

# 2023 Accommodations Tax Funds Request Application

**Organization Name:** The First Tee of The Lowcountry

**Project/Event Name:** Increasing Learning Center Visitations

## Executive Summary

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

# 2023 Accommodations Tax Funds Request Application

Date Received: 08/29/2022	Time Received: 02:58 PM	By: Online Submittal
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*Applications will not be accepted if submitted after 4 pm on September 2, 2022*

## A. SUMMARY OF GRANT REQUEST:

**ORGANIZATION NAME:** The First Tee of The Lowcountry

**Project/Event Name:** Increasing Learning Center Visitations

Contact Name: Pat Zuk

Title: Executive Director

Address: PO Box 23334, Hilton Head Island, SC 29925

Email Address:

pzuk@thefirstteelowcountry.org

Contact Phone: 843-686-2680

Event Date: 1/1/2023-12/31/2023

Event Location: 151 Gumtree Rd.

**Total Budget:** \$55,000.00

**Grant Requested:** \$40,000.00

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

This grant would be used to increase awareness of the various amenities at our property. These amenities include a 325 yard driving range, 6-hole golf course and 9-hole disc golf course. All our amenities are open seven days a week and are available to everyone, including local visitors and tourists. Grant proceeds would be used for various advertising programs including print advertising, mail campaigns, email blasts, rack cards, Facebook ads and newsletters.

How does the organization/event either drive tourism to Hilton Head Island or enhance the visitor experience on Hilton Head Island? How is this impact being measured? (100 words or less)

The chapter's driving range and courses provide visitor recreational opportunities year-round. It is a place for multi-generational play where families can enjoy time together learning, practicing or playing golf or disc golf. The par 3 golf course and disc golf course are open every day and are the only courses of their kind open to both locals and tourists in Beaufort County. Every guest registers their visit on our computer and notes where they reside. Through August 15, 2022, our records show that 40% of our guests were from more than 50 miles away.

A. Total Number of Physical Tourists Served: 1537

*A Tourist is considered a non-resident, traveling more than 50 miles to the Town of Hilton Head Island.*

B. Total Number of Physical Visitors Served: 347

*A Visitor is considered a non-resident, who travels 50 miles or less to visit the Town of Hilton Head Island.*

C. Total Number of Physical Residents Served: 1951

*A Resident is considered any person who claims their property address within the limits of the Town of Hilton Head Island as their primary residence.*

D. Total Number of Physical Patrons Served (A+B+C=D): 4013

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

We have a registration terminal in our foyer where we register all visitors to the property. A staff member or volunteer inputs the number of kids and adults that are visiting, where they are from (based upon zip code), what amenity they want to use and how they heard about us.

## B. DESCRIPTION OF OPERATIONS:

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

The First Tee is a highly regarded and effective international organization that attracts support from individuals and major brands across the country. Since 1997, The First Tee chapters, together with the support of the Professional Golfers Association, have introduced the game of golf and its inherent values to more than six million young people.

The First Tee of The Lowcountry was created through the collaboration of The Boys & Girls Club of Hilton Head Island and The First Tee beginning in 2013. The initiative's outcome was to open a local First Tee chapter in order to provide golf and life skill education for all young people, including those that would otherwise not be exposed to the game of golf.

Together, public and private organizations jointly contributed to a capital campaign that raised \$1.5M to build a learning center adjacent to the Boys & Girls Club of Hilton Head Island. Construction began on the 13 acre site in May, 2015 and the facility was opened for use in March, 2016. The First Tee of The Lowcountry is now home to a practice/training facility that includes a 325 yard long driving range, a 12,000+ square foot putting green, a 6-hole par three golf course and a 9-hole disc golf course. Through our classes and camps at golf facilities in the area and the First Tee School Program, the chapter will positively impact over 14,000 kids in Beaufort and Jasper County this year.

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

The Town of Hilton Head Island ATAX grant funds will be used for tourist based marketing programs. We have seen a substantial increase in the number of out of town visitors to our property this year, largely due to the effective use of the funding we received from the 2022 ATAX grant. By the end of this year we are projecting that the total number of visitors to the property will exceed 5,000 guests, an increase of over 14% from 2022. The increase in marketing resources has had a direct relationship on the increase in our visitors and we fully expect that expanding our marketing resources in 2023 will continue to grow the number of tourists to our facility. Successful marketing vehicles that we have used this year and would continue to use include print advertising, direct mail campaigns, email blasts and Facebook ads, brochures, rack cards, newsletters and TV and radio spots. Future initiatives would include these again as well as well as increased effort to market to other First Tee Chapters east of the Mississippi River. We are also becoming more involved with supplying our rack cards and brochures to the Welcome Centers in South Carolina.

3. What impact would partial funding have on the activities, if full funding were not received? What would the organization change to account for partial funding? *(100 words or less)*

Reduced funding would directly reduce our capacity to increase awareness of our amenities to visitors. As we are still a relatively new organization, there are many locals and visitors that are not aware of our offerings. We spent more money on advertising this year and have seen a large increase in both visitor use and program attendance. The ability to maintain a regular messaging program helps remind past visitors that we are here as well as attract new guests. At this stage of our business cycle, partial funding would likely lead to a decline in the number of visitors.

4. What is expected economic impact and benefit to the Island's tourism?

(100 words or less)

Vacationers are often seeking new experiences and family-oriented activities when they select a destination. Initiatives spent communicating our unique offerings to potential visitors should result in new visitors to the area. As previously noted, over 40% of our visitors report that they are from more than 50 miles away. As of August 31, 2021 we had 1,514 tourists visit our facility. As of August 15, 2022 we have had 1,537 tourists visit our facility. While the percentage of tourists has dropped slightly we are attracting more tourists, witnessed by our 2022 tourist total was achieved in 16 days less than than 2021. The reason for the small percentage drop in tourism rate is that Sea Pines Montessori School began sending its gym class to our facility after a 2 year COVID hiatus. If we account

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

- |   |       |
|---|-------|
| 1 - Destination Advertising/Promotion<br><i>Advertising and promotion of tourism so as to develop and increase tourist attendance through the generation of publicity.</i>  | 100 % |
| 2 - Tourism-Related Events<br><i>Promotion of the arts and cultural events.</i>   | 0 %   |
| 3 - Tourism-Related Facilities<br><i>Construction, maintenance and operation of facilities for civic and cultural activities including construction and maintenance of access and other nearby roads and utilities for the facilities.</i>  | 0 %   |
| 4 - Tourism-Related Public Services<br><i>The criminal justice system, law enforcement, fire protection, solid waste collection and health facilities when required to serve tourists and tourist facilities. This is based on the estimated percentage of costs directly attributed to tourist. Also includes public facilities such as restrooms, dressing rooms, parks and parking lots.</i> | 0 %   |

5 - Tourist Public Transportation <i>Tourist shuttle transportation.</i>	0 %
6 - Waterfront Erosion/Control/Repair <i>Control and repair of waterfront erosion.</i>	0 %
7 - Operation of Visitor Information Centers <i>Operating visitor information centers.</i>	0 %
<b>Total:</b>	<b>100 %</b>

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

In 2022 we established a co-marketing agreement with the Island Rec Center to promote our summer classes and camps. We have always partnered with the Boys & Girls Club of Hilton Head to promote our facility and programs. In addition, the PGA Tour Superstore displays posters in their Bluffton store promoting our facility.

Our facility is the only Par 3 course open to the public on Hilton Head Island. Additionally, our facility is very affordable for families visiting the island. A family of four can spend the entire day at our facility and use all the amenities for a \$30.00 donation.

The many positive outcomes during the history of First Tee - The Lowcountry could not have been achieved without our many partnerships and collaboration with other organizations, professional groups, generous donors, businesses and hard working volunteers. Our philosophy is that "Teams Win" and that our success can only be maintained and increased with and through our partnerships. A partial list of our partners is provided below.

The First Tee (National), The Boys & Girls Club of Hilton Head Island, The Hilton Head Island Recreation Center, PGA TOUR, PGA of America, Els for Autism, The U.S.G.A., LPGA Girls Golf, and the Professional Golfers Career College,.

Our facility was built so that we could make golf activities and their inherent values available and accessible to any and every individual, association and business for their use and enjoyment. We currently offer the only true public driving range, par 3 golf course and 9-hole disc golf course on Hilton Head Island.

7. Additional comments. (250 words or less)

**C. FUNDING:**

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

All figures listed are for fiscal year 2021 unless other wise noted

Individual contributions - 17%

Events - 36.5%

Corporate Sponsorship - 6%

Grants - 11%

Gov't (incl. PPP) - 12%

Program Fees - 7%

Chapter paid Program Fees - 3.5%

Facility Revneue - 7&

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



Government Sources	Private Contributions, Donations and Grants
<u>12</u>	<u>7</u>
Corporate Support, 6 Sponsors	Membership, Dues, 7 Subscriptions
Ticket Sales, or Sales 50.5 and Services	17.5 Other

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

Yes X No     

If so, please list top 3 sources and amounts.

PPP Loan - 2021 \$31,708.00

**D. FINANCIAL INFORMATION:**

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

**Financial Statement Requirements:**

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

Budget Years Provided:

2022

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

Profit and Loss Years Provided:

2020

2022

2021

3. The previous two years and current year **balance sheets**.

Balance Sheet Years Provided:

2020

2021

2022

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

IRS Form 990 or 990T Years Provided:

2020

2019

2021

## E. FINANCIAL GUARANTEES AND PROCEDURES:

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

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

2. Indicate whether your organization follows Town procurement guidelines or has its own procurement guidelines which are utilized and followed in the expenditure of ATAX grant funds.

- Follow Town procurement guidelines
- Utilize and follow organization's own procurement guidelines
- Our organization does not have or follow procurement guidelines

## F. MEASURING EFFECTIVENESS:

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If you received 2021 or 2022 HHI ATAX funds

1. List any ATAX award amounts received in 2021 and/or 2022.

2019	\$25,000.00	Increasing Learning Center Visitations
2020	\$25,000.00	Increasing Learning Center Visitations
2021	\$30,000.00	Off Cycle New Marketing Initiatives
2022	\$40,000.00	Increasing Learning Center Visitations

2. How were the ATAX funds used? To what extent were the objectives achieved? The ATAX Effectiveness Measurement spreadsheet available in the application portal will show the numerics. Use the space below for verbal comments. (200 words or less)

The funds approved for our use in 2022 have been utilized to advertise and promote our driving range, golf and disc golf courses to the general public and Island visitors in various publications including Island Events Magazine and The Golf Guide, by producing postcards, rackcards and handouts and purchasing various social media opportunities. Social media initiatives included populating and enhancing our website with our amenity offerings and programs, email blasting contacts from various data bases and purchasing Facebook banner ads. We also publish quarterly newsletters. The results of our various marketing programs have resulted in an increase in the number of visitors coming to our Chapter and using our amenities. In 2021, through August 31, we had a total of 3,543 guests visit our property to play golf or disc golf and we have already had 4,013 visitors through August 15, 2022. We are projecting another 1,300 guests will visit by the end of the year, resulting in a total of 5,300 visitors, an 11% increase.

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

The impact from the grant money this year was substantial. The 11%

growth we are seeing in the number of visitors utilizing our property this year has resulted in additional donations to the chapter and increased exposure for our mission. With the registration of each visit, our program pops up with a suggested donation based on the age and number of people in each party. While everybody is always welcome regardless of whether they make a donation or not, there is a strong correlation between the number of visitors and our facility related donations. Compared to the first seven months last year, we have seen a 61% increase in revenues here (from \$20,014 to \$32,684). Likewise the increase in visitors has helped us gain exposure for The First Tee mission, both locally and nationally. While more difficult to trace this exposure to the number of children that attend our classes, we are projecting a 10% increase in the number of students participating in The First Tee of The Lowcountry programs this year. As our programs are about teaching core values, healthy habits and golf, we are providing a valuable education that is benefitting Lowcountry children, their families and the community.

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

We measure our success by the increase in the number of visitors that use the property and by the number of kids that attend our programs. We gather this information as visitors register on a computer in our reception office and kids register for our programs on our website.

Visitors are projected to increase from 4,725 in 2021 to 5,300 in 2022.

Kids in The First Tee Programs at golf facilities are projected to increase from 496 in 2021 to 550 in 2022.

We have a goal of adding three more schools to the existing 24 in the First Tee Scholl program.. This should increase the number of students participating from 14,000+ to approximately 15,000.

Signature: Patrick Zuk

Title/Position: Executive Director

Mailing Address: PO Box 23334, Hilton Head Island, SC 29925

Email Address: [pzuk@thefirstteelowcountry.org](mailto:pzuk@thefirstteelowcountry.org)

Office Phone Number: 843-686-2680

Home Phone Number: 913-706-1631

## ATAX EFFECTIVENESS MEASUREMENT

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

TOPIC	THE PLAN	BUDGET	ACTUAL SPENT	RESULTS <i>When possible, provide planned results vs. actual results, and/or current year vs. prior year results .</i>
	All items listed below are intended to increase the number of visitors and the percentage of tourists at our Hilton Head Island Facility			
Advertising	use golf guide menu guide, facebook , peachjar, rack cards and print	\$ 24,000.00	\$ 17,123.90	the result has been a projecting 11% increase in total visitors to the facility and an increase in the number of tourists using the facility.
Printing, Postage	newsletter, brochures, cards, signs	\$ 6,000.00	\$ 4,486.81	
Marketing Consultant	planning, create marketing calendar, develop opportunities	\$ 12,000.00	\$ 8,000.00	
copy writing, editing, etc.		\$ 8,000.00	\$ 4,486.81	
Video production/ photography		\$ 5,000.00	\$ 600.00	

**ATAX EFFECTIVENESS MEASUREMENT**

TOPIC	THE PLAN	BUDGET	ACTUAL SPENT	RESULTS <i>When possible, provide planned results vs. actual results, and/or current year vs. prior year results .</i>
Total		\$ 55,000.00	\$ 34,697.52	

Total		\$ -	\$ -	

Total		\$ -	\$ -	






1. Meeting was held on August 24, 2022, at Palmetto Hall Country Club Boardroom. Meeting called to order at 3:30 pm by President Farmer.
2. Attendance:
  - Directors present: Chu, Dattilo, Eberly, Farmer, Fuentes, Lane, Perrotti, Rothwell, Wiseman, Tiscornia, Farrell (via phone)
  - Staff present: Zuk, Immel
3. Minutes of the June 14, 2022, meeting approved unanimously.
4. Guest Speaker, Jeep Patrick spoke to the board regarding being chosen as the recipient of the Jim Ferree Scholarship Award for the second consecutive year. Jeep outlined his experience at Congaree Golf Club as a Global Golf Initiative attendee for 1 week at the Congaree Club. Each day had a 1-hour exercise session, 4-hour educational session, 4-hour golf training session, and a guest speaker each night at dinner. Last day was the Congaree Cup which was an 18-hole medal tournament.
5. Reports –
  - Chuck Eberly gave the Treasure’s Report
    - Board asked for clarification on the scholarship restriction for funds on the balance sheet.
  - Pat Zuk gave the Executive Directors Report
    - Pat reminded the board of getting a Bio to him and we will take photographs at the next board meeting.
  - Program Director’s report given by Aaron Immel
    - Need Coaches in Rose Hill
    - Need to get a better relationship with Sgt. Jasper Program and Congaree
6. Joe Dattilo updated on the 2022 Champions tournament held October 17, 2022, at Long Cove. Compass Group Food Service Company has stepped up as the Platinum Sponsor at \$39,000.00. We have 10 sponsors in 2022 at a total of \$41K in sponsors for 2022 versus \$20K in 2021. This year’s revenue goal is \$100,000 or BUST! Need Dining Out auction items for this year’s auction. Hole Sponsorship raised \$17K last year we have a goal of \$20K plus. Pat has sent out the list of last year’s hole sponsors, the flyer and application to all board member to start signing up Hole Sponsors ASAP.
7. Strategic Planning – Reports from each Group
  - Governance – Dick Farmer reviewed the work completed to date. Committee goal is to develop a complete manual for BOD Members Role, Staff Job Description, Policies, operational procedures, organizational chart, and staffing rate of pay.
  - Finance – Chuck Eberly reviewed the work completed to date. Budgeting and Planning Process and evaluation of risk management.
  - Programming – Grace Chu reviewed the work completed. Priority going forward will be to produce a Life Skills Video designed to recruit coaches, use at meeting and gatherings. Programming needs to continue to reach out to a wider group of children in our community.
  - Fundraising & Marketing Strategic Plan – Joe Dattilo reviewed the accomplishments of the committee at their recent meeting. Goal to design and implement a repeatable, predictable fund-raising process for the First Tee. With no large corporations the committee believes adding several corporate sponsorships for the First Tee each year and developed a group to target and a strategy to recruit the sponsors. BMW has signed on for 2022 with a \$5,000 sponsorship. Goal of adding a part time grant writer to find more grants for First Tee.
8. New Business
  - Pat, Aaron, and Dick will attend First Tee Network Meeting, November 16-18 in Dallas.

- ATAX Grant Town of Hilton Head – Ed Tiscornia made a motion to approve submitting the ATAX Grant to TOHH, Dick Farmer seconded the motion. Discussion of the importance of the grant to the First Tee of the Low Country by several members. Pat called for a vote 11 YES votes, 0 No votes. Motion Passed by Unanimous Decision.
- Grace asked for Candidates for the 2022 Leadership Awards. Mary Briggs, Eric Boberg, Biller Watterson, Emory Campbell, Paul Bethea, Stan Smith, Tom Reilley were names submitted by various board members.
- Next Board of Directors meeting is September 14, 2022, with location to be determined.

9. The meeting was adjourned at 5:01 pm.

These minutes were approved by the Board of Directors on\_\_\_\_\_.

\_\_\_\_\_  
Chairman

\_\_\_\_\_  
Secretary

				TOTAL
			40000 · Operating Income	
			41000 · Donations	
			41100 · General	41750
			41300 · Memorials	2000
			41400 · Golf Clubs/Ball Sales	14000
			41800 · End of Year Appeal	8500
			Total 41000 · Donations	66250
			42000 · Special Events	
			42100 · Champions Tournament	137500
			42200 · Awards Banquet	26500
			42300 · Ferguson Auction	17500
			42400 · Other Events	2500
			Total 42000 · Special Events	184000
			43000 · Corporate Sponsorships	
			43200 · PGA Tour	5000
			43300 · Other	30000
			Total 43000 · Corporate Sponsorships	35000
			44000 · Grants	
			44200 · Local Government ATAX	40000
			44300 · Grants	68000
			44400 · HHI Town Budget	
			Total 44000 · Grants	108000
			45000 · Programs	
			45100 · Program Fees	28000
			45150 · Scholarship Program Fees	18500
			Total 45000 · Programs	46500
			46000 · Golf Facility	
			46100 · Golf Revenue	33600
			46200 · Disc Golf Revenue	2160
			Total 46000 · Golf Facility	35760
			49000 · Miscellaneous Income	
			49300 · Interest Earned	264
			49400 · Other	0
			Total 49000 · Miscellaneous Income	264
			Total 40000 · Operating Income	488274
			50000 · Capital Campaign Funding	
			51000 · Donations - Pledges	0
			57000 · Interest Earned	84
			Total 50000 · Capital Campaign Funding	84
			Total Income	488358

	Expense			
	Business Operating Expenses			
	61000 · Payroll Expenses			
		61100 · Executive Director		67500
		61200 · Program Director		40000
		61250 - Superintendent		0
		61275 - Office Administration		11475
		61300 · Payroll Taxes		8696
		61400 · Payroll Benefits		20400
		61000 · Payroll Expenses - Other		5000
		Total 61000 · Payroll Expenses		153071
	62000 · Marketing			
		62100 · Advertising / Promotion		55000
		62200 · Website		1935
		62300 · Database		6268
		Total 62000 · Marketing		63203
	63000 · Professional Services			
		63300 · Tax/Financial Services		1200
		63600 · Accounting & IT Services		6400
		63700 · Coach Training		4000
		63750 · Instructor Payments		6700
		Total 63000 · Professional Services		18300
	64000 · Building & Ground Maintenance			
		64300 · Equipment Repairs		6000
		64500 · Ground Maintenance		36000
		64600 · Course Maintenance		
		64610 · Plant Seed Sod		1500
		64620 · Sand & Top Dressing		900
		64630 · Fertilizer		2200
		64640 · Fuel, Gas, Oil		1200
		64650 · Chemicals		6000
		64670 · Other Maintenance		1450
		64690 -Course Labor		9600
		Total 64600 · Course Maintenance		22850
		Total 64000 · Building & Ground Mainte		64850
	65000 · Administration			
		65100 · Insurance		
		65110 · General & Liability		13150
		65120 · Directors & Officers		900
		65150 · Workers Comp		1000
		Total 65100 · Insurance		15050
		65200 · Travel		
		65210 · Mileage Reimbursement		1550
		65220 · Conferences		7500
		Total 65200 · Travel		9050

			65300 · Utilities	
			65310 · Telephone	1800
			65320 · Electric	750
			65360 · Port A John	0
			Total 65300 · Utilities	2550
			65400 · Membership Fees & Subscriptions	
			65430 · Subscriptions	1750
			Total 65400 · Membership Fees & Su	1750
			65500 · Other Administrative Expenses	
			65505 · Credit Card Processing	2250
			65510 · BGC Rental	18000
			65515 · Office Supplies	2100
			65520 · Postage	1900
			65525 · Printing	4100
			65530 · Meals/Entertainment	1200
			65550 · Program Supplies	29000
			65555 - Background Checks	3600
			65560 · Miscellaneous	1200
			Total 65500 · Other Administrative E	63350
			65600 · Coaching	0
			Total 65000 · Administration	91750
			67000 · Events	
			67100 · Champions for Charity	44000
			67150 · Ferguson Event	2800
			67200 · Awards Banquet	20000
			67600 · Other Events	2500
			Total 67000 · Events	69300
			Total 68000 - Operational Reserve Expe	0
			Total 69000 - Capital Reserve Expense	12000
			Total Business Operating Expenses	470499
			70000 · Capital Campaign Expenses	
			75000 · Construction Costs	0
			76000 · Loan Interest	0
			78000 · Capital Equipment for Facility	
			78300 · Mowers, Pickers, Etc.	0
			Total 78000 · Capital Equipment for Faci	0
			Total 70000 · Capital Campaign Expenses	0
			Total Expense	472474
			Net Ordinary Income	15884

**The First Tee of the Lowcountry**  
**Balance Sheet**  
As of July 31, 2022

	Jul 31, 22
<b>ASSETS</b>	
<b>Current Assets</b>	
<b>Checking/Savings</b>	
10000 · Cash Funds	
10100 · CSB Operating Account	340,342.86
10300 · Wells Fargo	43,580.82
10400 · Wells Fargo #2	24,671.21
10500 · CSB Capital Reserve Account	131,708.61
10700 · Cash at Facility	100.00
10800 · CSB Operating Reserve Account	76,997.42
<b>Total 10000 · Cash Funds</b>	617,400.92
<b>Total Checking/Savings</b>	617,400.92
<b>Total Current Assets</b>	617,400.92
<b>Fixed Assets</b>	
13000 · Leasehold Improvements	
13100 · Irrigation System	10,997.41
<b>Total 13000 · Leasehold Improvements</b>	10,997.41
14000 · Buildings	4,558.00
15000 · Furniture and Equipment	
15100 · MX Utility Vehicle	5,000.00
15200 · Exhibition Tent	2,778.01
15300 · Signage	9,261.82
15400 · Mower Deck	4,348.12
15500 · Z-Spayer	19,713.88
15000 · Furniture and Equipment - Other	1,256.34
<b>Total 15000 · Furniture and Equipment</b>	42,358.17
17999 · Accumulated Depreciation	-8,426.23
<b>Total Fixed Assets</b>	49,487.35
<b>TOTAL ASSETS</b>	<b>666,888.27</b>
<b>LIABILITIES &amp; EQUITY</b>	
<b>Liabilities</b>	
<b>Current Liabilities</b>	
<b>Other Current Liabilities</b>	
24000 · Payroll Liabilities	4,414.09
24500 · Health Insurance	1,841.72
26100 · Scholarship Restricted Fund	
26102 · End of Year Appeal	10,385.00
26100 · Scholarship Restricted Fund - Other	32,660.82
<b>Total 26100 · Scholarship Restricted Fund</b>	43,045.82
26200 · Scholarship Ken Campbell	24,671.21
<b>Total Other Current Liabilities</b>	73,972.84
<b>Total Current Liabilities</b>	73,972.84
<b>Total Liabilities</b>	73,972.84
<b>Equity</b>	
31100 · Operating Reserve Fund	76,997.42
31200 · Capital Reserve Fund	131,708.61
32000 · Unrestricted Net Assets	376,462.53
Net Income	7,746.87
<b>Total Equity</b>	592,915.43
<b>TOTAL LIABILITIES &amp; EQUITY</b>	<b>666,888.27</b>

**The First Tee of the Lowcountry**  
**Balance Sheet**  
As of December 31, 2021

	Dec 31, 21
<b>ASSETS</b>	
<b>Current Assets</b>	
<b>Checking/Savings</b>	
<b>10000 · Cash Funds</b>	
10100 · CSB Operating Account	331,407.36
10300 · Wells Fargo	40,001.12
10400 · Wells Fargo #2	24,669.63
10500 · CSB Capital Reserve Account	154,536.60
10700 · Cash at Facility	100.00
10800 · CSB Operating Reserve Account	76,953.12
	627,667.83
<b>Total 10000 · Cash Funds</b>	627,667.83
<b>Total Checking/Savings</b>	627,667.83
<b>Total Current Assets</b>	627,667.83
<b>Fixed Assets</b>	
<b>13000 · Leasehold Improvements</b>	
13100 · Irrigation System	10,997.41
	10,997.41
<b>Total 13000 · Leasehold Improvements</b>	10,997.41
<b>14000 · Buildings</b>	4,558.00
<b>15000 · Furniture and Equipment</b>	
15100 · MX Utility Vehicle	5,000.00
15200 · Exhibition Tent	2,778.01
15300 · Signage	9,261.82
15000 · Furniture and Equipment - Other	1,256.34
	18,296.17
<b>Total 15000 · Furniture and Equipment</b>	18,296.17
17999 · Accumulated Depreciation	-6,057.11
	27,794.47
<b>Total Fixed Assets</b>	27,794.47
<b>TOTAL ASSETS</b>	<b>655,462.30</b>
<b>LIABILITIES &amp; EQUITY</b>	
<b>Liabilities</b>	
<b>Current Liabilities</b>	
<b>Other Current Liabilities</b>	
24000 · Payroll Liabilities	4,815.66
24500 · Health Insurance	1,768.52
26100 · Scholarship Restricted Fund	
26102 · 2020 End of Year Appeal	5,298.00
26100 · Scholarship Restricted Fund - Other	34,703.12
	40,001.12
<b>Total 26100 · Scholarship Restricted Fund</b>	40,001.12

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01/13/22

Accrual Basis

**The First Tee of the Lowcountry**  
**Balance Sheet**  
As of December 31, 2021

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	<u>Dec 31, 21</u>
26200 · Scholarship Ken Campbell	24,669.63
<b>Total Other Current Liabilities</b>	<u>71,254.93</u>
<b>Total Current Liabilities</b>	<u>71,254.93</u>
<b>Total Liabilities</b>	71,254.93
<b>Equity</b>	
31100 · Operating Reserve Fund	76,953.12
31200 · Capital Reserve Fund	154,536.60
32000 · Unrestricted Net Assets	312,123.51
Net Income	<u>40,594.14</u>
<b>Total Equity</b>	<u>584,207.37</u>
<b>TOTAL LIABILITIES &amp; EQUITY</b>	<u><u>655,462.30</u></u>



