

2023 Accommodations Tax Funds Request Application

Organization Name: Hilton Head Island Recreation Association

Project/Event Name: ATAX Application for Events

Executive Summary

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

2023 Accommodations Tax Funds Request Application

Date Received: 08/08/2022	Time Received: 03:48 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: Hilton Head Island Recreation Association

Project/Event Name: ATAX Application for Events

Contact Name: Frank Soule Title: Executive Director

Address: PO Box 22593, Hilton Head Island, SC 29925

Email Address: reccenter@hargray.com Contact Phone: 843-681-7273

Event Date: March 18, 2023, October 7, 2023 and November 10-11, 2023
Event Location: Lowcountry Celebration Park - 90 Nassau St. Hilton Head Island, SC 29928

Total Budget: \$422,000.00

Grant Requested: \$60,000.00

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 for expanded regional marketing of Wingfest, Jeep Island and the Hilton Head Oyster Festival. Over the past 25 years these events have grown into some of the area's largest community events. Wingfest is the "Super Bowl" of the chicken wing industry for local restaurants and wing lovers. Jeep Island is a one of a kind event in the Lowcountry featuring jeeps of all kinds in conjunction with the Kiwanis Chili Cookoff. The Hilton Head Oyster Festival is a true

"Lowcountry" event that showcases the true essence of the area with local oysters from the coastal waters. The grant money would be used to market the region to attract visitors to the Island for a weekend getaway and a great experience in the Lowcountry with the main goal of getting heads in beds during the shoulder seasons. We would also

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)

Tourism heavily depends on attractions and events. The desire to visit different areas is often stimulated by area attractions and events. The events are held at the beautiful and new Lowcountry Celebration Park located in the heart of Hilton Head Island, Shelter Cove Community Park overlooking the Broad Creek and at the historic Coastal Discovery Museum. Attendees enjoy the beauty of the lowcountry while enjoying the lowcountry's best food and entertainment. Visitors from all over the world travel to Hilton Head Island for Wingfest, Jeep Island and the Hilton Head Oyster Festival. Surveys taken at these events have documented visitors from all across the country and throughout the world. These events have brought national attention to the Lowcountry.

A. Total Number of Physical Tourists Served: 6,000

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: 4,500

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: 11,000

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): 21,500

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

The number of visitors is documented by collecting zip codes at the entrances and the surveying done at each event.

B. DESCRIPTION OF OPERATIONS:

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

The Association's mission as a non-profit organization has been to improve the quality of life for area residents of all ages. The Association produces, provides and coordinates public recreation programs and community events. The Association commits itself to monitoring the recreation needs of the community and instituting change where appropriate. The 26th annual Wingfest, where over 9,500 lbs of chicken wings, will be served on March 18th at the Lowcountry Celebration Park. Over twenty-five local restaurants will participate to compete for the 2023 "Best Wing of Hilton Head". There will be many activities such as a kid's zone and rock climbing wall / bungee jump to entertain the children as well as March Madness games on the big screen. In recent years a Wing Bobbing Contest for kids and a Wing Eating Contest were added. Live music will be provided by regional performers. The 6th Annual Jeep Island in conjunction with the Kiwanis Chili Cookoff at Coastal Discovery Museum on October 7th at Coastal Discovery Museum. Jeep Island will feature one of a kind jeeps from all over the Southeast. A jeep will be raffled off at the event. In conjunction with the variety of jeeps chilis from the Kiwanis Chili Cookoff will also be tasted and judged. The 20th annual Hilton Head Oyster Festival will be held at Shelter Cove Park from 5-8pm on Friday November 10th and 10am-4pm on Saturday, November 11th at the Lowcountry Celebration Park. The festival highlight a variety of local oysters and a Pop Up Shop

featuring local artisans and their hand made items.

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

After much research on the travel market during this time it has been concluded that many of the visitors are planning their trips less than a month out and making the drive. We expect with the changing times that there will be more vehicle traffic than air travel making this more of a drive market event. With the requested grant funding would be used to enhance the media coverage to our regional markets including Atlanta, Ga, Charlotte, NC, Columbia, Charleston and Greenville, SC through digital billboard ads, mobile billboards and web-based marketing. The Association will also produce an event website for each to enhance our marketing efforts of these events. The Association has partnered with the Hilton Head Island Bluffton Chamber of Commerce and SCPRT for regional advertising as well as WTOC and "Eat It And Like It" with Jesse Blanco. The Association's goal with the ATAX grant monies is to market the area to these regional areas to attract visitors to the lowcountry. Once they are here, the hope is they will discover the beauty of our Island and return for future vacations and day trips, thereby increasing the economic impact and enhancing the tourism industry. The other goal of the ATAX grant will be to bring in more regional bands to the events to promote the cultural arts component. We will partner with local hotels to market the event and offer discounted room rates. The Association would also market the events to all visitors to the island during the event weeks in hopes of enhancing their stay while visiting Hilton Head. This will also show them the true meaning of hospitality and show off the Lowcountry hospitality.

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)

If the grant was not fully funded we would have to make a conscious decision on how to market in the regional areas in order to attract the most visitors to the area and on which bands to bring in.

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

The "Impact on or Benefit to Tourism" of these events is seen in our zip code collection at the event entrance. Nearly 50% of attendees are visitors. The Association will be working with USCB and the Hilton Head Island Chamber of Commerce again this year over the Wingfest, Jeep Island and Oyster Festival weekends to collect data and to track the influence of these events on attracting tourism to the Island as well. However, looking back on past collected data, whether attendees were drawn to Hilton Head because of these events or not, they enjoyed their stay on Hilton Head more because of the great community events they attended.

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
<i>Advertising and promotion of tourism so as to develop and increase tourist attendance through the generation of publicity.</i> | 85 % |
| 2 - Tourism-Related Events
<i>Promotion of the arts and cultural events.</i> | 15 % |

3 - Tourism-Related Facilities

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. 0 %

4 - Tourism-Related Public Services

The criminal justice system, law enforcement, fire protection, solid waste collection and health facilities when required to serve tourists and tourist facilities. This is based on the estimated percentage of costs directly attributed to tourist. Also includes public facilities such as restrooms, dressing rooms, parks and parking lots. 0 %

5 - Tourist Public Transportation

Tourist shuttle transportation. 0 %

6 - Waterfront Erosion/Control/Repair

Control and repair of waterfront erosion. 0 %

7 - Operation of Visitor Information Centers

Operating visitor information centers. 0 %

Total: 100 %

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

The Association will be working with Hilton Head Island-Bluffton Chamber of Commerce, SCPRT, WTOC and "Eat It And Like It" with Jesse Blanco to promote Hilton Head Island and enhance Wingfest 2023. Jeep Island 2023 and the 2023 Hilton Head Oyster Festival . The association will also work with local hotels to offer special room rates for these event weekends. The food and beverage industry will also be enhanced by these events with over 40 local vendors and restaurants promoting their business for free to over 20,000 attendees while cooking up their best chicken wings, showing off the nicest jeeps (or not) and local oysters. The Association will also work closely with several other community groups and organizations as vendors to ensure attendees are shown

what Hilton Head Island and the lowcountry is all about. Both of these events will showcase the gorgeous setting of Lowcountry Celebration Park, Shelter Cove Community Park and the Coastal Discovery Museum. The mission of the Island Recreation Center is “We Build Community” and the hopes of these three events is to “We Promote our Community”!

7. Additional comments. (250 words or less)

C. FUNDING:

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

The Hilton Head Island Recreation Association is largely funded through program fees, sponsorships, and grants. In 2020, the County funded 4% and the Town funded 35% of the Association’s overall budget. The Association’s board of directors raises 61% of its annual budget through program fees, fundraising and community events. As shown in our budget, the Association relies heavily on community events to provide children's scholarship to ensure that no child is denied recreational or educational opportunities at the Island Recreation Center.

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

<u>35</u>	Government Sources	<u>10</u>	Private Contributions, Donations and Grants
19	Corporate Support, Sponsors	<u>12</u>	Membership, Dues, Subscriptions

Ticket Sales, or Sales
24 and Services 0 Other

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

Yes No X

If so, please list top 3 sources and amounts.

D. FINANCIAL INFORMATION:

Fiscal Year Disclosure: Start Month: July End Month: June

Financial Statement Requirements:

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

Budget Years Provided:

Wingfest Budget
Oyster Festival Budget
Jeep Island Budget
2022-2023

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

Profit and Loss Years Provided:

2022-2023

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

Balance Sheet Years Provided:

2021

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

IRS Form 990 or 990T Years Provided:

2019-2020

2018-2019

E. FINANCIAL GUARANTEES AND PROCEDURES:

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

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

2. Indicate whether your organization follows Town procurement guidelines or has its own procurement guidelines which are utilized and followed in the expenditure of ATAX grant funds.
 - Follow Town procurement guidelines
 - Utilize and follow organization's own procurement guidelines
 - Our organization does not have or follow procurement guidelines

F. MEASURING EFFECTIVENESS:

If you received 2021 or 2022 HHI ATAX funds

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

2019	\$25,000.00	Wingfest and Oyster Festival
2020	\$25,000.00	Wingfest and Oyster Festival
2021	\$10,000.00	Wingfest
2022	\$35,000.00	Wingfest and Oyster Festival Marketing

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 Hilton Head Island Recreation Association ATAX funds have been used exclusively for regional marketing of Hilton Head Island and these events specifically. We have worked with regional marketers such as the Charlotte Observer, The Local Palate, The Post and Courier and WTOC. We are always looking at ways to enhance our regional marketing and work with other organizations to collaborate in these efforts.

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 Island Recreation Association was able to market the events to more regional markets this year with the slight increase in ATAX funds. The success of these events can be measured by the increase in attendance for these events and through the USCB surveys. The hospitality industry benefits from both of these events and the marketing of the area as both of these events are in traditionally slower seasons. Not only are the funds being used to market the area regionally to draw more visitors to the area during this time, but hospitality venues and restaurants are encouraged to participate at these events as vendors and sponsors to promote their venues to the attendees. The impact is also felt in the local community as all of the money raised through these events goes to The Carmine's Family Children's Scholarship Fund to ensure that no child is denied recreational or educational experiences with the Island Recreation Center.

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

The Hilton Head Island Recreation Association works with USCB to survey the attendees to make certain that we are providing a great community event. The Association and University work to ensure that the marketing dollars being spent are attracting the most attendees as possible by specifically asking which marketing source drew them to the area and if it was specifically for the event.

Signature: Leah Arnold

Title/Position: Deputy Parks and Recreation Executive Director

Mailing Address: PO Box 22593, Hilton Head Island, sc 29925

Email Address: leah.arnold@islandreccenter.org

Office Phone Number: 843-681-7273

Home Phone Number: 843-681-7273

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 - When possible, provide planned results vs. actual results, and/or current year vs. prior year results .
Marketing to Increase Tourist Attendance				
WTOC	Campaign Strategy	\$ 24,000.00	\$ 24,000.00	Target people interested in attending festivals who live in a 50 mile radius outside of Hilton Head Island. Enhance your reach by targeting specific locations, searches online, & keywords. Utilize email marketing to send an email blast to potential visitors out of market
Lowcountry Radio Group	Radio Ads-Regional	\$ 1,000.00	\$ 1,000.00	99.1 Pure Oldies / 104.9 The Surf / SC 103.1
Eat It and Like It	Television Ads	\$ 5,000.00	\$ 5,000.00	*Production of two :15 second television spots to air during Eat It and Like It with Jesse Blanco. Saturdays at noon on WTOC-TV promoting Oyster Festival *Production of 1 "Oysters on the island" segment featuring Hudson's and one other local restaurant and their oyster program. Segment will air during Eat It and Like It early October 2021. and will be distributed via social media. Total one time investment - \$2,250 * logo placement on EIALI Newsletter. 5,300 subscribers as well as on website home page.
Facebook / Instagram	Social Media Marketing	\$ 5,000.00	\$ 5,000.00	Social media marketing through Geofilter
Total		\$ 35,000.00	\$ 35,000.00	

**HILTON HEAD ISLAND RECREATION ASSOCIATION
BOARD OF DIRECTORS MEETING
MINUTES
August 12, 2022**

Meeting called to order at 8:05 a.m. with President Steven Stauffer presiding.

BOARD MEMBERS PRESENT: Alan Perry, Kyle Theodore, Barry Taylor, Marty Pauls, William Albert, Kristen Keller Mary Hall, Kate Boardman, John Britschge, John Brighton and Ray Craver, Steven Stauffer, Danny Ragline, Taylor Ladd and Mike Manesiotis.

BOARD MEMBERS ABSENT: Keri Olivetti, Bob Stevens, Bubba Gillis.

STAFF MEMBERS PRESENT: Frank Soule, Bob Rozek, Hilary Groff and Leah Arnold

MINUTES: July 2022 minutes were presented. Alan Perry made a motion to accept the minutes. Kristen Keller seconded. The motion passed.

ATAX: ATAX Grant submission was approved.

The meeting adjourned at 8:35 a.m.

