under Section 501(c)(3) of the Internal Revenue Code; Form 1024, Application for Recognition Under Section 501(a); or Form 1024-A, Application for Recognition of Exemption Under Section 501(c)(4) of the Internal Revenue Code.

Nearly all organizations claiming tax-exempt status must file a Form 990-series annual information return (Form 990, 990-EZ, or 990-PF) or notice (Form 990-N) beginning with the year they legally form, even if they have not yet applied for or received recognition of tax-exempt status.

If you become tax-exempt, you will lose tax-exempt status if you fail to file a required return or notice for three consecutive years, unless a filing exception applies to you (search www.irs.gov for Annual Exempt Organization Return: Who Must File). We start calculating this three-year period from the tax year we assigned the EIN to you. If that first tax year isn't a full twelve months, you're still responsible for submitting a return for that year. If you didn't legally form in the same tax year in which you obtained your EIN, contact us at the phone number or address listed at the top of this letter. For the most current information on your filing requirements and other important information, visit www.irs.gov/charities.

IMPORTANT REMINDERS:

- * Keep a copy of this notice in your permanent records. This notice is issued only one time and the IRS will not be able to generate a duplicate copy for you. You may give a copy of this document to anyone asking for proof of your EIN.
- * Use this EIN and your name exactly as they appear at the top of this notice on all your federal tax forms.
- * Refer to this EIN on your tax-related correspondence and documents.
- * Provide future officers of your organization with a copy of this notice.

Your name control associated with this EIN is SEAB. You will need to provide this information along with your EIN, if you file your returns electronically.

Safeguard your EIN by referring to Publication 4557, Safeguarding Taxpayer Data: A Guide for Your Business.

You can get any of the forms or publications mentioned in this letter by visiting our website at www.irs.gov/forms-pubs or by calling 800-TAX-FORM (800-829-3676).

If you have questions about your EIN, you can contact us at the phone number or address listed at the top of this notice. If you write, please tear off the stub at the bottom of this notice and include it with your letter.

Thank you for your cooperation.

Keep this part for your records. CP 575 E (Rev. 7-2007)

Return this part with any correspondence so we may identify your account. Please correct any errors in your name or address.

CP 575 E

9999999999

Your Telephone Number Best Time to Call DATE OF THIS NOTICE: 01-18-2023) –

EMPLOYER IDENTIFICATION NUMBER: 92-1812967

FORM: SS-4

NOBOD

INTERNAL REVENUE SERVICE CINCINNATI OH 45999-0023 Interted and the International Control of the

SEABROOK ISLAND CLUB EMPLOYEE ASSISTANCE FUND 3772 SEABROOK ISLAND RD SEABROOK ISLAND, SC 29455



State of South Carolina Office of the Secretary of State The Honorable Mark Hammond

Mar 30, 2023

Seabrook Island Club Employee Assistance Fund CYNTHIA B BROWN BROWN 2481 SEABROOK ISLAND RD JOHNS ISLAND, SC 29455-6061

RE: Registration Confirmation

Charity Public ID: P76925

Dear CYNTHIA B BROWN BROWN:

This letter confirms that the Secretary of State's Office has received and accepted your Registration, therefore, your charitable organization is in compliance with the registration requirement of the "South Carolina Solicitation of Charitable Funds Act." The registration of your charitable organization will expire on May 15, 2024.

If any of the information on your Registration form changes throughout the course of the year, please contact our office to make updates. It is important that this information remain updated so that our office can keep you informed of any changes that may affect your charitable organization.

If you have not yet filed your annual financial report or an extension for the annual financial report, the annual financial report is still due $4\frac{1}{2}$ months after the close of your fiscal year.

- Annual financial reports must either be submitted on the Internal Revenue Service Form 990 or 990-EZ
 or the Secretary of State's Annual Financial Report Form.
- If you wish to extend the filing of that form with us, please submit a written request by email or fax to our office using the contact information below. Failure to submit the annual financial report may result in an administrative fine of up to \$2,000.00.

If you have any questions or concerns, please visit our website at www.sos.sc.gov or contact our office using the contact information below.

Sincerely,

Kimberly S. Wickersham

Director, Division of Public Charities

1. Dickup



SEABROOK ISLAND CLUB EMPLOYEE ASSISTANCE FUND 3772 SEABROOK ISLAND RD SEABROOK ISLAND, SC 29455 Date:

03/22/2023

Employer ID number:

92-1812967

Person to contact:

Name: Customer Service

ID number: 31954

Telephone: 877-829-5500

Accounting period ending:

December 31

Public charity status:

170(b)(1)(A)(vi)

Form 990 / 990-EZ / 990-N required:

Yes

Effective date of exemption:

January 18, 2023

Contribution deductibility:

Yes

Addendum applies:

No

DLN:

and production of

and was discuss to

26053476003743

Dear Applicant:

FOR WELL THE STATE

...

- The opening the pro-

We're pleased to tell you we determined you're exempt from federal income tax under Internal Revenue Code (IRC) Section 501(c)(3). Donors can deduct contributions they make to you under IRC Section 170. You're also qualified to receive tax deductible bequests, devises, transfers or gifts under Section 2055, 2106, or 2522. This letter could help resolve questions on your exempt status. Please keep it for your records.

Organizations exempt under IRC Section 501(c)(3) are further classified as either public charities or private foundations. We determined you're a public charity under the IRC Section listed at the top of this letter.

If we indicated at the top of this letter that you're required to file Form 990/990-EZ/990-N, our records show you're required to file an annual information return (Form 990 or Form 990-EZ) or electronic notice (Form 990-N, the e-Postcard). If you don't file a required return or notice for three consecutive years, your exempt status will be automatically revoked.

If we indicated at the top of this letter that an addendum applies, the enclosed addendum is an integral part of this letter.

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

Sincerely

stephon a martin

Stephen A. Martin

Director, Exempt Organizations

Rulings and Agreements

f ©

EAF BOARD

Meg Carter - Co-President

Lucy Walton - Co-President

Nancy Beaudway - Concert Chair

Nancy Buck - Secretary

Cindy Brown - Treasurer

Debbie Pickens - Alan Fleming Tennis Tournament Chair

Tony Sirianni - Communications Director

Town of Seabrook Island 2001 Seabrook Island Road Seabrook Island, SC 29455 townofseabrookisland.org

State ATAX Funding Application FY 2024

Contact Us: (843) 768-9121

kwatkins@townofseabrookisland.org

APPLICATIONS MUST BE RECEIVED BY 12:00 PM ON MON. AUGUST 7, 2023 **LATE APPLICATIONS WILL NOT BE CONSIDERED**

1 ORGANIZATION INFOR	MATION					
Organization Name	Seabrook Is	land Property Owners Associatio	n			
Contact Person	Name	Heather Paton	Title	Executive Director		
Contact reison	Phone #	843-768-0061	Email	hpaton@s	sipoa.org	
Mailing Address	Street	1202 Landfall Way				
	City	Johns Island	State	SC	Zip	29455
Website Address	www.sipoa	.org				
Year Established	1972					
Organization Type	☐ Tax-Exe	ment Unit (City, County, School) empt Charitable Organization or Religious Organization Please Specify):	✓ Other	rofit Busine Tax-Exemp orporated A	t Organiza	ation
Federal Employee ID #						
If this organization register	this organization registered with the South Carolina Secretary of State's Office as a Not-Profit Organization?					tion?
✓ Yes No	If yes, please attach a copy of your organization's registration certificate					
If this organization federall	A STATE OF THE PARTY OF THE PAR	der IRS Code 501(c) 3, 4, 5k, 6, 7	The state of the s			
✓ Yes						
In the space below, please provide a brief description of your organization's history and mission.						
The purpose and business of SIPOA includes but is not limited to the following: Development and implementation of programs to protect the environment, to facilitate acquisition and maintenance of green space, and to provide for health, safety, security and welfare of Property Owners.						
Please attach a list of your organization's Governing Body (eg. Board of Directors), Chief Officers and Key Staff.						
2 PROJECT OVERVIEW						
Project Name	Audubon Int	ernational Sustainably Communi	ty Sign			
Project Date(s)	Fall 2023					
Amount Requested	\$ 10,000.00					
Tourism-Related Expenditure Category		ing & Promotion on of Arts & Cultural Events	Public Fa	cilities tation & Sh	uttles	

(Check all that apply)

Civic & Cultural Facilities

Public Services

☐ Waterfront Erosion & Renourishment

☐ Visitor Information Centers

Please provide a brief description of the project, including its purpose, goals and objectives.