## The First Tee of the Lowcountry

## Balance Sheet

As of December 31, 2020

01/22/21

Accrual Basis

	Dec 31, 20
<b>ASSETS</b>	
<b>Current Assets</b>	
<b>Checking/Savings</b>	
<b>10000 · Cash Funds</b>	
10100 · CSB Operating Account	294,684.87
10300 · Wells Fargo	40,689.46
10400 · Wells Fargo #2	24,817.17
10500 · CSB Capital Reserve Account	137,946.48
10700 · Cash at Facility	100.00
10800 · CSB Operating Reserve Account	57,686.01
10900 · Radius Bank	100.00
<b>Total 10000 · Cash Funds</b>	<b>556,023.99</b>
<b>Total Checking/Savings</b>	<b>556,023.99</b>
<b>Total Current Assets</b>	<b>556,023.99</b>
<b>Fixed Assets</b>	
14000 · Buildings	4,558.00
15000 · Furniture and Equipment	6,253.75
17999 · Accumulated Depreciation	-5,086.29
<b>Total Fixed Assets</b>	<b>5,725.46</b>
<b>TOTAL ASSETS</b>	<b>561,749.45</b>
<b>LIABILITIES &amp; EQUITY</b>	
<b>Liabilities</b>	
<b>Current Liabilities</b>	
<b>Other Current Liabilities</b>	
24000 · Payroll Liabilities	5,379.65
24500 · Health Insurance	1,660.64
26100 · Scholarship Restricted Fund	
26102 · 2020 End of Year Appeal	800.00
26100 · Scholarship Restricted Fund - Other	39,889.46
<b>Total 26100 · Scholarship Restricted Fund</b>	<b>40,689.46</b>
26200 · Scholarship Ken Campbell	24,817.17
<b>Total Other Current Liabilities</b>	<b>72,546.92</b>
<b>Total Current Liabilities</b>	<b>72,546.92</b>
<b>Total Liabilities</b>	<b>72,546.92</b>
<b>Equity</b>	
31100 · Operating Reserve Fund	19,200.00
32000 · Unrestricted Net Assets	444,083.20
Net Income	25,919.33
<b>Total Equity</b>	<b>489,202.53</b>
<b>TOTAL LIABILITIES &amp; EQUITY</b>	<b>561,749.45</b>

First Tee of the Lowcountry  
2022 Profit Loss Performance Report

	Jul 22	Budget	Variance	YTD	YTD Budget	Variance	Annual Budget
<b>Ordinary Income/Expense</b>							
<b>Income</b>							
<b>40000 · Operating Income</b>							
<b>41000 · Donations</b>							
41100 · General	861.50	2,500.00	-1,638.50	15,471.71	23,750.00	-8,278.29	41,750.00
41300 · Memorials	0.00	0.00	0.00	1,103.00	1,000.00	103.00	2,000.00
41400 · Golf Club/Ball Sales	2,265.00	1,000.00	1,265.00	10,310.00	7,150.00	3,160.00	12,650.00
41800 · End of Year Appeal	0.00	0.00	0.00	0.00	50.00	-50.00	8,050.00
<b>Total 41000 · Donations</b>	<b>3,126.50</b>	<b>3,500.00</b>	<b>-373.50</b>	<b>26,884.71</b>	<b>31,950.00</b>	<b>-5,065.29</b>	<b>64,450.00</b>
<b>42000 · Special Events</b>							
42100 · Champions Tournament	15,500.00	0.00	15,500.00	20,575.00	0.00	20,575.00	150,000.00
42200 · Awards Banquet	500.00	0.00	500.00	33,076.00	26,500.00	6,576.00	26,500.00
42300 · Ferguson Auction	0.00	0.00	0.00	0.00	17,500.00	-17,500.00	17,500.00
42400 · Other Events	0.00	0.00	0.00	0.00	2,500.00	-2,500.00	2,500.00
<b>Total 42000 · Special Events</b>	<b>16,000.00</b>	<b>0.00</b>	<b>16,000.00</b>	<b>53,651.00</b>	<b>46,500.00</b>	<b>7,151.00</b>	<b>196,500.00</b>
<b>43000 · Corporate Sponsorships</b>							
43200 · PGA Tour	0.00	0.00	0.00	0.00	5,000.00	-5,000.00	5,000.00
43300 · Other	0.00	5,000.00	-5,000.00	20,000.00	25,000.00	-5,000.00	30,000.00
<b>Total 43000 · Corporate Sponsorships</b>	<b>0.00</b>	<b>5,000.00</b>	<b>-5,000.00</b>	<b>20,000.00</b>	<b>30,000.00</b>	<b>-10,000.00</b>	<b>35,000.00</b>
<b>44000 · Grants</b>							
44200 · Local Government ATAX	0.00	0.00	0.00	30,000.00	0.00	30,000.00	40,000.00
44300 · Grants	6,500.00	5,500.00	1,000.00	42,200.00	38,000.00	4,200.00	74,000.00
44500 · PGA First Tee Grant	0.00	0.00	0.00	25,000.00	0.00	25,000.00	0.00
<b>Total 44000 · Grants</b>	<b>6,500.00</b>	<b>5,500.00</b>	<b>1,000.00</b>	<b>97,200.00</b>	<b>38,000.00</b>	<b>59,200.00</b>	<b>114,000.00</b>
<b>45000 · Programs</b>							
45100 · Program Fees	160.00	4,500.00	-4,340.00	22,012.00	21,000.00	1,012.00	28,100.00
45150 · Scholarship Program Fees	0.00	0.00	0.00	5,215.00	5,000.00	215.00	18,500.00
<b>Total 45000 · Programs</b>	<b>160.00</b>	<b>4,500.00</b>	<b>-4,340.00</b>	<b>27,227.00</b>	<b>26,000.00</b>	<b>1,227.00</b>	<b>46,600.00</b>
<b>46000 · Golf Facility</b>							
46100 · Golf/Range Revenue	3,067.00	2,800.00	267.00	31,978.55	19,600.00	12,378.55	33,600.00
46200 · Disc Golf Revenue	110.00	180.00	-70.00	706.00	1,260.00	-554.00	2,160.00
<b>Total 46000 · Golf Facility</b>	<b>3,177.00</b>	<b>2,980.00</b>	<b>197.00</b>	<b>32,684.55</b>	<b>20,860.00</b>	<b>11,824.55</b>	<b>35,760.00</b>
<b>49000 · Miscellaneous Income</b>							
49300 · Interest Earned	28.48	29.00	-0.52	212.54	203.00	9.54	348.00
<b>Total 49000 · Miscellaneous Income</b>	<b>28.48</b>	<b>29.00</b>	<b>-0.52</b>	<b>212.54</b>	<b>203.00</b>	<b>9.54</b>	<b>348.00</b>
<b>Total 40000 · Operating Income</b>	<b>28,991.98</b>	<b>21,509.00</b>	<b>7,482.98</b>	<b>257,859.80</b>	<b>193,513.00</b>	<b>64,346.80</b>	<b>492,658.00</b>
<b>Total Income</b>	<b>28,991.98</b>	<b>21,509.00</b>	<b>7,482.98</b>	<b>257,859.80</b>	<b>193,513.00</b>	<b>64,346.80</b>	<b>492,658.00</b>

First Tee of the Lowcountry  
2022 Profit Loss Performance Report

		Jul 22	Budget	Variance	YTD	YTD Budget	Variance	Annual Budget
<b>Expense</b>								
<b>Business Operating Expenses</b>								
<b>61000 · Payroll Expenses</b>								
	61100 · Executive Director	5,625.00	5,625.00	0.00	39,375.00	39,375.00	0.00	67,500.00
	61200 · Program Director	3,333.34	3,333.33	-0.01	23,333.38	23,333.31	-0.07	40,000.00
	61275 · Office Administration	1,661.25	2,800.00	1,138.75	10,686.25	15,900.00	5,213.75	29,900.00
	61300 · Payroll Taxes	1,116.47	938.13	-178.34	6,590.90	6,289.41	-301.49	10,980.06
	61400 · Payroll Benefits	1,135.08	1,700.00	564.92	7,641.06	11,900.00	4,258.94	20,400.00
	61500 · Payroll Expenses - Other	0.00	0.00	0.00	0.00	0.00	0.00	5,000.00
	<b>Total 61000 · Payroll Expenses</b>	<b>12,871.14</b>	<b>14,396.46</b>	<b>1,525.32</b>	<b>87,626.59</b>	<b>96,797.72</b>	<b>9,171.13</b>	<b>173,780.06</b>
<b>62000 · Marketing</b>								
	62100 · Advertising / Promotion	2,656.12	4,583.33	1,927.21	25,380.93	32,083.31	6,702.38	55,000.00
	62200 · Website	0.00	100.00	100.00	1,325.55	1,435.00	109.45	1,935.00
	62300 · Database	78.00	2,839.00	2,761.00	3,588.97	6,073.00	2,484.03	6,268.00
	<b>Total 62000 · Marketing</b>	<b>2,734.12</b>	<b>7,522.33</b>	<b>4,788.21</b>	<b>30,295.45</b>	<b>39,591.31</b>	<b>9,295.86</b>	<b>63,203.00</b>
<b>63000 · Professional Services</b>								
	63300 · Tax/Financial Services	0.00	0.00	0.00	1,150.00	1,200.00	50.00	1,200.00
	63600 · Accounting & IT Services	490.16	500.00	9.84	4,051.64	3,700.00	-351.64	6,400.00
	63700 · Coach Training	0.00	0.00	0.00	2,957.61	4,000.00	1,042.39	4,000.00
	63750 · Instructor Payments	3,315.00	1,900.00	-1,415.00	6,885.00	3,800.00	-3,085.00	6,700.00
	<b>Total 63000 · Professional Services</b>	<b>3,805.16</b>	<b>2,400.00</b>	<b>-1,405.16</b>	<b>15,044.25</b>	<b>12,700.00</b>	<b>-2,344.25</b>	<b>18,300.00</b>
<b>64000 · Building &amp; Ground Maintenance</b>								
	64300 · Equipment Repairs	1,055.45	500.00	-555.45	5,106.05	3,500.00	-1,606.05	6,000.00
	64500 · Ground Maintenance	2,916.00	3,000.00	84.00	20,412.00	21,000.00	588.00	36,000.00
<b>64600 · Course Maintenance</b>								
	64610 · Plant Seed Sod	0.00	0.00	0.00	0.00	0.00	0.00	1,500.00
	64620 · Sand & Top Dressing	0.00	0.00	0.00	0.00	600.00	600.00	900.00
	64630 · Fertilizer	0.00	0.00	0.00	3,738.34	1,200.00	-2,538.34	2,200.00
	64640 · Fuel, Gas, Oil	585.92	100.00	-485.92	1,234.59	700.00	-534.59	1,200.00
	64650 · Chemicals	0.00	500.00	500.00	2,207.70	3,500.00	1,292.30	6,000.00
	64670 · Other Maintenance	208.06	250.00	41.94	1,385.56	1,200.00	-185.56	1,450.00
	64690 · Course Labor	607.50	750.00	142.50	4,451.25	5,250.00	798.75	9,000.00
	<b>Total 64600 · Course Maintenance</b>	<b>1,401.48</b>	<b>1,600.00</b>	<b>198.52</b>	<b>13,017.44</b>	<b>12,450.00</b>	<b>-567.44</b>	<b>22,250.00</b>
	<b>Total 64000 · Building &amp; Ground Maintenance</b>	<b>5,372.93</b>	<b>5,100.00</b>	<b>-272.93</b>	<b>38,535.49</b>	<b>36,950.00</b>	<b>-1,585.49</b>	<b>64,250.00</b>
<b>65000 · Administration</b>								
<b>65100 · Insurance</b>								
	65110 · General & Liability	3,372.92	0.00	-3,372.92	11,969.92	7,200.00	-4,769.92	13,150.00
	65120 · Directors & Officers	0.00	0.00	0.00	850.00	900.00	50.00	900.00
	65150 · Workers Comp	0.00	0.00	0.00	848.00	1,000.00	152.00	1,000.00
	<b>Total 65100 · Insurance</b>	<b>3,372.92</b>	<b>0.00</b>	<b>-3,372.92</b>	<b>13,667.92</b>	<b>9,100.00</b>	<b>-4,567.92</b>	<b>15,050.00</b>

First Tee of the Lowcountry  
2022 Profit Loss Performance Report

	Jul 22	Budget	Variance	YTD	YTD Budget	Variance	Annual Budget
<b>65200 · Travel</b>							
65210 · Mileage Reimbursement	0.00	150.00	150.00	276.80	850.00	573.20	1,550.00
65220 · Conferences	1,500.00	0.00	-1,500.00	2,898.88	0.00	-2,898.88	7,500.00
<b>Total 65200 · Travel</b>	<b>1,500.00</b>	<b>150.00</b>	<b>-1,350.00</b>	<b>3,175.68</b>	<b>850.00</b>	<b>-2,325.68</b>	<b>9,050.00</b>
<b>65300 · Utilities</b>							
65310 · Telephone	188.55	150.00	-38.55	1,288.89	1,050.00	-238.89	1,800.00
65320 · Electric	47.00	62.50	15.50	442.00	437.50	-4.50	750.00
<b>Total 65300 · Utilities</b>	<b>235.55</b>	<b>212.50</b>	<b>-23.05</b>	<b>1,730.89</b>	<b>1,487.50</b>	<b>-243.39</b>	<b>2,550.00</b>
<b>65400 · Membership Fees &amp; Subscriptions</b>							
65430 · Subscriptions	383.00	300.00	-83.00	1,735.00	1,450.00	-285.00	1,750.00
<b>Total 65400 · Membership Fees &amp; Subscriptions</b>	<b>383.00</b>	<b>300.00</b>	<b>-83.00</b>	<b>1,735.00</b>	<b>1,450.00</b>	<b>-285.00</b>	<b>1,750.00</b>
<b>65500 · Other Administrative Expenses</b>							
65505 · Credit Card Processing	256.65	175.00	-81.65	1,551.94	1,100.00	-451.94	2,250.00
65510 · BGC Rental	1,500.00	1,500.00	0.00	10,500.00	10,500.00	0.00	18,000.00
65515 · Office Supplies	361.70	175.00	-186.70	2,590.87	1,225.00	-1,365.87	2,100.00
65520 · Postage	191.53	275.00	83.47	1,312.16	925.00	-387.16	1,900.00
65525 · Printing	1,014.22	0.00	-1,014.22	4,166.83	1,624.00	-2,542.83	4,100.00
65530 · Meals/Entertainment	0.00	100.00	100.00	847.90	700.00	-147.90	1,200.00
65550 · Program Supplies	1,127.73	1,500.00	372.27	5,304.20	17,500.00	12,195.80	29,000.00
65556 · Background Checks	0.00	300.00	300.00	615.00	2,100.00	1,485.00	3,600.00
65560 · Miscellaneous	837.50	100.00	-737.50	2,460.25	700.00	-1,760.25	1,200.00
<b>Total 65500 · Other Administrative Expenses</b>	<b>5,289.33</b>	<b>4,125.00</b>	<b>-1,164.33</b>	<b>29,349.15</b>	<b>36,374.00</b>	<b>7,024.85</b>	<b>63,350.00</b>
<b>Total 65000 · Administration</b>	<b>10,780.80</b>	<b>4,787.50</b>	<b>-5,993.30</b>	<b>49,658.64</b>	<b>49,261.50</b>	<b>-397.14</b>	<b>91,750.00</b>
<b>67000 · Events</b>							
67100 · Champions Tournament	2,200.00	0.00	-2,200.00	2,236.13	0.00	-2,236.13	44,000.00
67150 · Ferguson Auction	0.00	0.00	0.00	0.00	2,300.00	2,300.00	2,800.00
67200 · Awards Banquet	0.00	0.00	0.00	19,716.38	20,000.00	283.62	20,000.00
67600 · Other Events	0.00	0.00	0.00	0.00	2,500.00	2,500.00	2,500.00
<b>Total 67000 · Events</b>	<b>2,200.00</b>	<b>0.00</b>	<b>-2,200.00</b>	<b>21,952.51</b>	<b>24,800.00</b>	<b>2,847.49</b>	<b>69,300.00</b>
<b>68500 · Capital Reserve</b>	<b>1,000.00</b>	<b>1,000.00</b>	<b>0.00</b>	<b>7,000.00</b>	<b>7,000.00</b>	<b>0.00</b>	<b>12,000.00</b>
<b>Total Business Operating Expenses</b>	<b>38,764.15</b>	<b>35,206.29</b>	<b>-3,557.86</b>	<b>250,112.93</b>	<b>267,100.53</b>	<b>16,987.60</b>	<b>492,583.06</b>
<b>Total Expense</b>	<b>38,764.15</b>	<b>35,206.29</b>	<b>-3,557.86</b>	<b>250,112.93</b>	<b>267,100.53</b>	<b>16,987.60</b>	<b>492,583.06</b>
<b>Net Ordinary Income</b>	<b>-9,772.17</b>	<b>-13,697.29</b>	<b>3,925.12</b>	<b>7,746.87</b>	<b>-73,587.53</b>	<b>81,334.40</b>	<b>74.94</b>
<b>Net Income</b>	<b>-9,772.17</b>	<b>-13,697.29</b>	<b>3,925.12</b>	<b>7,746.87</b>	<b>-73,587.53</b>	<b>81,334.40</b>	<b>74.94</b>



FIRST TEE Budget Comparison 2020

			Dec 20	Budget	Variance	Jan-Dec 20	YTD Budget	Variance	Annual Budget
<b>Expense</b>									
<b>Business Operating Expenses</b>									
<b>61000 · Payroll Expenses</b>									
	61100 · Executive Director		4,789.58	4,789.62	0.04	57,474.96	57,475.00	0.04	57,475.00
	61200 · Program Director		3,352.70	3,352.69	-0.01	40,232.40	40,232.50	0.10	40,232.50
	61250 · Superintendent		3,333.34	3,333.37	0.03	37,500.07	40,000.00	2,499.93	40,000.00
	61300 · Payroll Taxes		1,321.42	860.67	-460.75	11,214.34	10,328.04	-886.30	10,328.04
	61400 · Payroll Benefits		1,819.84	1,700.00	-119.84	21,207.54	20,400.00	-807.54	20,400.00
	61500 · Payroll Expenses - Other		6,000.00	6,168.15	168.15	6,000.00	6,168.15	168.15	6,168.15
	<b>Total 61000 · Payroll Expenses</b>		<b>20,616.88</b>	<b>20,204.50</b>	<b>-412.38</b>	<b>173,629.31</b>	<b>174,603.69</b>	<b>974.38</b>	<b>174,603.69</b>
<b>62000 · Marketing</b>									
	62100 · Advertising / Promotion		1,740.15	3,333.37	1,593.22	33,943.72	40,000.00	6,056.28	40,000.00
	62200 · Website		0.00	100.00	100.00	2,120.00	1,935.00	-185.00	1,935.00
	62300 · Database		-757.00	39.00	796.00	483.50	3,268.00	2,784.50	3,268.00
	<b>Total 62000 · Marketing</b>		<b>983.15</b>	<b>3,472.37</b>	<b>2,489.22</b>	<b>36,547.22</b>	<b>45,203.00</b>	<b>8,655.78</b>	<b>45,203.00</b>
<b>63000 · Professional Services</b>									
	63300 · Tax/Financial Services		0.00	0.00	0.00	1,050.00	1,200.00	150.00	1,200.00
	63600 · Accounting & IT Services		450.00	650.00	200.00	5,442.92	7,000.00	1,557.08	7,000.00
	63700 · Coach Training		0.00	0.00	0.00	448.11	6,000.00	5,551.89	6,000.00
	63750 · Instructor Payments		0.00	3,000.00	3,000.00	5,525.00	10,000.00	4,475.00	10,000.00
	<b>Total 63000 · Professional Services</b>		<b>450.00</b>	<b>3,650.00</b>	<b>3,200.00</b>	<b>12,466.03</b>	<b>24,200.00</b>	<b>11,733.97</b>	<b>24,200.00</b>
<b>64000 · Building &amp; Ground Maintenance</b>									
	64300 · Equipment Repairs		87.01	300.00	212.99	7,042.63	3,600.00	-3,442.63	3,600.00
<b>64600 · Course Maintenance</b>									
	64610 · Plant Seed Sod		49.00	0.00	-49.00	49.00	3,000.00	2,951.00	3,000.00
	64620 · Sand & Top Dressing		0.00	0.00	0.00	1,776.76	1,500.00	-276.76	1,500.00
	64630 · Fertilizer		0.00	0.00	0.00	1,622.33	3,450.00	1,827.67	3,450.00
	64640 · Fuel, Gas, Oil		78.25	50.00	-28.25	1,066.80	2,125.00	1,058.20	2,125.00
	64650 · Chemicals		0.00	1,600.00	1,600.00	7,891.72	4,925.00	-2,966.72	4,925.00
	64670 · Other Maintenance		65.87	0.00	-65.87	1,513.41	1,450.00	-63.41	1,450.00
	64690 · Course Labor		0.00	500.00	500.00	0.00	6,000.00	6,000.00	6,000.00
	<b>Total 64600 · Course Maintenance</b>		<b>193.12</b>	<b>2,150.00</b>	<b>1,956.88</b>	<b>13,920.02</b>	<b>22,450.00</b>	<b>8,529.98</b>	<b>22,450.00</b>
	<b>Total 64000 · Building &amp; Ground Maintenance</b>		<b>280.13</b>	<b>2,450.00</b>	<b>2,169.87</b>	<b>20,962.65</b>	<b>26,050.00</b>	<b>5,087.35</b>	<b>26,050.00</b>
<b>65000 · Administration</b>									
<b>65100 · Insurance</b>									
	65110 · General & Liability		0.00	0.00	0.00	4,815.14	9,900.00	5,084.86	9,900.00
	65120 · Directors & Officers		0.00	0.00	0.00	850.00	1,000.00	150.00	1,000.00
	65150 · Workers Comp		0.00	0.00	0.00	-146.00	1,300.00	1,446.00	1,300.00
	<b>Total 65100 · Insurance</b>		<b>0.00</b>	<b>0.00</b>	<b>0.00</b>	<b>5,519.14</b>	<b>12,200.00</b>	<b>6,680.86</b>	<b>12,200.00</b>
<b>65200 · Travel</b>									
	65210 · Mileage Reimbursement		0.00	200.00	200.00	0.00	3,150.00	3,150.00	3,150.00
	65220 · Conferences		0.00	7,500.00	7,500.00	1,814.16	7,500.00	5,685.84	7,500.00
	<b>Total 65200 · Travel</b>		<b>0.00</b>	<b>7,700.00</b>	<b>7,700.00</b>	<b>1,814.16</b>	<b>10,650.00</b>	<b>8,835.84</b>	<b>10,650.00</b>



FIRST TEE Budget Comparison 2020

			Dec 20	Budget	Variance	Jan-Dec 20	YTD Budget	Variance	Annual Budget
<b>Ordinary Income/Expense</b>									
<b>Income</b>									
<b>40000 · Operating Income</b>									
<b>41000 · Donations</b>									
	41100 · General		5,530.00	2,500.00	3,030.00	36,525.31	41,750.00	-5,224.69	41,750.00
	41300 · Memorials		2,025.00	0.00	2,025.00	7,655.00	2,000.00	5,655.00	2,000.00
	41400 · Golf Club/Ball Sales		2,035.00	0.00	2,035.00	17,710.00	11,500.00	6,210.00	11,500.00
	41800 · End of Year Appeal		0.00	6,100.00	-6,100.00	6,115.78	6,600.00	-484.22	6,600.00
	<b>Total 41000 · Donations</b>		<b>9,590.00</b>	<b>8,600.00</b>	<b>990.00</b>	<b>68,006.09</b>	<b>61,850.00</b>	<b>6,156.09</b>	<b>61,850.00</b>
<b>42000 · Special Events</b>									
	42100 · Champions Tournament		5,100.00	0.00	5,100.00	134,532.50	120,000.00	14,532.50	120,000.00
	42200 · Awards Banquet		0.00	0.00	0.00	8,211.25	31,500.00	-23,288.75	31,500.00
	42300 · Ferguson Auction		0.00	0.00	0.00	0.00	17,500.00	-17,500.00	17,500.00
	42400 · Other Events		0.00	0.00	0.00	0.00	2,500.00	-2,500.00	2,500.00
	<b>Total 42000 · Special Events</b>		<b>5,100.00</b>	<b>0.00</b>	<b>5,100.00</b>	<b>142,743.75</b>	<b>171,500.00</b>	<b>-28,756.25</b>	<b>171,500.00</b>
<b>43000 · Corporate Sponsorships</b>									
	43200 · PGA Tour		0.00	0.00	0.00	0.00	5,000.00	-5,000.00	5,000.00
	43300 · Other		0.00	0.00	0.00	20,000.00	27,500.00	-7,500.00	27,500.00
	<b>Total 43000 · Corporate Sponsorships</b>		<b>0.00</b>	<b>0.00</b>	<b>0.00</b>	<b>20,000.00</b>	<b>32,500.00</b>	<b>-12,500.00</b>	<b>32,500.00</b>
<b>44000 · Grants</b>									
	44200 · Local Government ATAX		25,000.00	25,000.00	0.00	25,000.00	25,000.00	0.00	25,000.00
	44300 · Grants		9,000.00	1,000.00	8,000.00	39,500.00	62,000.00	-22,500.00	62,000.00
	44400 · HHI Town Budget		0.00	0.00	0.00	0.00	50,000.00	-50,000.00	50,000.00
	<b>Total 44000 · Grants</b>		<b>34,000.00</b>	<b>26,000.00</b>	<b>8,000.00</b>	<b>64,500.00</b>	<b>137,000.00</b>	<b>-72,500.00</b>	<b>137,000.00</b>
<b>45000 · Programs</b>									
	45100 · Program Fees		1,806.75	1,100.00	706.75	30,625.25	33,900.00	-3,274.75	33,900.00
	45150 · Scholarship Program Fees		590.00	500.00	90.00	19,687.50	2,000.00	17,687.50	2,000.00
	<b>Total 45000 · Programs</b>		<b>2,396.75</b>	<b>1,600.00</b>	<b>796.75</b>	<b>50,312.75</b>	<b>35,900.00</b>	<b>14,412.75</b>	<b>35,900.00</b>
<b>46000 · Golf Facility</b>									
	46100 · Golf/Range Revenue		876.00	1,250.00	-374.00	14,822.90	20,000.00	-5,177.10	20,000.00
	46200 · Disc Golf Revenue		155.00	150.00	5.00	2,522.00	2,950.00	-428.00	2,950.00
	<b>Total 46000 · Golf Facility</b>		<b>1,031.00</b>	<b>1,400.00</b>	<b>-369.00</b>	<b>17,344.90</b>	<b>22,950.00</b>	<b>-5,605.10</b>	<b>22,950.00</b>
<b>49000 · Miscellaneous Income</b>									
	49300 · Interest Earned		34.24	18.00	16.24	277.66	207.00	70.66	207.00
	49500 · PPP Loan Forgiven		0.00		0.00	31,708.00		31,708.00	0.00
	<b>Total 49000 · Miscellaneous Income</b>		<b>34.24</b>	<b>18.00</b>	<b>16.24</b>	<b>31,985.66</b>	<b>207.00</b>	<b>31,778.66</b>	<b>207.00</b>
	<b>Total 40000 · Operating Income</b>		<b>52,151.99</b>	<b>37,618.00</b>	<b>14,533.99</b>	<b>394,893.15</b>	<b>461,907.00</b>	<b>-67,013.85</b>	<b>461,907.00</b>
<b>50000 · Capital Campaign Funding</b>									
	51000 · Donations - Pledges		0.00	0.00	0.00	3,200.00	3,200.00	0.00	3,200.00
	52000 · Capital Grants		0.00		0.00	5,000.00		5,000.00	0.00
	57000 · Interest Earned		11.72	7.00	4.72	136.80	84.00	52.80	84.00
	<b>Total 50000 · Capital Campaign Funding</b>		<b>11.72</b>	<b>7.00</b>	<b>4.72</b>	<b>8,336.80</b>	<b>3,284.00</b>	<b>5,052.80</b>	<b>3,284.00</b>
	<b>Total Income</b>		<b>52,163.71</b>	<b>37,625.00</b>	<b>14,538.71</b>	<b>403,229.95</b>	<b>465,191.00</b>	<b>-61,961.05</b>	<b>465,191.00</b>