Alan Perry- Secretary



2021

Oyster Festival



CENTER FOR EVENT MANAGEMENT
AND HOSPITALITY TRAINING



RESEARCH METHODOLOGY

- Attendees completed a 35-question online survey
- QR Code directed respondents to survey
- Wine glass and towels incentive provided to completers
- iPads made available to respondents without mobile devices

RESPONSES



386



ZIP CODE BREAKDOWN

4



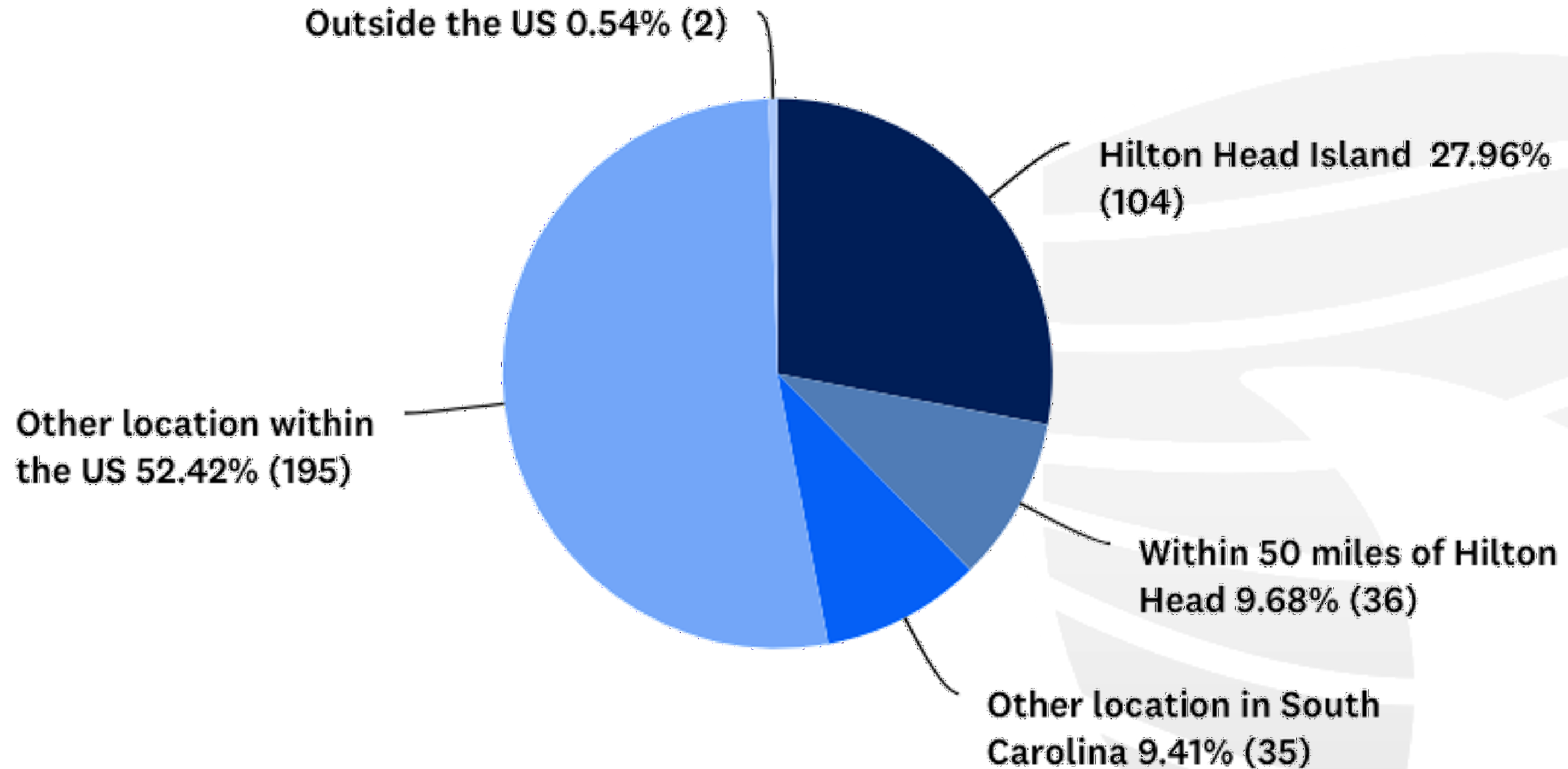
Zip Code Breakdown

Answered: 386 Skipped: 0

Area	Count	Percent
Hilton Head Island, SC	106	27.46%
Bluffton/Okatie, SC	22	5.70%
Beaufort, SC	5	1.30%
Remaining Lowcountry Region, SC	5	1.30%
Mid Carolina Region, SC	13	3.37%
Pee Dee Region, SC	4	1.04%
Upstate Region, SC	10	2.59%
Rincon/Richmond Hill/Port Wentworth/Savannah GA	5	1.30%
Remaining Georgia	39	10.10%
Northeast Region	47	12.18%
Southeast Region	87	22.54%
South Region	5	1.30%
Midwest Region	29	7.51%
West Region	8	2.07%
Canada	1	0.26%

Where is your primary residence?

Answered: 372 Skipped: 14



“Outside the US” Specified

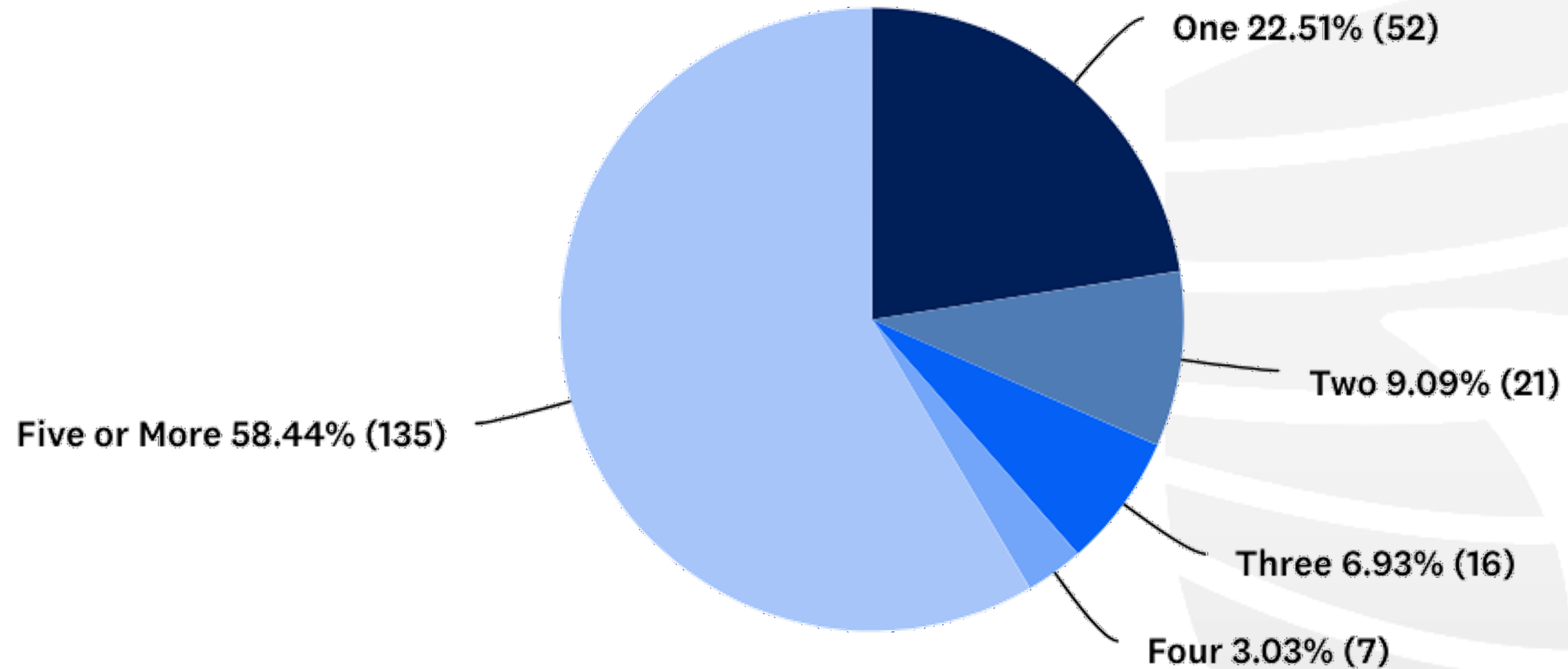
Answered: 2

- “Japan”
- “Canada”



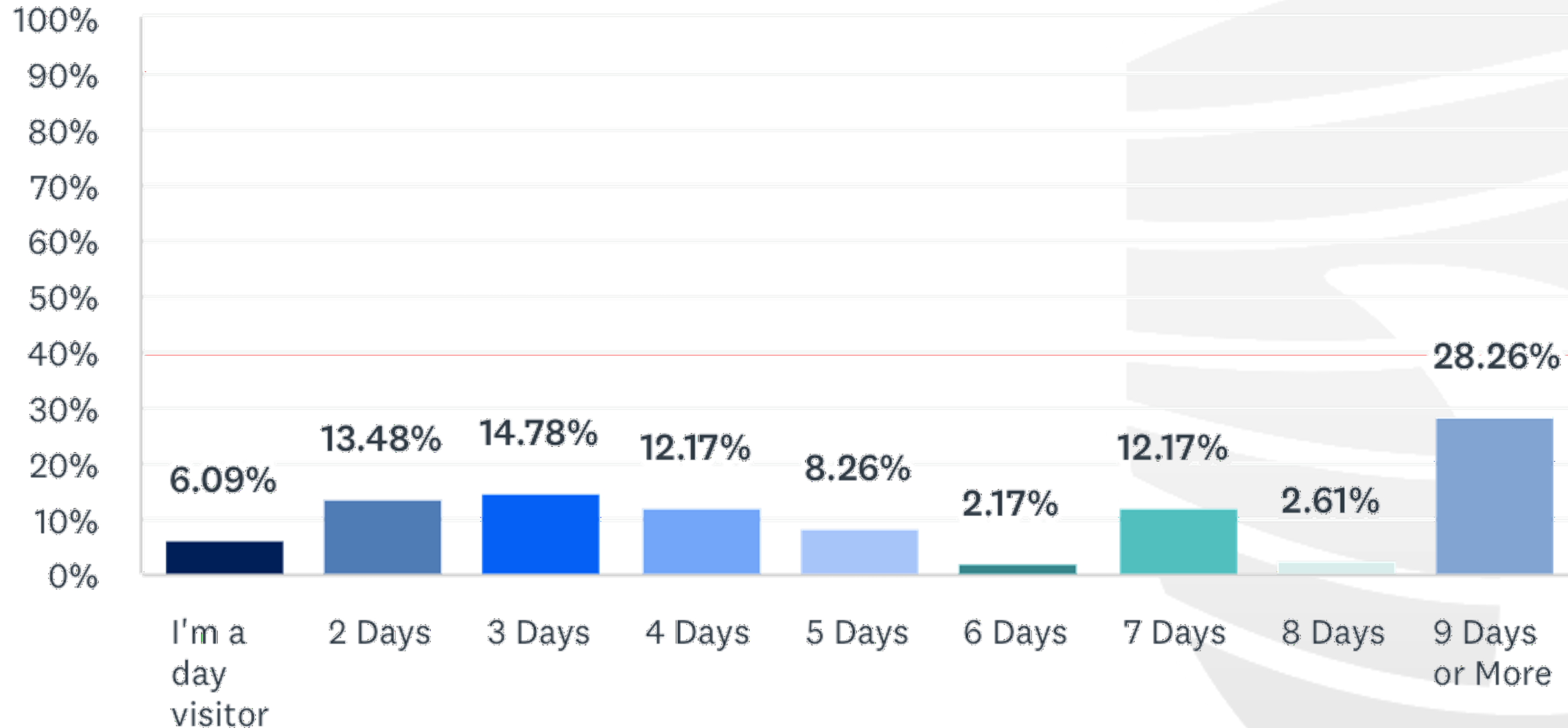
Including this visit, how many trips have you taken to Hilton Head?

Answered: 231 Skipped: 155



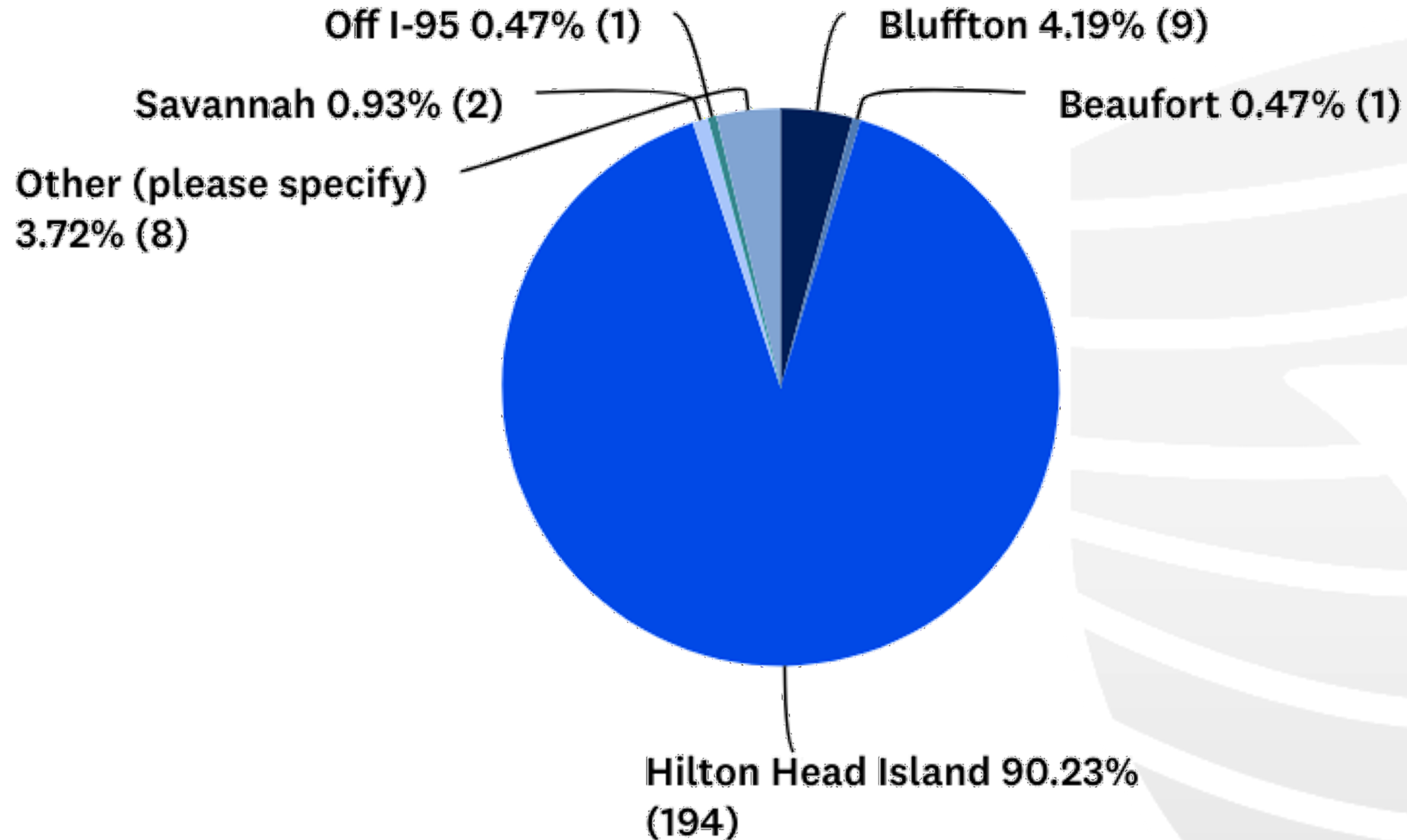
How many days do you intend to stay in Hilton Head?

Answered: 230 Skipped: 156



Where are you staying overnight?

Answered: 215 Skipped: 171



“Other” Specified

Answered: 8

- “Moon”
- “Santee”
- “Our Villa”
- “Own Condo”
- “Hi own unit”
- “In Laws”
- “Sisters House”
- “Hilton Head Beach and Tennis”

What type of accommodations will you be using while visiting?