In 2017, Seabrook Island Property Owners Association (SIPOA) earned the Sustainable Communities Designation from Audubon International. The award is the culmination of development of sustainable practices and a long-term sustainability plan. The program recognizes our commitment to plans that benefit residents, visitors, and the environment. Designation by Audubon International as a Sustainable Community proudly illustrates that commitment. SIPOA has defined a vision for our future founded in the three pillars of sustsainability - a healthy local environment, quality of life for citizens, and economic vitality. SIPOA's designation was recertified in 2020.

How will your project promote tourism and/or enhance the tourist trade in the Town of Seabrook Island?

SIPOA is the first private community in South Carolina, and sixth in the world, to complete certification. It is vital to the preserved wildlife in our community that visitors be a part of the effort. Seeing this designation upon arrival at Seabrook Island's gate instills a sense of community effort to acknowledge and preserve the features of the island we value, and which make it a unique and special place to call home.

"The Seabrook Island Property Owners Association has shown a strong commitment to its environmental program," said Christine Kane, CEO at Audubon International. "As the first Certified Community in the state of South Carolina, they are to be commended for implementing and encouraging sustainability practices."

Who is your target audience?	Visitors and residents	
How will you advertise this project to visitors? (Check all that apply)	☐ Television ☐ Newspaper ☑ Magazine ☐ Billboards ☑ Visitor's Guide	 □ Radio ☑ Website □ Brochures □ Mailers (Out of County) □ Other: Weekly emails/Message Boards

3 PROJECT IMPACT			
Estimated Attendance	Total Attendance	800,000	
- The state of the	Total # of Tourists/Visitors	115,000	
What is the estimated fina (How many tourist dollars	incial impact of this project? will be spent in the community?)	\$ 50,000.00	
What is the estimated fina (How many tourist dollars	ncial impact of this project? will be spent in the community?)		

What methodology did you use to estimate total attendance, visitor attendance and financial impact?

In 2022, 115,000 visitor gate passes were issued. Average rental volume in 2021 and 2022 was 15,000 rental passes per year. Other visitor passes include personal guests of residents. Since receiving the AISCP certification in 2017, visitors have commented that the certification was motivation for them to come to the island. We estimate that approximately 1% of the visitor volume may be due to the AISCP designation.

What is your organization	on's annual operating budget?	\$ 7	7,160,000.00
What is the estimated budget for this project?		\$ 10,000.00	
What are the estimated	revenues for this project? ▼	What are the estimated	expenditures for this project?
Source	Amount	Source	Amount
None	\$	Permits	\$500.00
	\$	Signs	\$9,500.00
	\$		\$
	\$		\$
	\$		\$
	\$		Ś

Please provide a detailed explanation of how your organization will use ATAX funds from the Town.

To obtain permits, purchase and install new Audubon International Sustainable Community Program sign at gate entry.

	IER IN		
-	1 F K I I	$M \Lambda T$	

Do you wish to provide any additional comments or information about your project or organization?

CERTIFICATION

- (A) I certify that I am authorized to apply for funding and to commit the organization to the terms specified herein.
- (B) I certify that all information contained herein is true and accurate to the best of my knowledge.
- (C) I understand that providing false or fraudulent information may result in the imposition of penalties including, but not limited to, repayment of State Accommodations Tax funds, and any other remedies allowed by law.
- (D) If the Town provides funds, I agree to provide to the Town, within sixty (60) days of the event/activity completion, a full written account of the income and expenditures associated with the project, together with an assessment of the value of the expenditure in promoting tourism.
- (E) If the Town provides funds, I agree to allow a representative of the Town and/or its appointed representative to examine the financial records of my organization insofar as they pertain to this project.
- (F) I hereby declare that this organization carries liability insurance in the amount of \$1,000,000.00 and hereby agrees to include the Town of Seabrook Island as a named insured for purposes of this project.
- (G) This organization assumes full legal responsibility for any suit or action at law or equity, and any or all claims arising from this project, and do hereby indemnify and hold harmless the Town of Seabrook Island and its Accommodations Tax Committee from any liability in any action at law or equity associated with its support for this project.

Applicant Signature Date 08/03/2023 **Applicant Title Organization Name** Seabrook Island Property Owners Association

The State of South Carolina EXECUTIVE DEPARTMENT

CERTIFICATE OF INCORPORATION BY THE SECRETARY OF STATE

WHEREAS. Marry R. Gonzalez, 1404 Morth Lake Way, Palm Seach, Florida William C. Whitter, SS King Street, Charleston, South Carelina

two or more of the officers or agency appointed to supervise or manage the affairs of

SEABROOK ISLAND PROPERTY OWNERS ASSOCIATION

which has been duly and regularly organized, did on the

3

طع مز

November , A. D. 1072 , file with the Secretary of State a written declaration setting forth:

That at a meeting of the aforesaid organization held pursuant to the by-laws or regulations of the said organization, they were authorized and directed to epply for incorporation.

That the said organization holds, or desires to half property in common for Religious, Educational Social Francesia, Charstable or other cicencurrary purpose, or may two or more of said purposes, and is not organized for the purpose of profit or gain to the members, otherwise than is above smeed, nor for the insurance of life, health, northern or property, and that three days' sotice in the News and Courses , a newspaper published in the

County of

Charleston

the been given that the eformaid Declaration would be filed.

Ann Workers, Said Declarates and Pathioners further declared and affirmed:

F.RST: Their manes and residences are as above given.

SECOND: The mand of the proposed Corporation is SEABROOK ISLAND PROPERTY OWNERS ASSOCIATION

THIRD: The place at which it proposes to have its headquarters or be located is Sealintock Island South Carolina

FOURTH: The purpose of the said proposed Corporates is

to preserve the values and amendment of the Subdivision of Scabrook Island; to maintain the parks, playgrounds, open spaces, streets, and other common facilities for which it may charge an amual Malatemace tharge.

FLETH: The names and residences of all Managers, Trustees, Directors or other officers are as follows:

Harry R. Conzalez Loosed Krawcheck Richard T. Collier

William C. Whimer 88 King Street, Charleston, S. C. 1404 North Lake Way, Palm Beach, Florida

3 Colonial Street, Charleston, S. C. 345 Pendleton Lane, Palm Beach, Florida M. R. Conzelez, Jr. 300 \$3rd Street, Apt. 4. Palm Beach, Florida Director

Director & President Director & Vice President Director & Secretary Director & Treasurer

SUITH. That they desire to be someporated: In perpetuity

Now. Transverse I. O FRANK THORNTON, Secretary of State, by virtue of the surfacety in the visited by Clupter 13, Title 12 Code of 1983, and Acts amendatory therem, do acreby doctare the said organization to be a body politic and corporate, with all the rights, powers, privileges and immunified, and subject to all the limitations and liabilities, conferred by said Chapter 13, Title 12, Code of 1962, and Acts amendatory thereto.

CIVEN under my bard and the seal of the State, at Columbia, this. 3 50 day of November in the year of our Lord one thousand nine busdered and 72

and in the one bondered and 97th year of the Independence of the

Cained States of America

a Jean so O. FILLNE THORNTON, Secretary of State.

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

DEPARTMENT OF THE TREASURY

Date: JUN 2 4 2010

SEABROOK ISLAND PROPERTY OWNERS ASSOCIATION 1202 LANDFALL WAY JOHNS ISLAND, SC 29455

Employer Identification Number: 57-0600562 DLN: 17053012345009 Contact Person: SHAWNDEA KREBS ID# 31072 Contact Telephone Number: (877) 829-5500 Accounting Period Ending: December 31 Form 990 Required: Yes Effective Date of Exemption: November 3, 1972 Contribution Deductibility:

Dear Applicant:

We are pleased to inform you that upon review of your application for tax-exempt status we have determined that you are exempt from Federal income tax under section 501(c)(4) of the Internal Revenue Code. Because this letter could help resolve any questions regarding your exempt status, you should keep it in your permanent records.