FIRST TEE Budget Comparison 2020

			Dec 20	Budget	Variance	Jan-Dec 20	YTD Budget	Variance	Annual Budget
<b>Expense</b>									
<b>Business Operating Expenses</b>									
<b>61000 · Payroll Expenses</b>									
	61100 · Executive Director		4,789.58	4,789.62	0.04	57,474.96	57,475.00	0.04	57,475.00
	61200 · Program Director		3,352.70	3,352.69	-0.01	40,232.40	40,232.50	0.10	40,232.50
	61250 · Superintendent		3,333.34	3,333.37	0.03	37,500.07	40,000.00	2,499.93	40,000.00
	61300 · Payroll Taxes		1,321.42	860.67	-460.75	11,214.34	10,328.04	-886.30	10,328.04
	61400 · Payroll Benefits		1,819.84	1,700.00	-119.84	21,207.54	20,400.00	-807.54	20,400.00
	61500 · Payroll Expenses - Other		6,000.00	6,168.15	168.15	6,000.00	6,168.15	168.15	6,168.15
	<b>Total 61000 · Payroll Expenses</b>		<b>20,616.88</b>	<b>20,204.50</b>	<b>-412.38</b>	<b>173,629.31</b>	<b>174,603.69</b>	<b>974.38</b>	<b>174,603.69</b>
<b>62000 · Marketing</b>									
	62100 · Advertising / Promotion		1,740.15	3,333.37	1,593.22	33,943.72	40,000.00	6,056.28	40,000.00
	62200 · Website		0.00	100.00	100.00	2,120.00	1,935.00	-185.00	1,935.00
	62300 · Database		-757.00	39.00	796.00	483.50	3,268.00	2,784.50	3,268.00
	<b>Total 62000 · Marketing</b>		<b>983.15</b>	<b>3,472.37</b>	<b>2,489.22</b>	<b>36,547.22</b>	<b>45,203.00</b>	<b>8,655.78</b>	<b>45,203.00</b>
<b>63000 · Professional Services</b>									
	63300 · Tax/Financial Services		0.00	0.00	0.00	1,050.00	1,200.00	150.00	1,200.00
	63600 · Accounting & IT Services		450.00	650.00	200.00	5,442.92	7,000.00	1,557.08	7,000.00
	63700 · Coach Training		0.00	0.00	0.00	448.11	6,000.00	5,551.89	6,000.00
	63750 · Instructor Payments		0.00	3,000.00	3,000.00	5,525.00	10,000.00	4,475.00	10,000.00
	<b>Total 63000 · Professional Services</b>		<b>450.00</b>	<b>3,650.00</b>	<b>3,200.00</b>	<b>12,466.03</b>	<b>24,200.00</b>	<b>11,733.97</b>	<b>24,200.00</b>
<b>64000 · Building &amp; Ground Maintenance</b>									
	64300 · Equipment Repairs		87.01	300.00	212.99	7,042.63	3,600.00	-3,442.63	3,600.00
<b>64600 · Course Maintenance</b>									
	64610 · Plant Seed Sod		49.00	0.00	-49.00	49.00	3,000.00	2,951.00	3,000.00
	64620 · Sand & Top Dressing		0.00	0.00	0.00	1,776.76	1,500.00	-276.76	1,500.00
	64630 · Fertilizer		0.00	0.00	0.00	1,622.33	3,450.00	1,827.67	3,450.00
	64640 · Fuel, Gas, Oil		78.25	50.00	-28.25	1,066.80	2,125.00	1,058.20	2,125.00
	64650 · Chemicals		0.00	1,600.00	1,600.00	7,891.72	4,925.00	-2,966.72	4,925.00
	64670 · Other Maintenance		65.87	0.00	-65.87	1,513.41	1,450.00	-63.41	1,450.00
	64690 · Course Labor		0.00	500.00	500.00	0.00	6,000.00	6,000.00	6,000.00
	<b>Total 64600 · Course Maintenance</b>		<b>193.12</b>	<b>2,150.00</b>	<b>1,956.88</b>	<b>13,920.02</b>	<b>22,450.00</b>	<b>8,529.98</b>	<b>22,450.00</b>
	<b>Total 64000 · Building &amp; Ground Maintenance</b>		<b>280.13</b>	<b>2,450.00</b>	<b>2,169.87</b>	<b>20,962.65</b>	<b>26,050.00</b>	<b>5,087.35</b>	<b>26,050.00</b>
<b>65000 · Administration</b>									
<b>65100 · Insurance</b>									
	65110 · General & Liability		0.00	0.00	0.00	4,815.14	9,900.00	5,084.86	9,900.00
	65120 · Directors & Officers		0.00	0.00	0.00	850.00	1,000.00	150.00	1,000.00
	65150 · Workers Comp		0.00	0.00	0.00	-146.00	1,300.00	1,446.00	1,300.00
	<b>Total 65100 · Insurance</b>		<b>0.00</b>	<b>0.00</b>	<b>0.00</b>	<b>5,519.14</b>	<b>12,200.00</b>	<b>6,680.86</b>	<b>12,200.00</b>
<b>65200 · Travel</b>									
	65210 · Mileage Reimbursement		0.00	200.00	200.00	0.00	3,150.00	3,150.00	3,150.00
	65220 · Conferences		0.00	7,500.00	7,500.00	1,814.16	7,500.00	5,685.84	7,500.00
	<b>Total 65200 · Travel</b>		<b>0.00</b>	<b>7,700.00</b>	<b>7,700.00</b>	<b>1,814.16</b>	<b>10,650.00</b>	<b>8,835.84</b>	<b>10,650.00</b>



**Carey & Company P.A.**  
**70 Main Street, Suite 100**  
**Hilton Head Island, SC 29926**  
**843-681-4430**

May 3, 2022

**CONFIDENTIAL**

Hilton Head Island Foundation to  
Support Youth Sports, Inc.  
P.O. Box 23334  
Hilton Head Island, SC 29925

Dear Board Members:

This letter is to confirm and specify the terms of our engagement with you and to clarify the nature and extent of the services we will provide. In order to ensure an understanding of our mutual responsibilities, we ask all clients for whom returns are prepared to confirm the following arrangements.

Return of Organization Exempt From Income Tax (Form 990)

Annual Financial Report for a Charitable Organization - SC Secretary of State's  
Office

We will prepare your federal and state exempt organization returns from information which you will furnish to us. We will not audit or otherwise verify the data you submit, although it may be necessary to ask you for clarification of some of the information.

It is your responsibility to provide all the information required for the preparation of complete and accurate returns. You should retain all the documents, cancelled checks and other data that form the basis of these returns. These may be necessary to prove the accuracy and completeness of the returns to a taxing authority. You have the final responsibility for the tax returns and, therefore, you should review them carefully before you sign them.

Our work in connection with the preparation of your tax returns does not include any procedures designed to discover defalcations and/or other irregularities, should any exist. We will render such accounting and bookkeeping assistance as determined to be necessary for preparation of the tax returns.

The law provides various penalties that may be imposed when taxpayers understate their tax liability. If you would like information on the amount or the circumstances of these penalties, please contact us.

Your returns may be selected for review by the taxing authorities. Any proposed adjustments by the examining agent are subject to certain rights of appeal. In the event of such government tax examination, we will be available upon request to represent you and will render additional invoices for the time and expenses incurred.

Our fee for these services will be based upon the amount of time required at standard billing rates plus out-of-pocket expenses. All invoices are due and payable upon presentation.

If the foregoing fairly sets forth your understanding, please sign the enclosed copy of this letter in the space indicated and return it to our office. However, if there are other tax returns you expect us to prepare, please inform us by noting so at the end of the return copy of this letter.

We want to express our appreciation for this opportunity to work with you.

Very truly yours,

Carey & Company P.A.

Accepted By: \_\_\_\_\_

Date: \_\_\_\_\_

**Carey & Company P.A.**  
**70 Main Street, Suite 100**  
**Hilton Head Island, SC 29926**  
**843-681-4430**

May 3, 2022

**CONFIDENTIAL**

Hilton Head Island Foundation to  
Support Youth Sports, Inc.  
P.O. Box 23334  
Hilton Head Island, SC 29925

Dear Board Members:

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

Return of Organization Exempt From Income Tax (Form 990)

Annual Financial Report for a Charitable Organization - SC Secretary of State's Office

We suggest that you examine these returns carefully to fully acquaint yourself with all items contained therein to ensure that there are no omissions or misstatements. Attached are instructions for signing and filing each return. Please follow those instructions carefully.

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

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

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

Sincerely,

Carey & Company P.A.

Form <b>990</b>	<b>Two Year Comparison Report</b>	<b>2020 &amp; 2021</b>
For calendar year 2021, or tax year beginning _____, ending _____		

Name **Hilton Head Island Foundation to Support Youth Sports, Inc.** Taxpayer Identification Number **\*\*\_\*\*\*7877**

		2020	2021	Differences
<b>Revenue</b>	1. Contributions, gifts, grants .....	130,706	153,858	23,152
	2. Membership dues and assessments .....			
	3. Government contributions and grants .....	30,000	25,000	-5,000
	4. Program service revenue .....	67,658	82,979	15,321
	5. Investment income .....	415	480	65
	6. Proceeds from tax exempt bonds .....			
	7. Net gain or (loss) from sale of assets other than inventory .....			
	8. Net income or (loss) from fundraising events .....	87,744	124,311	36,567
	9. Net income or (loss) from gaming .....			
	10. Net gain or (loss) on sales of inventory .....			
	11. Other revenue .....	31,708	31,708	
	<b>12. Total revenue.</b> Add lines 1 through 11	<b>348,231</b>	<b>418,336</b>	<b>70,105</b>
<b>Expenses</b>	13. Grants and similar amounts paid .....			
	14. Benefits paid to or for members .....			
	15. Compensation of officers, directors, trustees, etc. ....	59,177	62,475	3,298
	16. Salaries, other compensation, and employee benefits .....	114,452	78,381	-36,071
	17. Professional fundraising fees .....			
	18. Other professional fees .....	12,018	10,601	-1,417
	19. Occupancy, rent, utilities, and maintenance .....			
	20. Depreciation and Depletion .....	970	2,370	1,400
	21. Other expenses .....	117,466	168,849	51,383
	<b>22. Total expenses.</b> Add lines 13 through 21	<b>304,083</b>	<b>322,676</b>	<b>18,593</b>
	<b>23. Excess or (Deficit).</b> Subtract line 22 from line 12	<b>44,148</b>	<b>95,660</b>	<b>51,512</b>
<b>Other Information</b>	24. Total exempt revenue .....	348,231	418,336	70,105
	25. Total unrelated revenue .....			
	26. Total excludable revenue .....	99,781	115,167	15,386
	27. Total assets .....	560,777	655,322	94,545
	28. Total liabilities .....	72,547	71,256	-1,291
	29. Retained earnings .....	488,230	584,066	95,836
	30. Number of voting members of governing body	16	17	
	31. Number of independent voting members of governing body	16	17	
	32. Number of employees .....	4	6	
	33. Number of volunteers .....	75	75	

Form <b>990</b>	<b>Tax Return History</b>	<b>2021</b>
Name <b>Hilton Head Island Foundation to Support Youth Sports, Inc.</b>		Employer Identification Number <b>**_***7877</b>

	2017	2018	2019	2020	2021	2022
Contributions, gifts, grants .....	286,635	282,459	214,938	160,706	178,858	
Membership dues .....						
Program service revenue .....	24,076	44,537	48,950	67,658	82,979	
Capital gain or loss .....						
Investment income .....	150	231	348	415	480	
Fundraising revenue (income/loss) .....	95,845	81,705	96,610	87,744	124,311	
Gaming revenue (income/loss) .....						
Other revenue .....	671			31,708	31,708	
<b>Total revenue</b> .....	<b>407,377</b>	<b>408,932</b>	<b>360,846</b>	<b>348,231</b>	<b>418,336</b>	
Grants and similar amounts paid .....						
Benefits paid to or for members .....						
Compensation of officers, etc. ....				59,177	62,475	
Other compensation .....	109,018	119,446	130,405	114,452	78,381	
Professional fees .....	8,924	11,580	13,423	12,018	10,601	
Occupancy costs .....						
Depreciation and depletion .....	563	388	389	970	2,370	
Other expenses .....	151,612	115,862	119,755	117,466	168,849	
<b>Total expenses</b> .....	<b>270,117</b>	<b>247,276</b>	<b>263,972</b>	<b>304,083</b>	<b>322,676</b>	
<b>Excess or (Deficit)</b> .....	<b>137,260</b>	<b>161,656</b>	<b>96,874</b>	<b>44,148</b>	<b>95,660</b>	
<b>Total exempt revenue</b> .....	<b>407,377</b>	<b>408,932</b>	<b>360,846</b>	<b>348,231</b>	<b>418,336</b>	
Total unrelated revenue .....						
Total excludable revenue .....	24,897	44,768	49,298	99,781	115,167	
Total Assets .....	436,770	492,731	529,379	560,777	655,322	
Total Liabilities .....	251,218	145,523	85,297	72,547	71,256	
Net Fund Balances .....	185,552	347,208	444,082	488,230	584,066	

## Filing Instructions

### Hilton Head Island Foundation to Support Youth Sports, Inc.

### Exempt Organization Tax Return

### Taxable Year Ended December 31, 2021

**Date Due:** May 16, 2022

**Remittance:** None is required. Your Form 990 for the tax year ended 12/31/21 shows no balance due.

**Signature:** You are using a Personal Identification Number (PIN) for signing your return electronically. Form 8879-TE, IRS *e-file* Signature Authorization for an Exempt Organization should be signed and dated by an authorized officer of the organization and returned to:

Carey & Company P.A.  
70 Main Street, Suite 100  
Hilton Head Island, SC 29926

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

**Other:** Your return is being filed electronically with the IRS and is not required to be mailed. If you Mail a paper copy of your return to the IRS it will delay the processing of your return.



Form **8879-TE**

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

OMB No. 1545-0047

For calendar year 2021, or fiscal year beginning ..... 2021, and ending ..... 20 .....

**2021**

Department of the Treasury  
Internal Revenue Service

**u Do not send to the IRS. Keep for your records.**  
**u Go to [www.irs.gov/Form8879TE](http://www.irs.gov/Form8879TE) for the latest information.**

Name of filer

**Hilton Head Island Foundation to Support Youth Sports, Inc.**

EIN or SSN

**\*\* - \*\*\*7877**

Name and title of officer or person subject to tax

**Chuck Elberly  
Treasurer**

#### Part I Type of Return and Return Information

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

1a Form 990 check here	<input checked="" type="checkbox"/>	b Total revenue, if any (Form 990, Part VIII, column (A), line 12)	1b	<b>418,336</b>
2a Form 990-EZ check here	<input type="checkbox"/>	b Total revenue, if any (Form 990-EZ, line 9)	2b	
3a Form 1120-POL check here	<input type="checkbox"/>	b Total tax (Form 1120-POL, line 22)	3b	
4a Form 990-PF check here	<input type="checkbox"/>	b Tax based on investment income (Form 990-PF, Part VI, line 5)	4b	
5a Form 8868 check here	<input type="checkbox"/>	b Balance due (Form 8868, line 3c)	5b	
6a Form 990-T check here	<input type="checkbox"/>	b Total tax (Form 990-T, Part III, line 4)	6b	
7a Form 4720 check here	<input type="checkbox"/>	b Total tax (Form 4720, Part III, line 1)	7b	
8a Form 5227 check here	<input type="checkbox"/>	b FMV of assets at end of tax year (Form 5227, Item D)	8b	
9a Form 5330 check here	<input type="checkbox"/>	b Tax due (Form 5330, Part II, line 19)	9b	
10a Form 8038-CP check here	<input type="checkbox"/>	b Amount of credit payment requested (Form 8038-CP, Part III, line 22)	10b	

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

Under penalties of perjury, I declare that  I am an officer of the above entity or  I am a person subject to tax with respect to (name of entity) \_\_\_\_\_, (EIN) \_\_\_\_\_ and that I have examined a copy of the 2021 electronic return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the electronic return and, if applicable, the consent to electronic funds withdrawal.

##### PIN: check one box only

I authorize Carey & Company P.A. to enter my PIN 12345 as my signature  
ERO firm name Enter five numbers, but do not enter all zeros

on the tax year 2021 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

As an officer or person subject to tax with respect to the entity, I will enter my PIN as my signature on the tax year 2021 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Signature of officer or person subject to tax }

Date }

#### Part III Certification and Authentication

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

\*\*\*\*\*

Do not enter all zeros

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

ERO's signature } Patrick P. Carey, Jr., CPA Date }

**ERO Must Retain This Form — See Instructions**

**Do Not Submit This Form to the IRS Unless Requested To Do So**

Form **990**

**Return of Organization Exempt From Income Tax**  
 Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)  
 Do not enter social security numbers on this form as it may be made public.  
 Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047  
**2021**  
 Open to Public Inspection

Department of the Treasury  
 Internal Revenue Service

**A** For the 2021 calendar year, or tax year beginning \_\_\_\_\_, and ending \_\_\_\_\_

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

**C** Name of organization **Hilton Head Island Foundation to Support Youth Sports, Inc.**  
 Doing business as **The First Tee of the LowCountry**  
 Number and street (or P.O. box if mail is not delivered to street address) Room/suite  
**P.O. Box 23334**  
 City or town, state or province, country, and ZIP or foreign postal code  
**Hilton Head Island SC 29925**

**D** Employer identification number  
**\*\* - \*\*\*7877**

**E** Telephone number  
**843-384-1751**

**G** Gross receipts \$ **464,059**

**F** Name and address of principal officer:  
**Chuck Elberly**  
**PO Box 23334**  
**Hilton Head Island SC 29926**

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

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

**J** Website: **u http://www.thefirstteelowcountry.org/**

**K** Form of organization:  Corporation  Trust  Association  Other **u**

**L** Year of formation: **2014** **M** State of legal domicile: **SC**

**H(c)** Group exemption number **u**

Part I Summary		Prior Year	Current Year
Activities & Governance	1 Briefly describe the organization's mission or most significant activities: <b>The First Tee helps shape the lives of kids and teens from all walks of life by introducing them to values inherent in the game of golf. Values like integrity, respect and perseverance</b>		
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3 Number of voting members of the governing body (Part VI, line 1a)	<b>3</b>	<b>17</b>
	4 Number of independent voting members of the governing body (Part VI, line 1b)	<b>4</b>	<b>17</b>
	5 Total number of individuals employed in calendar year 2021 (Part V, line 2a)	<b>5</b>	<b>6</b>
	6 Total number of volunteers (estimate if necessary)	<b>6</b>	<b>75</b>
	7a Total unrelated business revenue from Part VIII, column (C), line 12	<b>7a</b>	<b>0</b>
7b Net unrelated business taxable income from Form 990-T, Part I, line 11	<b>7b</b>	<b>0</b>	
Revenue	8 Contributions and grants (Part VIII, line 1h)	<b>160,706</b>	<b>178,858</b>
	9 Program service revenue (Part VIII, line 2g)	<b>67,658</b>	<b>82,979</b>
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	<b>415</b>	<b>480</b>
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	<b>119,452</b>	<b>156,019</b>
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	<b>348,231</b>	<b>418,336</b>
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)		<b>0</b>
	14 Benefits paid to or for members (Part IX, column (A), line 4)		<b>0</b>
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	<b>173,629</b>	<b>140,856</b>
	16a Professional fundraising fees (Part IX, column (A), line 11e)		<b>0</b>
	16b Total fundraising expenses (Part IX, column (D), line 25) <b>u 61,147</b>		
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	<b>130,454</b>	<b>181,820</b>
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	<b>304,083</b>	<b>322,676</b>	
19 Revenue less expenses. Subtract line 18 from line 12	<b>44,148</b>	<b>95,660</b>	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	<b>560,777</b>	<b>655,322</b>
	21 Total liabilities (Part X, line 26)	<b>72,547</b>	<b>71,256</b>
	22 Net assets or fund balances. Subtract line 21 from line 20	<b>488,230</b>	<b>584,066</b>

**Part II Signature Block**

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

**Sign Here** Signature of officer: **Chuck Elberly** Date: \_\_\_\_\_  
 Type or print name and title: **Treasurer**

**Paid Preparer Use Only**

Print/Type preparer's name: **Patrick P. Carey, Jr., CPA** Preparer's signature: **Patrick P. Carey, Jr., CPA** Date: \_\_\_\_\_  
 Check  if self-employed PTIN: **\*\*\*\*\***

Firm's name: **Carey & Company P.A.** Firm's EIN: **\*\* - \*\*\*7046**  
 Firm's address: **70 Main Street, Suite 100**  
**Hilton Head Island, SC 29926** Phone no.: **843-681-4430**

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

**Part III Statement of Program Service Accomplishments**

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

1 Briefly describe the organization's mission:

**The First Tee helps shape the lives of kids and teens from all walks of life by introducing them to values inherent in the game of golf. Values like integrity, respect and perseverance**

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

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

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

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

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

4a (Code: ) (Expenses \$ **202,882** including grants of\$ ) (Revenue \$ )  
**Operating driving range for use in objectives outlined in mission statement.**

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

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

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

4e Total program service expenses **u 202,882**

**Part IV Checklist of Required Schedules**

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

**Part IV Checklist of Required Schedules (continued)**

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

**Part V Statements Regarding Other IRS Filings and Tax Compliance**

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

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

<b>Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)</b>		Yes	No
<b>2a</b>	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	<b>2a</b>	<b>6</b>
<b>b</b>	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? <b>Note:</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. See instructions.	<b>2b</b>	<b>X</b>
<b>3a</b>	Did the organization have unrelated business gross income of \$1,000 or more during the year?	<b>3a</b>	<b>X</b>
<b>b</b>	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	<b>3b</b>	
<b>4a</b>	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	<b>4a</b>	<b>X</b>
<b>b</b>	If "Yes," enter the name of the foreign country <b>u</b> See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).		
<b>5a</b>	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	<b>5a</b>	<b>X</b>
<b>b</b>	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	<b>5b</b>	<b>X</b>
<b>c</b>	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	<b>5c</b>	
<b>6a</b>	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	<b>6a</b>	<b>X</b>
<b>b</b>	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	<b>6b</b>	
<b>7</b>	<b>Organizations that may receive deductible contributions under section 170(c).</b>		
<b>a</b>	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	<b>7a</b>	<b>X</b>
<b>b</b>	If "Yes," did the organization notify the donor of the value of the goods or services provided?	<b>7b</b>	
<b>c</b>	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	<b>7c</b>	<b>X</b>
<b>d</b>	If "Yes," indicate the number of Forms 8282 filed during the year	<b>7d</b>	
<b>e</b>	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	<b>7e</b>	<b>X</b>
<b>f</b>	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	<b>7f</b>	<b>X</b>
<b>g</b>	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	<b>7g</b>	<b>X</b>
<b>h</b>	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	<b>7h</b>	<b>X</b>
<b>8</b>	<b>Sponsoring organizations maintaining donor advised funds.</b> Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	<b>8</b>	
<b>9</b>	<b>Sponsoring organizations maintaining donor advised funds.</b>		
<b>a</b>	Did the sponsoring organization make any taxable distributions under section 4966?	<b>9a</b>	
<b>b</b>	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	<b>9b</b>	
<b>10</b>	<b>Section 501(c)(7) organizations.</b> Enter:		
<b>a</b>	Initiation fees and capital contributions included on Part VIII, line 12	<b>10a</b>	
<b>b</b>	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	<b>10b</b>	
<b>11</b>	<b>Section 501(c)(12) organizations.</b> Enter:		
<b>a</b>	Gross income from members or shareholders	<b>11a</b>	
<b>b</b>	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)	<b>11b</b>	
<b>12a</b>	<b>Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041?	<b>12a</b>	
<b>b</b>	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	<b>12b</b>	
<b>13</b>	<b>Section 501(c)(29) qualified nonprofit health insurance issuers.</b>		
<b>a</b>	Is the organization licensed to issue qualified health plans in more than one state? <b>Note:</b> See the instructions for additional information the organization must report on Schedule O.	<b>13a</b>	
<b>b</b>	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	<b>13b</b>	
<b>c</b>	Enter the amount of reserves on hand	<b>13c</b>	
<b>14a</b>	Did the organization receive any payments for indoor tanning services during the tax year?	<b>14a</b>	<b>X</b>
<b>b</b>	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	<b>14b</b>	
<b>15</b>	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N.	<b>15</b>	<b>X</b>
<b>16</b>	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.	<b>16</b>	<b>X</b>
<b>17</b>	<b>Section 501(c)(21) organizations.</b> Did the trust, any disqualified person, or mine operator engage in activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953? If "Yes," complete Form 6069.	<b>17</b>	

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

**Section A. Governing Body and Management**

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

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

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

**Section C. Disclosure**

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

**Dale M Planicka**  
**Hilton Head Island**

**PO Box 23334**

**SC 29925**

**843-715-0256**

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

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

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

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

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/ 1099-MISC/ 1099-NEC)	(E) Reportable compensation from related organizations (W-2/ 1099-MISC/ 1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) <b>Jim Capps</b> Board Member	5.00 0.00	X						0	0	0
(2) <b>Mike Cerrati</b> Secretary	5.00 0.00	X		X				0	0	0
(3) <b>Grace Chu</b> Vice Chair	5.00 0.00	X		X				0	0	0
(4) <b>Joe Datillo</b> Board Member	5.00 0.00	X						0	0	0
(5) <b>Chuck Elberly</b> Treasurer	5.00 0.00	X		X				0	0	0
(6) <b>Jeremiah Faber</b> Board Member	5.00 0.00	X						0	0	0
(7) <b>Dick Farmer</b> Chair	5.00 0.00	X		X				0	0	0
(8) <b>John Farrell</b> Board member	5.00 0.00	X						0	0	0
(9) <b>Bill Fuentes</b> Board Member	5.00 0.00	X						0	0	0
(10) <b>Paul Gaines</b> Board Member	5.00 0.00	X						0	0	0
(11) <b>Ken Groff</b> Board Member	5.00 0.00	X						0	0	0