Answered: 216 Skipped: 170

ANSWER CHOICES	RESPONSES	
Villa/condo-rental	26.39%	57
Home/Villa/condo-timeshare	17.13%	37
Home/Villa/condo-owned	23.15%	50
Home-rental	2.31%	5
Full service hotel	9.26%	20
limited service hotel/motel	2.31%	5
With friends/relatives	12.04%	26
RV Park	3.70%	8
Other (please specify)	3.70%	8
TOTAL		216

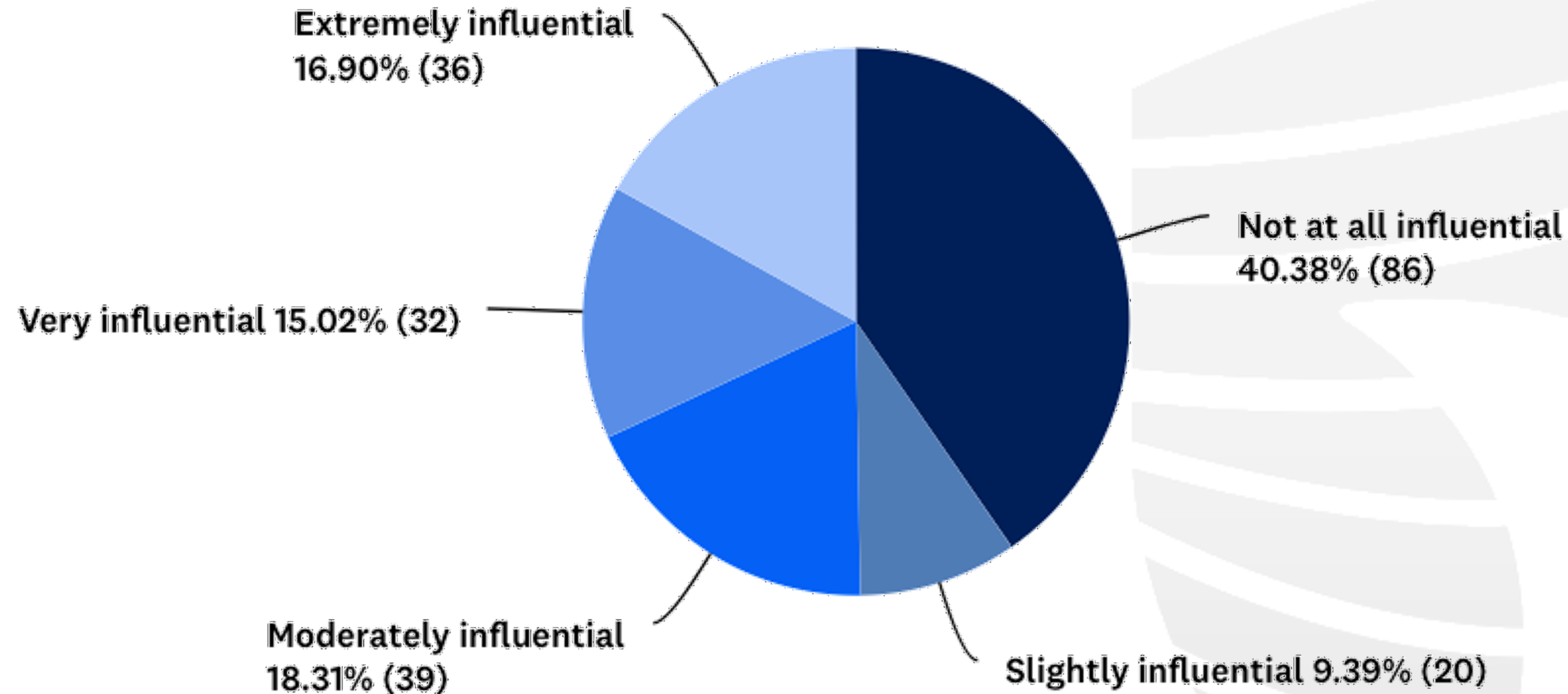
How many months in advance did you book this trip?

Answered: 213 Skipped: 173

ANSWER CHOICES	RESPONSES	
Less than 1 month ago	35.68%	76
1 month ago	10.33%	22
2 months ago	11.74%	25
3 months ago	13.15%	28
4 months ago	4.69%	10
5 months ago	1.41%	3
6 months ago	5.16%	11
7-12 months ago	9.86%	21
More than a year ago	7.98%	17
TOTAL		213

How influential was this festival when planning your trip to Hilton Head?

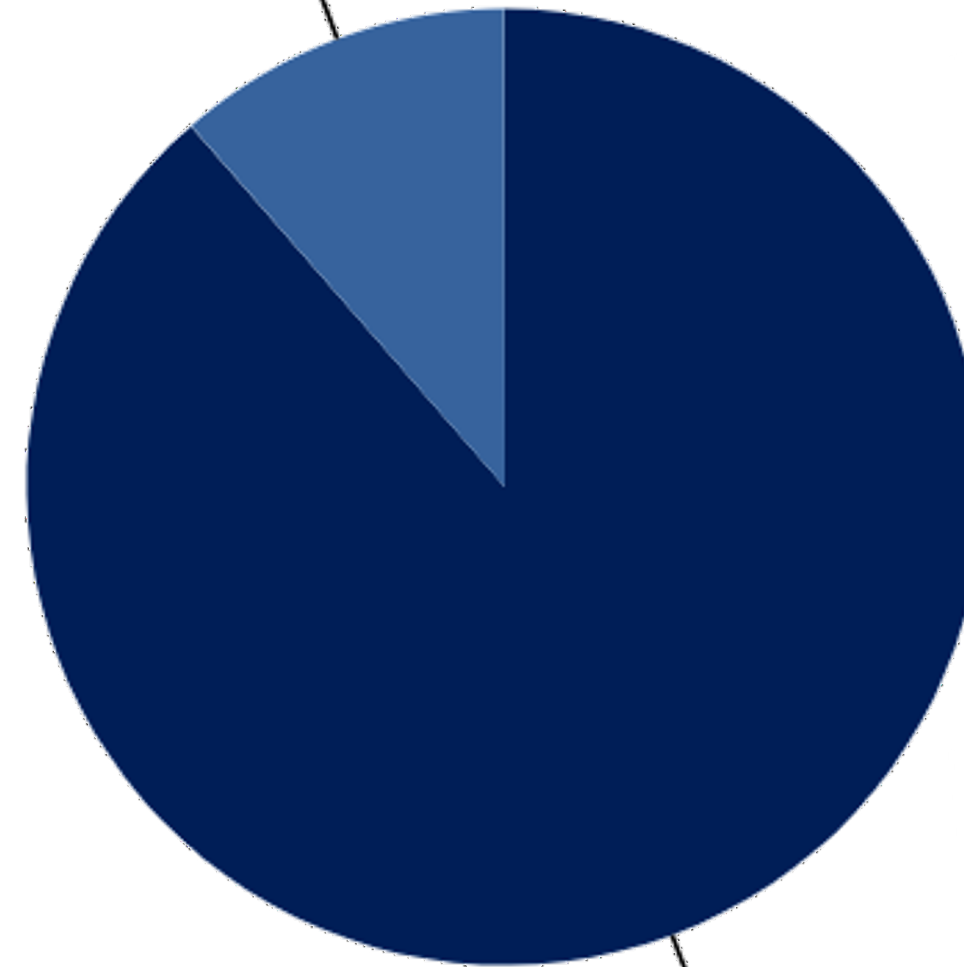
Answered: 213 Skipped: 173



Would you have been in Hilton Head at this time had it not been for the festival?

Answered: 202 Skipped: 184

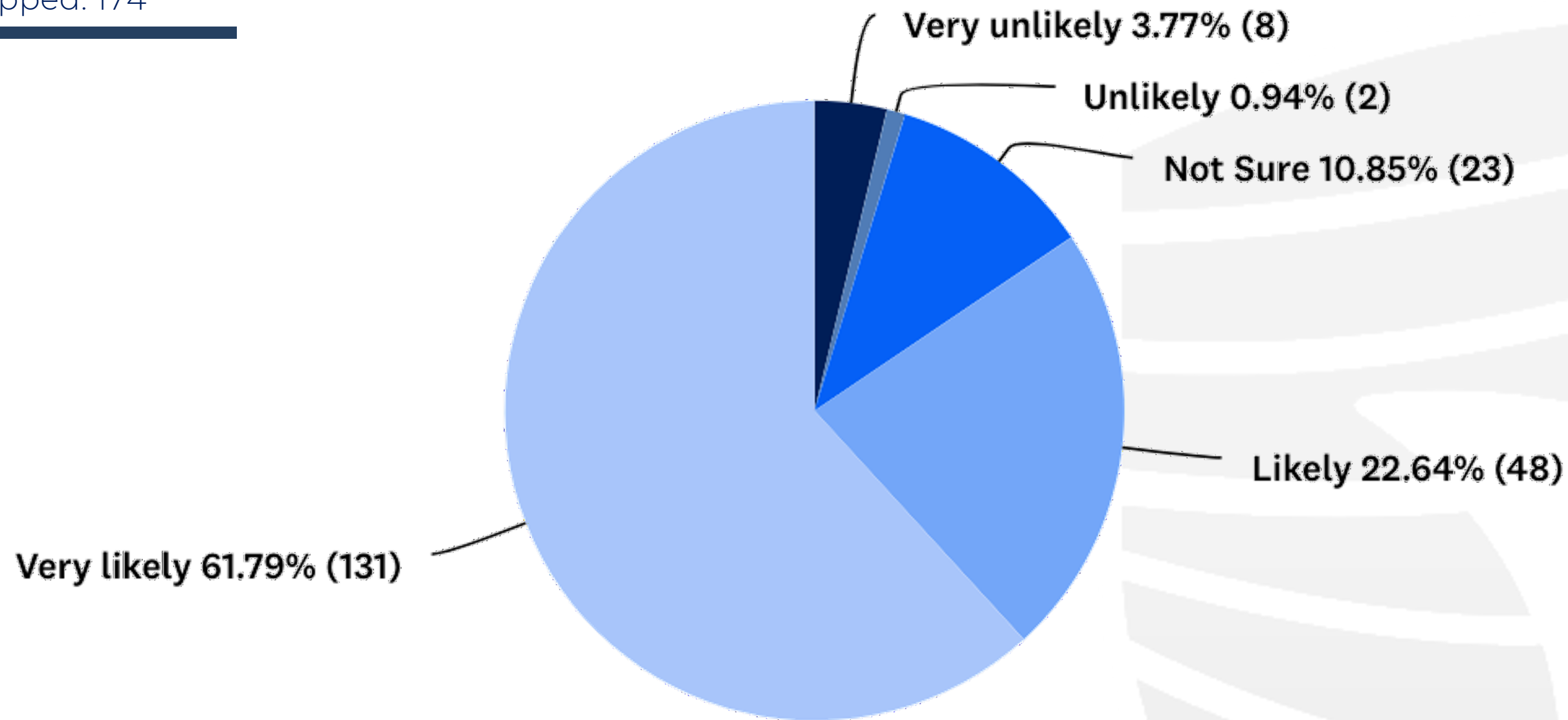
No 11.39% (23)



Yes 88.61% (179)

How likely are you to return to Hilton Head when this festival is not being held?

Answered: 212 Skipped: 174



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

Answered: 211 Skipped: 175

ANSWER CHOICES	RESPONSES	
Just myself	20.85%	44
One additional	57.35%	121
Two additional	8.06%	17
Three additional	3.32%	7
Four additional	5.69%	12
Five or more additional	4.74%	10
TOTAL		211

Approximately, how much will you spend on lodging per night?

Answered: 213 Skipped: 173

ANSWER CHOICES	RESPONSES	
\$1.00-49.99	10.33%	22
\$50.00-99.99	6.10%	13
\$100.00-199.99	19.72%	42
\$200.00-299.99	17.84%	38
\$300.00-399.99	5.16%	11
\$400.00-499.99	3.29%	7
\$500.00-749.99	0.47%	1
\$750.00-999.99	2.35%	5
\$1000.00-1999.99	2.82%	6
\$2000.00-2999.99	0.47%	1
\$3000.00 or more	0.94%	2
Not applicable	30.52%	65
TOTAL		213

Approximately, how much will you spend on restaurant dining per day?

Answered: 203 Skipped: 183

ANSWER CHOICES	RESPONSES	
\$1.00-49.99	8.87%	18
\$50.00-99.99	27.09%	55
\$100.00-199.99	35.96%	73
\$200.00-299.99	10.84%	22
\$300.00-399.99	7.88%	16
\$400.00-499.99	1.97%	4
\$500.00-749.99	1.97%	4
\$750.00-999.99	0.00%	0
\$1000.00 or more	0.00%	0
Not applicable	5.42%	11
TOTAL		203

Approximately, how much will you spend on retail purchases per day?

Answered: 205 Skipped: 181

ANSWER CHOICES	RESPONSES	
\$1.00-49.99	24.88%	51
\$50.00-99.99	27.80%	57
\$100.00-199.99	22.44%	46
\$200.00-299.99	8.29%	17
\$300.00-399.99	4.39%	9
\$400.00-499.99	1.95%	4
\$500.00-749.99	0.98%	2
\$750.00-999.99	0.49%	1
\$1000.00 or more	1.46%	3
Not applicable	7.32%	15
TOTAL		205

Approximately, how much will you spend on recreation per day?