Please see enclosed Publication 4221-NC, Compliance Guide for Tax-Exempt Organizations (Other than 501(c)(3) Public Charities and Private Foundations), for some helpful information about your responsibilities as an exempt organization.

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

Sincerely,

Robert Choi Director, Exempt Organizations Rulings and Agreements

Enclosure: Publication 4221-NC

Letter 948 (DO/CG)

Seabrook Island Property Owners Association

Board of Directors:

Bill Connelly, President
David Brown, Vice President
Warren Weber, Treasurer
David Cruse, Secretary
Sue Ferland
Thomas Johnson
Susan May
Brad Phillips
Joyce Phillips
Lisa Ryan
Mike Sankovich

Executive Director:

Heather Paton

Director of Engineering:

Steve Hirsch

Director of Administration and ARC:

Katrina Burrell

Director of Finance:

Steve Arnold

Town of Seabrook Island

2001 Seabrook Island Road Seabrook Island, SC 29455 townofseabrookisland.org

State ATAX Funding Application FY 2024

Contact Us: (843) 768-9121 kwatkins@townofseabrookisland.org

APPLICATIONS MUST BE RECEIVED BY 12:00 PM ON MON. AUGUST 7, 2023 **LATE APPLICATIONS WILL NOT BE CONSIDERED**

1 ORGANIZATION INFOR	RMATION					
Organization Name	Seabrook Is	land Property Owners Association				
Contact Person	Name	Heather Paton	Title	Title Executive Director Email hpaton@sipoa.org		
Contact Person	Phone #	843-768-0061	Email			
Mailing Address	Street	1202 Landfall Way				
Ivianing Address	City	Johns Island	State	SC	Zip	29455
Website Address	www.sipoa	.org				
Year Established	1972					
	Govern	nment Unit (City, County, School)	For-P	rofit Busines	s or Orga	nization
	☐ Tax-Ex	empt Charitable Organization	✓ Other	r Tax-Exemp	t Organiza	ition
Organization Type	Church	or Religious Organization	Uning	corporated A	ssociation	or Group
	Other	(Please Specify):				
Federal Employee ID #						
	red with the	South Carolina Secretary of State	s Office as	a Not-Profit	Organiza	tion?
✓ Yes No	If yes, plea	se attach a copy of your organizat	tion's regist	ration certifi	icate	
If this organization federal	ly exempt un	der IRS Code 501(c) 3, 4, 5k, 6, 7 d	or 10?			
✓ Yes No	If yes, plea	se attach a copy of your organizat	tion's IRS To	ax Exempt De	eterminat	ion Letter
In the space below, please	provide a br	ief description of your organization	on's history	and mission	1.	
The purpose and business o	of SIPOA inclu	des but is not limited to the follow	/ing:			
		ograms to protect the environmen , safety, security and welfare of Pi			n and ma	intenance
Please attach a list of	your organize	ation's Governing Body (eg. Board	of Director	s), Chief Offic	cers and k	ey Staff.
2 PROJECT OVERVIEW						
Project Name	Charleston	Symphony Orchestra Annual Con-	cert			
Project Date(s)	October 1,	2023				
Amount Requested	\$ 27,000.0	0				
	Adver	tising & Promotion	Public I	Facilities		
Tourism-Related	✓ Promo	otion of Arts & Cultural Events	Transp	ortation & S	huttles	
Expenditure Category (Check all that apply)	Civic 8	Cultural Facilities	Waterf	ront Erosion	& Renou	rishment
(Check all that apply)	☐ Public	Services	Visitor	Information	Centers	

Please provide a brief descri	ription of the project, including its	purpose, goals and objectives.
	stra Performance. The CSO presents al is to provide a community-wide cu	an annual concert that is open to Seabrook Island altural event.
How will your project prom	note tourism and/or enhance the	tourist trade in the Town of Seabrook Island?
ocal media and community w beople attended - both reside	vebsites, so guests can book their vis	eautiful outdoor setting. The performance is promoted in sits to include the performance date. In 2022, over 450 th anniversary of SIPOA, and it is anticipated that this o residents and island visitors.
	Seabrook Island residents, guests	and visitors
Who is your target audience?	Seasiook island residents, guests	
	Television	Radio
How will you advertise	Newspaper	✓ Website
this project to visitors?	✓ Magazine	Brochures
(Check all that apply)	☐ Billboards	☐ Mailers (Out of County)
The west on the second	✓ Visitor's Guide	✓ Other: Weekly Emails/Message Boards
3 PROJECT IMPACT		
	Total Attendance	500
Estimated Attendance	Total # of Tourists/Visitors	175
	ncial impact of this project? will be spent in the community?)	\$ 20,000.00
What methodology did yo	u use to estimate total attendance	e, visitor attendance and financial impact?
_	ncial impact of this project - No sale visit to the island for the event.	s to be generated. We anticipate other incidental spending
In 2022, over 450 people atte	ended - both residents and visitors.	

What is your organization	on's annual operating budget?	\$ 7	,160,000.00
What is the estimated budget for this project?		\$	27,000.00
What are the estimated	revenues for this project? ▼	What are the estimated	expenditures for this project?
Source	Amount	Source	Amount
None	\$		\$27,000.00
	\$		\$
	\$		\$
	\$		\$
	\$		\$
	\$		\$

Please provide a detailed explanation of how your organization will use ATAX funds from the Town.

To compensate CSO for their performance.

OTHER INCORDANTION
OTHER INFORMATION
CITIER IN CRIVIALION

Do you wish to provide any additional comments or information about your project or organization?

6 CERTIFICATION

- (A) I certify that I am authorized to apply for funding and to commit the organization to the terms specified herein.
- (B) I certify that all information contained herein is true and accurate to the best of my knowledge.
- (C) I understand that providing false or fraudulent information may result in the imposition of penalties including, but not limited to, repayment of State Accommodations Tax funds, and any other remedies allowed by law.
- (D) If the Town provides funds, I agree to provide to the Town, within sixty (60) days of the event/activity completion, a full written account of the income and expenditures associated with the project, together with an assessment of the value of the expenditure in promoting tourism.
- (E) If the Town provides funds, I agree to allow a representative of the Town and/or its appointed representative to examine the financial records of my organization insofar as they pertain to this project.
- (F) I hereby declare that this organization carries liability insurance in the amount of \$1,000,000.00 and hereby agrees to include the Town of Seabrook Island as a named insured for purposes of this project.
- (G) This organization assumes full legal responsibility for any suit or action at law or equity, and any or all claims arising from this project, and do hereby indemnify and hold harmless the Town of Seabrook Island and its Accommodations Tax Committee from any liability in any action at law or equity associated with its support for this project.

Applicant Signature	bearutta	Date	08/03/2023
Applicant Title	Executive Director		
Organization Name	Seabrook Island Property Owners Association		

The State of South Carolina EXECUTIVE DEPARTMENT

CERTIFICATE OF INCORPORATION BY THE SECRETARY OF STATE

WHEREAS. Marry R. Gonzalez, 1404 North Lake Way, Palm Seach, Florida William C. Whitter, SB Ring Street, Charleston, South Carolina

two or more of the officers or against appointed to supervise or manage the affairs of

SEABROOK ISLAND PROPERTY OWNERS ASSOCIATION

which has seen duly and regularly organized, did on the

3rd

طرح مز

November , A. D. 1072 , file with the Secretary of State a written declaration setting forth:

That it a morting of the aforesaid organization held purrount to the by-laws or regulations of the said organization, they were authorized and directed to apply for incorporation.