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

(A) Name and title	(B) Average hours per week per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/ 1099-MISC/ 1099-NEC)	(E) Reportable compensation from related organizations (W-2/ 1099-MISC/ 1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(12) Don Krahnke	5.00									
Board Member	0.00	X						0	0	0
(13) Chris Lane	5.00									
Board Member	0.00	X						0	0	0
(14) Laurie Laykish	5.00									
Board Member	0.00	X						0	0	0
(15) Paul Rothwell	5.00									
Board Member	0.00	X						0	0	0
(16) Chuck Wiseman	5.00									
Board Member	0.00	X						0	0	0
(17) Paul Zaffaori	5.00									
Board Member	0.00	X						0	0	0
(18) Patrick M Zuk	40.00									
Executive Director	0.00			X				0	0	0
<b>1b Subtotal</b>										
<b>c Total from continuation sheets to Part VII, Section A</b>										
<b>d Total (add lines 1b and 1c)</b>										

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

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

**Section B. Independent Contractors**

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

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

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

**Part VIII Statement of Revenue**

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

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
<b>Contributions, Gifts, Grants and Other Similar Amounts</b>	<b>1a</b> Federated campaigns	<b>1a</b>				
	<b>b</b> Membership dues	<b>1b</b>				
	<b>c</b> Fundraising events	<b>1c</b>				
	<b>d</b> Related organizations	<b>1d</b>				
	<b>e</b> Government grants (contributions)	<b>1e</b>	25,000			
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above	<b>1f</b>	153,858			
	<b>g</b> Noncash contributions included in lines 1a-1f	<b>1g</b>	\$			
	<b>h Total.</b> Add lines 1a-1f	<b>u</b>	178,858			
<b>Program Service Revenue</b>	<b>2a</b> Golf Range ...	Business Code		31,351	31,351	
	<b>b</b> Program Fees			31,087	31,087	
	<b>c</b> Scholarship Program Fees			18,798	18,798	
	<b>d</b> Pro Shop Sales			1,743	1,743	
	<b>e</b>					
	<b>f</b> All other program service revenue					
	<b>g Total.</b> Add lines 2a-2f	<b>u</b>		82,979		
<b>Other Revenue</b>	<b>3</b> Investment income (including dividends, interest, and other similar amounts)			480		480
	<b>4</b> Income from investment of tax-exempt bond proceeds					
	<b>5</b> Royalties					
	<b>6a</b> Gross rents	(i) Real				
		(ii) Personal				
		<b>6a</b>				
	<b>b</b> Less: rental expenses					
	<b>c</b> Rental inc. or (loss)					
	<b>d</b> Net rental income or (loss)					
	<b>7a</b> Gross amount from sales of assets other than inventory	(i) Securities				
		(ii) Other				
		<b>7a</b>				
	<b>b</b> Less: cost or other basis and sales exps.					
	<b>c</b> Gain or (loss)					
	<b>d</b> Net gain or (loss)					
<b>8a</b> Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18						
	<b>8a</b>		170,034			
<b>b</b> Less: direct expenses						
<b>c</b> Net income or (loss) from fundraising events				124,311		
<b>9a</b> Gross income from gaming activities. See Part IV, line 19						
	<b>9a</b>					
<b>b</b> Less: direct expenses						
<b>c</b> Net income or (loss) from gaming activities						
<b>10a</b> Gross sales of inventory, less returns and allowances						
	<b>10a</b>					
<b>b</b> Less: cost of goods sold						
<b>c</b> Net income or (loss) from sales of inventory						
<b>Miscellaneous Revenue</b>	<b>11a</b> PPP Loan Forgiven	Business Code		31,708	31,708	
	<b>b</b>					
	<b>c</b>					
	<b>d</b> All other revenue					
	<b>e Total.</b> Add lines 11a-11d	<b>u</b>		31,708		
<b>12 Total revenue.</b> See instructions	<b>u</b>		418,336	114,687	0	480

**Part IX Statement of Functional Expenses**

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
<b>1</b> Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21				
<b>2</b> Grants and other assistance to domestic individuals. See Part IV, line 22				
<b>3</b> Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
<b>4</b> Benefits paid to or for members				
<b>5</b> Compensation of current officers, directors, trustees, and key employees	62,475	62,475		
<b>6</b> Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
<b>7</b> Other salaries and wages	53,365	53,365		
<b>8</b> Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
<b>9</b> Other employee benefits	15,932	15,932		
<b>10</b> Payroll taxes	9,084	9,084		
<b>11</b> Fees for services (nonemployees):				
<b>a</b> Management				
<b>b</b> Legal				
<b>c</b> Accounting	5,841		5,841	
<b>d</b> Lobbying				
<b>e</b> Professional fundraising services. See Part IV, line 7				
<b>f</b> Investment management fees				
<b>g</b> Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)	4,760	4,760		
<b>12</b> Advertising and promotion	61,147			61,147
<b>13</b> Office expenses				
<b>14</b> Information technology				
<b>15</b> Royalties				
<b>16</b> Occupancy				
<b>17</b> Travel				
<b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials				
<b>19</b> Conferences, conventions, and meetings				
<b>20</b> Interest				
<b>21</b> Payments to affiliates				
<b>22</b> Depreciation, depletion, and amortization	2,370	2,244	126	
<b>23</b> Insurance				
<b>24</b> Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
<b>a</b> BGC Rental	18,000		18,000	
<b>b</b> Ground Maintenance	17,498	17,498		
<b>c</b> Program Services	11,457	11,457		
<b>d</b> General & Liability Insurance	10,642		10,642	
<b>e</b> All other expenses	50,105	26,067	24,038	
<b>25</b> Total functional expenses. Add lines 1 through 24e	322,676	202,882	58,647	61,147
<b>26</b> Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

**Part X Balance Sheet**

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

		(A) Beginning of year		(B) End of year	
<b>Assets</b>	<b>1</b> Cash—non-interest-bearing .....	<b>556,023</b>	<b>1</b>	<b>629,721</b>	
	<b>2</b> Savings and temporary cash investments .....		<b>2</b>		
	<b>3</b> Pledges and grants receivable, net .....		<b>3</b>		
	<b>4</b> Accounts receivable, net .....		<b>4</b>		
	<b>5</b> Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons .....			<b>5</b>	
	<b>6</b> Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) .....			<b>6</b>	
	<b>7</b> Notes and loans receivable, net .....		<b>7</b>		
	<b>8</b> Inventories for sale or use .....		<b>8</b>		
	<b>9</b> Prepaid expenses and deferred charges .....		<b>9</b>		
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D .....	<b>10a</b> <b>33,852</b>			
	<b>b</b> Less: accumulated depreciation .....	<b>10b</b> <b>8,251</b>	<b>4,754</b>	<b>10c</b>	<b>25,601</b>
	<b>11</b> Investments—publicly traded securities .....			<b>11</b>	
	<b>12</b> Investments—other securities. See Part IV, line 11 .....			<b>12</b>	
	<b>13</b> Investments—program-related. See Part IV, line 11 .....			<b>13</b>	
	<b>14</b> Intangible assets .....			<b>14</b>	
	<b>15</b> Other assets. See Part IV, line 11 .....			<b>15</b>	
<b>16 Total assets.</b> Add lines 1 through 15 (must equal line 33) .....		<b>560,777</b>	<b>16</b>	<b>655,322</b>	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses .....		<b>17</b>		
	<b>18</b> Grants payable .....		<b>18</b>		
	<b>19</b> Deferred revenue .....		<b>19</b>		
	<b>20</b> Tax-exempt bond liabilities .....		<b>20</b>		
	<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D .....			<b>21</b>	
	<b>22</b> Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons .....			<b>22</b>	
	<b>23</b> Secured mortgages and notes payable to unrelated third parties .....			<b>23</b>	
	<b>24</b> Unsecured notes and loans payable to unrelated third parties .....			<b>24</b>	
	<b>25</b> Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D .....		<b>72,547</b>	<b>25</b>	<b>71,256</b>
	<b>26 Total liabilities.</b> Add lines 17 through 25 .....		<b>72,547</b>	<b>26</b>	<b>71,256</b>
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.</b>				
	<b>27</b> Net assets without donor restrictions .....	<b>488,230</b>	<b>27</b>	<b>584,066</b>	
	<b>28</b> Net assets with donor restrictions .....		<b>28</b>		
	<b>Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.</b>				
	<b>29</b> Capital stock or trust principal, or current funds .....		<b>29</b>		
	<b>30</b> Paid-in or capital surplus, or land, building, or equipment fund .....		<b>30</b>		
	<b>31</b> Retained earnings, endowment, accumulated income, or other funds .....		<b>31</b>		
	<b>32</b> Total net assets or fund balances .....	<b>488,230</b>	<b>32</b>	<b>584,066</b>	
<b>33</b> Total liabilities and net assets/fund balances .....	<b>560,777</b>	<b>33</b>	<b>655,322</b>		

**Part XI Reconciliation of Net Assets**

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

<b>1</b>	Total revenue (must equal Part VIII, column (A), line 12)	<b>1</b>	<b>418,336</b>
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25)	<b>2</b>	<b>322,676</b>
<b>3</b>	Revenue less expenses. Subtract line 2 from line 1	<b>3</b>	<b>95,660</b>
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	<b>4</b>	<b>488,230</b>
<b>5</b>	Net unrealized gains (losses) on investments	<b>5</b>	
<b>6</b>	Donated services and use of facilities	<b>6</b>	
<b>7</b>	Investment expenses	<b>7</b>	
<b>8</b>	Prior period adjustments	<b>8</b>	
<b>9</b>	Other changes in net assets or fund balances (explain on Schedule O)	<b>9</b>	<b>176</b>
<b>10</b>	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	<b>10</b>	<b>584,066</b>

**Part XII Financial Statements and Reporting**

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

		Yes	No
<b>1</b>	Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.		
<b>2a</b>	Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		<b>X</b>
<b>2b</b>	Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		<b>X</b>
<b>2c</b>	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.		
<b>3a</b>	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		
<b>3b</b>	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits		

**SCHEDULE A**  
(Form 990)

Department of the Treasury  
Internal Revenue Service

**Public Charity Status and Public Support**

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

**u Attach to Form 990 or Form 990-EZ.**

**u Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.**

OMB No. 1545-0047

**2021**

**Open to Public Inspection**

Name of the organization **Hilton Head Island Foundation to Support Youth Sports, Inc.** Employer identification number **\*\*-\*\*\*7877**

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

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

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

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

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

**Section A. Public Support**

Calendar year (or fiscal year beginning in) u	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	286,635	282,459	214,938	160,706	178,858	1,123,596
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge						
<b>4 Total.</b> Add lines 1 through 3	286,635	282,459	214,938	160,706	178,858	1,123,596
<b>5</b> The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						200,354
<b>6</b> Public support. Subtract line 5 from line 4.						923,242

**Section B. Total Support**

Calendar year (or fiscal year beginning in) u	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
<b>7</b> Amounts from line 4	286,635	282,459	214,938	160,706	178,858	1,123,596
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	150	231	348	415	480	1,624
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on						
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
<b>11 Total support.</b> Add lines 7 through 10						1,125,220
<b>12</b> Gross receipts from related activities, etc. (see instructions)					12	1,120,447
<b>13 First 5 years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b> <input type="checkbox"/>						

**Section C. Computation of Public Support Percentage**

<b>14</b> Public support percentage for 2021 (line 6, column (f) divided by line 11, column (f))	14	82.05 %
<b>15</b> Public support percentage from 2020 Schedule A, Part II, line 14	15	89.12 %
<b>16a 33 1/3% support test—2021.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization <input checked="" type="checkbox"/>		
<b>b 33 1/3% support test—2020.</b> If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization <input type="checkbox"/>		
<b>17a 10%-facts-and-circumstances test—2021.</b> If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and <b>stop here.</b> Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization <input type="checkbox"/>		
<b>b 10%-facts-and-circumstances test—2020.</b> If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and <b>stop here.</b> Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization <input type="checkbox"/>		
<b>18 Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions <input type="checkbox"/>		

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

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

Section A. Public Support

Table with 7 columns: (a) 2017, (b) 2018, (c) 2019, (d) 2020, (e) 2021, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Gross receipts from admissions, merchandise sold or services performed; 3 Gross receipts from activities that are not an unrelated trade or business; 4 Tax revenues levied for the organization's benefit; 5 The value of services or facilities furnished by a governmental unit; 6 Total. Add lines 1 through 5; 7a Amounts included on lines 1, 2, and 3 received from disqualified persons; 7b Amounts included on lines 2 and 3 received from other than disqualified persons; 8 Public support. (Subtract line 7c from line 6.)

Section B. Total Support

Table with 7 columns: (a) 2017, (b) 2018, (c) 2019, (d) 2020, (e) 2021, (f) Total. Rows include: 9 Amounts from line 6; 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources; 10b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975; 10c Add lines 10a and 10b; 11 Net income from unrelated business activities not included on line 10b; 12 Other income. Do not include gain or loss from the sale of capital assets; 13 Total support. (Add lines 9, 10c, 11, and 12.)

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

Section C. Computation of Public Support Percentage

Table with 3 columns: Description, Line Number, Percentage. Row 15: Public support percentage for 2021 (line 8, column (f), divided by line 13, column (f)) - 15 - %; Row 16: Public support percentage from 2020 Schedule A, Part III, line 15 - 16 - %

Section D. Computation of Investment Income Percentage

Table with 3 columns: Description, Line Number, Percentage. Row 17: Investment income percentage for 2021 (line 10c, column (f), divided by line 13, column (f)) - 17 - %; Row 18: Investment income percentage from 2020 Schedule A, Part III, line 17 - 18 - %

19a 33 1/3% support tests—2021. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

19b 33 1/3% support tests—2020. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions



**Part IV Supporting Organizations**

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

**Section A. All Supporting Organizations**

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

**Part IV Supporting Organizations (continued)**

- 11** Has the organization accepted a gift or contribution from any of the following persons?
- a** A person who directly or indirectly controls, either alone or together with persons described on lines 11b and 11c below, the governing body of a supported organization?
  - b** A family member of a person described on line 11a above?
  - c** A 35% controlled entity of a person described on line 11a or 11b above? *If "Yes" to line 11a, 11b, or 11c, provide detail in Part VI.*

	Yes	No
<b>11a</b>		
<b>11b</b>		
<b>11c</b>		

**Section B. Type I Supporting Organizations**

- 1** Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? *If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.*
- 2** Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? *If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.*

	Yes	No
<b>1</b>		
<b>2</b>		

**Section C. Type II Supporting Organizations**

- 1** Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? *If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).*

	Yes	No
<b>1</b>		

**Section D. All Type III Supporting Organizations**

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

	Yes	No
<b>1</b>		
<b>2</b>		
<b>3</b>		

**Section E. Type III Functionally Integrated Supporting Organizations**

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

	Yes	No
<b>2a</b>		
<b>2b</b>		
<b>3a</b>		
<b>3b</b>		

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

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

<b>Section A – Adjusted Net Income</b>		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3.	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	<b>Adjusted Net Income</b> (subtract lines 5, 6, and 7 from line 4)	8	
<b>Section B – Minimum Asset Amount</b>		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	<b>Total</b> (add lines 1a, 1b, and 1c)	1d	
e	<b>Discount</b> claimed for blockage or other factors (explain in detail in Part VI):		
2	Acquisition indebtedness applicable to non-exempt-use assets	2	
3	Subtract line 2 from line 1d.	3	
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by 0.035.	6	
7	Recoveries of prior-year distributions	7	
8	<b>Minimum Asset Amount</b> (add line 7 to line 6)	8	
<b>Section C – Distributable Amount</b>			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1	
2	Enter 0.85 of line 1.	2	
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3	
4	Enter greater of line 2 or line 3.	4	
5	Income tax imposed in prior year	5	
6	<b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

<b>Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)</b>			
<b>Section D – Distributions</b>			<b>Current Year</b>
<b>1</b>	Amounts paid to supported organizations to accomplish exempt purposes		
<b>2</b>	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity		
<b>3</b>	Administrative expenses paid to accomplish exempt purposes of supported organizations		
<b>4</b>	Amounts paid to acquire exempt-use assets		
<b>5</b>	Qualified set-aside amounts (prior IRS approval required—provide details in Part VI)		
<b>6</b>	Other distributions (describe in Part VI). See instructions.		
<b>7</b>	<b>Total annual distributions.</b> Add lines 1 through 6.		
<b>8</b>	Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.		
<b>9</b>	Distributable amount for 2021 from Section C, line 6		
<b>10</b>	Line 8 amount divided by line 9 amount		
<b>Section E – Distribution Allocations</b> (see instructions)			
	<b>(i) Excess Distributions</b>	<b>(ii) Underdistributions Pre-2021</b>	<b>(iii) Distributable Amount for 2021</b>
<b>1</b>	Distributable amount for 2021 from Section C, line 6		
<b>2</b>	Underdistributions, if any, for years prior to 2021 (reasonable cause required—explain in Part VI). See instructions.		
<b>3</b>	Excess distributions carryover, if any, to 2021		
<b>a</b>	From 2016 .....		
<b>b</b>	From 2017 .....		
<b>c</b>	From 2018 .....		
<b>d</b>	From 2019 .....		
<b>e</b>	From 2020 .....		
<b>f</b>	<b>Total</b> of lines 3a through 3e		
<b>g</b>	Applied to underdistributions of prior years		
<b>h</b>	Applied to 2021 distributable amount		
<b>i</b>	Carryover from 2016 not applied (see instructions)		
<b>j</b>	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.		
<b>4</b>	Distributions for 2021 from Section D, line 7: \$		
<b>a</b>	Applied to underdistributions of prior years		
<b>b</b>	Applied to 2021 distributable amount		
<b>c</b>	Remainder. Subtract lines 4a and 4b from line 4.		
<b>5</b>	Remaining underdistributions for years prior to 2021, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions.		
<b>6</b>	Remaining underdistributions for 2021 Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.		
<b>7</b>	<b>Excess distributions carryover to 2022.</b> Add lines 3j and 4c.		
<b>8</b>	Breakdown of line 7:		
<b>a</b>	Excess from 2017 .....		
<b>b</b>	Excess from 2018 .....		
<b>c</b>	Excess from 2019 .....		
<b>d</b>	Excess from 2020 .....		
<b>e</b>	Excess from 2021 .....		



**Schedule B  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Schedule of Contributors**

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

OMB No. 1545-0047

**2021**

Name of the organization <b>Hilton Head Island Foundation to Support Youth Sports, Inc.</b>	Employer identification number <b>**-***7877</b>
--	---

Organization type (check one):

- |                    |   |  |
|--------------------|---|--|
| <b>Filers of:</b>  | <b>Section:</b>   |  |
| Form 990 or 990-EZ | <input checked="" type="checkbox"/> 501(c)( <b>3</b> ) (enter number) organization                        |  |
|                    | <input type="checkbox"/> 4947(a)(1) nonexempt charitable trust <b>not</b> treated as a private foundation |  |
|                    | <input type="checkbox"/> 527 political organization   |  |
| Form 990-PF        | <input type="checkbox"/> 501(c)(3) exempt private foundation  |  |
|                    | <input type="checkbox"/> 4947(a)(1) nonexempt charitable trust treated as a private foundation            |  |
|                    | <input type="checkbox"/> 501(c)(3) taxable private foundation   |  |

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

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

**General Rule**

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

**Special Rules**

- For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33<sup>1</sup>/<sub>3</sub>% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of **(1)** \$5,000; or **(2)** 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.
- For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.
- For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year ..... ▶ \$ .....

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

Name of organization

Employer identification number

**Hilton Head Island Foundation to**

**\*\* - \*\*\*7877**

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	..... ..... .....	\$ 25,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	..... ..... .....	\$ 5,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	..... ..... .....	\$ 6,500	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	..... ..... .....	\$ 30,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5	..... ..... .....	\$ 5,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
6	..... ..... .....	\$ 10,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization

Employer identification number

**Hilton Head Island Foundation to**

**\*\* - \*\*\*7877**

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7	..... ..... .....	\$ ..... 5,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
8	..... ..... .....	\$ ..... 10,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
9	..... ..... .....	\$ ..... 13,500	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
.....	..... ..... .....	\$ .....	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
.....	..... ..... .....	\$ .....	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
.....	..... ..... .....	\$ .....	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)



SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

u Attach to Form 990.

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

OMB No. 1545-0047

2021

Open to Public Inspection

Name of the organization

Hilton Head Island Foundation to Support Youth Sports, Inc.

Employer identification number

\*\* - \*\*\*7877

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

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

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

Part II Conservation Easements.

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

Table with 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows include: 1 Purpose(s) of conservation easements held by the organization (check all that apply), 2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year. (2a Total number of conservation easements, 2b Total acreage restricted by conservation easements, 2c Number of conservation easements on a certified historic structure included in (a), 2d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register), 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year u, 4 Number of states where property subject to conservation easement is located u, 5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? (Yes/No), 6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year u, 7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year u \$, 8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? (Yes/No), 9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

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

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

Table with 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows include: 1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items. 1b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenue included on Form 990, Part VIII, line 1 u \$, (ii) Assets included in Form 990, Part X u \$, 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items: a Revenue included on Form 990, Part VIII, line 1 u \$, b Assets included in Form 990, Part X u \$

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

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

**Part IV Escrow and Custodial Arrangements.**

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

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

**Part V Endowment Funds.**

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

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

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

**Part VI Land, Buildings, and Equipment.**

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
<b>1a</b> Land .....				
<b>b</b> Buildings .....				
<b>c</b> Leasehold improvements .....				
<b>d</b> Equipment .....				
<b>e</b> Other .....				

**Total.** Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.) **u**

**Part VII Investments – Other Securities.**

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

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

**Part VIII Investments – Program Related.**

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

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

**Part IX Other Assets.**

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

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

**Part X Other Liabilities.**

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) <b>Scholarship Restricted Fund</b>	<b>40,001</b>
(3) <b>Scholarship Ken Campbell</b>	<b>24,670</b>
(4) <b>Payroll Liabilities</b>	<b>4,816</b>
(5) <b>Health Insurance</b>	<b>1,769</b>
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 25.) ... <b>u</b>	<b>71,256</b>

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





**SCHEDULE G  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Information Regarding Fundraising or Gaming Activities**

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

**u** Attach to Form 990 or Form 990-EZ.

**u** Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2021**

Open to Public Inspection

Name of the organization

**Hilton Head Island Foundation to Support Youth Sports, Inc.**

Employer identification number

**\*\* - \*\*\*7877**

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

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

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

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

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

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

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

.....

.....

.....

.....

.....

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

		(a) Event #1 <b>Champions for C</b> <small>(event type)</small>	(b) Event #2  <small>(event type)</small>	(c) Other events <b>None</b> <small>(total number)</small>	(d) Total events <small>(add col. (a) through col. (c))</small>
Revenue	1 Gross receipts .....	<b>170,034</b>			<b>170,034</b>
	2 Less: Contributions ..				
	3 Gross income (line 1 minus line 2) .....	<b>170,034</b>			<b>170,034</b>
Direct Expenses	4 Cash prizes .....				
	5 Noncash prizes .....				
	6 Rent/facility costs .....				
	7 Food and beverages ..				
	8 Entertainment .....				
	9 Other direct expenses	<b>45,723</b>			<b>45,723</b>
	10 Direct expense summary. Add lines 4 through 9 in column (d) .....				<b>45,723</b>
11 Net income summary. Subtract line 10 from line 3, column (d) .....				<b>124,311</b>	

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

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

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

b If "No," explain: .....

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

b If "Yes," explain: .....





**SCHEDULE O  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Information to Form 990 or 990-EZ**

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

u Attach to Form 990 or Form 990-EZ.

u Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2021**

**Open to Public Inspection**

Name of the organization <b>Hilton Head Island Foundation to Support Youth Sports, Inc.</b>	Employer identification number <b>**-***7877</b>
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**Form 990, Part VI, Line 11b - Organization's Process to Review Form 990**

No review was or will be conducted.

**Form 990, Part VI, Line 12c - Enforcement of Conflicts Policy**

All board members are required to review the Conflict of Interest Policy annually and reveal any conflicts and provide their signature as appropriate.

**Form 990, Part VI, Line 19 - Governing Documents Disclosure Explanation**

No documents available to the public

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

**Description**

	Tot/Prog Service	Mgt & General	Fundraising
<b>Development</b>	\$ 9,000	\$ 0	\$ 0
<b>Miscellaneous</b>	\$ 0	\$ 5,121	\$ 0
<b>Chemicals</b>	\$ 4,539	\$ 0	\$ 0
<b>Printing</b>	\$ 0	\$ 3,551	\$ 0
<b>Subscriptions</b>	\$ 0	\$ 2,728	\$ 0
<b>Course labor</b>			

Name of the organization	Employer identification number
Hilton Head Island Foundation to	**_***7877

	\$ 2,644	\$ 0	\$ 0
Office Supties	\$ 0	\$ 2,551	\$ 0
Equipment Repairs	\$ 2,151	\$ 0	\$ 0
Credit Card Processing	\$ 2,035	\$ 0	\$ 0
Telephone	\$ 0	\$ 1,800	\$ 0
Workers Comp	\$ 0	\$ 1,551	\$ 0
Postage	\$ 0	\$ 1,508	\$ 0
Other maintenance	\$ 1,449	\$ 0	\$ 0
Fuel, Gas, Oil	\$ 1,380	\$ 0	\$ 0
Fertilizer	\$ 1,301	\$ 0	\$ 0
Database	\$ 0	\$ 1,161	\$ 0
Background Checks	\$ 0	\$ 923	\$ 0
Website	\$ 0	\$ 900	\$ 0
Directors & Officers	\$ 0	\$ 850	\$ 0



Form **4562**

Department of the Treasury  
Internal Revenue Service (99)

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

u Go to [www.irs.gov/Form4562](http://www.irs.gov/Form4562) for instructions and the latest information.

OMB No. 1545-0172

**2021**

Attachment Sequence No. **179**

Name(s) shown on return **Hilton Head Island Foundation to Support Youth Sports, Inc.**

Identifying number  
**\*\* - \*\*\*7877**

Business or activity to which this form relates

**Indirect Depreciation**

**Part I Election To Expense Certain Property Under Section 179**

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

1	Maximum amount (see instructions)	1	<b>1,050,000</b>
2	Total cost of section 179 property placed in service (see instructions)	2	
3	Threshold cost of section 179 property before reduction in limitation (see instructions)	3	<b>2,620,000</b>
4	Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-	4	
5	Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions	5	
6	(a) Description of property	(b) Cost (business use only)	(c) Elected cost
7	Listed property. Enter the amount from line 29	7	
8	Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7	8	
9	Tentative deduction. Enter the <b>smaller</b> of line 5 or line 8	9	
10	Carryover of disallowed deduction from line 13 of your 2020 Form 4562	10	
11	Business income limitation. Enter the smaller of business income (not less than zero) or line 5. See instructions	11	
12	Section 179 expense deduction. Add lines 9 and 10, but don't enter more than line 11	12	
13	Carryover of disallowed deduction to 2022. Add lines 9 and 10, less line 12	13	

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

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

14	Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year. See instructions	14	
15	Property subject to section 168(f)(1) election	15	
16	Other depreciation (including ACRS)	16	<b>1,146</b>

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

**Section A**

17	MACRS deductions for assets placed in service in tax years beginning before 2021	17	<b>1,224</b>
18	If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here <input type="checkbox"/> u <input type="checkbox"/>		

**Section B—Assets Placed in Service During 2021 Tax Year Using the General Depreciation System**

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

**Section C—Assets Placed in Service During 2021 Tax Year Using the Alternative Depreciation System**

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

**Part IV Summary (See instructions.)**

21	Listed property. Enter amount from line 28	21	
22	<b>Total.</b> Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations—see instructions	22	<b>2,370</b>
23	For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	

For Paperwork Reduction Act Notice, see separate instructions.