Answered: 199 Skipped: 187

ANSWER CHOICES	RESPONSES	
\$1.00-49.99	33.67%	67
\$50.00-99.99	21.11%	42
\$100.00-199.99	10.55%	21
\$200.00-299.99	6.03%	12
\$300.00-399.99	1.51%	3
\$400.00-499.99	1.51%	3
\$500.00-749.99	0.50%	1
\$750.00-999.99	0.50%	1
\$1000.00 or more	0.50%	1
Not applicable	24.12%	48
TOTAL		199

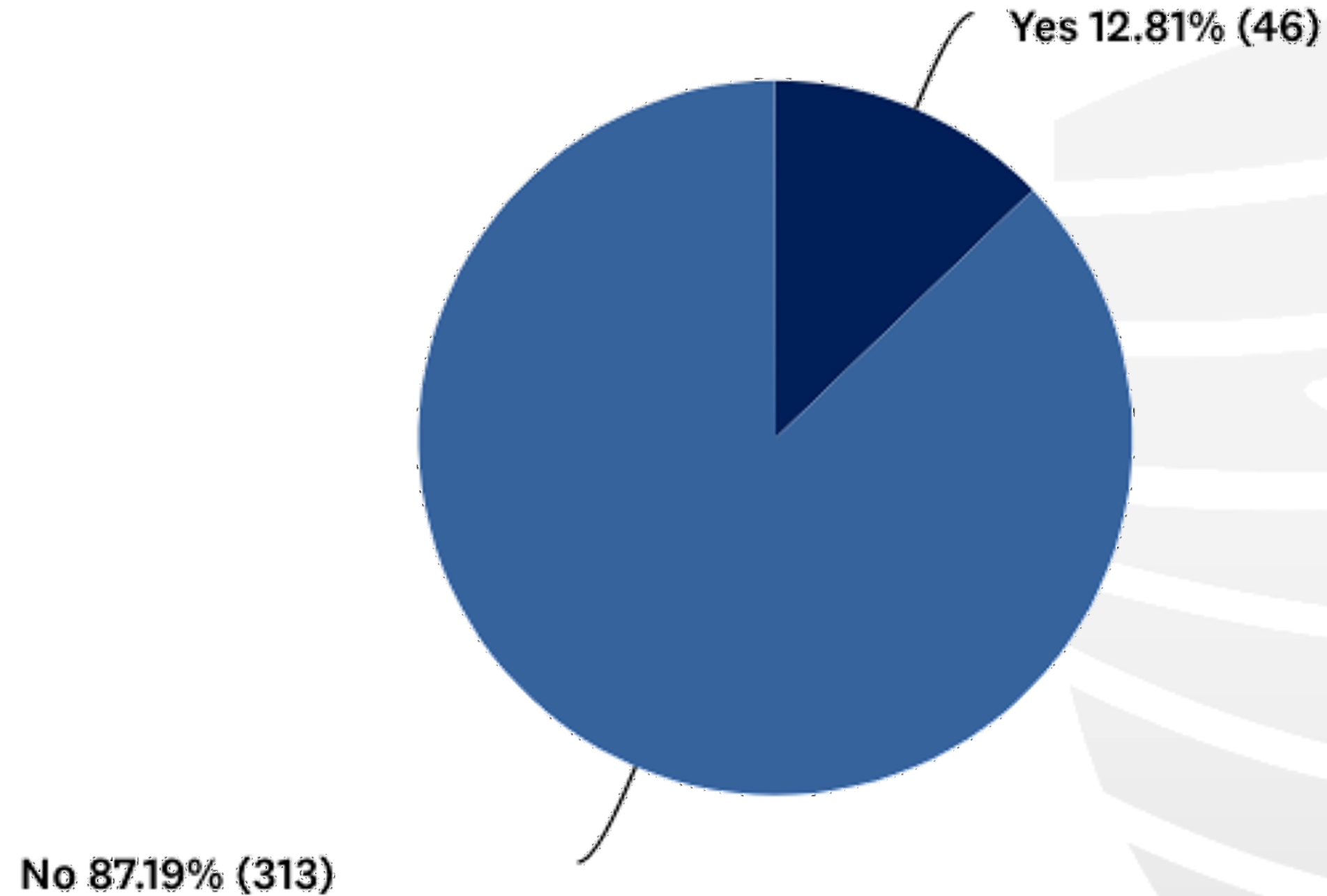
How did you first learn about the Oyster Festival?

Answered: 364 Skipped: 22

ANSWER CHOICES	RESPONSES	
Television Commercial or News Coverage	2.20%	8
Radio Commercial or News Coverage	0.55%	2
Online Advertisement	12.09%	44
Online, internet search	10.44%	38
The Hilton Head Oyster Festival Website	8.79%	32
Word of Mouth	27.20%	99
Social Networks (Facebook, Twitter, etc.)	11.81%	43
Hilton Head Island Visitor & Convention Bureau	6.87%	25
Other Website	1.92%	7
Other	18.13%	66
TOTAL		364

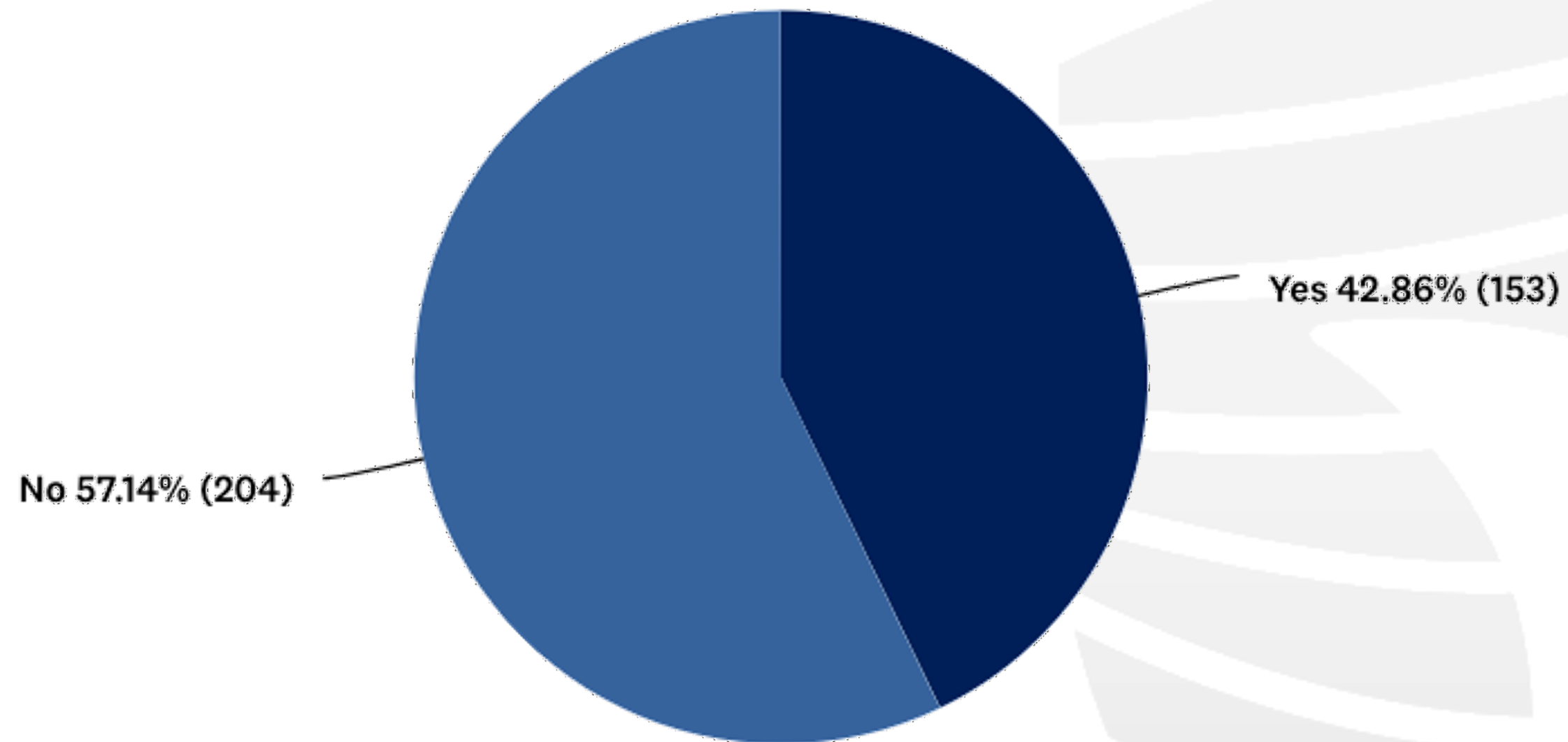
Did you attend last year's Oyster Festival?

Answered: 359 Skipped: 27



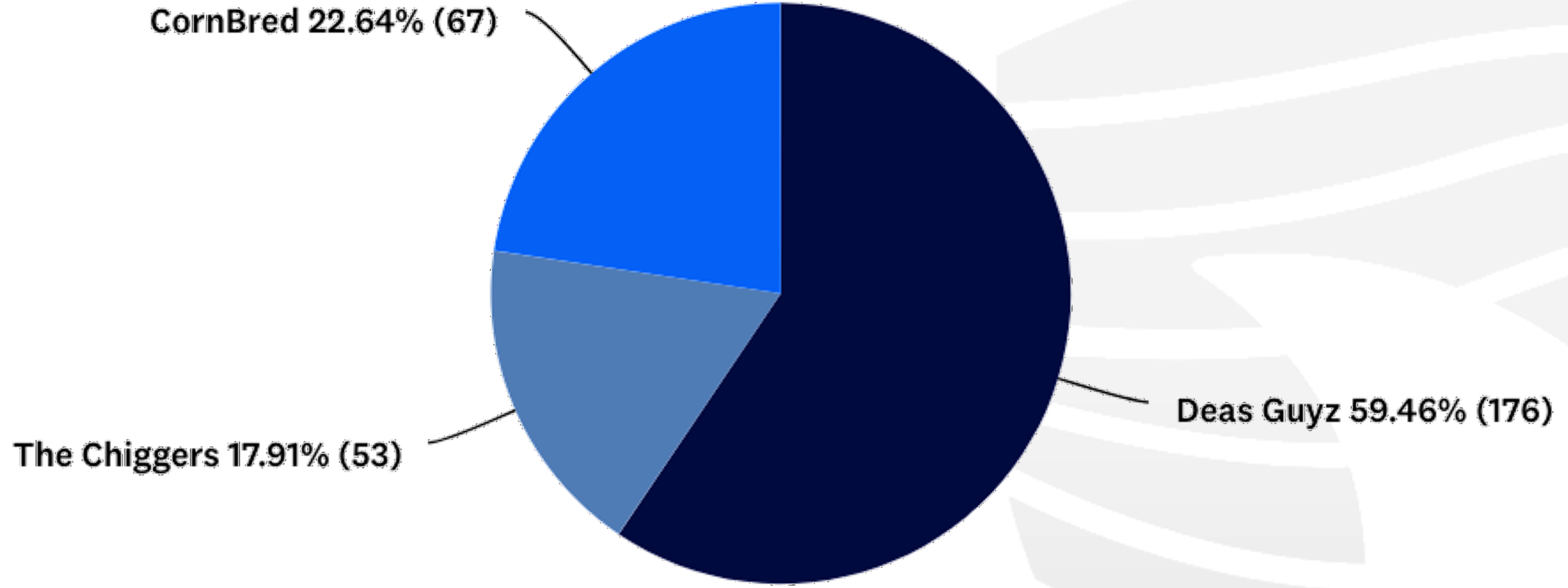
Were the bands influential in your decision to attend this festival?

Answered: 357 Skipped: 29



Which band did you primarily come to see?

Answered: 296 Skipped: 90



How would you rate the following festival characteristics?

Answered: 359 Skipped: 27

	VERY POOR	POOR	AVERAGE	GOOD	VERY GOOD	TOTAL	WEIGHTED AVERAGE
Music	0.00% 0	0.28% 1	3.08% 11	20.45% 73	76.19% 272	357	4.73
Ambiance	0.00% 0	0.00% 0	3.09% 11	26.40% 94	70.51% 251	356	4.67
Cost	0.28% 1	1.41% 5	22.54% 80	27.04% 96	48.73% 173	355	4.23
Staff Friendliness	0.00% 0	0.00% 0	4.51% 16	16.62% 59	78.87% 280	355	4.74

How would you rate the following festival characteristics?

Answered: 351 Skipped: 35

	VERY POOR	POOR	AVERAGE	GOOD	VERY GOOD	TOTAL	WEIGHTED AVERAGE
Quality of Food You Purchased	0.00% 0	0.00% 0	8.91% 31	34.77% 121	56.32% 196	348	4.47
Quality of Beverage You Purchased	0.00% 0	1.45% 5	11.59% 40	31.59% 109	55.36% 191	345	4.41
Quantity of Food Items per Purchase	0.29% 1	0.29% 1	14.16% 49	35.26% 122	50.00% 173	346	4.34
Quantity of Beverage Items per Purchase	0.00% 0	0.58% 2	14.91% 51	34.21% 117	50.29% 172	342	4.34
Food Vendor Variety	0.00% 0	1.17% 4	10.79% 37	34.40% 118	53.64% 184	343	4.41

How would you rate the following festival characteristics?

Answered: 358 Skipped: 28

	VERY POOR	POOR	AVERAGE	GOOD	VERY GOOD	TOTAL	WEIGHTED AVERAGE
Location	0.00% 0	0.00% 0	1.69% 6	25.07% 89	73.24% 260	355	4.72
Parking	0.28% 1	1.41% 5	5.65% 20	28.53% 101	64.12% 227	354	4.55
Availability of Public Seating	0.85% 3	1.71% 6	18.80% 66	29.34% 103	49.29% 173	351	4.25
Retail Vendor Variety	0.00% 0	2.57% 9	12.29% 43	33.71% 118	51.43% 180	350	4.34

How would you rate the following festival characteristics?