That the mid organization holds, or destres to held property in common for Religious, Educational Social Frances, Charstable or other decemposary purpose, or may two or more of said purposes, and is not organized for the purpose of profit or thin to the members, otherwise than is above stated, per for the insurance of life, health, audition or property, and that three days' notice in the News and Courser , a newspaper published in the

Causty of

Charleston

has been given that the aformaid Declaration would be filed.

Ann Womens, Said Declarates and Pathioners further declared and affirmed:

F.RST: Their names and residences are as above given.

SECOND: The name of the proposed Corporation is SEASROOK ISLAND PROPERTY OWNERS ASSOCIATION

THIRD: The place at which it proposes to have its headquarters or be located in Sealincock Island South Carolina

FOURTH: The purpose of the unit proposed Corporaton is

to preserve the values and amenities of the Subdivision of Scabrook Island; to maintain the partia. Playgrounds, open specus, streets. and other common facilities for which it may charge an amual Malassumace charge.

Fig.TH: The names and residences of all Managers, Trumes, Directors or other officers are as follows:

Harry R. Conzalez Richard T. Collier

William C. Whimer 88 King Street, Charleston, S. C. 1404 North Lake Way, Palm Beach, Florida

Leonard Krawcheck 3 Colonial Street, Charleston, S. C. 345 Pendicton Lane, Palm Beach, Florida M. R. Conzelez, Jr. 300 53rd Street, Apt. 4, Palm Beach, Florida Director

Director & President Director & Vice President

Director & Secretary Director & Treasurer

SUITH. That they desire to be secreporated: In perpetuity

Now. Transfers. 1. O FRANK THORNTON, Secretary of State, by virtue of the authority in me vented, by Clupter 13, Title 12. Code of 15th, and Acts amendatory therem, do northy declars the said organization to be a body politic and corporate, with all the mights, powers, privileges and immunities, and subject to all the limitations and liabilities, conferred by and Chapter 13, Title 12. Code of 15th, and Acts amendatory thereto.



CIVEN under my band and the soul of the State, at Columbia, this. 3 50 day of November in the year of our Lord one thousand nine busdered and 72 and in the one bundered and 97th

year of the Independence of the

United States of America

O. FILLNE THORNTON, Secretary of State.

INTERNAL REVENUE SERVICE P. O. BOX 2508 CINCINNATI, OH 45201 DEPARTMENT OF THE TREASURY

Date: JUN 2 4 2010

SEABROOK ISLAND PROPERTY OWNERS ASSOCIATION 1202 LANDFALL WAY JOHNS ISLAND, SC 29455 Employer Identification Number: 57-0600562 DLN: 17053012345009 Contact Person: ID# 31072 SHAWNDEA KREBS Contact Telephone Number: (877) 829-5500 Accounting Period Ending: December 31 Form 990 Required: Yes Effective Date of Exemption: November 3, 1972 Contribution Deductibility:

Dear Applicant:

We are pleased to inform you that upon review of your application for tax-exempt status we have determined that you are exempt from Federal income tax under section 501(c)(4) of the Internal Revenue Code. Because this letter could help resolve any questions regarding your exempt status, you should keep it in your permanent records.

Please see enclosed Publication 4221-NC, Compliance Guide for Tax-Exempt Organizations (Other than 501(c)(3) Public Charities and Private Foundations), for some helpful information about your responsibilities as an exempt organization.

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

Sincerely.

Robert Choi Director, Exempt Organizations Rulings and Agreements

Enclosure: Publication 4221-NC

Letter 948 (DO/CG)

Seabrook Island Property Owners Association

Board of Directors:

Bill Connelly, President
David Brown, Vice President
Warren Weber, Treasurer
David Cruse, Secretary
Sue Ferland
Thomas Johnson
Susan May
Brad Phillips
Joyce Phillips
Lisa Ryan
Mike Sankovich

Executive Director:

Heather Paton

Director of Engineering:

Steve Hirsch

Director of Administration and ARC:

Katrina Burrell

Director of Finance:

Steve Arnold

Town of Seabrook Island 2001 Seabrook Island Road Seabrook Island, SC 29455 townofseabrookisland.org

State ATAX Funding Application

FY 2024

Contact Us: (843) 768-9121 kwatkins@townofseabrookisland.org

APPLICATIONS MUST BE RECEIVED BY 12:00 PM ON MON. AUGUST 7, 2023 **LATE APPLICATIONS WILL NOT BE CONSIDERED**

1 ORGANIZATION INFO	RMATION					
Organization Name	Seabrook Is	land Property Owners Association	1			
Contact Person	Name	Heather Paton	Title	le Executive Director		
Contact i er son	Phone #	843-768-0061	Email	hpaton@s	sipoa.org	
Mailing Address	Street	1202 Landfall Way				
3,44,633	City	Johns Island	State SC Zip			29455
Website Address	www.sipoa	org				
Year Established	1972					
	Govern	ment Unit (City, County, School)	For-P	rofit Busines	ss or Orga	nization
	☐ Tax-Exe	empt Charitable Organization	✓ Other	Tax-Exemp	t Organiza	ation
Organization Type	☐ Church	or Religious Organization	Uning	corporated A	Association	n or Group
	Other (Please Specify):				
Federal Employee ID #						
If this organization registe	ered with the S	outh Carolina Secretary of State'	s Office as	a Not-Profit	Organiza	tion?
✓ Yes No		se attach a copy of your organizat				
If this organization federa		der IRS Code 501(c) 3, 4, 5k, 6, 7 c				
✓ Yes No		se attach a copy of your organizat		x Exempt De	eterminati	ion Letter
In the space below, pleas		ef description of your organization				
		les but is not limited to the follow				
		grams to protect the environment safety, security and welfare of Pr			n and mai	ntenance
	your organiza	tion's Governing Body (eg. Board o	of Directors), Chief Offic	cers and K	ey Staff.
2 PROJECT OVERVIEW						
Project Name	North Amer	ican Land Trust Conservation Plan	1			
Project Date(s)	2024-2026					
Amount Requested	\$ 60,000.00					
	Advertis	sing & Promotion	√ Public F	acilities		
Tourism-Related Expenditure Category	Promot	ion of Arts & Cultural Events	Transpo	rtation & Sh	uttles	
(Check all that apply)	Civic &	Cultural Facilities	Waterfr	ont Frosion	& Renour	ichment

Public Services

☐ Visitor Information Centers

Please provide a brief description of the project, including its purpose, goals and objectives.

Recently SIPOA has been working with NALT to develop plans that will enhance the conservation value of this property.

There are several projects that will be implemented to achieve this. Project components include: wildflower meadow restoration, lake enhancement, and creation of a "greenprint" plan which will map conservation lots and other wetlands, wildlands and common areas to create connectivity for a a recreational/educational trail system.

NALT will continue working with SIPOA's committees/special interest groups including the Environmental Committee, Seabrook Island Birders and the Garden Club to develop and enhance native plant nurseries, bird/owl boxes and interpretive signage for owners, visitors and guests to enjoy.

How will your project promote tourism and/or enhance the tourist trade in the Town of Seabrook Island?

Ecotourism is a factor in peoples' decisions to vacation on Seabrook Island. Many guests choose to visit because of the exceptional, healthy natural environment, our commitment to sustainability, and our award winning beach restoration. The SIPOA Lake House facility, which is open to visitors, is surrounded by conserved land overseen by the North American Land Trust. Completion of this project will provide visitors an opportunity to learn about island habitat, native plants/flowers, and wetlands via recreational/educational trail system, a native plant nursery, bird/owl boxes, interpretive signage, and mobile optimized story maps for self-guided use of the are.

Who is your target audience?	Visitors and residents	
How will you advertise this project to visitors? (Check all that apply)	 ☐ Television ☐ Newspaper ☑ Magazine ☐ Billboards ☑ Visitor's Guide 	 Radio ✓ Website Brochures Mailers (Out of County) ✓ Other: Weekly Emails/Message Boards

3 PROJECT IMPACT				
Estimated Attendance	Total Attendance	800,000		
Listimated Attendance	Total # of Tourists/Visitors	115,000		
	ncial impact of this project? will be spent in the community?)	\$ 100,000.00		

What methodology did you use to estimate total attendance, visitor attendance and financial impact?