DAA

Form <b>990</b>	<b>Event Income and Deduction Worksheet</b>	<b>2021</b>
Description <b>Champions for Charity</b>		

Name <b>Hilton Head Island Foundation to</b>	Taxpayer Identification Number <b>** - ***7877</b>
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Use this worksheet to verify data entered for a specific activity on your form 990/990EZ

**Income & Expense Summary:**

1. Gross receipts or sales	1. <u>170,034</u>
2. Advertising income	2. _____
3. Circulation income	3. _____
4. Other income	4. _____
5. Returns and allowances	5. _____
6. Contributions received	6. _____
7. <b>Total revenue.</b> Add lines 1 through 6	7. <u>170,034</u>
8. Cost of Goods Sold	8. <u>45,723</u>
9. Employment Expense	9. _____
10. Fees for services	10. _____
11. Indirect Expense	11. _____
12. Depreciation Expense	12. _____
13. Exempt Activity Expense	13. _____
14. Fundraising Expense	14. _____
15. <b>Total expenses.</b> Add lines 8 through 14	15. <u>45,723</u>
16. <b>Net Income/Loss.</b> Line 7 minus Line 15	16. <u>124,311</u>

**Expense Details - Cost of Goods Sold:**

Beginning inventory	_____
Purchases	_____
Labor	_____
Section 263A costs	_____
Other costs	<u>45,723</u>
Ending inventory	_____
<b>Total Cost of Goods Sold</b>	<u>45,723</u>

**Expense Details - Employment Expense:**

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

**Expense Details - Fees for Services:**

Management	_____
Legal	_____
Accounting	_____
Lobbying	_____
Professional fundraising	_____
Investment management	_____
Other	_____
<b>Total Fees for Services</b>	_____

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

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

**Expense Details - Indirect Expense:**

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

**Expense Details - Depreciation Expense:**

On investment property	_____
On non-investment property	_____
Amortization	_____
Depletion	_____
<b>Total Depreciation Expense</b>	_____

**Expense Details - Exempt Activity Expense:**

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

**Expense Details - Fundraising Expense:**

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

**Allocation of Expense to Program Service Accomplishments:**

First	_____
Second	_____
Third	_____
All other	_____











Form <b>990</b>	<b>Two Year Comparison Report</b>	<b>2019 &amp; 2020</b>
For calendar year 2020, or tax year beginning _____, ending _____		

Name **Hilton Head Island Foundation to Support Youth Sports, Inc.** Taxpayer Identification Number **46-5117877**

		2019	2020	Differences
<b>R e v e n u e</b>	1. Contributions, gifts, grants	188,438	130,706	-57,732
	2. Membership dues and assessments			
	3. Government contributions and grants	26,500	30,000	3,500
	4. Program service revenue	48,950	67,658	18,708
	5. Investment income	348	415	67
	6. Proceeds from tax exempt bonds			
	7. Net gain or (loss) from sale of assets other than inventory			
	8. Net income or (loss) from fundraising events	96,610	87,744	-8,866
	9. Net income or (loss) from gaming			
	10. Net gain or (loss) on sales of inventory			
	11. Other revenue		31,708	31,708
	<b>12. Total revenue.</b> Add lines 1 through 11	<b>360,846</b>	<b>348,231</b>	<b>-12,615</b>
<b>E x p e n s e s</b>	13. Grants and similar amounts paid			
	14. Benefits paid to or for members			
	15. Compensation of officers, directors, trustees, etc.		59,177	59,177
	16. Salaries, other compensation, and employee benefits	130,405	114,452	-15,953
	17. Professional fundraising fees			
	18. Other professional fees	13,423	12,018	-1,405
	19. Occupancy, rent, utilities, and maintenance			
	20. Depreciation and Depletion	389	970	581
	21. Other expenses	119,755	117,466	-2,289
	<b>22. Total expenses.</b> Add lines 13 through 21	<b>263,972</b>	<b>304,083</b>	<b>40,111</b>
	<b>23. Excess or (Deficit).</b> Subtract line 22 from line 12	<b>96,874</b>	<b>44,148</b>	<b>-52,726</b>
<b>O t h e r I n f o r m a t i o n</b>	<b>24. Total exempt revenue</b>	<b>360,846</b>	<b>348,231</b>	<b>-12,615</b>
	25. Total unrelated revenue			
	26. Total excludable revenue	49,298	99,781	50,483
	27. Total assets	529,379	560,777	31,398
	28. Total liabilities	85,297	72,547	-12,750
	29. Retained earnings	444,082	488,230	44,148
	30. Number of voting members of governing body	16	16	
	31. Number of independent voting members of governing body	16	16	
	32. Number of employees	5	4	
33. Number of volunteers	100	75		

Form <b>990</b>	<b>Tax Return History</b>	<b>2020</b>
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Name <b>Hilton Head Island Foundation to Support Youth Sports, Inc.</b>	Employer Identification Number <b>46-5117877</b>
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	2016	2017	2018	2019	2020	2021
Contributions, gifts, grants .....	<b>283,414</b>	<b>286,635</b>	<b>282,459</b>	<b>214,938</b>	<b>160,706</b>	
Membership dues .....						
Program service revenue .....	<b>10,606</b>	<b>24,076</b>	<b>44,537</b>	<b>48,950</b>	<b>67,658</b>	
Capital gain or loss .....						
Investment income .....	<b>92</b>	<b>150</b>	<b>231</b>	<b>348</b>	<b>415</b>	
Fundraising revenue (income/loss) .....	<b>90,888</b>	<b>95,845</b>	<b>81,705</b>	<b>96,610</b>	<b>87,744</b>	
Gaming revenue (income/loss) .....						
Other revenue .....	<b>2,329</b>	<b>671</b>			<b>31,708</b>	
<b>Total revenue</b> .....	<b>387,329</b>	<b>407,377</b>	<b>408,932</b>	<b>360,846</b>	<b>348,231</b>	
Grants and similar amounts paid .....						
Benefits paid to or for members .....						
Compensation of officers, etc. ....					<b>59,177</b>	
Other compensation .....	<b>97,931</b>	<b>109,018</b>	<b>119,446</b>	<b>130,405</b>	<b>114,452</b>	
Professional fees .....	<b>21,792</b>	<b>8,924</b>	<b>11,580</b>	<b>13,423</b>	<b>12,018</b>	
Occupancy costs .....						
Depreciation and depletion .....	<b>855</b>	<b>563</b>	<b>388</b>	<b>389</b>	<b>970</b>	
Other expenses .....	<b>146,343</b>	<b>151,612</b>	<b>115,862</b>	<b>119,755</b>	<b>117,466</b>	
<b>Total expenses</b> .....	<b>266,921</b>	<b>270,117</b>	<b>247,276</b>	<b>263,972</b>	<b>304,083</b>	
<b>Excess or (Deficit)</b> .....	<b>120,408</b>	<b>137,260</b>	<b>161,656</b>	<b>96,874</b>	<b>44,148</b>	
<b>Total exempt revenue</b> .....	<b>387,329</b>	<b>407,377</b>	<b>408,932</b>	<b>360,846</b>	<b>348,231</b>	
Total unrelated revenue .....						
Total excludable revenue .....	<b>13,027</b>	<b>24,897</b>	<b>44,768</b>	<b>49,298</b>	<b>99,781</b>	
Total Assets .....	<b>407,265</b>	<b>436,770</b>	<b>492,731</b>	<b>529,379</b>	<b>560,777</b>	
Total Liabilities .....	<b>358,973</b>	<b>251,218</b>	<b>145,523</b>	<b>85,297</b>	<b>72,547</b>	
Net Fund Balances .....	<b>48,292</b>	<b>185,552</b>	<b>347,208</b>	<b>444,082</b>	<b>488,230</b>	



Form **8879-EO**

**IRS e-file Signature Authorization for an Exempt Organization**

OMB No. 1545-0047

For calendar year 2020, or fiscal year beginning . . . . . 2020, and ending . . . . . 20 . . . . .

**2020**

Department of the Treasury  
Internal Revenue Service

**Do not send to the IRS. Keep for your records.**  
**Go to [www.irs.gov/Form8879EO](http://www.irs.gov/Form8879EO) for the latest information.**

Name of exempt organization or person subject to tax **Hilton Head Island Foundation to Support Youth Sports, Inc.**

Taxpayer identification number  
**46-5117877**

Name and title of officer or person subject to tax **Chuck Elberly  
Treasurer**

**Part I Type of Return and Return Information (Whole Dollars Only)**

Check the box for the return for which you are using this Form 8879-EO and enter the applicable amount, if any, from the return. If you check the box on line 1a, 2a, 3a, 4a, 5a, 6a, or 7a below, and the amount on that line for the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, 5b, 6b, or 7b, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. Do not complete more than one line in Part I.

<b>1a</b> Form 990 check here <input checked="" type="checkbox"/>	<b>b</b> Total revenue, if any (Form 990, Part VIII, column (A), line 12)	<b>1b</b> <u>348,231</u>
<b>2a</b> Form 990-EZ check here <input type="checkbox"/>	<b>b</b> Total revenue, if any (Form 990-EZ, line 9)	<b>2b</b> _____
<b>3a</b> Form 1120-POL check here <input type="checkbox"/>	<b>b</b> Total tax (Form 1120-POL, line 22)	<b>3b</b> _____
<b>4a</b> Form 990-PF check here <input type="checkbox"/>	<b>b</b> Tax based on investment income (Form 990-PF, Part VI, line 5)	<b>4b</b> _____
<b>5a</b> Form 8868 check here <input type="checkbox"/>	<b>b</b> Balance due (Form 8868, line 3c)	<b>5b</b> _____
<b>6a</b> Form 990-T check here <input type="checkbox"/>	<b>b</b> Total tax (Form 990-T, Part III, line 4)	<b>6b</b> _____
<b>7a</b> Form 4720 check here <input type="checkbox"/>	<b>b</b> Total tax (Form 4720, Part III, line 1)	<b>7b</b> _____

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

Under penalties of perjury, I declare that  I am an officer of the above organization or  I am a person subject to tax with respect to (name of organization) \_\_\_\_\_, (EIN) \_\_\_\_\_ and that I have examined a copy of the 2020 electronic return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the electronic return and, if applicable, the consent to electronic funds withdrawal.

**PIN: check one box only**

I authorize Carey & Company P.A. to enter my PIN 12345 as my signature  
ERO firm name Enter five numbers, but do not enter all zeros

on the tax year 2020 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

As an officer or person subject to tax with respect to the organization, I will enter my PIN as my signature on the tax year 2020 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Signature of officer or person subject to tax } Date }

**Part III Certification and Authentication**

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

**57507855555**  
Do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2020 electronically filed return indicated above. I confirm that I am submitting this return in accordance with the requirements of Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature } Patrick P. Carey, Jr., CPA Date }

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

For Paperwork Reduction Act Notice, see back of form.

Form **990**

**Return of Organization Exempt From Income Tax**

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

OMB No. 1545-0047

**2020**

**Open to Public Inspection**

Department of the Treasury  
Internal Revenue Service

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

**Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.**

**A For the 2020 calendar year, or tax year beginning , and ending**

<b>B</b> Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<b>C</b> Name of organization <b>Hilton Head Island Foundation to Support Youth Sports, Inc.</b>		<b>D</b> Employer identification number <b>46-5117877</b>
	Doing business as <b>The First Tee of the LowCountry</b>		<b>E</b> Telephone number <b>843-384-1751</b>
	Number and street (or P.O. box if mail is not delivered to street address) <b>P.O. Box 23334</b>	Room/suite	<b>G</b> Gross receipts \$ <b>403,231</b>
	City or town, state or province, country, and ZIP or foreign postal code <b>Hilton Head Island SC 29925</b>		
<b>F</b> Name and address of principal officer: <b>Chuck Elberly</b> <b>PO Box 23334</b> <b>Hilton Head Island SC 29926</b>			<b>H(a)</b> Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>H(b)</b> Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. See instructions

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

**J** Website: **u** <http://www.thefirstteelowcountry.org/> **H(c)** Group exemption number **u**

**K** Form of organization:  Corporation  Trust  Association  Other **u** **L** Year of formation: **2014** **M** State of legal domicile: **SC**

**Part I Summary**

<b>Activities &amp; Governance</b>	<b>1</b> Briefly describe the organization's mission or most significant activities: <b>The First Tee helps shape the lives of kids and teens from all walks of life by introducing them to values inherent in the game of golf. Values like integrity, respect and perseverance</b>		
	<b>2</b> Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	<b>3</b> Number of voting members of the governing body (Part VI, line 1a)	<b>3</b>	<b>16</b>
	<b>4</b> Number of independent voting members of the governing body (Part VI, line 1b)	<b>4</b>	<b>16</b>
	<b>5</b> Total number of individuals employed in calendar year 2020 (Part V, line 2a)	<b>5</b>	<b>4</b>
	<b>6</b> Total number of volunteers (estimate if necessary)	<b>6</b>	<b>75</b>
	<b>7a</b> Total unrelated business revenue from Part VIII, column (C), line 12	<b>7a</b>	<b>0</b>
<b>b</b> Net unrelated business taxable income from Form 990-T, Part I, line 11	<b>7b</b>	<b>0</b>	
<b>Revenue</b>	<b>8</b> Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	<b>9</b> Program service revenue (Part VIII, line 2g)	<b>214,938</b>	<b>160,706</b>
	<b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d)	<b>48,950</b>	<b>67,658</b>
	<b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	<b>348</b>	<b>415</b>
	<b>12</b> Total revenue – add lines 8 through 11 (must equal Part VIII, column (A), line 12)	<b>96,610</b>	<b>119,452</b>
<b>Expenses</b>	<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1–3)		<b>0</b>
	<b>14</b> Benefits paid to or for members (Part IX, column (A), line 4)		<b>0</b>
	<b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	<b>130,405</b>	<b>173,629</b>
	<b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e)		<b>0</b>
	<b>b</b> Total fundraising expenses (Part IX, column (D), line 25) <b>u</b> <b>33,944</b>		
	<b>17</b> Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	<b>133,567</b>	<b>130,454</b>
<b>18</b> Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	<b>263,972</b>	<b>304,083</b>	
<b>19</b> Revenue less expenses. Subtract line 18 from line 12	<b>96,874</b>	<b>44,148</b>	
<b>Net Assets or Fund Balances</b>	<b>20</b> Total assets (Part X, line 16)	Beginning of Current Year	End of Year
	<b>21</b> Total liabilities (Part X, line 26)	<b>529,379</b>	<b>560,777</b>
	<b>22</b> Net assets or fund balances. Subtract line 21 from line 20	<b>85,297</b>	<b>72,547</b>
		<b>444,082</b>	<b>488,230</b>

**Part II Signature Block**

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

<b>Sign Here</b>	Signature of officer	Date
	<b>Chuck Elberly</b> Type or print name and title	<b>Treasurer</b>

<b>Paid Preparer Use Only</b>	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN
	<b>Patrick P. Carey, Jr., CPA</b>	<b>Patrick P. Carey, Jr., CPA</b>			<b>P00033247</b>
	Firm's name } <b>Carey &amp; Company P.A.</b>	Firm's EIN } <b>57-0927046</b>			
	Firm's address } <b>70 Main Street, Suite 100</b> <b>Hilton Head Island, SC 29926</b>	Phone no.	<b>843-681-4430</b>		

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

**Part III Statement of Program Service Accomplishments**

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

**1** Briefly describe the organization's mission:  
**The First Tee helps shape the lives of kids and teens from all walks of life by introducing them to values inherent in the game of golf. Values like integrity, respect and perseverance**

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

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

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

**4a** (Code: ) (Expenses \$ **213,479** including grants of \$ ) (Revenue \$ )  
**Operating driving range for use in objectives outlined in mission statement.**

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

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

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

**4e** Total program service expenses **u** **213,479**

**Part IV Checklist of Required Schedules**

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



**Part IV Checklist of Required Schedules** *(continued)*

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

**Part V Statements Regarding Other IRS Filings and Tax Compliance**

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

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

**Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)**

		Yes	No
<b>2a</b>	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	<b>2a</b>	<b>4</b>
<b>b</b>	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? <b>Note:</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	<b>2b</b>	<b>X</b>
<b>3a</b>	Did the organization have unrelated business gross income of \$1,000 or more during the year?	<b>3a</b>	<b>X</b>
<b>b</b>	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	<b>3b</b>	
<b>4a</b>	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	<b>4a</b>	<b>X</b>
<b>b</b>	If "Yes," enter the name of the foreign country <b>u</b> See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).		
<b>5a</b>	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	<b>5a</b>	<b>X</b>
<b>b</b>	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	<b>5b</b>	<b>X</b>
<b>c</b>	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	<b>5c</b>	
<b>6a</b>	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	<b>6a</b>	<b>X</b>
<b>b</b>	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	<b>6b</b>	
<b>7</b>	<b>Organizations that may receive deductible contributions under section 170(c).</b>		
<b>a</b>	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	<b>7a</b>	<b>X</b>
<b>b</b>	If "Yes," did the organization notify the donor of the value of the goods or services provided?	<b>7b</b>	<b>X</b>
<b>c</b>	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	<b>7c</b>	<b>X</b>
<b>d</b>	If "Yes," indicate the number of Forms 8282 filed during the year	<b>7d</b>	
<b>e</b>	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	<b>7e</b>	<b>X</b>
<b>f</b>	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	<b>7f</b>	<b>X</b>
<b>g</b>	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	<b>7g</b>	<b>X</b>
<b>h</b>	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	<b>7h</b>	<b>X</b>
<b>8</b>	<b>Sponsoring organizations maintaining donor advised funds.</b> Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	<b>8</b>	
<b>9</b>	<b>Sponsoring organizations maintaining donor advised funds.</b>		
<b>a</b>	Did the sponsoring organization make any taxable distributions under section 4966?	<b>9a</b>	
<b>b</b>	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	<b>9b</b>	
<b>10</b>	<b>Section 501(c)(7) organizations.</b> Enter:		
<b>a</b>	Initiation fees and capital contributions included on Part VIII, line 12	<b>10a</b>	
<b>b</b>	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	<b>10b</b>	
<b>11</b>	<b>Section 501(c)(12) organizations.</b> Enter:		
<b>a</b>	Gross income from members or shareholders	<b>11a</b>	
<b>b</b>	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	<b>11b</b>	
<b>12a</b>	<b>Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041?	<b>12a</b>	
<b>b</b>	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	<b>12b</b>	
<b>13</b>	<b>Section 501(c)(29) qualified nonprofit health insurance issuers.</b>		
<b>a</b>	Is the organization licensed to issue qualified health plans in more than one state? <b>Note:</b> See the instructions for additional information the organization must report on Schedule O.	<b>13a</b>	
<b>b</b>	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	<b>13b</b>	
<b>c</b>	Enter the amount of reserves on hand	<b>13c</b>	
<b>14a</b>	Did the organization receive any payments for indoor tanning services during the tax year?	<b>14a</b>	<b>X</b>
<b>b</b>	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	<b>14b</b>	
<b>15</b>	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N.	<b>15</b>	<b>X</b>
<b>16</b>	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.	<b>16</b>	<b>X</b>

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

**Section A. Governing Body and Management**

		Yes	No
<b>1a</b>	Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O.	<b>16</b>	
<b>b</b>	Enter the number of voting members included on line 1a, above, who are independent	<b>16</b>	
<b>2</b>	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?		<b>X</b>
<b>3</b>	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?		<b>X</b>
<b>4</b>	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		<b>X</b>
<b>5</b>	Did the organization become aware during the year of a significant diversion of the organization's assets?		<b>X</b>
<b>6</b>	Did the organization have members or stockholders?		<b>X</b>
<b>7a</b>	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?		<b>X</b>
<b>b</b>	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		<b>X</b>
<b>8</b>	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
<b>a</b>	The governing body?	<b>X</b>	
<b>b</b>	Each committee with authority to act on behalf of the governing body?	<b>X</b>	
<b>9</b>	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O		<b>X</b>

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

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

**Section C. Disclosure**

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

**Dale M Planicka**  
**Hilton Head Island**

**PO Box 23334**

**SC 29925**

**843-715-0256**

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

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

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

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

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. See instructions for the order in which to list the persons above.

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

(A) Name and title	(B) Average hours per week per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) Patrick M Zuk	40.00									
Executive Director	0.00			X			59,177	0	0	
(2) Jim Capps	5.00									
Board Member	0.00	X					0	0	0	
(3) Paul Caruso	5.00									
Chairman	0.00	X		X			0	0	0	
(4) Mike Cerrati	5.00									
Secretary	0.00	X		X			0	0	0	
(5) Grace Chu	5.00									
Board Member	0.00	X					0	0	0	
(6) Joe Datillo	5.00									
Board Member	0.00	X					0	0	0	
(7) Mike Davis	5.00									
Board member	0.00	X					0	0	0	
(8) Chuck Elberly	5.00									
Treasurer	0.00	X		X			0	0	0	
(9) Dick Farmer	5.00									
Board Member	0.00	X					0	0	0	
(10) John Farrell	5.00									
Board member	0.00	X					0	0	0	
(11) Ken Groff	5.00									
Board Member	0.00	X					0	0	0	

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

(A) Name and title	(B) Average hours per week per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(12) Don Krahnke	5.00									
Board Member	0.00	X					0	0	0	
(13) Chris Lane	5.00									
Board Member	0.00	X					0	0	0	
(14) Laurie Laykish	5.00									
Board Member	0.00	X					0	0	0	
(15) Abby Petkov	5.00									
Board Member	0.00	X					0	0	0	
(16) Chuck Wiseman	5.00									
Board Member	0.00	X					0	0	0	
(17) Paul Zaffaori	5.00									
Vice Chairman	0.00	X		X			0	0	0	
<b>1b Subtotal</b>							<b>59,177</b>			
<b>c Total from continuation sheets to Part VII, Section A</b>										
<b>d Total (add lines 1b and 1c)</b>							<b>59,177</b>			

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

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

**Section B. Independent Contractors**

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

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

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

**Part VIII Statement of Revenue**

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

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514	
<b>Contributions, Gifts, Grants and Other Similar Amounts</b>	<b>1a</b> Federated campaigns	<b>1a</b>					
	<b>b</b> Membership dues	<b>1b</b>					
	<b>c</b> Fundraising events	<b>1c</b>					
	<b>d</b> Related organizations	<b>1d</b>					
	<b>e</b> Government grants (contributions)	<b>1e</b>	30,000				
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above	<b>1f</b>	130,706				
	<b>g</b> Noncash contributions included in lines 1a-1f	<b>1g</b>	\$				
	<b>h Total.</b> Add lines 1a-1f	<b>u</b>	160,706				
<b>Program Service Revenue</b>	<b>2a</b> Program Fees	Business Code	30,625	30,625			
	<b>b</b> Scholarship Program Fees		19,688	19,688			
	<b>c</b> Golf Range ...		14,823	14,823			
	<b>d</b> Pro Shop Sales		2,522	2,522			
	<b>e</b>						
	<b>f</b> All other program service revenue						
	<b>g Total.</b> Add lines 2a-2f	<b>u</b>	67,658				
	<b>Other Revenue</b>	<b>3</b> Investment income (including dividends, interest, and other similar amounts)	<b>u</b>	415			415
<b>4</b> Income from investment of tax-exempt bond proceeds		<b>u</b>					
<b>5</b> Royalties		<b>u</b>					
<b>6a</b> Gross rents		(i) Real					
		(ii) Personal					
		<b>6a</b>					
<b>b</b> Less: rental expenses		<b>6b</b>					
<b>c</b> Rental inc. or (loss)		<b>6c</b>					
<b>d</b> Net rental income or (loss)		<b>u</b>					
<b>7a</b> Gross amount from sales of assets other than inventory		(i) Securities					
		(ii) Other					
		<b>7a</b>					
<b>b</b> Less: cost or other basis and sales exps.		<b>7b</b>					
<b>c</b> Gain or (loss)		<b>7c</b>					
<b>d</b> Net gain or (loss)		<b>u</b>					
<b>8a</b> Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18		142,744					
	<b>b</b> Less: direct expenses	<b>8b</b>	55,000				
	<b>c</b> Net income or (loss) from fundraising events	<b>u</b>	87,744				
<b>9a</b> Gross income from gaming activities. See Part IV, line 19							
	<b>b</b> Less: direct expenses	<b>9b</b>					
	<b>c</b> Net income or (loss) from gaming activities	<b>u</b>					
<b>10a</b> Gross sales of inventory, less returns and allowances							
	<b>b</b> Less: cost of goods sold	<b>10b</b>					
	<b>c</b> Net income or (loss) from sales of inventory	<b>u</b>					
<b>Miscellaneous Revenue</b>	<b>11a</b> PPP Loan Forgiven	Business Code	31,708	31,708			
	<b>b</b>						
	<b>c</b>						
	<b>d</b> All other revenue						
	<b>e Total.</b> Add lines 11a-11d	<b>u</b>	31,708				
<b>12 Total revenue.</b> See instructions	<b>u</b>	348,231	99,366	0	415		

**Part IX Statement of Functional Expenses**

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
<b>1</b> Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21				
<b>2</b> Grants and other assistance to domestic individuals. See Part IV, line 22				
<b>3</b> Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
<b>4</b> Benefits paid to or for members				
<b>5</b> Compensation of current officers, directors, trustees, and key employees	<b>59,177</b>	<b>59,177</b>		
<b>6</b> Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
<b>7</b> Other salaries and wages	<b>82,030</b>	<b>82,030</b>		
<b>8</b> Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
<b>9</b> Other employee benefits	<b>21,208</b>	<b>21,208</b>		
<b>10</b> Payroll taxes	<b>11,214</b>	<b>11,214</b>		
<b>11</b> Fees for services (nonemployees):				
<b>a</b> Management				
<b>b</b> Legal				
<b>c</b> Accounting	<b>6,493</b>		<b>6,493</b>	
<b>d</b> Lobbying				
<b>e</b> Professional fundraising services. See Part IV, line 17				
<b>f</b> Investment management fees				
<b>g</b> Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)	<b>5,525</b>	<b>5,525</b>		
<b>12</b> Advertising and promotion	<b>33,944</b>			<b>33,944</b>
<b>13</b> Office expenses				
<b>14</b> Information technology				
<b>15</b> Royalties				
<b>16</b> Occupancy				
<b>17</b> Travel				
<b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials				
<b>19</b> Conferences, conventions, and meetings				
<b>20</b> Interest				
<b>21</b> Payments to affiliates				
<b>22</b> Depreciation, depletion, and amortization	<b>970</b>	<b>845</b>	<b>125</b>	
<b>23</b> Insurance				
<b>24</b> Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
<b>a</b> <b>BGC Rental</b>	<b>18,000</b>		<b>18,000</b>	
<b>b</b> <b>Program Services</b>	<b>10,052</b>	<b>10,052</b>		
<b>c</b> <b>Miscellaneous</b>	<b>8,671</b>		<b>8,671</b>	
<b>d</b> <b>Chemicals</b>	<b>7,892</b>	<b>7,892</b>		
<b>e</b> All other expenses	<b>38,907</b>	<b>15,536</b>	<b>23,371</b>	
<b>25</b> Total functional expenses. Add lines 1 through 24e	<b>304,083</b>	<b>213,479</b>	<b>56,660</b>	<b>33,944</b>
<b>26</b> Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

**Part X Balance Sheet**

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

		(A) Beginning of year		(B) End of year		
<b>Assets</b>	1	Cash—non-interest-bearing	524,332	1	556,023	
	2	Savings and temporary cash investments		2		
	3	Pledges and grants receivable, net	4,319	3		
	4	Accounts receivable, net		4		
	5	Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		5		
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6		
	7	Notes and loans receivable, net		7		
	8	Inventories for sale or use		8		
	9	Prepaid expenses and deferred charges		9		
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10,811			
	b	Less: accumulated depreciation	6,057	728	10c	4,754
	11	Investments—publicly traded securities		11		
	12	Investments—other securities. See Part IV, line 11		12		
	13	Investments—program-related. See Part IV, line 11		13		
	14	Intangible assets		14		
	15	Other assets. See Part IV, line 11		15		
16	<b>Total assets.</b> Add lines 1 through 15 (must equal line 33)	529,379	16	560,777		
<b>Liabilities</b>	17	Accounts payable and accrued expenses		17		
	18	Grants payable		18		
	19	Deferred revenue	3,200	19		
	20	Tax-exempt bond liabilities		20		
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21		
	22	Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		22		
	23	Secured mortgages and notes payable to unrelated third parties		23		
	24	Unsecured notes and loans payable to unrelated third parties		24		
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	82,097	25	72,547	
	26	<b>Total liabilities.</b> Add lines 17 through 25	85,297	26	72,547	
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.</b>					
	27	Net assets without donor restrictions	444,082	27	488,230	
	28	Net assets with donor restrictions		28		
	<b>Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.</b>					
	29	Capital stock or trust principal, or current funds		29		
	30	Paid-in or capital surplus, or land, building, or equipment fund		30		
	31	Retained earnings, endowment, accumulated income, or other funds		31		
	32	<b>Total net assets or fund balances</b>	444,082	32	488,230	
33	<b>Total liabilities and net assets/fund balances</b>	529,379	33	560,777		



**Part XI Reconciliation of Net Assets**

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

<b>1</b>	Total revenue (must equal Part VIII, column (A), line 12)	<b>1</b>	<b>348,231</b>
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25)	<b>2</b>	<b>304,083</b>
<b>3</b>	Revenue less expenses. Subtract line 2 from line 1	<b>3</b>	<b>44,148</b>
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	<b>4</b>	<b>444,082</b>
<b>5</b>	Net unrealized gains (losses) on investments	<b>5</b>	
<b>6</b>	Donated services and use of facilities	<b>6</b>	
<b>7</b>	Investment expenses	<b>7</b>	
<b>8</b>	Prior period adjustments	<b>8</b>	
<b>9</b>	Other changes in net assets or fund balances (explain on Schedule O)	<b>9</b>	
<b>10</b>	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	<b>10</b>	<b>488,230</b>

**Part XII Financial Statements and Reporting**

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

		Yes	No
<b>1</b>	Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.		
<b>2a</b>	Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		<b>X</b>
<b>2b</b>	Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		<b>X</b>
<b>2c</b>	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.		
<b>3a</b>	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		
<b>3b</b>	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits		

**SCHEDULE A**  
(Form 990 or 990-EZ)

**Public Charity Status and Public Support**

OMB No. 1545-0047

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

**2020**

Department of the Treasury  
Internal Revenue Service

**u Attach to Form 990 or Form 990-EZ.**

**Open to Public Inspection**

**u Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.**

Name of the organization <b>Hilton Head Island Foundation to Support Youth Sports, Inc.</b>	Employer identification number <b>46-5117877</b>
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**Part I Reason for Public Charity Status.** (All organizations must complete this part.) See instructions.