Answered: 358 Skipped: 28

	VERY POOR	POOR	AVERAGE	GOOD	VERY GOOD	TOTAL	WEIGHTED AVERAGE
Event Layout and Design	0.00% 0	0.00% 0	4.21% 15	32.87% 117	62.92% 224	356	4.59
Crowd Flow	0.00% 0	0.00% 0	5.08% 18	35.03% 124	59.89% 212	354	4.55
Overall Value of the Event	0.00% 0	0.56% 2	6.18% 22	31.18% 111	62.08% 221	356	4.55

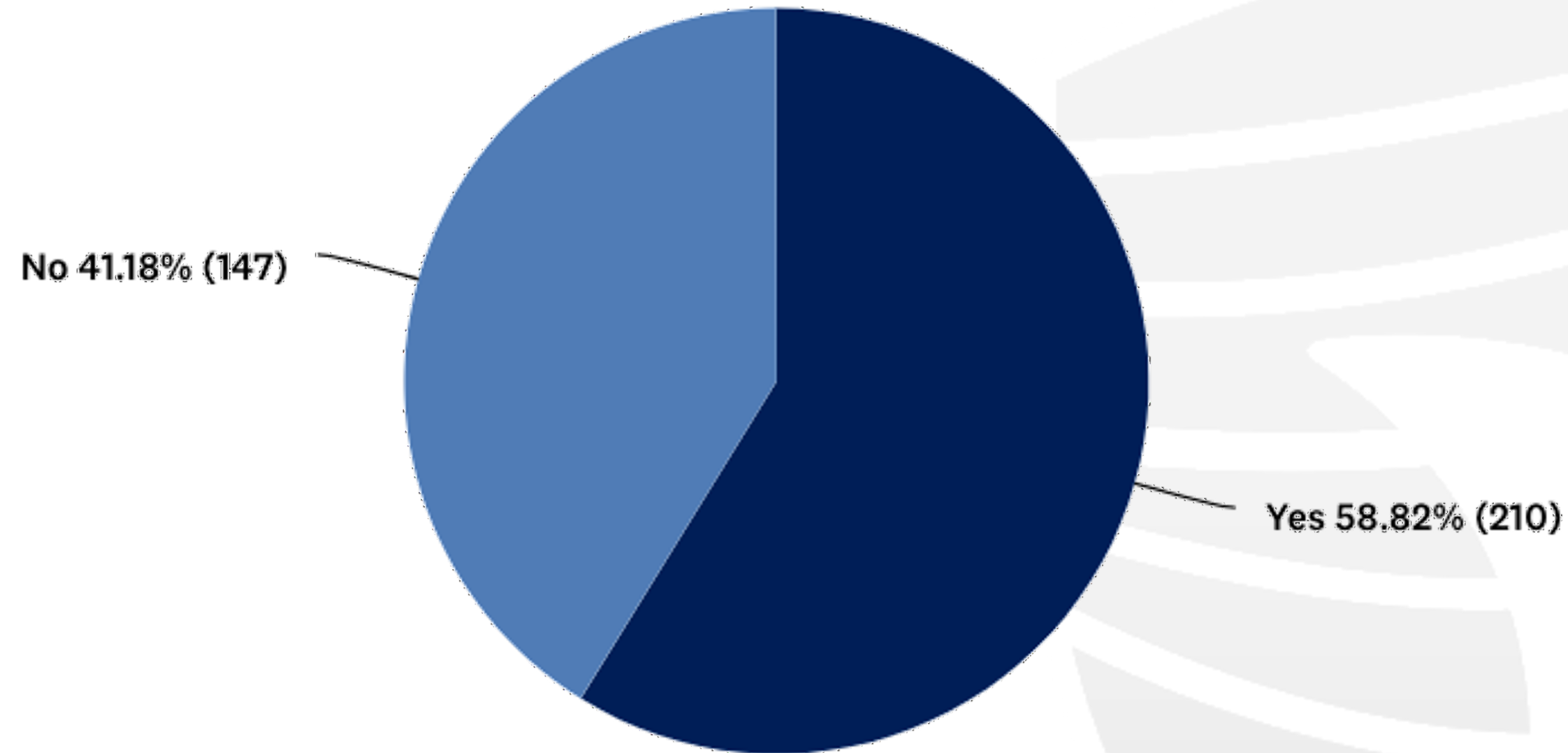
How likely are you to return to next year's festival and recommend it to friends?

Answered: 359 Skipped: 27

	EXTREMELY UNLIKELY	UNLIKELY	MODERATE	LIKELY	EXTREMELY LIKELY	TOTAL	WEIGHTED AVERAGE
Return to next year's festival	1.12% 4	1.68% 6	9.80% 35	29.13% 104	58.26% 208	357	4.42
Recommend the festival to friends	0.28% 1	0.85% 3	6.78% 24	25.42% 90	66.67% 236	354	4.57

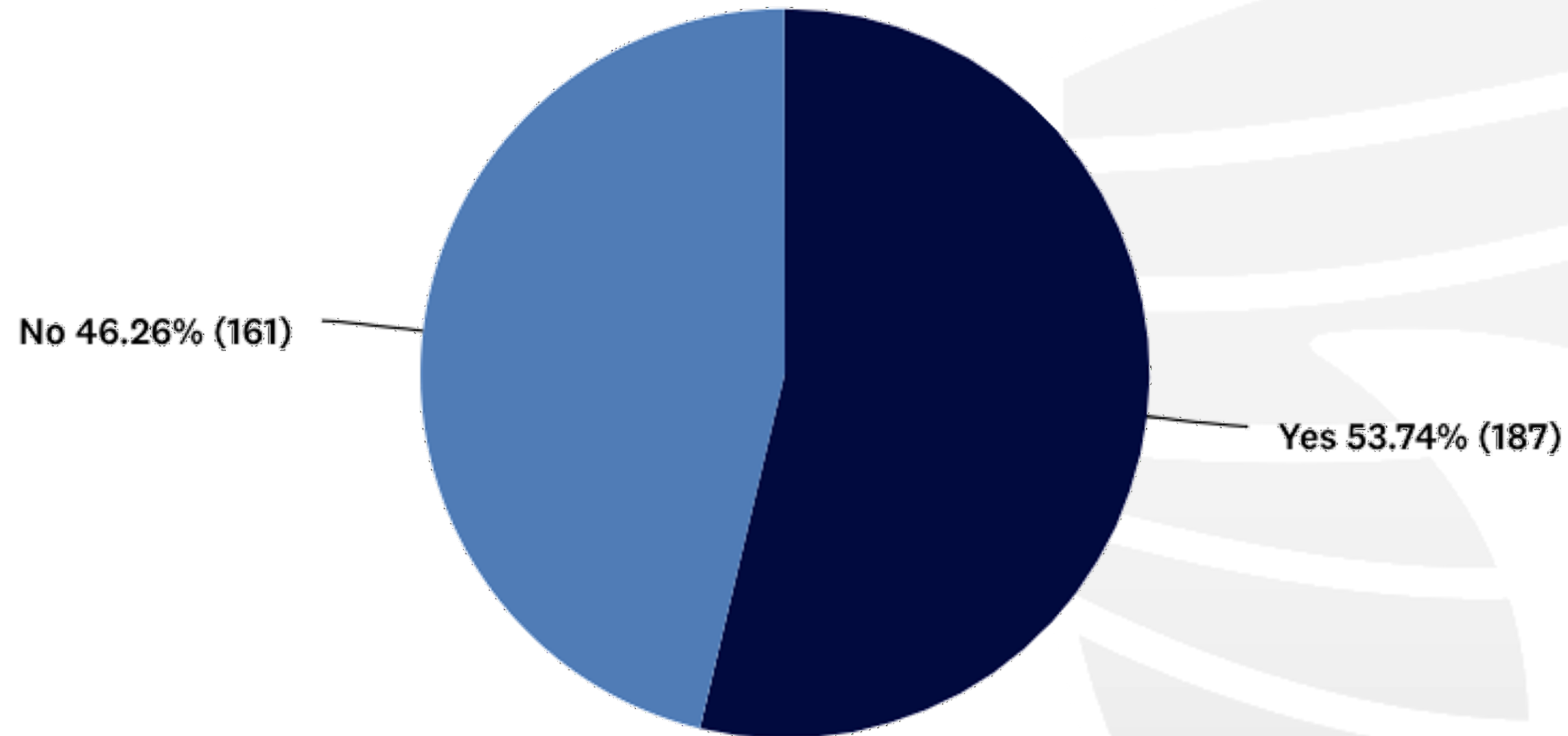
Will you be shopping or dining at Coligny Plaza stores or restaurant during this event?

Answered: 357 Skipped: 29



Do you plan on attending the Lantern Parade after the Festival today?

Answered: 348 Skipped: 38





DEMOGRAPHICS

How do you identify?

Answered: 359 Skipped: 27

ANSWER CHOICES	RESPONSES	
Woman	59.33%	213
Man	37.05%	133
Transgender	0.28%	1
Non-binary/Non-conforming	0.28%	1
Prefer not to respond	2.23%	8
Prefer to Self-Describe	0.84%	3
TOTAL		359

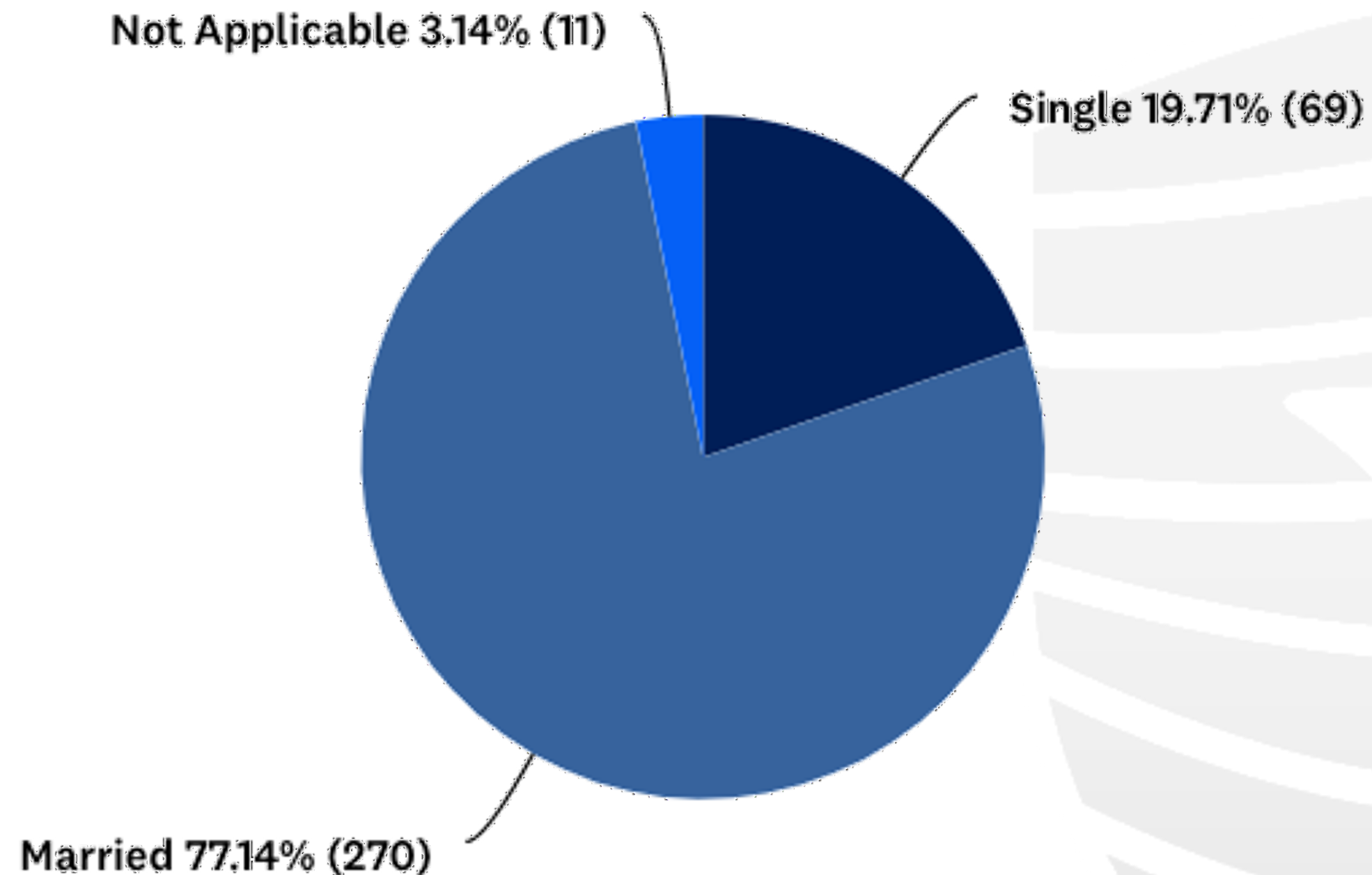
Indicate your age below

Answered: 360 Skipped: 26

ANSWER CHOICES	RESPONSES	
18 to 19 years	0.56%	2
20 to 24 years	1.39%	5
25 to 29 years	3.61%	13
30 to 34 years	3.61%	13
35 to 39 years	6.94%	25
40 to 44 years	7.50%	27
45 to 49 years	9.17%	33
50 to 54 years	12.50%	45
55 to 59 years	12.50%	45
60 to 64 years	12.78%	46
65 to 69 years	16.39%	59
70 years and over	11.94%	43
Not Applicable	1.11%	4
TOTAL		360

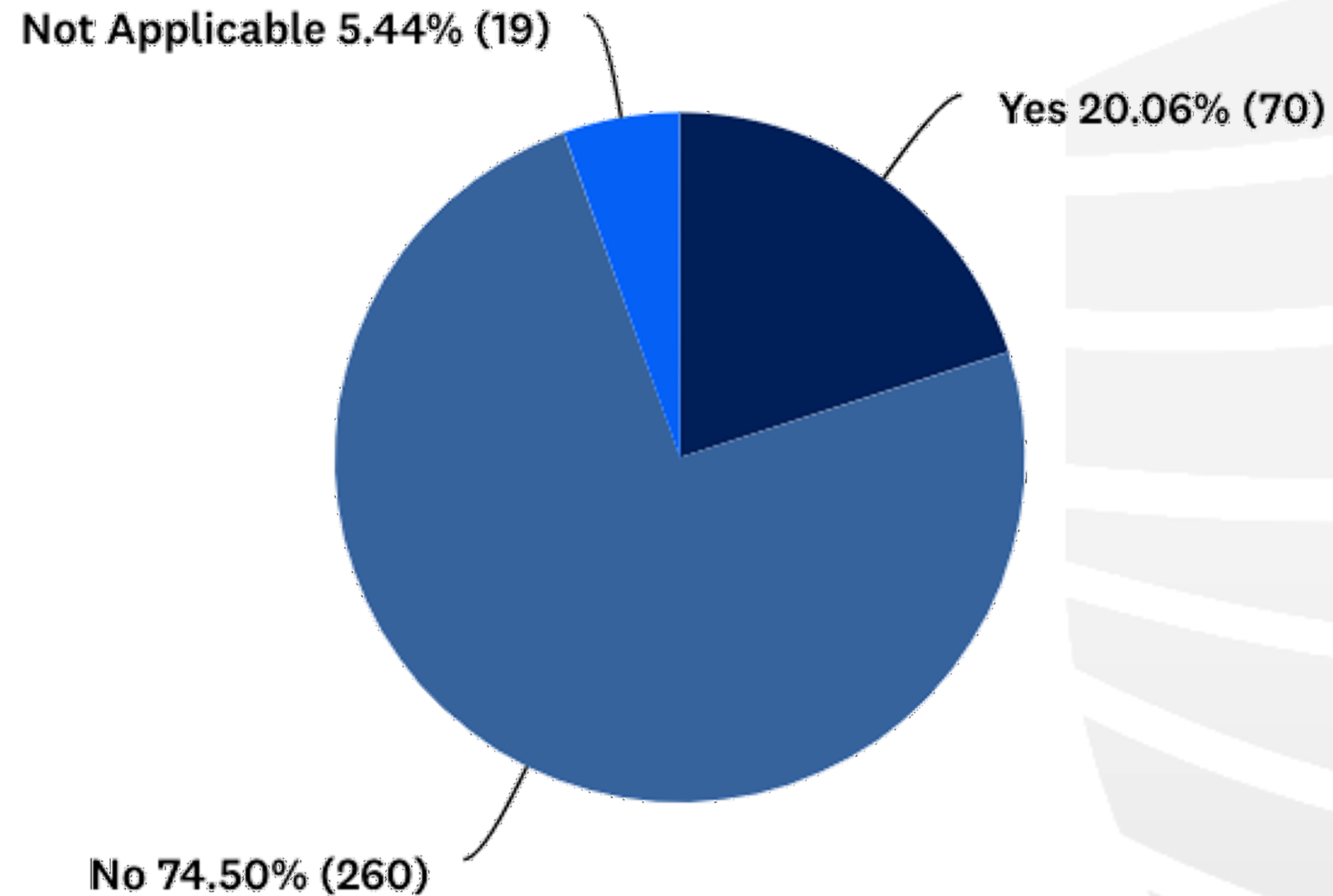
Please indicate your marital status

Answered: 350 Skipped: 36



Do you have any children under 18 living at home?