In 2022, 115,000 visitor gate passes were issued. Average rental volume in 2021 and 2022 was 15,000 rental passes per year. Other visitor passes include personal guests of residents. With these conservation efforts, we estimate an additional 2% increase in rental guests and associated spending.

Ecotourism visits will be generated by inclusion of this project in NALT's and Audubon International's quarterly newsletter. They are sent to thousands of national and international subscribers.

What is your organization	n's annual operating budget?	\$ 7,160,000.00		
What is the estimated budget for this project?		\$ 60,000.00		
What are the estimated	revenues for this project? ▼	What are the estimated expenditur	es for this project?	
Source	Amount	Source	Amount	
	\$	Consultation	\$10,000.00	
	\$	Restoration, Lake Management	\$50,000.00	
	\$		\$	
	\$		\$	
	\$		\$	
	\$		\$	

Please provide a detailed explanation of how your organization will use ATAX funds from the Town.

Funds will be used to design and implement conservation enhancement measures on conserved property.

100						
	OT	JED.	INIT	ODA	AATI	ON
3	ОТІ		INF	URN	ИΑП	UN

Do you wish to provide any additional comments or information about your project or organization?

6 CERTIFICATION

- (A) I certify that I am authorized to apply for funding and to commit the organization to the terms specified herein.
- (B) I certify that all information contained herein is true and accurate to the best of my knowledge.
- (C) I understand that providing false or fraudulent information may result in the imposition of penalties including, but not limited to, repayment of State Accommodations Tax funds, and any other remedies allowed by law.
- (D) If the Town provides funds, I agree to provide to the Town, within sixty (60) days of the event/activity completion, a full written account of the income and expenditures associated with the project, together with an assessment of the value of the expenditure in promoting tourism.
- (E) If the Town provides funds, I agree to allow a representative of the Town and/or its appointed representative to examine the financial records of my organization insofar as they pertain to this project.
- (F) I hereby declare that this organization carries liability insurance in the amount of \$1,000,000.00 and hereby agrees to include the Town of Seabrook Island as a named insured for purposes of this project.
- (G) This organization assumes full legal responsibility for any suit or action at law or equity, and any or all claims arising from this project, and do hereby indemnify and hold harmless the Town of Seabrook Island and its Accommodations Tax Committee from any liability in any action at law or equity associated with its support for this project.

Applicant Signature	seasunta	Date	08/03/2023
Applicant Title	Executive Director		
Organization Name	Seabrook Island Property Owners Association		

The State of South Carolina DECUTIVE DEPARTMENT

CERTIFICATE OF INCORPORATION BY THE SECRETARY OF STATE

WHEREAS. Marry R. Gonzalez, 1404 North Lake Way, Palm Seach, Florida William C. Whitter, 38 King Street, Charleston, South Carolina

SEASROOK ISLAND PROPERTY OWNERS ASSOCIATION

which has own daily and regularly organized, did on the

3rd

ځا وځ

November , A. D. 1072 , file with the Secretary of State a written declaration setting forth:

That at a mosting of the aforesaid organization held pursuant to the by-laws or regulations of the said organization, they were authorized and directed to apply for incorporation

That the said organization holds, or desires to held, purporty in common for Religious, Educational, Social, Frances, Charstable or other cicencurrary purpose, or may two or more of said purposes, and is not organized for the purpose of profit or gain to the members, otherwise than is above smited, nor for the insurance of life, health, northern or property, and that three days' notice in the News and Counter , a newspaper published in the

Crusty of

Charleston

bas been given that the aformaid Declaration would be filed.

Ann Workers, Said Declarates and Pathioners further declared and affirmed

F.RST: Their names and residences are as above given.

SECOND: The name of the proposed Corporation is SEASROOK ISLAND PROPERTY OWNERS ASSOCIATION

THIRO: The place at which it proposes to have its headquarters or be located is Sealintock Island South Carolina

FOURTH: The purpose of the unit proposed Corporates is

to preserve the values and amendous of the Subdivision of Scabrook Island; to maintain the parks, playgrounds, open specus, streets, and other common facilities for which it may charge an amual Malaterance charge.

FLETH: The names and residences of all Managers, Trustees, Directors or other officers are to follows:

William C. Whimer Harry R. Commaler Loosed Krawcheck 88 King Street, Charleston, S. C.

1404 North Lake Way, Palm Beach, Florida 3 Colomial Sweet, Charleston, S. C. 345 Pendleron Lane, Palm Beach, Florida

Director & Vice President Director & Secretary Director & Treasurer

Director & President

Richard T. Collier

K. R. Gonzelez, Jr. 300 53rd Street, Apt. 4. Falm Bezeis, Florida Director

SUCTH. That they desire to be someporated: In perpetuity

Now, Transports, I. O FRANK THORNTON, Secretary of State, by virtue of the authority in me vested, by Clupter 13, Title 12. Code of 1923, and Acts amendatory thereon, do secrety declare the said organization to be a body politic and component, with all the rights, powers, privileges and immunities, and subject to all the limitations and liabilities, conferred by said Chapter 13, Title 12. Code of 1922, and Acts amendatory thereto.

CIVEN under my burd and the sail of the State, at Columbia this. 3 50 day of November

to the year of our Lord one thousand mine bushered and and in the one bundered and 97th

year of the Independence of the

Cained States of America

O. FRUNK THORNTON, Secretary of State

73

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

DEPARTMENT OF THE TREASURY

Date: JUN 2 4 2010

SEABROOK ISLAND PROPERTY OWNERS ASSOCIATION 1202 LANDFALL WAY JOHNS ISLAND, SC 29455 Employer Identification Number:
57-0600562
DLN:
17053012345009
Contact Person:
SHAWNDEA KREBS ID# 31072
Contact Telephone Number:
(877) 829-5500
Accounting Period Ending:
December 31
Form 990 Required:
Yes
Effective Date of Exemption:
November 3, 1972
Contribution Deductibility:

Dear Applicant:

We are pleased to inform you that upon review of your application for taxexempt status we have determined that you are exempt from Federal income tax under section 501(c)(4) of the Internal Revenue Code. Because this letter could help resolve any questions regarding your exempt status, you should keep it in your permanent records.

Please see enclosed Publication 4221-NC, Compliance Guide for Tax-Exempt Organizations (Other than 501(c)(3) Public Charities and Private Foundations), for some helpful information about your responsibilities as an exempt organization.

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

Sincerely,

Robert Choi Director, Exempt Organizations Rulings and Agreements

Enclosure: Publication 4221-NC

Letter 948 (DO/CG)

Seabrook Island Property Owners Association

Board of Directors:

Bill Connelly, President
David Brown, Vice President
Warren Weber, Treasurer
David Cruse, Secretary
Sue Ferland
Thomas Johnson
Susan May
Brad Phillips
Joyce Phillips
Lisa Ryan
Mike Sankovich

Executive Director:

Heather Paton

Director of Engineering:

Steve Hirsch

Director of Administration and ARC:

Katrina Burrell

Director of Finance:

Steve Arnold



Town of Seabrook Island

State ATAX Funding Application

FY 2024

2001 Seabrook Island Road Seabrook Island, SC 29455 townofseabrookisland.org

AUG 07 2023 9:28am

Contact Us: (843) 768-9121 kwatkins@townofseabrookisland.org

APPLICATIONS MUST BE RECEIVED BY 12:00 PM ON MON. AUGUST 7, 2023
LATE APPLICATIONS WILL NOT BE CONSIDERED

Organizati	on Name	The Seab	rook Island Turtle Patrol					
Contact Person		Name	Bill Nelson	Title	Treasure	r		
Contact Fe	3011	Phone #	Phone # 203-948-2248		wnelson1	nelson1942@gmail.co		
Mailing Address		Street	3758 beach Court					
ivialilig Au	iuress	City	Seabrook Island	State	SC	Zip	29455	
Website A	ddress	https://ww	w.siturtlepatrol.com	A CONTRACTOR OF THE PARTY OF TH				
Year Estab	lished	Over 30 ye	ears ago					
Organization Type		Tax-Exe	Government Unit (City, County, School) For-Profit Business or Organization Tax-Exempt Charitable Organization Other Tax-Exempt Organization Church or Religious Organization Unincorporated Association or Government Unit (City, County, School) Other (Please Specify): Wildlife Preservation			ation		
Federal Employee ID #		None						
THE RESERVE OF THE PARTY OF THE		red with the S	outh Carolina Secretary of State's	ofc				
Г	Yes No		e attach a copy of your organizati				tion?	
		ly exempt unc	ler IRS Code 501(c) 3, 4, 5k, 6, 7 o	on s registr	ation certific	cate		
Г	Yes No							
the space		ij yes, pieas	e attach a copy of your organizati	on's IRS Ta	Exempt De	terminati	on Letter	
no Cooke	e below, please	provide a brie	ef description of your organization	n's history a	and mission.			
	process for the direction of	ic ciluallueli	s been in operation for over 30 ed Loggerhead turtles. The PNR.	0 years ar atrol activ	id its missi ities are ur	on is to ider a po	support ermit	

Please attach a list of your organization's Governing Body (eg. Board of Directors), Chief Officers and Key Staff.

2 PROJECT OVERVIEW		
Project Name	Seabrook Island Turtle Patrol	
Project Date(s)	May 1, 2024 through early October 20	024
Amount Requested	\$1000	
Tourism-Related Expenditure Category (Check all that apply)	☐ Advertising & Promotion ☐ Promotion of Arts & Cultural Events ☐ Civic & Cultural Facilities ☑ Public Services	Public Facilities Transportation & Shuttles Waterfront Erosion & Renourishment Visitor Information Centers

Please provide a brief des	cription of the project, including	its purpose, goals and objectives.
members identify new turt protection materials on the	e nests; provide for relocation of	out the nesting season including the following: patrol nests exposed to tides and/or storms; placing nest sts after they have hatched; and, tracking and reporting of Natural Resources
The Patrol is directed, adv	ised, trained and supported by th	ne SC State DNR.
How will your project proj	mote tourism and/or enhance the	e tourist trade in the Town of Seabrook Island?
patrol's activities and succe protection activity.	esses all contribute to Seabrook'	mouth, Tidelines articles, our website reporting on the s reputation as a place to observe this important wildlife
othersocial mediaa		
	Any visitors to our island Beach	hes
Who is your target audience?		
	Television	Radio
How will you advertise	✓ Newspaper	✓ Website
this project to visitors?	Magazine	Brochures
(Check all that apply)	Billboards	☐ Mailers (Out of County)
	☐ Visitor's Guide	Other: Word of Mouth/Social Media
3 PROJECT IMPACT		
3 PROJECT IMPACT	T-1-11	
Estimated Attendance	Total # of Tourists (Visits	1250-3750 total visitors participating in the process
What is the estimated final	Total # of Tourists/Visitors	500-2000
(How many tourist dollars w	vill be spent in the community?)	\$125,000 to \$375,000 total local expenditures
What methodology did you	use to estimate total attendance	e, visitor attendance and financial impact?
Visitor Attendance - The nu	imber of people attending nest in	ventories after the turtles batch is the most direct
journey from the nest to the the inventories for 1250 to 3 and the questions asked of many visitors count the Turti trash off the beach during the destination.	ocean. We expect 50 - 75 nests 750 total visitor participating in to bur Turtle Patrol members while the Patrol activities as highlights of e tourist season also contributes	hoping to observe new turtle hatchlings in their in 2024 with 25 to 50 out of town guests observing the process. Vacationers attending these inventories they perform their daily beach inspections indicate in their island experiences. The patrol's role in clearing greatly to the attractiveness of this vacation
Financial Impact - 1250 -37 food and lodging while they	'50 visitor contacts at \$100 per d are here amounts to \$125,000 to	ay as their likely "event of their day" and their cost of \$375,000

What is your organization's a	nnual operating budget?	\$5000				
What is the estimated budget for this project? What are the estimated revenues for this project? ▼		\$5000				
		What are the estimated expenditures for this project				
Source	Amount	Source	Amount			
Food and Lodging	\$125,000+	Turtle Patrol Shirts and Hats	\$3500			
	\$	Beach Supplies-nest protection materials	\$1000			
	\$	Year end patrol meeting	\$1000			
	\$	Website fees	\$200			
	\$		\$			
	\$		\$			

Please provide a detailed explanation of how your organization will use ATAX funds from the Town.

We are requesting funds for supplies used in turtle nest protection activities by Patrol members. These include nest protection materials - coverage wire, hold down stakes, sigh posts and predator repellants.

5 OTHER INFORMATION

Do you wish to provide any additional comments or information about your project or organization?

The Seabrook beaches are a major draw for vacationers here and watching the Turtle Patrol activities in protecting the nesting process from predators, tides and storms is a highlight for most of them. Keeping our beaches clear of the trash left by people in their normal beach day is also an important contributor to the attractiveness of this destination resort.

6 CERTIFICATION

- (A) I certify that I am authorized to apply for funding and to commit the organization to the terms specified herein.
- (B) I certify that all information contained herein is true and accurate to the best of my knowledge.
- (C) I understand that providing false or fraudulent information may result in the imposition of penalties including, but not limited to, repayment of State Accommodations Tax funds, and any other remedies allowed by law.
- (D) If the Town provides funds, I agree to provide to the Town, within sixty (60) days of the event/activity completion, a full written account of the income and expenditures associated with the project, together with an assessment of the value of the expenditure in promoting tourism.
- (E) If the Town provides funds, I agree to allow a representative of the Town and/or its appointed representative to examine the financial records of my organization insofar as they pertain to this project.
- (F) I hereby declare that this organization carries liability insurance in the amount of \$\(\frac{\cdot None -}{\cdot}\) and hereby agrees to include the Town of Seabrook Island as a named insured for purposes of this project.
- (G) This organization assumes full legal responsibility for any suit or action at law or equity, and any or all claims arising from this project, and do hereby indemnify and hold harmless the Town of Seabrook Island and its Accommodations Tax Committee from any liability in any action at law or equity associated with its support for this project.

Applicant Signature	Mellelson	Date	August 6,2023
Applicant Title	Bill Nelson/- Treasurer	The state of the s	
Organization Name	Seabrook Island Turtle Patrol		