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

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

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

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

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

**Section A. Public Support**

Calendar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	283,414	286,635	282,459	214,938	160,706	1,228,152
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge						
<b>4 Total.</b> Add lines 1 through 3	283,414	286,635	282,459	214,938	160,706	1,228,152
<b>5</b> The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						132,608
<b>6</b> Public support. Subtract line 5 from line 4						1,095,544

**Section B. Total Support**

Calendar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
<b>7</b> Amounts from line 4	283,414	286,635	282,459	214,938	160,706	1,228,152
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources		150	231	348	415	1,144
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on						
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
<b>11 Total support.</b> Add lines 7 through 10						1,229,296

**12** Gross receipts from related activities, etc. (see instructions) **12** 835,726

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

**Section C. Computation of Public Support Percentage**

<b>14</b> Public support percentage for 2020 (line 6, column (f) divided by line 11, column (f))	<b>14</b>	89.12%
<b>15</b> Public support percentage from 2019 Schedule A, Part II, line 14	<b>15</b>	91.14%

**16a 33 1/3% support test—2020.** If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here**. The organization qualifies as a publicly supported organization

**b 33 1/3% support test—2019.** If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here**. The organization qualifies as a publicly supported organization

**17a 10%-facts-and-circumstances test—2020.** If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here**. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization

**b 10%-facts-and-circumstances test—2019.** If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here**. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization

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

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

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

**Section A. Public Support**

Calendar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
<b>2</b> Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge						
<b>6 Total.</b> Add lines 1 through 5						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons						
<b>b</b> Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
<b>c</b> Add lines 7a and 7b						
<b>8 Public support.</b> (Subtract line 7c from line 6.)						

**Section B. Total Support**

Calendar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
<b>9</b> Amounts from line 6						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
<b>c</b> Add lines 10a and 10b						
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
<b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.)						
<b>14 First 5 years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b> <input type="checkbox"/>						

**Section C. Computation of Public Support Percentage**

<b>15</b> Public support percentage for 2020 (line 8, column (f), divided by line 13, column (f))	<b>15</b>	%
<b>16</b> Public support percentage from 2019 Schedule A, Part III, line 15	<b>16</b>	%

**Section D. Computation of Investment Income Percentage**

<b>17</b> Investment income percentage for 2020 (line 10c, column (f), divided by line 13, column (f))	<b>17</b>	%
<b>18</b> Investment income percentage from 2019 Schedule A, Part III, line 17	<b>18</b>	%

- 19a 33 1/3% support tests—2020.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization
- b 33 1/3% support tests—2019.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization
- 20 Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

**Part IV Supporting Organizations**

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

**Section A. All Supporting Organizations**

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

**Part IV Supporting Organizations** *(continued)*

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

**Section B. Type I Supporting Organizations**

		Yes	No
<b>1</b>	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? <i>If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.</i>		
<b>2</b>	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? <i>If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.</i>		

**Section C. Type II Supporting Organizations**

		Yes	No
<b>1</b>	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? <i>If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).</i>		

**Section D. All Type III Supporting Organizations**

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

**Section E. Type III Functionally-Integrated Supporting Organizations**

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

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

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

<b>Section A – Adjusted Net Income</b>		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3.	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	<b>Adjusted Net Income</b> (subtract lines 5, 6, and 7 from line 4)	8	
<b>Section B – Minimum Asset Amount</b>		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	<b>Total</b> (add lines 1a, 1b, and 1c)	1d	
e	<b>Discount</b> claimed for blockage or other factors ( <i>explain in detail in Part VI</i> ):		
2	Acquisition indebtedness applicable to non-exempt-use assets	2	
3	Subtract line 2 from line 1d.	3	
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by 0.035.	6	
7	Recoveries of prior-year distributions	7	
8	<b>Minimum Asset Amount</b> (add line 7 to line 6)	8	
<b>Section C – Distributable Amount</b>			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1	
2	Enter 0.85 of line 1.	2	
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3	
4	Enter greater of line 2 or line 3.	4	
5	Income tax imposed in prior year	5	
6	<b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

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

Section D – Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required—provide details in Part VI)	
6 Other distributions (describe in Part VI). See instructions.	
7 <b>Total annual distributions.</b> Add lines 1 through 6.	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	
9 Distributable amount for 2020 from Section C, line 6	
10 Line 8 amount divided by line 9 amount	

Section E – Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2020	(iii) Distributable Amount for 2020
1 Distributable amount for 2020 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2020 (reasonable cause required—explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2020			
a From 2015 .....			
b From 2016 .....			
c From 2017 .....			
d From 2018 .....			
e From 2019 .....			
f <b>Total</b> of lines 3a through 3e			
g Applied to underdistributions of prior years			
h Applied to 2020 distributable amount			
i Carryover from 2015 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4 Distributions for 2020 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2020 distributable amount			
c Remainder. Subtract lines 4a and 4b from line 4.			
5 Remaining underdistributions for years prior to 2020, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions.			
6 Remaining underdistributions for 2020 Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.			
7 <b>Excess distributions carryover to 2021.</b> Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2016 .....			
b Excess from 2017 .....			
c Excess from 2018 .....			
d Excess from 2019 .....			
e Excess from 2020 .....			





**Schedule B**  
 (Form 990, 990-EZ,  
 or 990-PF)  
 Department of the Treasury  
 Internal Revenue Service

**Schedule of Contributors**

OMB No. 1545-0047

**2020**

**u Attach to Form 990, Form 990-EZ, or Form 990-PF.**  
**u Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.**

Name of the organization <b>Hilton Head Island Foundation to Support Youth Sports, Inc.</b>	Employer identification number <b>46-5117877</b>
--	---

Organization type (check one):

- |                    |   |
|--------------------|---|
| <b>Filers of:</b>  | <b>Section:</b>   |
| Form 990 or 990-EZ | <input checked="" type="checkbox"/> 501(c)( <b>3</b> ) (enter number) organization                        |
|                    | <input type="checkbox"/> 4947(a)(1) nonexempt charitable trust <b>not</b> treated as a private foundation |
|                    | <input type="checkbox"/> 527 political organization   |
| Form 990-PF        | <input type="checkbox"/> 501(c)(3) exempt private foundation  |
|                    | <input type="checkbox"/> 4947(a)(1) nonexempt charitable trust treated as a private foundation            |
|                    | <input type="checkbox"/> 501(c)(3) taxable private foundation   |

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

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

**General Rule**

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

**Special Rules**

- For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33<sup>1</sup>/<sub>3</sub>% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of **(1)** \$5,000; or **(2)** 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.
- For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.
- For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year ..... ► \$ .....

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

Name of organization

**Hilton Head Island Foundation to**

Employer identification number

**46-5117877**

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$ 25,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2		\$ 5,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3		\$ 9,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4		\$ 25,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5		\$ 5,750	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
6		\$ 5,884	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization

**Hilton Head Island Foundation to**

Employer identification number

**46-5117877**

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7	..... ..... .....	\$ 5,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
8	..... ..... .....	\$ 20,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	..... ..... .....	\$ .....	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	..... ..... .....	\$ .....	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	..... ..... .....	\$ .....	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	..... ..... .....	\$ .....	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

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

OMB No. 1545-0047

2020

Open to Public Inspection

Name of the organization

Hilton Head Island Foundation to Support Youth Sports, Inc.

Employer identification number

46-5117877

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

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

Table with 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows include: 1 Total number at end of year, 2 Aggregate value of contributions to (during year), 3 Aggregate value of grants from (during year), 4 Aggregate value at end of year, 5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?, 6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?

Part II Conservation Easements.

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

Table with 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows include: 1 Purpose(s) of conservation easements held by the organization (check all that apply), 2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year. (Sub-rows: 2a Total number of conservation easements, 2b Total acreage restricted by conservation easements, 2c Number of conservation easements on a certified historic structure included in (a), 2d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register), 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year u, 4 Number of states where property subject to conservation easement is located u, 5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?, 6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year u, 7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year u \$, 8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?, 9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

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

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

Table with 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows include: 1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items. b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenue included on Form 990, Part VIII, line 1 u \$, (ii) Assets included in Form 990, Part X u \$, 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items: a Revenue included on Form 990, Part VIII, line 1 u \$, b Assets included in Form 990, Part X u \$

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

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

**Part IV Escrow and Custodial Arrangements.**

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

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

**Part V Endowment Funds.**

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

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

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

**Part VI Land, Buildings, and Equipment.**

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
<b>1a</b> Land .....				
<b>b</b> Buildings .....				
<b>c</b> Leasehold improvements .....				
<b>d</b> Equipment .....				
<b>e</b> Other .....				

**Total.** Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.) **u**

**Part VII Investments – Other Securities.**

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

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

**Part VIII Investments – Program Related.**

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

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

**Part IX Other Assets.**

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

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

**Part X Other Liabilities.**

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) <b>Scholarship Restricted Fund</b>	<b>40,689</b>
(3) <b>Scholarship Ken Campbell</b>	<b>24,817</b>
(4) <b>Payroll Liabilities</b>	<b>5,380</b>
(5) <b>Health Insurance</b>	<b>1,661</b>
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 25.)	<b>u 72,547</b>

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







**SCHEDULE G  
(Form 990 or 990-EZ)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Information Regarding Fundraising or Gaming Activities**

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

u Attach to Form 990 or Form 990-EZ.

u Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2020**

Open to Public Inspection

Name of the organization

**Hilton Head Island Foundation to  
Support Youth Sports, Inc.**

Employer identification number

**46-5117877**

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

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

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

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

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

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

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

.....

.....

.....

.....

.....

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

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
		<u>Champions for C</u> (event type)	<u>Spring Event</u> (event type)	<u>None</u> (total number)	(add col. (a) through col. (c))
Revenue	1	Gross receipts	134,533	8,211	142,744
	2	Less: Contributions			
	3	Gross income (line 1 minus line 2)	134,533	8,211	142,744
Direct Expenses	4	Cash prizes			
	5	Noncash prizes			
	6	Rent/facility costs			
	7	Food and beverages			
	8	Entertainment			
	9	Other direct expenses	53,110	1,273	54,383
	10	Direct expense summary. Add lines 4 through 9 in column (d)			
11	Net income summary. Subtract line 10 from line 3, column (d)				88,361

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

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

9 Enter the state(s) in which the organization conducts gaming activities: \_\_\_\_\_  
 a Is the organization licensed to conduct gaming activities in each of these states?  Yes  No  
 b If "No," explain: \_\_\_\_\_

10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year?  Yes  No  
 b If "Yes," explain: \_\_\_\_\_



**SCHEDULE O**  
(Form 990 or 990-EZ)

Department of the Treasury  
Internal Revenue Service

**Supplemental Information to Form 990 or 990-EZ**

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

u Attach to Form 990 or 990-EZ.

u Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2020**

**Open to Public Inspection**

Name of the organization	<b>Hilton Head Island Foundation to Support Youth Sports, Inc.</b>	Employer identification number	<b>46-5117877</b>
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**Form 990, Part VI, Line 11b - Organization's Process to Review Form 990**

No review was or will be conducted.

**Form 990, Part VI, Line 12c - Enforcement of Conflicts Policy**

All board members are required to review the Conflict of Interest Policy annually and reveal any conflicts and provide their signature as appropriate.

**Form 990, Part VI, Line 19 - Governing Documents Disclosure Explanation**

No documents available to the public

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

**Description**

	<b>Tot/Prog Service</b>	<b>Mgt &amp; General</b>	<b>Fundraising</b>
<b>Equipment Repairs</b>	\$ 7,043	\$ 0	\$ 0
<b>General &amp; Liability Insur</b>	\$ 0	\$ 4,815	\$ 0
<b>Background Checks</b>	\$ 0	\$ 2,173	\$ 0
<b>Office Suplies</b>	\$ 0	\$ 2,142	\$ 0
<b>Website</b>	\$ 0	\$ 2,120	\$ 0
<b>Credit Card Processing</b>			

Name of the organization	Employer identification number		
Hilton Head Island Foundation to	46-5117877		
	\$ 2,017	\$ 0	\$ 0
<b>Subscriptions</b>			
	\$ 0	\$ 1,861	\$ 0
<b>Conferences Expense</b>			
	\$ 0	\$ 1,814	\$ 0
<b>Telephone</b>			
	\$ 0	\$ 1,800	\$ 0
<b>Sand &amp; Top Dressing</b>			
	\$ 1,777	\$ 0	\$ 0
<b>Fertilizer</b>			
	\$ 1,622	\$ 0	\$ 0
<b>Other maintenance</b>			
	\$ 1,513	\$ 0	\$ 0
<b>Postage</b>			
	\$ 0	\$ 1,481	\$ 0
<b>Printing</b>			
	\$ 0	\$ 1,403	\$ 0
<b>Meals/Entertainment</b>			
	\$ 0	\$ 1,379	\$ 0
<b>Electric &amp; Gas</b>			
	\$ 0	\$ 1,195	\$ 0
<b>Fuel, Gas, Oil</b>			
	\$ 1,067	\$ 0	\$ 0
<b>Directors &amp; Officers</b>			
	\$ 0	\$ 850	\$ 0
<b>Database</b>			
	\$ 0	\$ 484	\$ 0

Name of the organization

Employer identification number

Hilton Head Island Foundation to

46-5117877

Coach Training

\$ 448 \$ 0 \$ 0

Plant Seed Sod

\$ 49 \$ 0 \$ 0

Workers Comp

\$ 0 \$ -146 \$ 0

Total

\$ 15,536 \$ 23,371 \$ 0

Form **4562**

Department of the Treasury  
Internal Revenue Service (99)

**Depreciation and Amortization**  
(Including Information on Listed Property)

u Attach to your tax return.

u Go to [www.irs.gov/Form4562](http://www.irs.gov/Form4562) for instructions and the latest information.

OMB No. 1545-0172

**2020**

Attachment Sequence No. **179**

Name(s) shown on return **Hilton Head Island Foundation to Support Youth Sports, Inc.**

Identifying number  
**46-5117877**

Business or activity to which this form relates

**Indirect Depreciation**

**Part I Election To Expense Certain Property Under Section 179**

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

1	Maximum amount (see instructions)	1	<b>1,040,000</b>
2	Total cost of section 179 property placed in service (see instructions)	2	
3	Threshold cost of section 179 property before reduction in limitation (see instructions)	3	<b>2,590,000</b>
4	Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-	4	
5	Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions	5	
6	(a) Description of property	(b) Cost (business use only)	(c) Elected cost
7	Listed property. Enter the amount from line 29	7	
8	Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7	8	
9	Tentative deduction. Enter the <b>smaller</b> of line 5 or line 8	9	
10	Carryover of disallowed deduction from line 13 of your 2019 Form 4562	10	
11	Business income limitation. Enter the smaller of business income (not less than zero) or line 5. See instructions	11	
12	Section 179 expense deduction. Add lines 9 and 10, but don't enter more than line 11	12	
13	Carryover of disallowed deduction to 2021. Add lines 9 and 10, less line 12	13	

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

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

14	Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year. See instructions	14	
15	Property subject to section 168(f)(1) election	15	
16	Other depreciation (including ACRS)	16	<b>125</b>

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

**Section A**

17	MACRS deductions for assets placed in service in tax years beginning before 2020	17	<b>131</b>
18	If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here <input checked="" type="checkbox"/> u <input type="checkbox"/>		

**Section B—Assets Placed in Service During 2020 Tax Year Using the General Depreciation System**

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only—see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a	3-year property					
b	5-year property					
c	7-year property	<b>4,997</b>	<b>7.0</b>	<b>HY</b>	<b>200DB</b>	<b>714</b>
d	10-year property					
e	15-year property					
f	20-year property					
g	25-year property		25 yrs.		S/L	
h	Residential rental property		27.5 yrs.	MM	S/L	
i	Nonresidential real property		39 yrs.	MM	S/L	

**Section C—Assets Placed in Service During 2020 Tax Year Using the Alternative Depreciation System**

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

**Part IV Summary (See instructions.)**

21	Listed property. Enter amount from line 28	21	
22	<b>Total.</b> Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations—see instructions	22	<b>970</b>
23	For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	

For Paperwork Reduction Act Notice, see separate instructions.

Form **4562** (2020)

DAA



Form <b>990</b>	<b>Event Income and Deduction Worksheet</b> Description <b>Champions for Charity</b>	<b>2020</b>
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Name <b>Hilton Head Island Foundation to</b>	Taxpayer Identification Number <b>46-5117877</b>
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Use this worksheet to verify data entered for a specific activity on your form 990/990EZ

**Income & Expense Summary:**

1. Gross receipts or sales	1.	<b>134,533</b>
2. Advertising income	2.	
3. Circulation income	3.	
4. Other income	4.	
5. Returns and allowances	5.	
6. Contributions received	6.	
<b>7. Total revenue.</b> Add lines 1 through 6	<b>7.</b>	<b>134,533</b>
8. Cost of Goods Sold	8.	<b>53,110</b>
9. Employment Expense	9.	
10. Fees for services	10.	
11. Indirect Expense	11.	
12. Depreciation Expense	12.	
13. Exempt Activity Expense	13.	
14. Fundraising Expense	14.	
<b>15. Total expenses.</b> Add lines 8 through 14	<b>15.</b>	<b>53,110</b>
<b>16. Net Income/Loss.</b> Line 7 minus Line 15	<b>16.</b>	<b>81,423</b>

**Expense Details - Indirect Expense:**

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

**Expense Details - Depreciation Expense:**

On investment property	_____
On non-investment property	_____
Amortization	_____
Depletion	_____
<b>Total Depreciation Expense</b>	_____

**Expense Details - Exempt Activity Expense:**

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

**Expense Details - Fundraising Expense:**

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

**Expense Details - Cost of Goods Sold:**

Beginning inventory	_____
Purchases	_____
Labor	_____
Section 263A costs	_____
Other costs	<b>53,110</b>
Ending inventory	_____
<b>Total Cost of Goods Sold</b>	<b>53,110</b>

**Expense Details - Employment Expense:**

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

**Expense Details - Fees for Services:**

Management	_____
Legal	_____
Accounting	_____
Lobbying	_____
Professional fundraising	_____
Investment management	_____
Other	_____
<b>Total Fees for Services</b>	_____

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

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

**Allocation of Expense to Program Service Accomplishments:**

First	_____
Second	_____
Third	_____
All other	_____

Form <b>990</b>	<b>Event Income and Deduction Worksheet</b>	<b>2020</b>
Description <b>Jim Ferguson Memorial</b>		

Name <b>Hilton Head Island Foundation to</b>	Taxpayer Identification Number <b>46-5117877</b>
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Use this worksheet to verify data entered for a specific activity on your form 990/990EZ

**Income & Expense Summary:**

1. Gross receipts or sales	1.	
2. Advertising income	2.	
3. Circulation income	3.	
4. Other income	4.	
5. Returns and allowances	5.	
6. Contributions received	6.	
7. <b>Total revenue.</b> Add lines 1 through 6	7.	
8. Cost of Goods Sold	8.	<b>400</b>
9. Employment Expense	9.	
10. Fees for services	10.	
11. Indirect Expense	11.	
12. Depreciation Expense	12.	
13. Exempt Activity Expense	13.	
14. Fundraising Expense	14.	
15. <b>Total expenses.</b> Add lines 8 through 14	15.	<b>400</b>
16. <b>Net Income/Loss.</b> Line 7 minus Line 15	16.	<b>-400</b>

**Expense Details - Indirect Expense:**

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

**Expense Details - Depreciation Expense:**

On investment property	
On non-investment property	
Amortization	
Depletion	
<b>Total Depreciation Expense</b>	

**Expense Details - Cost of Goods Sold:**

Beginning inventory	
Purchases	
Labor	
Section 263A costs	
Other costs	<b>400</b>
Ending inventory	
<b>Total Cost of Goods Sold</b>	<b>400</b>

**Expense Details - Exempt Activity Expense:**

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

**Expense Details - Employment Expense:**

Compensation of officers	
Other salaries and wages	
Pension plan contributions	
Other employee benefits	
Payroll taxes	
<b>Total Employment Expense</b>	

**Expense Details - Fundraising Expense:**

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

**Expense Details - Fees for Services:**

Management	
Legal	
Accounting	
Lobbying	
Professional fundraising	
Investment management	
Other	
<b>Total Fees for Services</b>	

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

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

**Allocation of Expense to Program Service Accomplishments:**

First	
Second	
Third	
All other	

Form <b>990</b>	<b>Event Income and Deduction Worksheet</b>	<b>2020</b>
	Description <b>Spring Event</b>	

Name <b>Hilton Head Island Foundation to</b>	Taxpayer Identification Number <b>46-5117877</b>
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Use this worksheet to verify data entered for a specific activity on your form 990/990EZ

**Income & Expense Summary:**

1. Gross receipts or sales	1.	<b>8,211</b>
2. Advertising income	2.	
3. Circulation income	3.	
4. Other income	4.	
5. Returns and allowances	5.	
6. Contributions received	6.	
<b>7. Total revenue.</b> Add lines 1 through 6	<b>7.</b>	<b>8,211</b>
8. Cost of Goods Sold	8.	<b>1,273</b>
9. Employment Expense	9.	
10. Fees for services	10.	
11. Indirect Expense	11.	
12. Depreciation Expense	12.	
13. Exempt Activity Expense	13.	
14. Fundraising Expense	14.	
<b>15. Total expenses.</b> Add lines 8 through 14	<b>15.</b>	<b>1,273</b>
<b>16. Net Income/Loss.</b> Line 7 minus Line 15	<b>16.</b>	<b>6,938</b>

**Expense Details - Indirect Expense:**

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

**Expense Details - Depreciation Expense:**

On investment property	_____
On non-investment property	_____
Amortization	_____
Depletion	_____
<b>Total Depreciation Expense</b>	_____

**Expense Details - Exempt Activity Expense:**

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

**Expense Details - Fundraising Expense:**

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

**Expense Details - Cost of Goods Sold:**

Beginning inventory	_____
Purchases	_____
Labor	_____
Section 263A costs	_____
Other costs	<b>1,273</b>
Ending inventory	_____
<b>Total Cost of Goods Sold</b>	<b>1,273</b>

**Expense Details - Employment Expense:**

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

**Expense Details - Fees for Services:**

Management	_____
Legal	_____
Accounting	_____
Lobbying	_____
Professional fundraising	_____
Investment management	_____
Other	_____
<b>Total Fees for Services</b>	_____

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

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

**Allocation of Expense to Program Service Accomplishments:**

First	_____
Second	_____
Third	_____
All other	_____

Form <b>990</b>	<b>Event Income and Deduction Worksheet</b>	<b>2020</b>
	Description <b>Other Events</b>	

Name <b>Hilton Head Island Foundation to</b>	Taxpayer Identification Number <b>46-5117877</b>
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Use this worksheet to verify data entered for a specific activity on your form 990/990EZ

**Income & Expense Summary:**

1. Gross receipts or sales	1.	_____
2. Advertising income	2.	_____
3. Circulation income	3.	_____
4. Other income	4.	_____
5. Returns and allowances	5.	_____
6. Contributions received	6.	_____
7. <b>Total revenue.</b> Add lines 1 through 6	7.	_____
8. Cost of Goods Sold	8.	<b>217</b>
9. Employment Expense	9.	_____
10. Fees for services	10.	_____
11. Indirect Expense	11.	_____
12. Depreciation Expense	12.	_____
13. Exempt Activity Expense	13.	_____
14. Fundraising Expense	14.	_____
15. <b>Total expenses.</b> Add lines 8 through 14	15.	<b>217</b>
16. <b>Net Income/Loss.</b> Line 7 minus Line 15	16.	<b>-217</b>

**Expense Details - Indirect Expense:**

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

**Expense Details - Depreciation Expense:**

On investment property	_____
On non-investment property	_____
Amortization	_____
Depletion	_____
<b>Total Depreciation Expense</b>	_____

**Expense Details - Exempt Activity Expense:**

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

**Expense Details - Fundraising Expense:**

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

**Expense Details - Cost of Goods Sold:**

Beginning inventory	_____
Purchases	_____
Labor	_____
Section 263A costs	_____
Other costs	<b>217</b>
Ending inventory	_____
<b>Total Cost of Goods Sold</b>	<b>217</b>