Answered: 349 Skipped: 37



Please indicate your highest level of education

Answered: 356 Skipped: 30

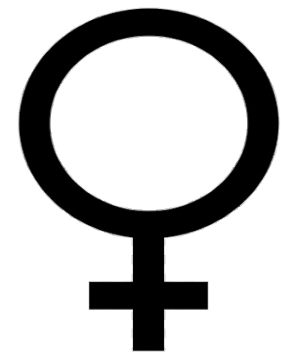
ANSWER CHOICES	RESPONSES	
Grade School	0.28%	1
High School	6.46%	23
Some college	13.76%	49
Associates Degree (2 years)	8.71%	31
Bachelors Degree (4 years)	38.48%	137
Graduate Degree (Post degree / Masters)	22.19%	79
Doctorate Degree	8.99%	32
Not Applicable	1.12%	4
TOTAL		356

Which of the following includes your annual household income?

Answered: 350 Skipped: 36

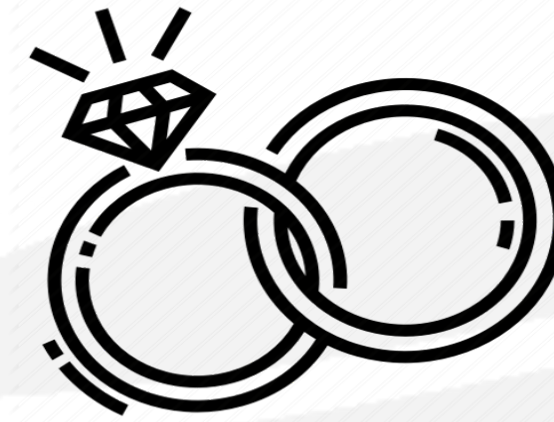
ANSWER CHOICES	RESPONSES	
Under \$24,999	1.14%	4
\$25,000-\$34,999	1.43%	5
\$35,000-\$49,999	5.14%	18
\$50,000-\$74,999	14.29%	50
\$75,000-\$99,999	12.86%	45
\$100,000-\$149,999	19.71%	69
\$150,000-\$199,999	12.29%	43
\$200,000 or More	20.57%	72
Not Applicable	12.57%	44
TOTAL		350

Infographic



Female

age
65-69



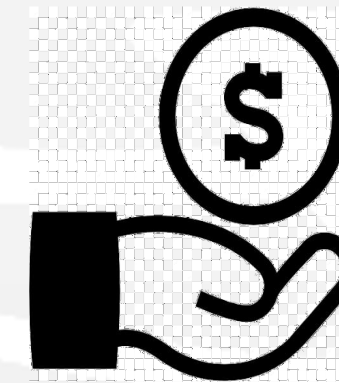
Married



No children
under 18 living
at home



Bachelors'
degree



Income
\$200,000 or more

Additional Comments

- "Great festival!"
- "So much fun"
- "Love the new venue!"
- "Love the new park and looking forward to attending future events!"
- "Great music and vendors and food variety. Will return and I live in NC"
- "Very enjoyable. Good food. Good music. Great weather!"
- "Amazing!"
- "Great time!"

Additional Comments

- "Need more seating"
- "Need umbrellas and shade"
- "A little costly"
- "Get rid of tickets. More napkins. Make less shrimp/oyster amounts available for purchase. I want to be able to buy 6 oysters"
- "Website gave directions to shelter cove"
- "Chair broke on me and ripped my pants; staff rectified the situation"
- "Would appreciate plant based options"
- "Need Senior Discount"



CENTER FOR EVENT MANAGEMENT
AND HOSPITALITY TRAINING

2022

HILTON HEAD ISLAND WINGFEST



A detailed nautical chart of a coastal area, likely the Savannah Harbor region. The chart shows various water depths, navigational aids like buoys and lights, and land features such as marshes and buildings. A prominent dark blue rectangular box is overlaid on the chart, containing the title 'RESEARCH METHODOLOGY' in large white letters. To the right of this box, a list of bullet points describes the research methodology. The chart includes text boxes with regulatory information, such as 'NOTE X' regarding territorial sea limits and 'NO DISCHARGE ZONE' regulations.

RESEARCH METHODOLOGY

- Attendees completed a 34-question online survey
- QR Code directed respondents to survey
- An incentive was provided to completers
- iPads made available to respondents without mobile devices

RESPONSES



411





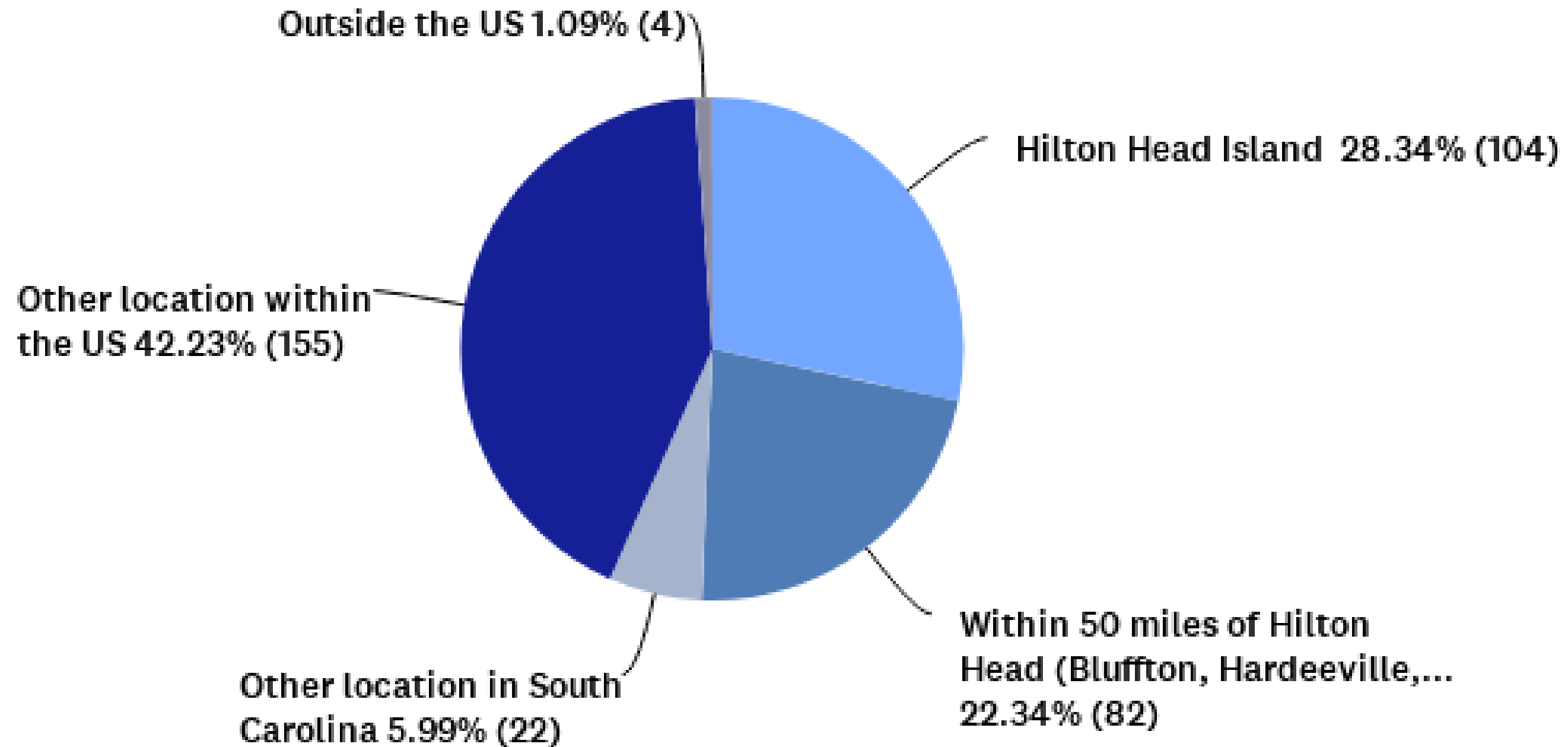
RESPONSE BREAKDOWN

4



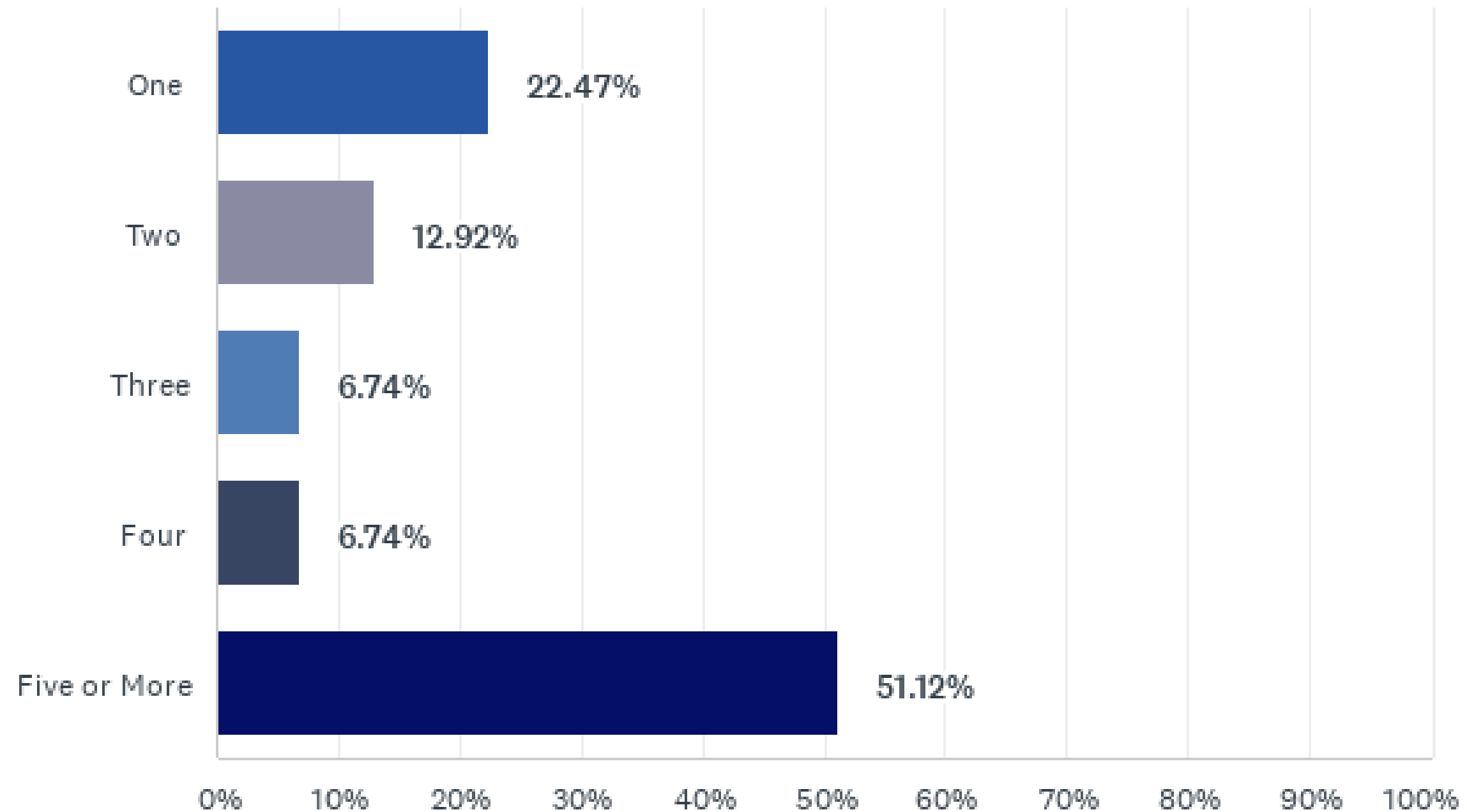
Where is your primary residence?

- Answered: 367 Skipped: 44



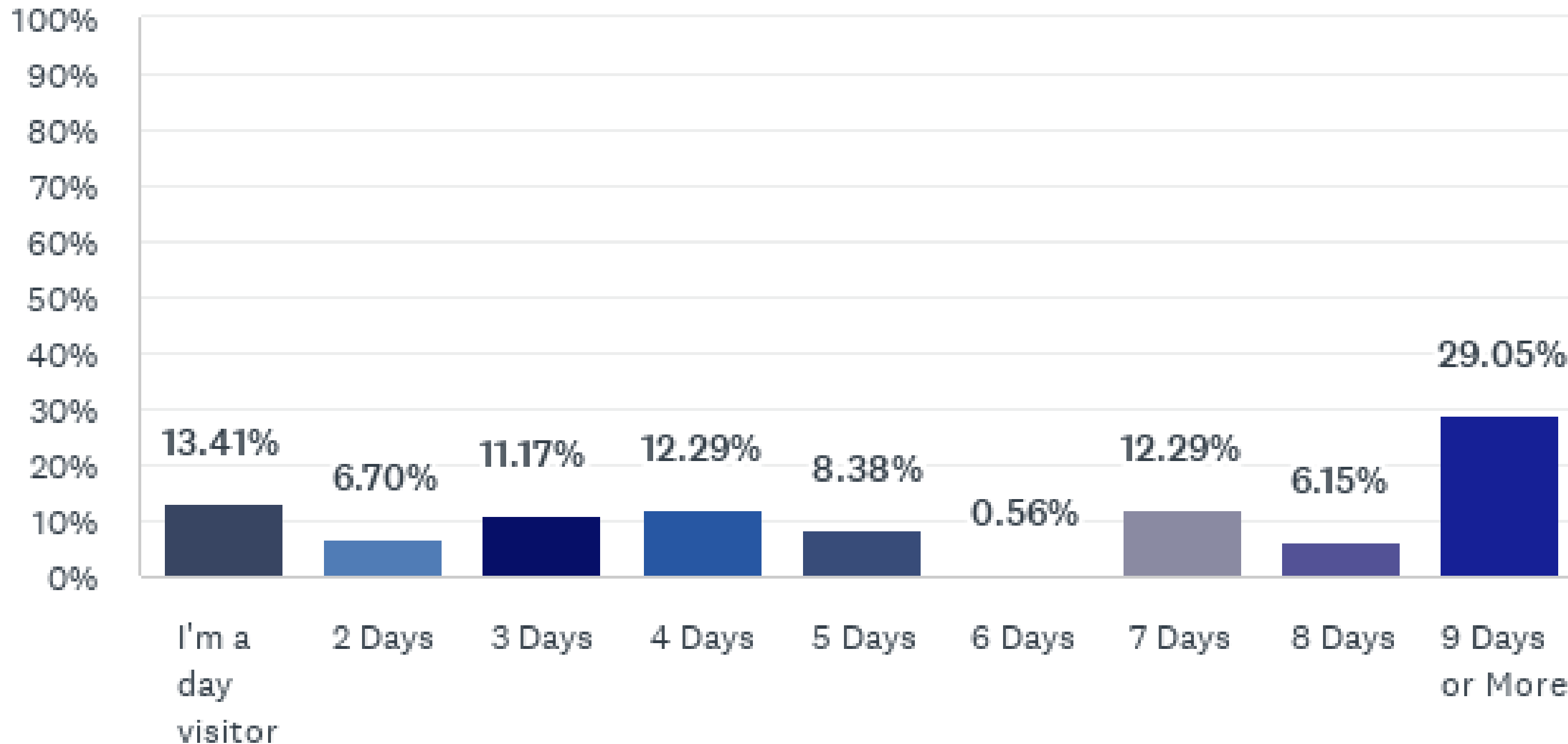
Including this visit, HOW MANY trips have you taken to Hilton Head Island?