State ATAX Funding Application

FY 2024

Contact Us: (843) 768-9121 kwatkins@townofseabrookisland.org

Organization Name Title Phone # Email Street Gry State Zip Website Address Year Established Government Unit (City, County, School)	1 ORGANIZATION INFORM	MATION					
Street S	Organization Name						
Mailing Address Street	Contact Porcon	Name		Title			
Website Address Year Established Organization Type Government Unit (City, County, School) For-Profit Business or Organization Tax-Exempt Charitable Organization Other Tax-Exempt Organization Other (Please Specify): Federal Employee ID # If this organization registered with the South Carolina Secretary of State's Office as a Not-Profit Organization? Yes	Contact Person	Phone #		Email			
Website Address Year Established Government Unit (City, County, School) For-Profit Business or Organization Other Tax-Exempt Organization Other Tax-Exempt Organization Unincorporated Association or Group Other (Please Specify):	Mailing Address	Street					
Government Unit (City, County, School) For-Profit Business or Organization Tax-Exempt Charitable Organization Other Tax-Exempt Organization Church or Religious Organization Unincorporated Association or Group Other (Please Specify):	Walling Address	City		State		Zip	
Government Unit (City, County, School) For-Profit Business or Organization Tax-Exempt Charitable Organization Other Tax-Exempt Organization Other Ta	Website Address						
Organization Type Tax-Exempt Charitable Organization Other Tax-Exempt Organization Church or Religious Organization Unincorporated Association or Group Other (Please Specify):	Year Established						
Church or Religious Organization Unincorporated Association or Group Other (Please Specify): Federal Employee ID # If this organization registered with the South Carolina Secretary of State's Office as a Not-Profit Organization? Yes		Govern	ment Unit (City, County, School)	For-Pro	ofit Business	or Orga	nization
Church or Religious Organization Unincorporated Association or Group Other (Please Specify): If this organization registered with the South Carolina Secretary of State's Office as a Not-Profit Organization? Yes		Tax-Exe	mpt Charitable Organization	Other	Tax-Exempt	Organiza	ation
If this organization registered with the South Carolina Secretary of State's Office as a Not-Profit Organization? Yes	Organization Type	Church	or Religious Organization	Uninco	orporated As	ssociation	n or Group
If this organization registered with the South Carolina Secretary of State's Office as a Not-Profit Organization? Yes		Other (I	Please Specify):				
Yes	Federal Employee ID #						
If this organization federally exempt under IRS Code 501(c) 3, 4, 5k, 6, 7 or 10? Yes No If yes, please attach a copy of your organization's IRS Tax Exempt Determination Letter In the space below, please provide a brief description of your organization's history and mission. Please attach a list of your organization's Governing Body (eg. Board of Directors), Chief Officers and Key Staff. PROJECT OVERVIEW Project Name Project Date(s) Amount Requested Advertising & Promotion Public Facilities Tourism-Related Expenditure Category Civil 8 College Spiriting Widter Facilities Transportation & Shuttles	If this organization registere	d with the S	outh Carolina Secretary of State	's Office as a	Not-Profit	Organiza	tion?
Yes No If yes, please attach a copy of your organization's IRS Tax Exempt Determination Letter In the space below, please provide a brief description of your organization's history and mission. Please attach a list of your organization's Governing Body (eg. Board of Directors), Chief Officers and Key Staff. PROJECT OVERVIEW Project Name Project Date(s) Amount Requested Advertising & Promotion Public Facilities Promotion of Arts & Cultural Events Transportation & Shuttles Expenditure Category Chica & Cultural Facilities Westerfaces Facilities Promotion of Arts & Cultural Events Transportation & Shuttles							
In the space below, please provide a brief description of your organization's history and mission. Please attach a list of your organization's Governing Body (eg. Board of Directors), Chief Officers and Key Staff. PROJECT OVERVIEW Project Name Project Date(s) Amount Requested Advertising & Promotion Public Facilities Tourism-Related Expenditure Category Civil & Colleged Society S							
Please attach a list of your organization's Governing Body (eg. Board of Directors), Chief Officers and Key Staff. PROJECT OVERVIEW Project Name Project Date(s) Amount Requested Advertising & Promotion Public Facilities Tourism-Related Expenditure Category Civil & College Facilities Transportation & Shuttles	Yes No	If yes, pleas	se attach a copy of your organiza	tion's IRS Tax	Exempt De	terminat	ion Letter
Project Name Project Date(s) Amount Requested Advertising & Promotion Public Facilities	In the space below, please p	rovide a bri	ef description of your organization	on's history a	and mission.	•	
Project Name Project Date(s) Amount Requested Advertising & Promotion Public Facilities	. , , , , ,		. , ,	•			
Project Name Project Date(s) Amount Requested Advertising & Promotion Public Facilities Tourism-Related Expenditure Category Civic & Cultural Facilities Waterfact Facilities							
Project Name Project Date(s) Amount Requested Advertising & Promotion Public Facilities							
Project Name Project Date(s) Amount Requested Advertising & Promotion Public Facilities							
Project Name Project Date(s) Amount Requested Advertising & Promotion Public Facilities							
Project Name Project Date(s) Amount Requested Advertising & Promotion Public Facilities							
Project Name Project Date(s) Amount Requested Advertising & Promotion Public Facilities Promotion of Arts & Cultural Events Transportation & Shuttles Expenditure Category	Please attach a list of yo	our organizat	tion's Governing Body (eg. Board	of Directors),	, Chief Office	ers and K	ey Staff.
Project Name Project Date(s) Amount Requested Advertising & Promotion Public Facilities Promotion of Arts & Cultural Events Transportation & Shuttles Expenditure Category	2 PROJECT OVERVIEW						
Project Date(s) Amount Requested Advertising & Promotion Public Facilities Promotion of Arts & Cultural Events Transportation & Shuttles Expenditure Category Project Date(s) Advertising & Promotion Public Facilities Weterfact Fracion & Recognishment							
Amount Requested Advertising & Promotion Public Facilities	-						
Tourism-Related Expenditure Category Advertising & Promotion Public Facilities Transportation & Shuttles							
Tourism-Related Promotion of Arts & Cultural Events Transportation & Shuttles Civile & Cultural Facilities Westerfacet Fraction & Resource Fra	Amount Requested	Advertis	sing & Promotion	☐ Public Ea	cilities		
Expenditure Category Civile 9. Cultural Socilities	Tourism-Related		_			uttloc	
(Chack all that apply) Civic & Cuitural Facilities Waterfront Erosion & Renourishment	Expenditure Category			_ `			
Public Services Visitor Information Centers	(Check all that apply)			_			isnment

Please provide a brief description of the project, including its purpose, goals and objectives.			
How will your project prom	ote tourism and/or enhance the	tourist trade in the Town of Seabrook Island?	
The state of the s			
Who is your target			
audience?			
	Television	Radio	
How will you advertise	Newspaper	Website	
this project to visitors?	☐ Magazine	Brochures	
(Check all that apply)	Billboards	☐ Mailers (Out of County)	
	☐ Visitor's Guide	Other:	
3 PROJECT IMPACT			
	Total Attendance		
Estimated Attendance	Total # of Tourists/Visitors		
What is the estimated finar			
· · · · · · · · · · · · · · · · · · ·	vill be spent in the community?)		
What methodology did you	use to estimate total attendance	e, visitor attendance and financial impact?	

State ATAX Funding Application

FY 2024

Contact Us: (843) 768-9121 kwatkins@townofseabrookisland.org

1 ORGANIZATION INFORMATION							
Organization Name							
Contact Person	Name		Title				
Contact Person	Phone #		Email				
Mailing Address	Street						
ivialiling Address	City		State		Zip		
Website Address							
Year Established							
	Govern	ment Unit (City, County, School)	For-Pro	ofit Busines	s or Orga	nization	
	Tax-Exe	mpt Charitable Organization	Other	Tax-Exempt	Organiza	ation	
Organization Type	Church	or Religious Organization	Uninco	orporated A	ssociatio	n or Group	
		Please Specify):	_	•		·	
Federal Employee ID #							
	ed with the S	outh Carolina Secretary of State'	s Office as a	Not-Profit	Organiza	tion?	
Yes No	If yes, pleas	se attach a copy of your organizat	ion's registro	ation certific	cate		
If this organization federally	If this organization federally exempt under IRS Code 501(c) 3, 4, 5k, 6, 7 or 10?						
Yes No	If yes, pleas	se attach a copy of your organizat	ion's IRS Tax	Exempt De	terminat	ion Letter	
In the space below, please p	rovide a bri	ef description of your organization	n's history a	and mission			
Please attach a list of your organization's Governing Body (eg. Board of Directors), Chief Officers and Key Staff.							
2 PROJECT OVERVIEW							
Project Name							
Project Date(s)							
Amount Requested							
	Adverti	sing & Promotion	Public Fa	cilities			
Tourism-Related	Promot	ion of Arts & Cultural Events	Transpor	tation & Sh	uttles		
Expenditure Category (Check all that apply)	Civic &	Cultural Facilities	Waterfro	nt Erosion	& Renou	rishment	
(Check all that apply)	│		— ☐ Visitor In	formation (^enters		

Please provide a brief description of the project, including its purpose, goals and objectives.			
How will your project prom	ote tourism and/or enhance the	tourist trade in the Town of Seabrook Island?	
The state of the s			
Who is your target			
audience?			
	Television	Radio	
How will you advertise	Newspaper	Website	
this project to visitors?	☐ Magazine	Brochures	
(Check all that apply)	Billboards	☐ Mailers (Out of County)	
	☐ Visitor's Guide	Other:	
3 PROJECT IMPACT			
	Total Attendance		
Estimated Attendance	Total # of Tourists/Visitors		
What is the estimated finar			
· · · · · · · · · · · · · · · · · · ·	vill be spent in the community?)		
What methodology did you	use to estimate total attendance	e, visitor attendance and financial impact?	