**Expense Details - Employment Expense:**

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

**Expense Details - Fees for Services:**

Management	_____
Legal	_____
Accounting	_____
Lobbying	_____
Professional fundraising	_____
Investment management	_____
Other	_____
<b>Total Fees for Services</b>	_____

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

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

**Allocation of Expense to Program Service Accomplishments:**

First	_____
Second	_____
Third	_____
All other	_____

## Federal Statements

### Taxable Interest on Investments

<u>Description</u>	<u>Amount</u>	<u>Unrelated Business</u>	<u>Exclusion Code</u>	<u>Postal Code</u>	<u>Acquired after 6/30/75</u>	<u>US Obs (\$ or %)</u>
Interest Earned	\$ 137		14			
Interest Earned	278		14			
Total	<u>\$ 415</u>					

## Federal Statements

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

Description	Total Expenses	Program Service	Management & General	Fund Raising
Instructor Payments	\$ 5,525	\$ 5,525	\$	\$
Total	\$ 5,525	\$ 5,525	\$ 0	\$ 0

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

Description	Total Expenses	Program Service	Management & General	Fund Raising
Equipment Repairs	\$ 7,043	\$ 7,043	\$	\$
General & Liability Insur	4,815		4,815	
Background Checks	2,173		2,173	
Office Suplies	2,142		2,142	
Website	2,120		2,120	
Credit Card Processing	2,017	2,017		
Subscriptions	1,861		1,861	
Conferences Expense	1,814		1,814	
Telephone	1,800		1,800	
Sand & Top Dressing	1,777	1,777		
Fertilizer	1,622	1,622		
Other maintenance	1,513	1,513		
Postage	1,481		1,481	
Printing	1,403		1,403	
Meals/Entertainment	1,379		1,379	
Electric & Gas	1,195		1,195	
Fuel, Gas, Oil	1,067	1,067		
Directors & Officers	850		850	
Database	484		484	
Coach Training	448	448		
Plant Seed Sod	49	49		
Workers Comp	-146		-146	
Total	\$ 38,907	\$ 15,536	\$ 23,371	\$ 0

## Federal Statements

### Schedule A, Part II, Line 1(e)

<u>Description</u>	<u>Amount</u>
Local Government - ATAX	\$ 25,000
Capital Grant- Town of Hilton Head	5,000
General Donations	36,525
Memorials Donations	7,655
Golf Clubs	17,710
Donations End of Year Appeal	6,116
Local Grant	39,500
Capital Campaign Donations	3,200
Other donations	20,000
Total	<u>\$ 160,706</u>

**Federal Statements**

**Schedule A, Part II, Line 5 - Excess Gifts**

<u>Donor Name</u>	<u>Total</u>	<u>Excess</u>
Town of Hilton Head Island ATAX	\$ 91,366	\$ 66,780
Ken Campbell	15,000	
The Devlin Foundation	29,000	4,414
Breedlove Foundation	86,000	61,414
Heritage Classic	5,750	
American Junior Golf Foundation	5,884	
The Tiscornia Foundation	5,000	
PGA Tour Superstore	20,000	
Total	<u>\$ 258,000</u>	<u>\$ 132,608</u>



## Federal Statements

### Schedule A, Part II, Line 8(e)

<u>Description</u>	<u>Amount</u>
Interest Earned	\$ 137
Interest Earned	278
Total	<u>\$ 415</u>

### Schedule A, Part II, Line 12 - Current year

<u>Description</u>	<u>Amount</u>
Program Fees	\$ 30,625
Golf Range ...	14,823
Pro Shop Sales	2,522
Scholarship Program Fees	19,688
PPP Loan Forgiven	31,708
Champions for Charity	134,533
Jim Ferguson Memorial	
Spring Event	8,211
Other Events	
Total	<u>\$ 242,110</u>

**Return of Organization Exempt From Income Tax**  
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

OMB No. 1545-0047

**2019**

**Open to Public Inspection**

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

**A For the 2019 calendar year, or tax year beginning** \_\_\_\_\_, **and ending** \_\_\_\_\_

<b>B</b> Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<b>C</b> Name of organization <p align="center"><b>Hilton Head Island Foundation to Support Youth Sports, Inc.</b></p>	<b>D</b> Employer identification number <p align="center"><b>46-5117877</b></p>
	Doing business as <p align="center"><b>The First Tee of the LowCountry</b></p>	
	Number and street (or P.O. box if mail is not delivered to street address) <b>P.O. Box 23334</b>	
	City or town, state or province, country, and ZIP or foreign postal code <b>Hilton Head Island SC 29925</b>	
<b>F</b> Name and address of principal officer: <p><b>Chuck Elberly</b>  <b>PO Box 23334</b>  <b>Hilton Head Island SC 29926</b></p>		
<b>I</b> Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) ( ) ◀ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		
<b>J</b> Website: ▶ <a href="http://www.thefirstteelowcountry.org/">http://www.thefirstteelowcountry.org/</a>		
<b>K</b> Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶		<b>L</b> Year of formation: <b>2014</b>
<b>M</b> State of legal domicile: <b>SC</b>		

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

**H(c)** Group exemption number ▶

**Part I Summary**

<b>Activities &amp; Governance</b>	1 Briefly describe the organization's mission or most significant activities: <p align="center"><b>The First Tee helps shape the lives of kids and teens from all walks of life by introducing them to values inherent in the game of golf. Values like integrity, respect and perseverance</b></p>		
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3 Number of voting members of the governing body (Part VI, line 1a)	<b>3 16</b>	
	4 Number of independent voting members of the governing body (Part VI, line 1b)	<b>4 16</b>	
	5 Total number of individuals employed in calendar year 2019 (Part V, line 2a)	<b>5 5</b>	
	6 Total number of volunteers (estimate if necessary)	<b>6 100</b>	
	7a Total unrelated business revenue from Part VIII, column (C), line 12	<b>7a 0</b>	
b Net unrelated business taxable income from Form 990-T, line 39	<b>7b 0</b>		
<b>Revenue</b>	8 Contributions and grants (Part VIII, line 1h)	<b>282,459</b>	<b>214,938</b>
	9 Program service revenue (Part VIII, line 2g)	<b>44,537</b>	<b>48,950</b>
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	<b>231</b>	<b>348</b>
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	<b>81,705</b>	<b>96,610</b>
	12 Total revenue – add lines 8 through 11 (must equal Part VIII, column (A), line 12)	<b>408,932</b>	<b>360,846</b>
<b>Expenses</b>	13 Grants and similar amounts paid (Part IX, column (A), lines 1–3)		<b>0</b>
	14 Benefits paid to or for members (Part IX, column (A), line 4)		<b>0</b>
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	<b>119,446</b>	<b>130,405</b>
	16a Professional fundraising fees (Part IX, column (A), line 11e)		<b>0</b>
	b Total fundraising expenses (Part IX, column (D), line 25) ▶ <b>33,976</b>		
	17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	<b>127,830</b>	<b>133,567</b>
18 Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	<b>247,276</b>	<b>263,972</b>	
19 Revenue less expenses. Subtract line 18 from line 12	<b>161,656</b>	<b>96,874</b>	
<b>Net Assets or Fund</b>	20 Total assets (Part X, line 16)	<b>492,731</b>	<b>529,379</b>
	21 Total liabilities (Part X, line 26)	<b>145,523</b>	<b>85,297</b>
	22 Net assets or fund balances. Subtract line 21 from line 20	<b>347,208</b>	<b>444,082</b>

**Part II Signature Block**

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

<b>Sign Here</b>	Signature of officer <p align="center"><b>Chuck Elberly</b></p>	Date <p align="center"><b>Treasurer</b></p>		
	Type or print name and title			
<b>Paid Preparer Use Only</b>	Print/Type preparer's name <b>Patrick P. Carey, Jr., CPA</b>	Preparer's signature <b>Patrick P. Carey, Jr., CPA</b>	Date	Check <input type="checkbox"/> if self-employed PTIN <b>P00033247</b>
	Firm's name ▶ <b>Carey &amp; Company P.A.</b>		Firm's EIN ▶ <b>57-0927046</b>	
	Firm's address ▶ <b>70 Main Street, Suite 100 Hilton Head Island, SC 29926</b>		Phone no. <b>843-681-4430</b>	

May the IRS discuss this return with the preparer shown above? (see instructions)  Yes  No

**Part III Statement of Program Service Accomplishments**

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

1 Briefly describe the organization's mission:  
**The First Tee helps shape the lives of kids and teens from all walks of life by introducing them to values inherent in the game of golf. Values like integrity, respect and perseverance**

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

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

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

4a (Code: ) (Expenses \$ **165,434** including grants of \$ ) (Revenue \$ )  
**Operating driving range for use in objectives outlined in mission statement.**

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

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

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

4e Total program service expenses ► **165,434**

**Part IV Checklist of Required Schedules**

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

**Part IV Checklist of Required Schedules (continued)**

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

**Part V Statements Regarding Other IRS Filings and Tax Compliance**

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

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

**Part V Statements Regarding Other IRS Filings and Tax Compliance** (continued)

		Yes	No
<b>2a</b>	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	2a	5
<b>b</b>	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? <b>Note:</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	2b	X
<b>3a</b>	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	X
<b>b</b>	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b	
<b>4a</b>	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a	X
<b>b</b>	If "Yes," enter the name of the foreign country See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).		
<b>5a</b>	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a	X
<b>b</b>	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b	X
<b>c</b>	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c	
<b>6a</b>	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a	X
<b>b</b>	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b	
<b>7</b>	<b>Organizations that may receive deductible contributions under section 170(c).</b>		
<b>a</b>	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a	X
<b>b</b>	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	X
<b>c</b>	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c	X
<b>d</b>	If "Yes," indicate the number of Forms 8282 filed during the year	7d	
<b>e</b>	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e	X
<b>f</b>	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f	X
<b>g</b>	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g	X
<b>h</b>	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h	X
<b>8</b>	<b>Sponsoring organizations maintaining donor advised funds.</b> Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8	
<b>9</b>	<b>Sponsoring organizations maintaining donor advised funds.</b>		
<b>a</b>	Did the sponsoring organization make any taxable distributions under section 4966?	9a	
<b>b</b>	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b	
<b>10</b>	<b>Section 501(c)(7) organizations.</b> Enter:		
<b>a</b>	Initiation fees and capital contributions included on Part VIII, line 12	10a	
<b>b</b>	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b	
<b>11</b>	<b>Section 501(c)(12) organizations.</b> Enter:		
<b>a</b>	Gross income from members or shareholders	11a	
<b>b</b>	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b	
<b>12a</b>	<b>Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041?	12a	
<b>b</b>	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b	
<b>13</b>	<b>Section 501(c)(29) qualified nonprofit health insurance issuers.</b>		
<b>a</b>	Is the organization licensed to issue qualified health plans in more than one state? <b>Note:</b> See the instructions for additional information the organization must report on Schedule O.	13a	
<b>b</b>	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b	
<b>c</b>	Enter the amount of reserves on hand	13c	
<b>14a</b>	Did the organization receive any payments for indoor tanning services during the tax year?	14a	X
<b>b</b>	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b	
<b>15</b>	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N.	15	X
<b>16</b>	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.	16	X

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

**Section A. Governing Body and Management**

	Yes	No
<b>1a</b> Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O.	<b>1a</b>	<b>16</b>
<b>b</b> Enter the number of voting members included on line 1a, above, who are independent	<b>1b</b>	<b>16</b>
<b>2</b> Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	<b>2</b>	<b>X</b>
<b>3</b> Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?	<b>3</b>	<b>X</b>
<b>4</b> Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	<b>4</b>	<b>X</b>
<b>5</b> Did the organization become aware during the year of a significant diversion of the organization's assets?	<b>5</b>	<b>X</b>
<b>6</b> Did the organization have members or stockholders?	<b>6</b>	<b>X</b>
<b>7a</b> Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	<b>7a</b>	<b>X</b>
<b>b</b> Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	<b>7b</b>	<b>X</b>
<b>8</b> Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
<b>a</b> The governing body?	<b>8a</b>	<b>X</b>
<b>b</b> Each committee with authority to act on behalf of the governing body?	<b>8b</b>	<b>X</b>
<b>9</b> Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O	<b>9</b>	<b>X</b>

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

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

**Section C. Disclosure**

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

**Dale M Planicka**  
**Hilton Head Island**

**PO Box 23334**

**SC 29925**

**843-715-0256**

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

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

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

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

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. See instructions for the order in which to list the persons above.

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

(A) Name and title	(B) Average hours per week per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) Patrick M Zuk ..... Executive Director	40.00 ..... 0.00			X				50,343	0	0
(2) Brady Boyd ..... Executive Director	40.00 ..... 0.00			X				9,957	0	0
(3) Paul Caruso ..... Chairman	5.00 ..... 0.00	X		X				0	0	0
(4) Mike Cerrati ..... Secretary	5.00 ..... 0.00	X		X				0	0	0
(5) Grace Chu ..... Board Member	5.00 ..... 0.00	X						0	0	0
(6) Joe Datillo ..... Board Member	5.00 ..... 0.00	X						0	0	0
(7) Mike Davis ..... Board member	5.00 ..... 0.00	X						0	0	0
(8) Chuck Elberly ..... Treasurer	5.00 ..... 0.00	X		X				0	0	0
(9) Dick Farmer ..... Board Member	5.00 ..... 0.00	X						0	0	0
(10) John Farrell ..... Board member	5.00 ..... 0.00	X						0	0	0
(11) Ken Groff ..... Board Member	5.00 ..... 0.00	X						0	0	0



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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(12) Don Krahnke	5.00									
Board Member	0.00	X					0	0	0	
(13) Chris Lane	5.00									
Board Member	0.00	X					0	0	0	
(14) Laurie Laykish	5.00									
Board Member	0.00	X					0	0	0	
(15) Abby Petkov	5.00									
Board Member	0.00	X					0	0	0	
(16) Chuck Wiseman	5.00									
Board Member	0.00	X					0	0	0	
(17) Paul Zaffaori	5.00									
Vice Chairman	0.00	X		X			0	0	0	
<b>1b Subtotal</b>							<b>60,300</b>			
<b>c Total from continuation sheets to Part VII, Section A</b>										
<b>d Total (add lines 1b and 1c)</b>							<b>60,300</b>			

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

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

**Section B. Independent Contractors**

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

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

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

**Part VIII Statement of Revenue**

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

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514	
<b>Contributions, Gifts, Grants and Other Similar Amounts</b>	<b>1a</b> Federated campaigns	<b>1a</b>					
	<b>b</b> Membership dues	<b>1b</b>					
	<b>c</b> Fundraising events	<b>1c</b>					
	<b>d</b> Related organizations	<b>1d</b>					
	<b>e</b> Government grants (contributions)	<b>1e</b>	26,500				
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above	<b>1f</b>	188,438				
	<b>g</b> Noncash contributions included in lines 1a-1f	<b>1g</b>	\$				
	<b>h Total.</b> Add lines 1a-1f			214,938			
<b>Program Service Revenue</b>			Business Code				
	<b>2a</b> Program Fees			29,913	29,913		
	<b>b</b> Golf Range			17,420	17,420		
	<b>c</b> Pro Shop Sales			1,617	1,617		
	<b>d</b>						
	<b>e</b>						
	<b>f</b> All other program service revenue						
	<b>g Total.</b> Add lines 2a-2f			48,950			
<b>Other Revenue</b>	<b>3</b> Investment income (including dividends, interest, and other similar amounts)			348		348	
	<b>4</b> Income from investment of tax-exempt bond proceeds						
	<b>5</b> Royalties						
	<b>6a</b> Gross rents	(i) Real					
		(ii) Personal					
		<b>6a</b>					
	<b>b</b> Less: rental expenses	<b>6b</b>					
	<b>c</b> Rental inc. or (loss)	<b>6c</b>					
	<b>d</b> Net rental income or (loss)						
	<b>7a</b> Gross amount from sales of assets other than inventory	(i) Securities					
		(ii) Other					
		<b>7a</b>					
	<b>b</b> Less: cost or other basis and sales exps.	<b>7b</b>					
	<b>c</b> Gain or (loss)	<b>7c</b>					
	<b>d</b> Net gain or (loss)						
<b>8a</b> Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18							
	<b>8a</b>	152,180					
	<b>b</b> Less: direct expenses	<b>8b</b>	55,570				
<b>c</b> Net income or (loss) from fundraising events			96,610				
<b>9a</b> Gross income from gaming activities. See Part IV, line 19							
	<b>9a</b>						
	<b>b</b> Less: direct expenses	<b>9b</b>					
<b>c</b> Net income or (loss) from gaming activities							
<b>10a</b> Gross sales of inventory, less returns and allowances							
	<b>10a</b>						
	<b>b</b> Less: cost of goods sold	<b>10b</b>					
<b>c</b> Net income or (loss) from sales of inventory							
<b>Miscellaneous Revenue</b>			Business Code				
	<b>11a</b>						
	<b>b</b>						
	<b>c</b>						
	<b>d</b> All other revenue						
	<b>e Total.</b> Add lines 11a-11d						
<b>12 Total revenue.</b> See instructions			360,846	48,950	0	348	

**Part IX Statement of Functional Expenses**

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

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

<b>Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.</b>	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
<b>1</b> Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21				
<b>2</b> Grants and other assistance to domestic individuals. See Part IV, line 22				
<b>3</b> Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
<b>4</b> Benefits paid to or for members				
<b>5</b> Compensation of current officers, directors, trustees, and key employees				
<b>6</b> Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	<b>61,369</b>	<b>61,369</b>		
<b>7</b> Other salaries and wages	<b>60,479</b>	<b>60,479</b>		
<b>8</b> Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
<b>9</b> Other employee benefits				
<b>10</b> Payroll taxes	<b>8,557</b>	<b>8,557</b>		
<b>11</b> Fees for services (nonemployees):				
<b>a</b> Management				
<b>b</b> Legal				
<b>c</b> Accounting	<b>8,568</b>		<b>8,568</b>	
<b>d</b> Lobbying				
<b>e</b> Professional fundraising services. See Part IV, line 17				
<b>f</b> Investment management fees				
<b>g</b> Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)	<b>4,855</b>	<b>4,855</b>		
<b>12</b> Advertising and promotion	<b>33,976</b>			<b>33,976</b>
<b>13</b> Office expenses				
<b>14</b> Information technology				
<b>15</b> Royalties				
<b>16</b> Occupancy				
<b>17</b> Travel				
<b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials				
<b>19</b> Conferences, conventions, and meetings				
<b>20</b> Interest				
<b>21</b> Payments to affiliates				
<b>22</b> Depreciation, depletion, and amortization	<b>389</b>	<b>263</b>	<b>126</b>	
<b>23</b> Insurance				
<b>24</b> Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
<b>a</b> <b>BGC Rental</b>	<b>18,000</b>		<b>18,000</b>	
<b>b</b> <b>Program Services</b>	<b>9,889</b>	<b>9,889</b>		
<b>c</b> <b>General &amp; Liability Insur</b>	<b>8,229</b>		<b>8,229</b>	
<b>d</b> <b>Miscellaneous</b>	<b>7,306</b>		<b>7,306</b>	
<b>e</b> All other expenses	<b>42,355</b>	<b>20,022</b>	<b>22,333</b>	
<b>25</b> Total functional expenses. Add lines 1 through 24e	<b>263,972</b>	<b>165,434</b>	<b>64,562</b>	<b>33,976</b>
<b>26</b> Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

**Part X Balance Sheet**

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

		(A) Beginning of year		(B) End of year
<b>Assets</b>	<b>1</b> Cash—non-interest-bearing	<b>427,098</b>	<b>1</b>	<b>524,332</b>
	<b>2</b> Savings and temporary cash investments		<b>2</b>	
	<b>3</b> Pledges and grants receivable, net	<b>64,517</b>	<b>3</b>	<b>4,319</b>
	<b>4</b> Accounts receivable, net		<b>4</b>	
	<b>5</b> Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		<b>5</b>	
	<b>6</b> Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		<b>6</b>	
	<b>7</b> Notes and loans receivable, net		<b>7</b>	
	<b>8</b> Inventories for sale or use		<b>8</b>	
	<b>9</b> Prepaid expenses and deferred charges		<b>9</b>	
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	<b>10a</b> <b>5,814</b>		
	<b>b</b> Less: accumulated depreciation	<b>10b</b> <b>5,086</b>	<b>1,116</b>	<b>10c</b> <b>728</b>
	<b>11</b> Investments—publicly traded securities		<b>11</b>	
	<b>12</b> Investments—other securities. See Part IV, line 11		<b>12</b>	
	<b>13</b> Investments—program-related. See Part IV, line 11		<b>13</b>	
	<b>14</b> Intangible assets		<b>14</b>	
	<b>15</b> Other assets. See Part IV, line 11		<b>15</b>	
<b>16 Total assets.</b> Add lines 1 through 15 (must equal line 33)		<b>492,731</b>	<b>16</b>	<b>529,379</b>
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses		<b>17</b>	
	<b>18</b> Grants payable		<b>18</b>	
	<b>19</b> Deferred revenue	<b>64,517</b>	<b>19</b>	<b>3,200</b>
	<b>20</b> Tax-exempt bond liabilities		<b>20</b>	
	<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D		<b>21</b>	
	<b>22</b> Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		<b>22</b>	
	<b>23</b> Secured mortgages and notes payable to unrelated third parties		<b>23</b>	
	<b>24</b> Unsecured notes and loans payable to unrelated third parties		<b>24</b>	
	<b>25</b> Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	<b>81,006</b>	<b>25</b>	<b>82,097</b>
	<b>26 Total liabilities.</b> Add lines 17 through 25	<b>145,523</b>	<b>26</b>	<b>85,297</b>
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.</b>			
	<b>27</b> Net assets without donor restrictions	<b>347,208</b>	<b>27</b>	<b>444,082</b>
	<b>28</b> Net assets with donor restrictions		<b>28</b>	
	<b>Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.</b>			
	<b>29</b> Capital stock or trust principal, or current funds		<b>29</b>	
	<b>30</b> Paid-in or capital surplus, or land, building, or equipment fund		<b>30</b>	
	<b>31</b> Retained earnings, endowment, accumulated income, or other funds		<b>31</b>	
	<b>32 Total net assets or fund balances</b>	<b>347,208</b>	<b>32</b>	<b>444,082</b>
<b>33 Total liabilities and net assets/fund balances</b>	<b>492,731</b>	<b>33</b>	<b>529,379</b>	

**Part XI Reconciliation of Net Assets**

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

<b>1</b>	Total revenue (must equal Part VIII, column (A), line 12)	<b>1</b>	<b>360,846</b>
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25)	<b>2</b>	<b>263,972</b>
<b>3</b>	Revenue less expenses. Subtract line 2 from line 1	<b>3</b>	<b>96,874</b>
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	<b>4</b>	<b>347,208</b>
<b>5</b>	Net unrealized gains (losses) on investments	<b>5</b>	
<b>6</b>	Donated services and use of facilities	<b>6</b>	
<b>7</b>	Investment expenses	<b>7</b>	
<b>8</b>	Prior period adjustments	<b>8</b>	
<b>9</b>	Other changes in net assets or fund balances (explain on Schedule O)	<b>9</b>	
<b>10</b>	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	<b>10</b>	<b>444,082</b>

**Part XII Financial Statements and Reporting**

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

	Yes	No
<b>1</b> Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.		
<b>2a</b> Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		<b>X</b>
<b>b</b> Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		<b>X</b>
<b>c</b> If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.		
<b>3a</b> As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		
<b>b</b> If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits		

**SCHEDULE A**  
**(Form 990 or 990-EZ)**

**Public Charity Status and Public Support**

OMB No. 1545-0047

**2019**

Department of the Treasury  
Internal Revenue Service

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

▶ **Attach to Form 990 or Form 990-EZ.**

**Open to Public Inspection**

▶ **Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.**

Name of the organization

**Hilton Head Island Foundation to Support Youth Sports, Inc.**

Employer identification number

**46-5117877**

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

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

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

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

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

**Section A. Public Support**

Calendar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	640,386	283,414	286,635	282,459	214,938	1,707,832
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 <b>Total.</b> Add lines 1 through 3	640,386	283,414	286,635	282,459	214,938	1,707,832
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						150,682
6 <b>Public support.</b> Subtract line 5 from line 4						1,557,150

**Section B. Total Support**

Calendar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
7 Amounts from line 4	640,386	283,414	286,635	282,459	214,938	1,707,832
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources			150	231	348	729
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
11 <b>Total support.</b> Add lines 7 through 10						1,708,561
12 Gross receipts from related activities, etc. (see instructions)					12	593,616

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

**Section C. Computation of Public Support Percentage**

14 Public support percentage for 2019 (line 6, column (f) divided by line 11, column (f))	14	91.14 %
15 Public support percentage from 2018 Schedule A, Part II, line 14	15	97.13 %

16a **33 1/3% support test—2019.** If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization

b **33 1/3% support test—2018.** If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization

17a **10%-facts-and-circumstances test—2019.** If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization

b **10%-facts-and-circumstances test—2018.** If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization

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

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

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

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
<b>2</b> Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge						
<b>6 Total.</b> Add lines 1 through 5						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons						
<b>b</b> Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
<b>c</b> Add lines 7a and 7b						
<b>8 Public support.</b> (Subtract line 7c from line 6.)						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
<b>9</b> Amounts from line 6						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
<b>c</b> Add lines 10a and 10b						
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
<b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.)						
<b>14 First five years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b> <input type="checkbox"/>						

**Section C. Computation of Public Support Percentage**

<b>15</b> Public support percentage for 2019 (line 8, column (f), divided by line 13, column (f))	<b>15</b>	%
<b>16</b> Public support percentage from 2018 Schedule A, Part III, line 15	<b>16</b>	%

**Section D. Computation of Investment Income Percentage**

<b>17</b> Investment income percentage for 2019 (line 10c, column (f), divided by line 13, column (f))	<b>17</b>	%
<b>18</b> Investment income percentage from 2018 Schedule A, Part III, line 17	<b>18</b>	%

- 19a 33 1/3% support tests—2019.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization
- b 33 1/3% support tests—2018.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization
- 20 Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions



**Part IV Supporting Organizations**

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

**Section A. All Supporting Organizations**

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

**Part IV Supporting Organizations (continued)**

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

**Section B. Type I Supporting Organizations**

		Yes	No
<b>1</b>	Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? <i>If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.</i>		
	<b>1</b>		
<b>2</b>	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? <i>If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.</i>		
	<b>2</b>		

**Section C. Type II Supporting Organizations**

		Yes	No
<b>1</b>	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? <i>If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).</i>		
	<b>1</b>		

**Section D. All Type III Supporting Organizations**

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

**Section E. Type III Functionally-Integrated Supporting Organizations**

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

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

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

<b>Section A - Adjusted Net Income</b>		(A) Prior Year	(B) Current Year (optional)
1 Net short-term capital gain	1		
2 Recoveries of prior-year distributions	2		
3 Other gross income (see instructions)	3		
4 Add lines 1 through 3.	4		
5 Depreciation and depletion	5		
6 Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
7 Other expenses (see instructions)	7		
<b>8 Adjusted Net Income</b> (subtract lines 5, 6, and 7 from line 4)	<b>8</b>		
<b>Section B - Minimum Asset Amount</b>		(A) Prior Year	(B) Current Year (optional)
1 Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):			
a Average monthly value of securities	1a		
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d <b>Total</b> (add lines 1a, 1b, and 1c)	1d		
e <b>Discount</b> claimed for blockage or other factors (explain in detail in <b>Part VI</b> ):			
2 Acquisition indebtedness applicable to non-exempt-use assets	2		
3 Subtract line 2 from line 1d.	3		
4 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).	4		
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6 Multiply line 5 by .035.	6		
7 Recoveries of prior-year distributions	7		
<b>8 Minimum Asset Amount</b> (add line 7 to line 6)	<b>8</b>		
<b>Section C - Distributable Amount</b>			Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2 Enter 85% of line 1.	2		
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4 Enter greater of line 2 or line 3.	4		
5 Income tax imposed in prior year	5		
6 <b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6		
7 <input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).			