- Answered: 178 Skipped: 233



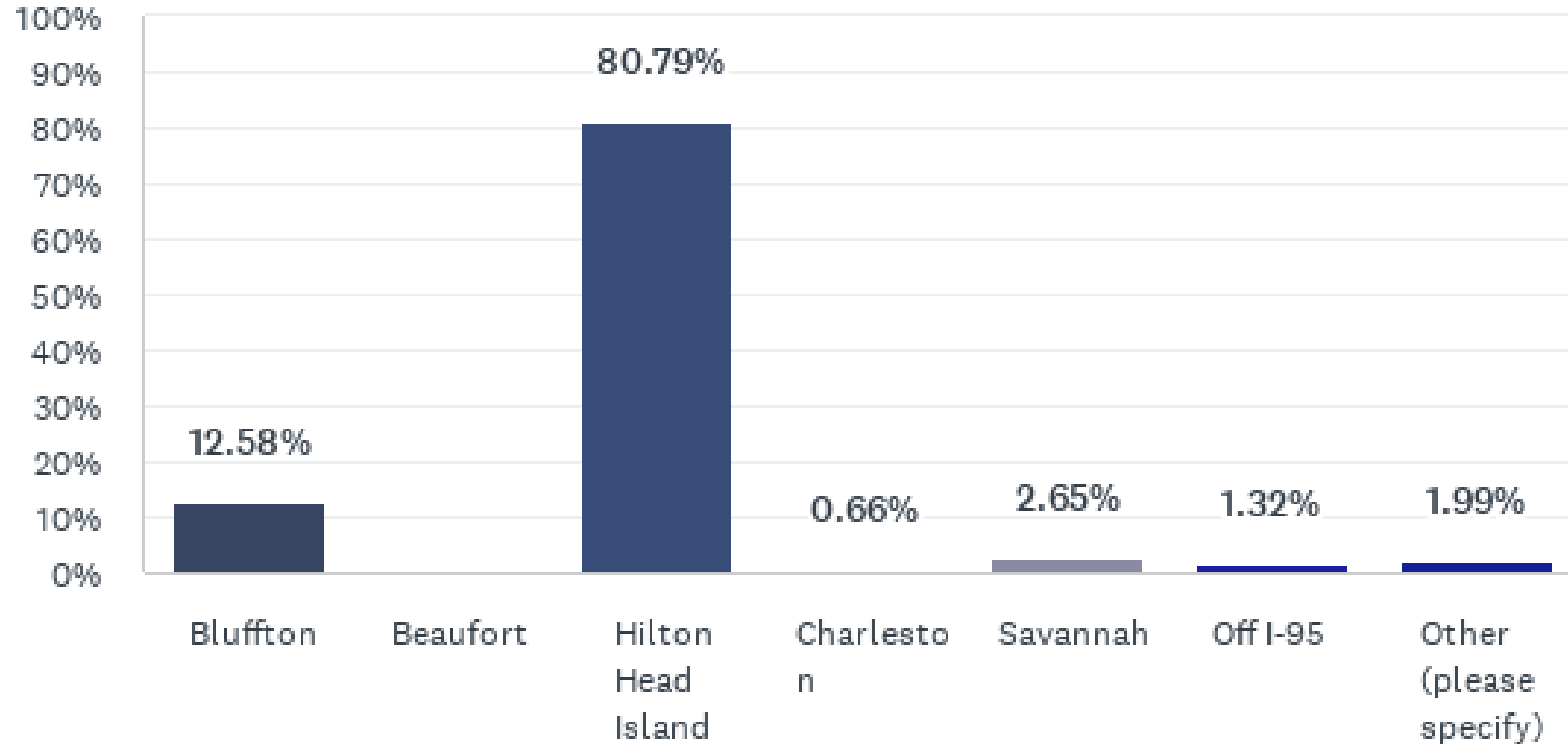
How many days to you intend to stay in Hilton Head?

- Answered: 179 Skipped: 232



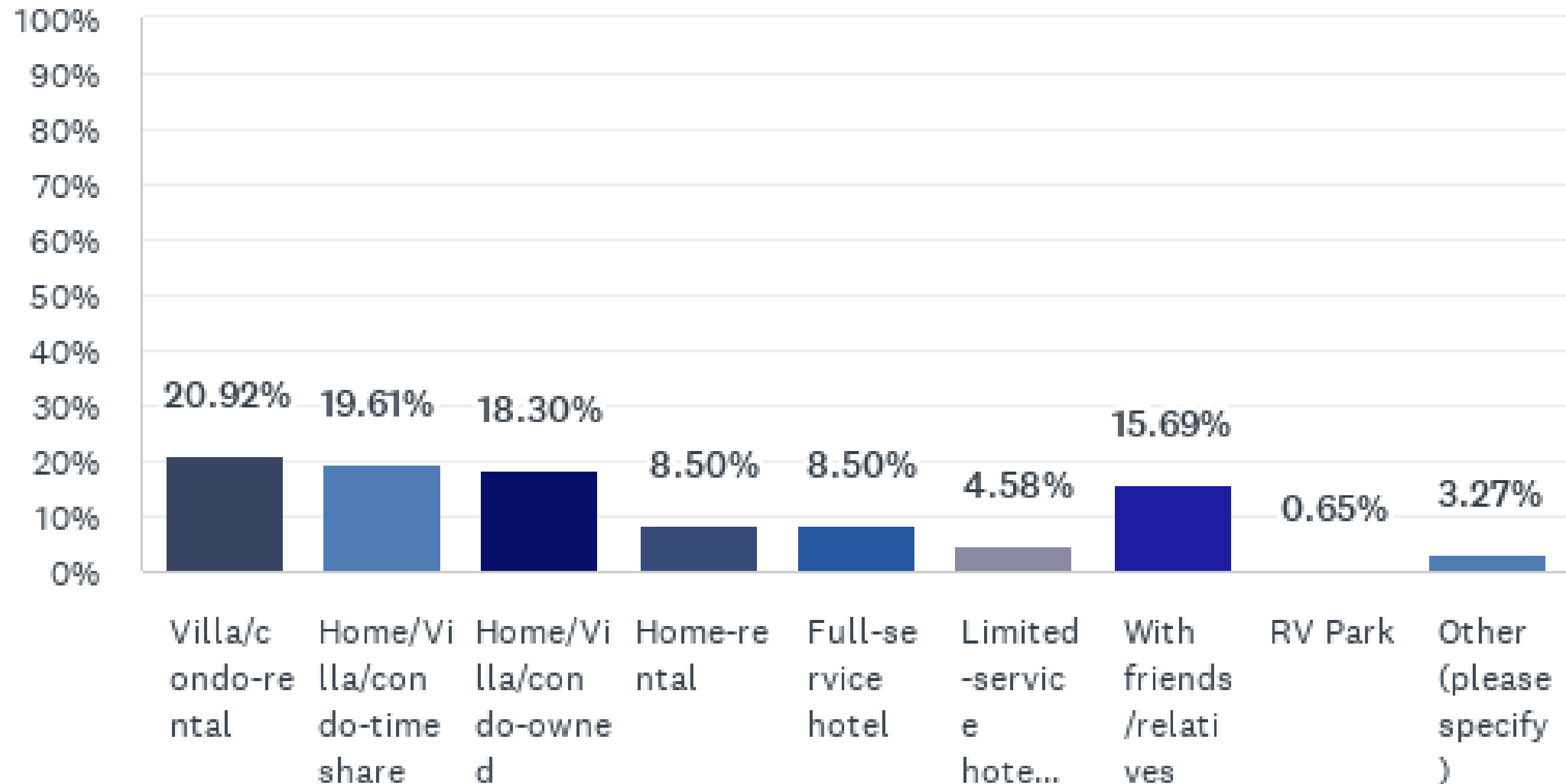
Where are you staying overnight on this trip?

- Answered: 151 Skipped: 260



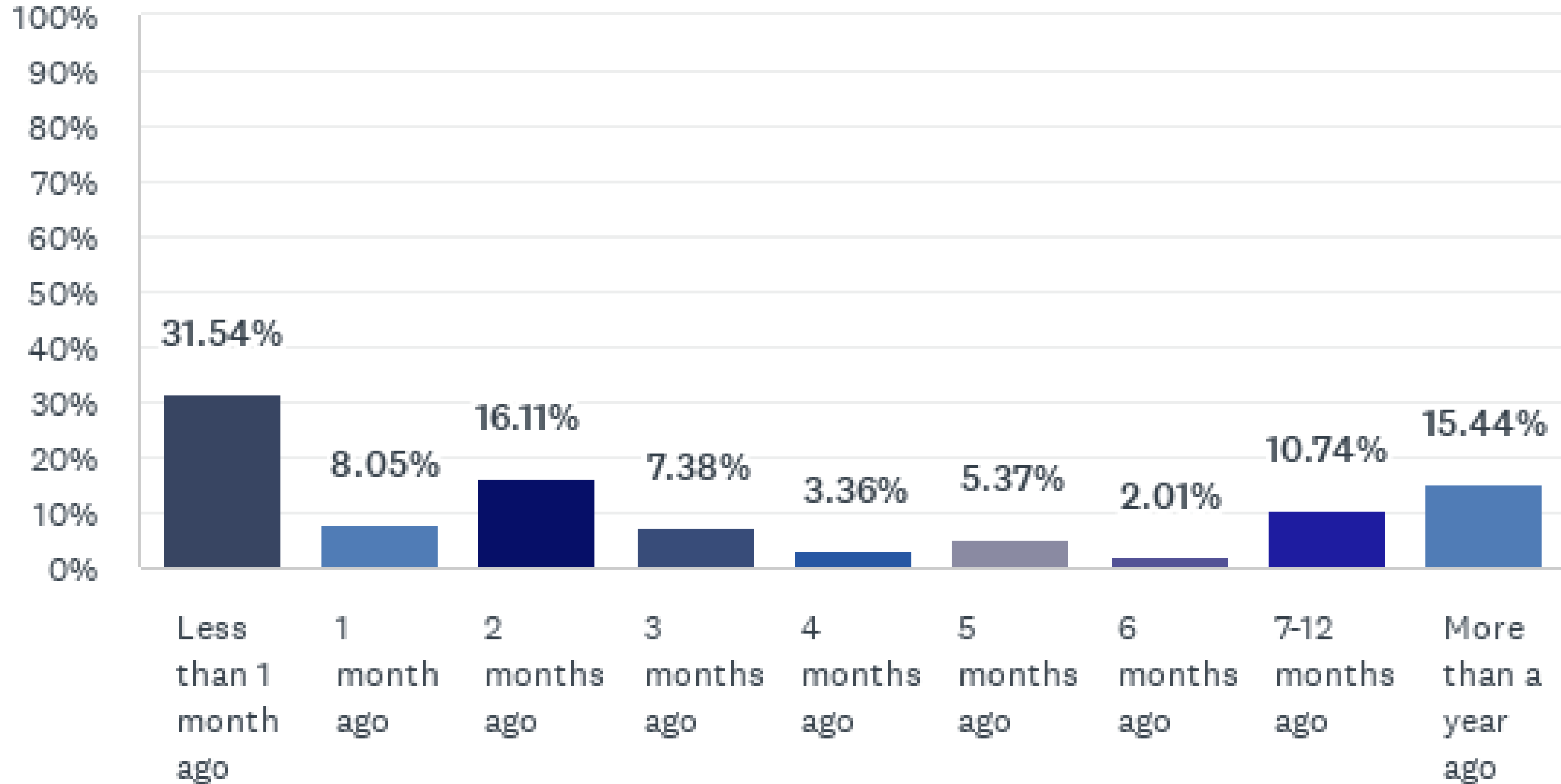
What type of accommodations will you be using while visiting Hilton Head Island?