State ATAX Funding Application

FY 2024

Contact Us: (843) 768-9121 kwatkins@townofseabrookisland.org

1 ORGANIZATION INFORMATION							
Organization Name							
Contact Person	Name		Title				
Contact Person	Phone #		Email				
Mailing Address	Street						
ivialiling Address	City		State		Zip		
Website Address							
Year Established							
	Govern	ment Unit (City, County, School)	For-Pro	ofit Busines	s or Orga	nization	
	Tax-Exe	mpt Charitable Organization	Other	Tax-Exempt	Organiza	ation	
Organization Type	Church	or Religious Organization	Uninco	orporated A	ssociatio	n or Group	
		Please Specify):	_	•		·	
Federal Employee ID #							
	ed with the S	outh Carolina Secretary of State'	s Office as a	Not-Profit	Organiza	tion?	
Yes No	If yes, pleas	se attach a copy of your organizat	ion's registro	ation certific	cate		
If this organization federally	If this organization federally exempt under IRS Code 501(c) 3, 4, 5k, 6, 7 or 10?						
Yes No	If yes, pleas	se attach a copy of your organizat	ion's IRS Tax	Exempt De	terminat	ion Letter	
In the space below, please p	rovide a bri	ef description of your organization	n's history a	and mission			
Please attach a list of your organization's Governing Body (eg. Board of Directors), Chief Officers and Key Staff.							
2 PROJECT OVERVIEW							
Project Name							
Project Date(s)							
Amount Requested							
	Adverti	sing & Promotion	Public Fa	cilities			
Tourism-Related	Promot	ion of Arts & Cultural Events	Transpor	tation & Sh	uttles		
Expenditure Category (Check all that apply)	Civic &	Cultural Facilities	Waterfro	nt Erosion	& Renou	rishment	
(Check all that apply)	│		— ☐ Visitor In	formation (^enters		

Please provide a brief description of the project, including its purpose, goals and objectives.			
How will your project prom	ote tourism and/or enhance the	tourist trade in the Town of Seabrook Island?	
The state of the s			
Who is your target			
audience?			
	Television	Radio	
How will you advertise	Newspaper	Website	
this project to visitors?	☐ Magazine	Brochures	
(Check all that apply)	Billboards	☐ Mailers (Out of County)	
	☐ Visitor's Guide	Other:	
3 PROJECT IMPACT			
	Total Attendance		
Estimated Attendance	Total # of Tourists/Visitors		
What is the estimated finar			
· · · · · · · · · · · · · · · · · · ·	vill be spent in the community?)		
What methodology did you	use to estimate total attendance	e, visitor attendance and financial impact?	

State ATAX Funding Application

FY 2024

Contact Us: (843) 768-9121 kwatkins@townofseabrookisland.org

1 ORGANIZATION INFORM	MATION						
Organization Name							
Contact Person	Name		Title				
Contact Person	Phone #		Email				
Mailing Address	Street						
ividiling Address	City		State		Zip		
Website Address							
Year Established							
	Govern	ment Unit (City, County, School)	For-Pro	ofit Business o	r Orgar	nization	
	Tax-Exe	mpt Charitable Organization	Other	Tax-Exempt Or	rganiza	ition	
Organization Type	Church	or Religious Organization	Uninco	orporated Asso	ociation	n or Group	
		Please Specify):	_			·	
Federal Employee ID #							
If this organization registere	ed with the S	outh Carolina Secretary of State'	s Office as a	Not-Profit Org	ganizat	tion?	
Yes No	If yes, pleas	se attach a copy of your organizat	tion's registro	ation certificat	te		
If this organization federally	If this organization federally exempt under IRS Code 501(c) 3, 4, 5k, 6, 7 or 10?						
Yes No	If yes, pleas	se attach a copy of your organizat	tion's IRS Tax	Exempt Deter	rminati	ion Letter	
In the space below, please p	provide a brid	ef description of your organization	n's history a	ind mission.			
Diagon attach a list of w		tion's Coverning Dady (on Doard	of Divoctoral	Chief Officers	a and V	ov Ctaff	
Please attach a list of yo	our organizat	tion's Governing Body (eg. Board (oj Directors),	Crilej Ojjicers	s unu K	еу зійјј.	
2 PROJECT OVERVIEW							
Project Name							
Project Date(s)							
Amount Requested							
	Adverti	sing & Promotion	Public Fa	cilities			
Tourism-Related	Promot	ion of Arts & Cultural Events	Transpor	tation & Shutt	tles		
Expenditure Category (Check all that apply)	Civic &	Cultural Facilities	☐ Waterfro	ont Erosion & F	Renour	ishment	
(Check all that apply)	Public S	ervices	☐ Visitor In	formation Cer	nters		

Please provide a brief description of the project, including its purpose, goals and objectives.							
How will your project promote tourism and/or enhance the tourist trade in the Town of Seabrook Island?							
Who is your target							
audience?							
	Television	Radio					
How will you advertise	☐ Newspaper	Website					
this project to visitors?	Magazine	Brochures					
(Check all that apply)	Billboards	☐ Mailers (Out of County)					
	Visitor's Guide	Other:					
3 PROJECT IMPACT							
Estimated Attendance	Total Attendance						
Estimated Attendance	Total # of Tourists/Visitors						
What is the estimated financial impact of this project? (How many tourist dollars will be spent in the community?)							
What methodology did you use to estimate total attendance, visitor attendance and financial impact?							

State ATAX Funding Application

FY 2024

Contact Us: (843) 768-9121 kwatkins@townofseabrookisland.org

1 ORGANIZATION INFORMATION							
Organization Name							
Contact Person	Name		Title				
	Phone #		Email				
Mailing Address	Street						
	City		State		Zip		
Website Address							
Year Established							
Organization Type	Govern	ment Unit (City, County, School)	For-Pro	ofit Busines	or Orga	nization	
	Tax-Exe	Tax-Exempt Charitable Organization Other Tax-Exempt Organization					
	Church	or Religious Organization	Uninco	orporated A	ssociatio	n or Group	
	Other (Please Specify):						
Federal Employee ID #	`						
If this organization registered with the South Carolina Secretary of State's Office as a Not-Profit Organization?							
Yes No	If yes, please attach a copy of your organization's registration certificate						
If this organization federally	exempt und	der IRS Code 501(c) 3, 4, 5k, 6, 7 c	or 10?				
Yes No	If yes, pleas	se attach a copy of your organizat	ion's IRS Tax	Exempt De	terminat	ion Letter	
In the space below, please provide a brief description of your organization's history and mission.							
Please attach a list of your organization's Governing Body (eg. Board of Directors), Chief Officers and Key Staff.							
2 PROJECT OVERVIEW							
Project Name							
Project Date(s)							
Amount Requested							
	Advertis	sing & Promotion	Public Fa	cilities			
Tourism-Related	Promot	ion of Arts & Cultural Events	Transpor	Transportation & Shuttles			
Expenditure Category (Check all that apply)	Civic &	Cultural Facilities	Waterfro	nt Erosion	& Renoui	rishment	
	│		_	Visitor Information Centers			

Please provide a brief description of the project, including its purpose, goals and objectives.						
How will your project promote tourism and/or enhance the tourist trade in the Town of Seabrook Island?						
M/ha is your target						
Who is your target audience?						
	Television	Radio				
	Newspaper	Website				
How will you advertise this project to visitors?	Magazine	Brochures				
(Check all that apply)	Billboards	Mailers (Out of County)				
	Visitor's Guide	Other:				
3 PROJECT IMPACT						
Estimated Attendance	Total Attendance					
	Total # of Tourists/Visitors					
What is the estimated financial impact of this project? (How many tourist dollars will be spent in the community?)						
What methodology did you use to estimate total attendance, visitor attendance and financial impact?						
, , , , , , , , , , , , , , , , , , ,						