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

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI). See instructions.	
7 <b>Total annual distributions.</b> Add lines 1 through 6.	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	
9 Distributable amount for 2019 from Section C, line 6	
10 Line 8 amount divided by line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2019	(iii) Distributable Amount for 2019
1 Distributable amount for 2019 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2019 (reasonable cause required-explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2019			
a From 2014 .....			
b From 2015 .....			
c From 2016 .....			
d From 2017 .....			
e From 2018 .....			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2019 distributable amount			
i Carryover from 2014 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4 Distributions for 2019 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2019 distributable amount			
c Remainder. Subtract lines 4a and 4b from 4.			
5 Remaining underdistributions for years prior to 2019, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions.			
6 Remaining underdistributions for 2019. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.			
7 <b>Excess distributions carryover to 2020.</b> Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2015 .....			
b Excess from 2016 .....			
c Excess from 2017 .....			
d Excess from 2018 .....			
e Excess from 2019 .....			



**Schedule B**  
**(Form 990, 990-EZ,**  
**or 990-PF)**

Department of the Treasury  
Internal Revenue Service

**Schedule of Contributors**

▶ **Attach to Form 990, Form 990-EZ, or Form 990-PF.**  
▶ **Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.**

OMB No. 1545-0047

**2019**

Name of the organization <b>Hilton Head Island Foundation to Support Youth Sports, Inc.</b>	Employer identification number <b>46-5117877</b>
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Organization type (check one):

<b>Filers of:</b>	<b>Section:</b>	
Form 990 or 990-EZ	<input checked="" type="checkbox"/> 501(c)( <b>3</b> ) (enter number) organization	
	<input type="checkbox"/> 4947(a)(1) nonexempt charitable trust <b>not</b> treated as a private foundation	
	<input type="checkbox"/> 527 political organization	
Form 990-PF	<input type="checkbox"/> 501(c)(3) exempt private foundation	
	<input type="checkbox"/> 4947(a)(1) nonexempt charitable trust treated as a private foundation	
	<input type="checkbox"/> 501(c)(3) taxable private foundation	

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

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

**General Rule**

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

**Special Rules**

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

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

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

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

Name of organization

Employer identification number

**Hilton Head Island Foundation to**

**46-5117877**

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$ 25,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2		\$ 10,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3		\$ 5,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4		\$ 29,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5		\$ 25,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
6		\$ 12,500	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization

Employer identification number

**Hilton Head Island Foundation to**

**46-5117877**

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7		\$ 12,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
8		\$ 5,750	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
9		\$ 12,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
10		\$ 6,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)



SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

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

OMB No. 1545-0047

2019

Open to Public Inspection

Name of the organization: Hilton Head Island Foundation to Support Youth Sports, Inc. Employer identification number: 46-5117877

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

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

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include total number at end of year, aggregate values, and yes/no questions about donor advisement.

Part II Conservation Easements.

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

Form for Part II with multiple questions (1-9) regarding conservation easements, including checkboxes for purposes, a table for held at end of tax year, and yes/no questions.

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

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

Form for Part III with questions (1a, 1b, 2) regarding art and historical treasures, including revenue and asset reporting fields.

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

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

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

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

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

**Part IV Escrow and Custodial Arrangements.**

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

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

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

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

	Amount
<b>1c</b>	
<b>1d</b>	
<b>1e</b>	
<b>1f</b>	

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

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

**Part V Endowment Funds.**

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

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

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

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

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

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

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

	Yes	No
<b>3a(i)</b>		
<b>3a(ii)</b>		
<b>3b</b>		

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

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

**Part VI Land, Buildings, and Equipment.**

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
<b>1a</b> Land .....				
<b>b</b> Buildings .....				
<b>c</b> Leasehold improvements .....				
<b>d</b> Equipment .....				
<b>e</b> Other .....				

**Total.** Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.) ▶

**Part VII Investments – Other Securities.**

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

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

**Part VIII Investments – Program Related.**

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

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

**Part IX Other Assets.**

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

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

**Part X Other Liabilities.**

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) <b>Scholarship Restricted Fund</b>	<b>52,443</b>
(3) <b>Scholarship Ken Campbell</b>	<b>24,963</b>
(4) <b>Payroll Liabilities</b>	<b>4,387</b>
(5) <b>Health Insurance</b>	<b>304</b>
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 25.) .....	<b>82,097</b>

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







**SCHEDULE G  
(Form 990 or 990-EZ)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Information Regarding Fundraising or Gaming Activities**

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

▶ Attach to Form 990 or Form 990-EZ.

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2019**

Open to Public Inspection

Name of the organization

**Hilton Head Island Foundation to Support Youth Sports, Inc.**

Employer identification number

**46-5117877**

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

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

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

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

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

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

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

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

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
		<u>Champions for C</u> (event type)	<u>Spring Event</u> (event type)	<u>1</u> (total number)	(add col. (a) through col. (c))
Revenue	1 Gross receipts	112,738	28,000	11,192	151,930
	2 Less: Contributions				
	3 Gross income (line 1 minus line 2)	112,738	28,000	11,192	151,930
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs				
	7 Food and beverages				
	8 Entertainment				
	9 Other direct expenses	34,115	18,442	2,733	55,290
	10 Direct expense summary. Add lines 4 through 9 in column (d)				
11 Net income summary. Subtract line 10 from line 3, column (d)					96,640

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

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

9 Enter the state(s) in which the organization conducts gaming activities: \_\_\_\_\_  
 a Is the organization licensed to conduct gaming activities in each of these states?  Yes  No  
 b If "No," explain: \_\_\_\_\_

10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year?  Yes  No  
 b If "Yes," explain: \_\_\_\_\_





**SCHEDULE O**  
(Form 990 or 990-EZ)

**Supplemental Information to Form 990 or 990-EZ**

OMB No. 1545-0047

**2019**

Department of the Treasury  
Internal Revenue Service

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

▶ Attach to Form 990 or 990-EZ.

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

**Open to Public Inspection**

Name of the organization **Hilton Head Island Foundation to Support Youth Sports, Inc.**

Employer identification number  
**46-5117877**

**Form 990, Part VI, Line 11b - Organization's Process to Review Form 990**

No review was or will be conducted.

**Form 990, Part VI, Line 12c - Enforcement of Conflicts Policy**

All board members are required to review the Conflict of Interest Policy annually and reveal any conflicts and provide their signature as appropriate.

**Form 990, Part VI, Line 19 - Governing Documents Disclosure Explanation**

No documents available to the public

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

**Description**

	Tot/Prog Service	Mgt & General	Fundraising
--	------------------	---------------	-------------

**Printing**

\$	0	\$	4,549	\$	0
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**Coach Training**

\$	4,547	\$	0	\$	0
----	-------	----	---	----	---

**Website**

\$	0	\$	4,241	\$	0
----	---	----	-------	----	---

**Chemicals**

\$	3,398	\$	0	\$	0
----	-------	----	---	----	---

**Plant Seed Sod**

\$	3,000	\$	0	\$	0
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**Subscriptions**

Name of the organization	Employer identification number		
Hilton Head Island Foundation to	46-5117877		
	\$	0	\$ 2,649
Postage	\$	0	\$ 0
	\$	0	\$ 1,940
Other maintenance	\$	1,869	\$ 0
	\$	0	\$ 0
Electric & Gas	\$	0	\$ 1,866
	\$	0	\$ 0
Telephone	\$	0	\$ 1,820
	\$	0	\$ 0
Credit Card Processing	\$	1,808	\$ 0
	\$	0	\$ 0
Office Suplies	\$	0	\$ 1,559
	\$	0	\$ 0
Equipment Repairs	\$	1,283	\$ 0
	\$	0	\$ 0
Fertilizer	\$	1,250	\$ 0
	\$	0	\$ 0
Workers Comp	\$	0	\$ 1,233
	\$	0	\$ 0
Course labor	\$	1,118	\$ 0
	\$	0	\$ 0
Sand & Top Dressing	\$	915	\$ 0
	\$	0	\$ 0
Directors & Officers	\$	0	\$ 850
	\$	0	\$ 0
Fuel, Gas, Oil	\$	834	\$ 0
	\$	0	\$ 0

Name of the organization

Employer identification number

Hilton Head Island Foundation to

46-5117877

Mileage Reimbursement

\$ 0 \$ 680 \$ 0

Conferences Expense

\$ 0 \$ 522 \$ 0

Meals/Entertainment

\$ 0 \$ 424 \$ 0

Total

\$ 20,022 \$ 22,333 \$ 0

Form **4562**

Department of the Treasury  
Internal Revenue Service (99)

**Depreciation and Amortization**  
(Including Information on Listed Property)

▶ Attach to your tax return.

▶ Go to [www.irs.gov/Form4562](http://www.irs.gov/Form4562) for instructions and the latest information.

OMB No. 1545-0172

**2019**

Attachment  
Sequence No. **179**

Name(s) shown on return **Hilton Head Island Foundation to Support Youth Sports, Inc.** Identifying number **46-5117877**

Business or activity to which this form relates

**Indirect Depreciation**

**Part I Election To Expense Certain Property Under Section 179**

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

1	Maximum amount (see instructions)	1	1,020,000
2	Total cost of section 179 property placed in service (see instructions)	2	
3	Threshold cost of section 179 property before reduction in limitation (see instructions)	3	2,550,000
4	Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-	4	
5	Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions	5	
6	(a) Description of property	(b) Cost (business use only)	(c) Elected cost
7	Listed property. Enter the amount from line 29	7	
8	Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7	8	
9	Tentative deduction. Enter the smaller of line 5 or line 8	9	
10	Carryover of disallowed deduction from line 13 of your 2018 Form 4562	10	
11	Business income limitation. Enter the smaller of business income (not less than zero) or line 5. See instructions	11	
12	Section 179 expense deduction. Add lines 9 and 10, but don't enter more than line 11	12	
13	Carryover of disallowed deduction to 2020. Add lines 9 and 10, less line 12	13	

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

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

14	Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year. See instructions	14	
15	Property subject to section 168(r)(1) election	15	
16	Other depreciation (including ACRS)	16	126

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

**Section A**

17	MACRS deductions for assets placed in service in tax years beginning before 2019	17	263
18	If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here		

**Section B—Assets Placed in Service During 2019 Tax Year Using the General Depreciation System**

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

**Section C—Assets Placed in Service During 2019 Tax Year Using the Alternative Depreciation System**

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

**Part IV Summary (See instructions.)**

21	Listed property. Enter amount from line 28	21	
22	<b>Total.</b> Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations—see instructions	22	389
23	For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	

For Paperwork Reduction Act Notice, see separate instructions.

Form **4562** (2019)

DAA

There are no amounts for Page 2

Form <b>990</b>	<b>Event Income and Deduction Worksheet</b> Description <b>Champions for Charity</b>	<b>2019</b>
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Name <b>Hilton Head Island Foundation to</b>	Taxpayer Identification Number <b>46-5117877</b>
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Use this worksheet to verify data entered for a specific activity on your form 990/990EZ

**Income & Expense Summary:**

1. Gross receipts or sales .....	1. <u>112,738</u>
2. Advertising income .....	2. _____
3. Circulation income .....	3. _____
4. Other income .....	4. _____
5. Returns and allowances .....	5. _____
6. Contributions received .....	6. _____
7. <b>Total revenue.</b> Add lines 1 through 6 .....	7.. <u>112,738</u>
8. Cost of Goods Sold .....	8.. <u>34,115</u>
9. Employment Expense .....	9. _____
10. Fees for services .....	10. _____
11. Indirect Expense .....	11. _____
12. Depreciation Expense .....	12. _____
13. Exempt Activity Expense .....	13. _____
14. Fundraising Expense .....	14. _____
15. <b>Total expenses.</b> Add lines 8 through 14 .....	15.. <u>34,115</u>
16. <b>Net Income/Loss.</b> Line 7 minus Line 15 .....	16.. <u>78,623</u>

**Expense Details - Indirect Expense:**

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

**Expense Details - Depreciation Expense:**

On investment property .....	_____
On non-investment property .....	_____
Amortization .....	_____
Depletion .....	_____
<b>Total Depreciation Expense</b> .....	_____

**Expense Details - Cost of Goods Sold:**

Beginning inventory .....	_____
Purchases .....	_____
Labor .....	_____
Section 263A costs .....	_____
Other costs .....	<u>34,115</u>
Ending inventory .....	_____
<b>Total Cost of Goods Sold</b> .....	<u>34,115</u>

**Expense Details - Exempt Activity Expense:**

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

**Expense Details - Employment Expense:**

Compensation of officers .....	_____
Other salaries and wages .....	_____
Pension plan contributions .....	_____
Other employee benefits .....	_____
Payroll taxes .....	_____
<b>Total Employment Expense</b> .....	_____

**Expense Details - Fundraising Expense:**

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

**Expense Details - Fees for Services:**

Management .....	_____
Legal .....	_____
Accounting .....	_____
Lobbying .....	_____
Professional fundraising .....	_____
Investment management .....	_____
Other .....	_____
<b>Total Fees for Services</b> .....	_____

**Allocation of Expense to Program Service Accomplishments:**

First .....	_____
Second .....	_____
Third .....	_____
All other .....	_____

**Information is indicated for use on Form 990-T schedule:**

- Schedule E
- Schedule F
- Schedule G
- Schedule I
- Schedule J

Form <b>990</b>	<b>Event Income and Deduction Worksheet</b> Description <b>Jim Ferguson Memorial</b>	<b>2019</b>
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Name <b>Hilton Head Island Foundation to</b>	Taxpayer Identification Number <b>46-5117877</b>
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Use this worksheet to verify data entered for a specific activity on your form 990/990EZ

**Income & Expense Summary:**

1. Gross receipts or sales	1.	<u>11,192</u>
2. Advertising income	2.	_____
3. Circulation income	3.	_____
4. Other income	4.	_____
5. Returns and allowances	5.	_____
6. Contributions received	6.	_____
7. <b>Total revenue.</b> Add lines 1 through 6	7..	<u>11,192</u>
8. Cost of Goods Sold	8..	<u>2,733</u>
9. Employment Expense	9.	_____
10. Fees for services	10.	_____
11. Indirect Expense	11.	_____
12. Depreciation Expense	12.	_____
13. Exempt Activity Expense	13.	_____
14. Fundraising Expense	14.	_____
15. <b>Total expenses.</b> Add lines 8 through 14	15..	<u>2,733</u>
16. <b>Net Income/Loss.</b> Line 7 minus Line 15	16..	<u>8,459</u>

**Expense Details - Indirect Expense:**

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

**Expense Details - Depreciation Expense:**

On investment property	_____
On non-investment property	_____
Amortization	_____
Depletion	_____
<b>Total Depreciation Expense</b>	_____

**Expense Details - Exempt Activity Expense:**

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

**Expense Details - Fundraising Expense:**

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

**Expense Details - Cost of Goods Sold:**

Beginning inventory	_____
Purchases	_____
Labor	_____
Section 263A costs	_____
Other costs	<u>2,733</u>
Ending inventory	_____
<b>Total Cost of Goods Sold</b>	<u>2,733</u>

**Expense Details - Employment Expense:**

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

**Expense Details - Fees for Services:**

Management	_____
Legal	_____
Accounting	_____
Lobbying	_____
Professional fundraising	_____
Investment management	_____
Other	_____
<b>Total Fees for Services</b>	_____

**Information is indicated for use on Form 990-T schedule:**

- Schedule E
- Schedule F
- Schedule G
- Schedule I
- Schedule J

**Allocation of Expense to Program Service Accomplishments:**

First	_____
Second	_____
Third	_____
All other	_____

Form <b>990</b>	<b>Event Income and Deduction Worksheet</b> Description <b>Spring Event</b>	<b>2019</b>
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Name <b>Hilton Head Island Foundation to</b>	Taxpayer Identification Number <b>46-5117877</b>
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Use this worksheet to verify data entered for a specific activity on your form 990/990EZ

**Income & Expense Summary:**

1. Gross receipts or sales .....	1. <u>28,000</u>
2. Advertising income .....	2. _____
3. Circulation income .....	3. _____
4. Other income .....	4. _____
5. Returns and allowances .....	5. _____
6. Contributions received .....	6. _____
7. <b>Total revenue.</b> Add lines 1 through 6 .....	7.. <u>28,000</u>
8. Cost of Goods Sold .....	8.. <u>18,442</u>
9. Employment Expense .....	9. _____
10. Fees for services .....	10. _____
11. Indirect Expense .....	11. _____
12. Depreciation Expense .....	12. _____
13. Exempt Activity Expense .....	13. _____
14. Fundraising Expense .....	14. _____
15. <b>Total expenses.</b> Add lines 8 through 14 .....	15.. <u>18,442</u>
16. <b>Net Income/Loss.</b> Line 7 minus Line 15 .....	16.. <u>9,558</u>

**Expense Details - Cost of Goods Sold:**

Beginning inventory .....	_____
Purchases .....	_____
Labor .....	_____
Section 263A costs .....	_____
Other costs .....	<u>18,442</u>
Ending inventory .....	_____
<b>Total Cost of Goods Sold</b> .....	<u>18,442</u>

**Expense Details - Employment Expense:**

Compensation of officers .....	_____
Other salaries and wages .....	_____
Pension plan contributions .....	_____
Other employee benefits .....	_____
Payroll taxes .....	_____
<b>Total Employment Expense</b> .....	_____

**Expense Details - Fees for Services:**

Management .....	_____
Legal .....	_____
Accounting .....	_____
Lobbying .....	_____
Professional fundraising .....	_____
Investment management .....	_____
Other .....	_____
<b>Total Fees for Services</b> .....	_____

**Expense Details - Indirect Expense:**

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

**Expense Details - Depreciation Expense:**

On investment property .....	_____
On non-investment property .....	_____
Amortization .....	_____
Depletion .....	_____
<b>Total Depreciation Expense</b> .....	_____

**Expense Details - Exempt Activity Expense:**

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

**Expense Details - Fundraising Expense:**

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

**Allocation of Expense to Program Service Accomplishments:**

First .....	_____
Second .....	_____
Third .....	_____
All other .....	_____

**Information is indicated for use on Form 990-T schedule:**

- Schedule E
- Schedule F
- Schedule G
- Schedule I
- Schedule J



Form <b>990</b>	<b>Event Income and Deduction Worksheet</b> Description <b>Other Events</b>	<b>2019</b>
-----------------	--	-------------

Name <b>Hilton Head Island Foundation to</b>	Taxpayer Identification Number <b>46-5117877</b>
---	---

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

**Income & Expense Summary:**

1. Gross receipts or sales .....	1. <u>250</u>
2. Advertising income .....	2. _____
3. Circulation income .....	3. _____
4. Other income .....	4. _____
5. Returns and allowances .....	5. _____
6. Contributions received .....	6. _____
7. <b>Total revenue.</b> Add lines 1 through 6 .....	7.. <u>250</u>
8. Cost of Goods Sold .....	8.. <u>280</u>
9. Employment Expense .....	9. _____
10. Fees for services .....	10. _____
11. Indirect Expense .....	11. _____
12. Depreciation Expense .....	12. _____
13. Exempt Activity Expense .....	13. _____
14. Fundraising Expense .....	14. _____
15. <b>Total expenses.</b> Add lines 8 through 14 .....	15.. <u>280</u>
16. <b>Net Income/Loss.</b> Line 7 minus Line 15 .....	16. <u>30</u>

**Expense Details - Cost of Goods Sold:**

Beginning inventory .....	_____
Purchases .....	_____
Labor .....	_____
Section 263A costs .....	_____
Other costs .....	<u>280</u>
Ending inventory .....	_____
<b>Total Cost of Goods Sold</b> .....	<u>280</u>

**Expense Details - Employment Expense:**

Compensation of officers .....	_____
Other salaries and wages .....	_____
Pension plan contributions .....	_____
Other employee benefits .....	_____
Payroll taxes .....	_____
<b>Total Employment Expense</b> .....	_____

**Expense Details - Fees for Services:**

Management .....	_____
Legal .....	_____
Accounting .....	_____
Lobbying .....	_____
Professional fundraising .....	_____
Investment management .....	_____
Other .....	_____
<b>Total Fees for Services</b> .....	_____

**Expense Details - Indirect Expense:**

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

**Expense Details - Depreciation Expense:**

On investment property .....	_____
On non-investment property .....	_____
Amortization .....	_____
Depletion .....	_____
<b>Total Depreciation Expense</b> .....	_____

**Expense Details - Exempt Activity Expense:**

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

**Expense Details - Fundraising Expense:**

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

**Allocation of Expense to Program Service Accomplishments:**

First .....	_____
Second .....	_____
Third .....	_____
All other .....	_____

**Information is indicated for use on Form 990-T schedule:**

- Schedule E
- Schedule F
- Schedule G
- Schedule I
- Schedule J

<b>SCHEDULE G</b> <b>(Form 990 or 990-EZ)</b>	<b>Fundraising Other Events</b>	<b>2019</b>
	For calendar year 2019, or tax year beginning _____, and ending _____	

Name <b>Hilton Head Island Foundation to Support Youth Sports, Inc.</b>	Employer Identification Number <b>46-5117877</b>
--	---

		(a) Other event	(b) Other event	(c) Other event	(d) Total other events (add col. (a) through col. (c))
		<b><u>Jim Ferguson Me</u></b> <small>(event type)</small>	_____	_____	
Revenue	<b>1</b> Gross receipts	<b>11,192</b>			<b>11,192</b>
	<b>2</b> Less: Charitable contributions				
	<b>3</b> Gross income (line 1 minus line 2)	<b>11,192</b>			<b>11,192</b>
Direct Expenses	<b>4</b> Cash prizes				
	<b>5</b> Noncash prizes				
	<b>6</b> Rent/facility costs				
	<b>7</b> Food/beverages				
	<b>8</b> Entertainment				
	<b>9</b> Other expenses	<b>2,733</b>			<b>2,733</b>

## Federal Statements

### Taxable Interest on Investments

<u>Description</u>	<u>Amount</u>	<u>Unrelated Business Code</u>	<u>Exclusion Code</u>	<u>Postal Code</u>	<u>Acquired after 6/30/75</u>	<u>US Obs (\$ or %)</u>
Interest Earned	\$ 113				14	
Miscellaneous Income	235				14	
Total	<u>\$ 348</u>					

## Federal Statements

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

<u>Description</u>	<u>Total Expenses</u>	<u>Program Service</u>	<u>Management &amp; General</u>	<u>Fund Raising</u>
Instructor Payments	\$ 4,855	\$ 4,855	\$	\$
Total	<u>\$ 4,855</u>	<u>\$ 4,855</u>	<u>\$ 0</u>	<u>\$ 0</u>

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

<u>Description</u>	<u>Total Expenses</u>	<u>Program Service</u>	<u>Management &amp; General</u>	<u>Fund Raising</u>
Printing	4,549	\$	\$ 4,549	\$
Coach Training	4,547	4,547		
Website	4,241		4,241	
Chemicals	3,398	3,398		
Plant Seed Sod	3,000	3,000		
Subscriptions	2,649		2,649	
Postage	1,940		1,940	
Other maintenance	1,869	1,869		
Electric & Gas	1,866		1,866	
Telephone	1,820		1,820	
Credit Card Processing	1,808	1,808		
Office Suplies	1,559		1,559	
Equipment Repairs	1,283	1,283		
Fertilizer	1,250	1,250		
Workers Comp	1,233		1,233	
Course labor	1,118	1,118		
Sand & Top Dressing	915	915		
Directors & Officers	850		850	
Fuel, Gas, Oil	834	834		
Mileage Reimbursement	680		680	
Conferences Expense	522		522	
Meals/Entertainment	424		424	
Total	<u>\$ 42,355</u>	<u>\$ 20,022</u>	<u>\$ 22,333</u>	<u>\$ 0</u>

## Federal Statements

### Schedule A, Part II, Line 1(e)

<u>Description</u>	<u>Amount</u>
Local Government - ATAX	\$ 26,500
General Donations	42,493
Memorials Donations	1,800
Golf Clubs	11,120
Donations End of Year Appeal	4,150
Local Grant	35,400
Other Grants	53,707
Capital Campaign Donations	34,768
PGA Tour donations	5,000
Total	<u>\$ 214,938</u>

**Federal Statements****Schedule A, Part II, Line 5 - Excess Gifts**

<u>Donor Name</u>	<u>Total</u>	<u>Excess</u>
Town of Hilton Head Island ATAX	\$ 66,366	\$ 32,195
Wadsworth Golf Charities Foundation	60,000	25,829
Ken Campbell	10,000	
The Devlin Foundation	20,000	
PGA Tour Players Prize Escrow Fund	10,000	
Zach Van Landingham Scholarship Fund	100,000	65,829
Paul Zaffaroni	16,625	
Purvis Ferree	17,000	
Keith Wandell	10,000	
Breedlove Foundation	61,000	26,829
Ferg Vacation Rentals	15,450	
World Golf Foundation	25,000	
American Seniors Golf Association	5,000	
Davis Love III Foundation, Inc.	5,000	
World Golf Foundation, Inc.	5,000	
Palmetto Electric Trust	12,000	
Jim Ferree	5,750	
First Nonprofit Organization	12,000	
Marion Moss Dutcher Memorial Fund	6,000	
Total	<u>\$ 462,191</u>	<u>\$ 150,682</u>

## Federal Statements

### Schedule A, Part II, Line 8(e)

<u>Description</u>	<u>Amount</u>
Interest Earned	\$ 113
Miscellaneous Income	235
Total	<u>\$ 348</u>

### Schedule A, Part II, Line 12 - Current year

<u>Description</u>	<u>Amount</u>
Program Fees	\$ 29,913
Golf Range ...	17,420
Pro Shop Sales	1,617
Champions for Charity	112,738
Jim Ferguson Memorial	11,192
Spring Event	28,000
Other Events	250
Total	<u>\$ 201,130</u>

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

DEPARTMENT OF THE TREASURY

Date: **SEP 15 2014**

HILTON HEAD ISLAND FOUNDATION TO  
SUPPORT YOUTH SPORTS INC  
C/O JOHN M JOLLEY  
POST OFFICE DRAWER 3  
HILTON HEAD ISLAND, SC 29938

Employer Identification Number:  
46-5117877  
DLN:  
17053127323034  
Contact Person:  
CUSTOMER SERVICE ID# 31954  
Contact Telephone Number:  
(877) 829-5500  
Accounting Period Ending:  
December 31  
Public Charity Status:  
509(a)(2)  
Form 990 Required:  
Yes  
Effective Date of Exemption:  
February 21, 2014  
Contribution Deductibility:  
Yes  
Addendum Applies:  
No

Dear Applicant:

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

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

For important information about your responsibilities as a tax-exempt organization, go to [www.irs.gov/charities](http://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.



HILTON HEAD ISLAND FOUNDATION TO

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

Sincerely,

A handwritten signature in black ink, reading "Tamera Ripperda". The signature is written in a cursive style with a large, prominent initial 'T'.

Director, Exempt Organizations