- Answered: 153 Skipped: 258



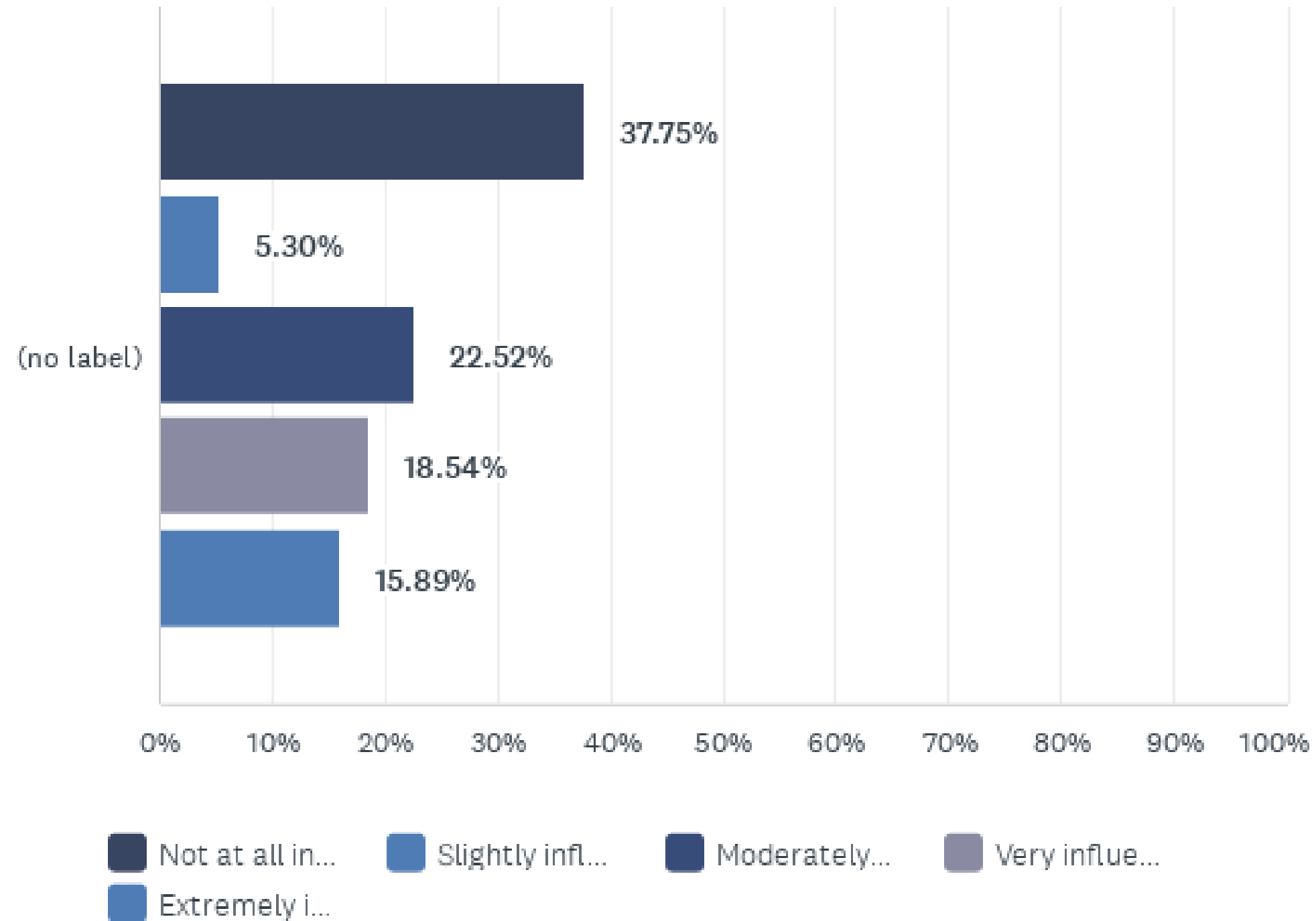
How many months in advance did you book this trip?

- Answered: 149 Skipped: 262



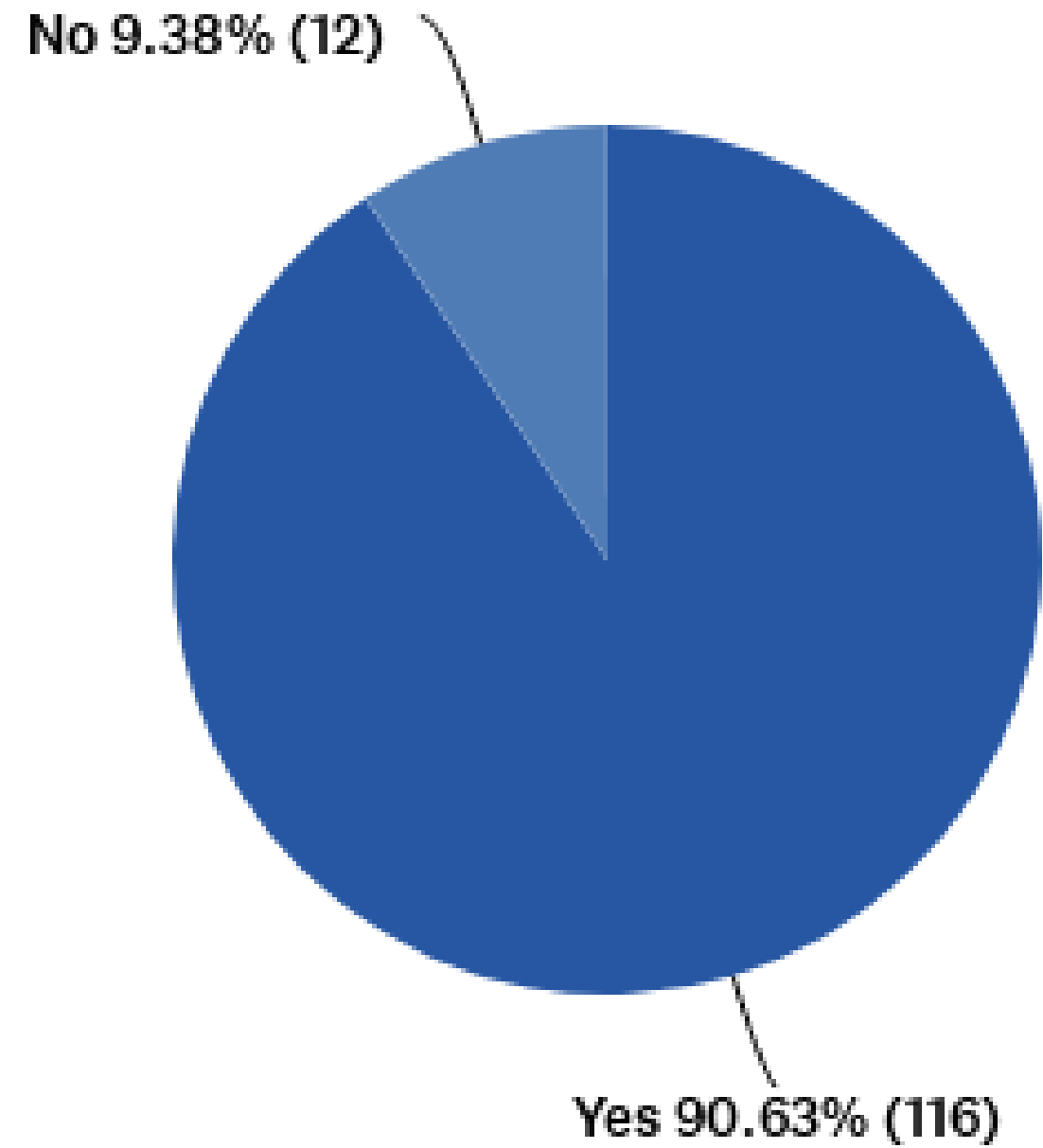
How influential was the 2022 Hilton Head Wingfest when initially planning your trip to Hilton Head Island?

- Answered: 151 Skipped: 260



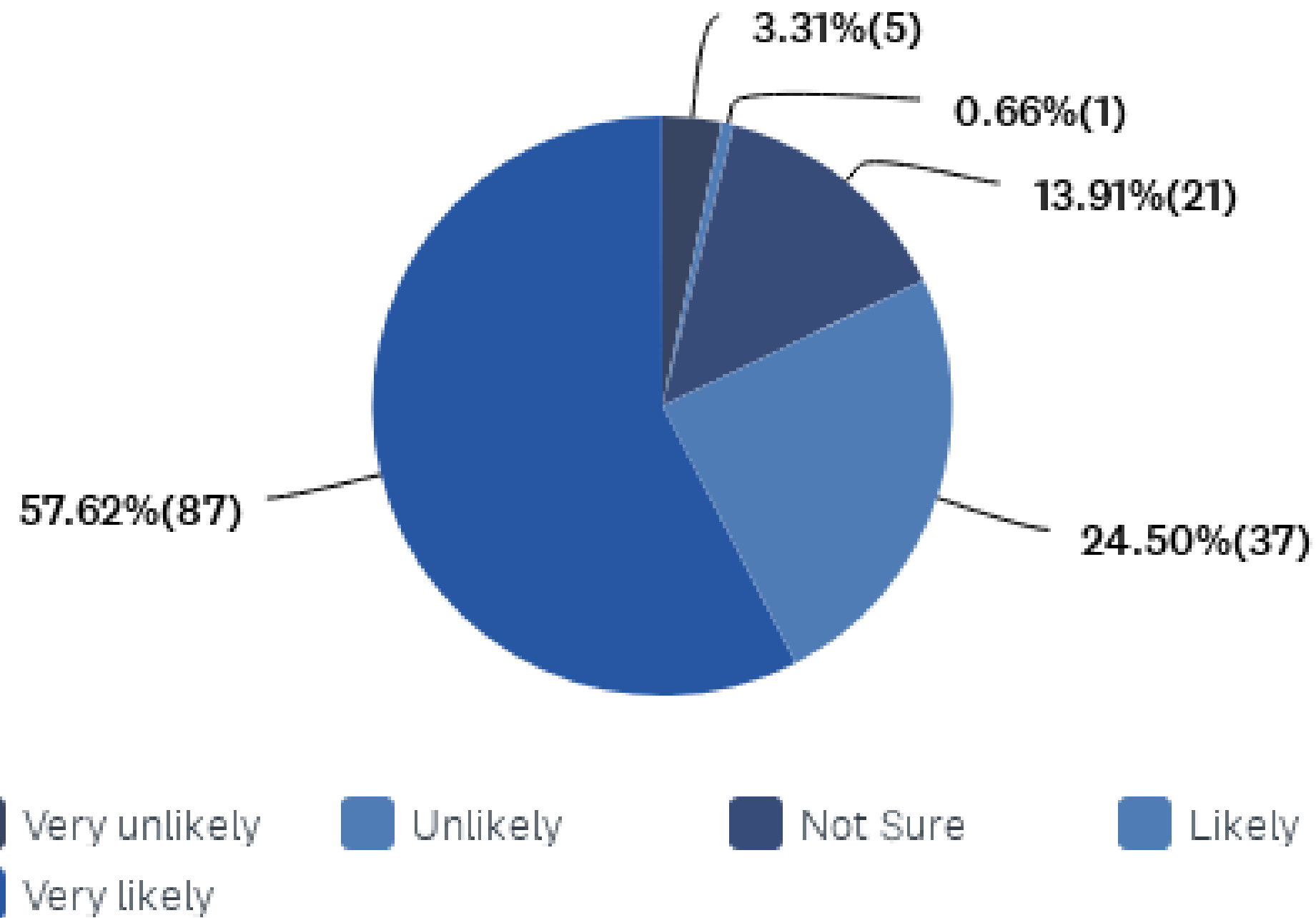
Would you have visited the Hilton Head area AT THIS TIME even if this festival had not been held?

- Answered: 128 Skipped: 283



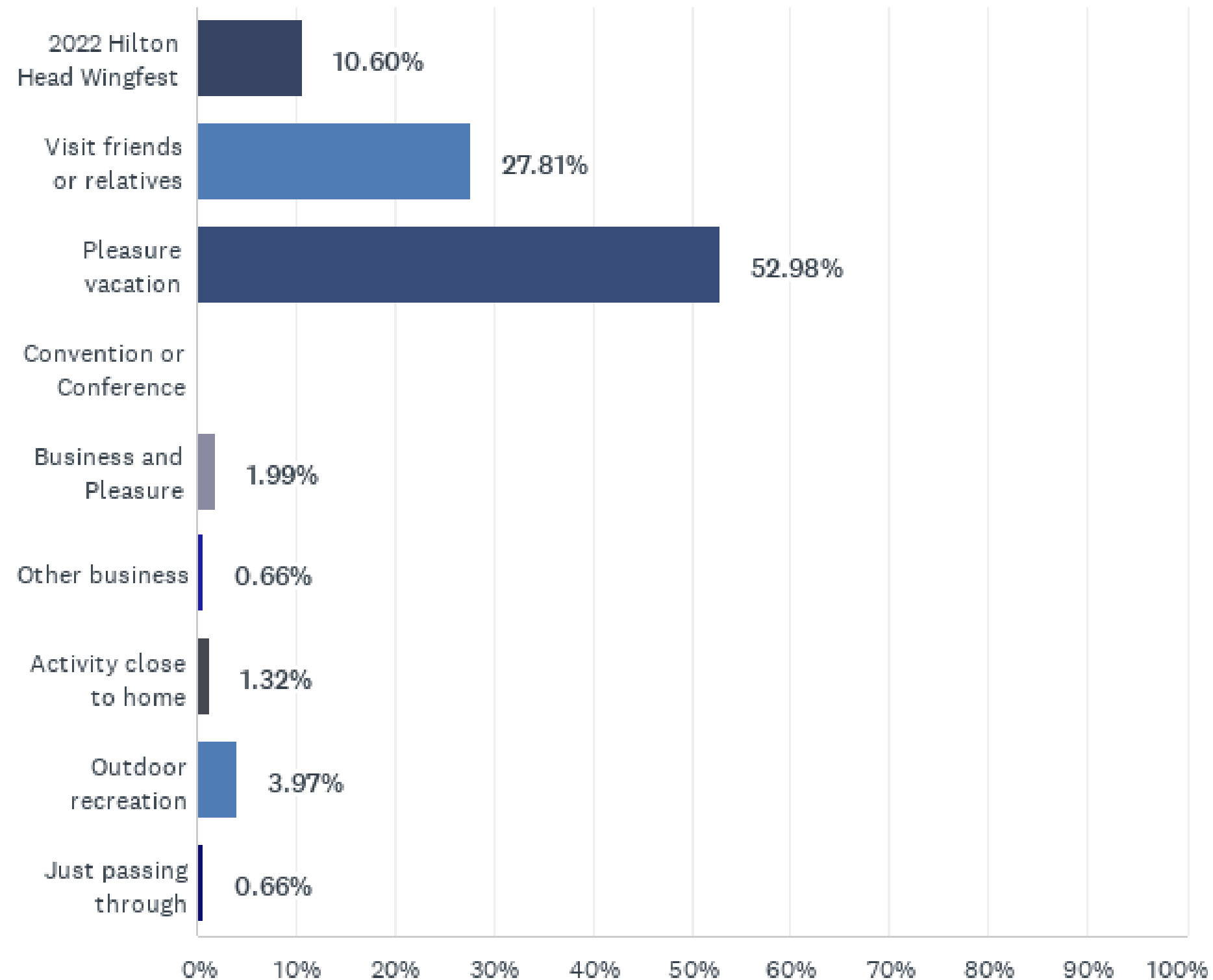
How likely are you to return to the Hilton Head area when the 2022 Hilton Head Wingfest is NOT OCCURRING?

- Answered: 151 Skipped: 260



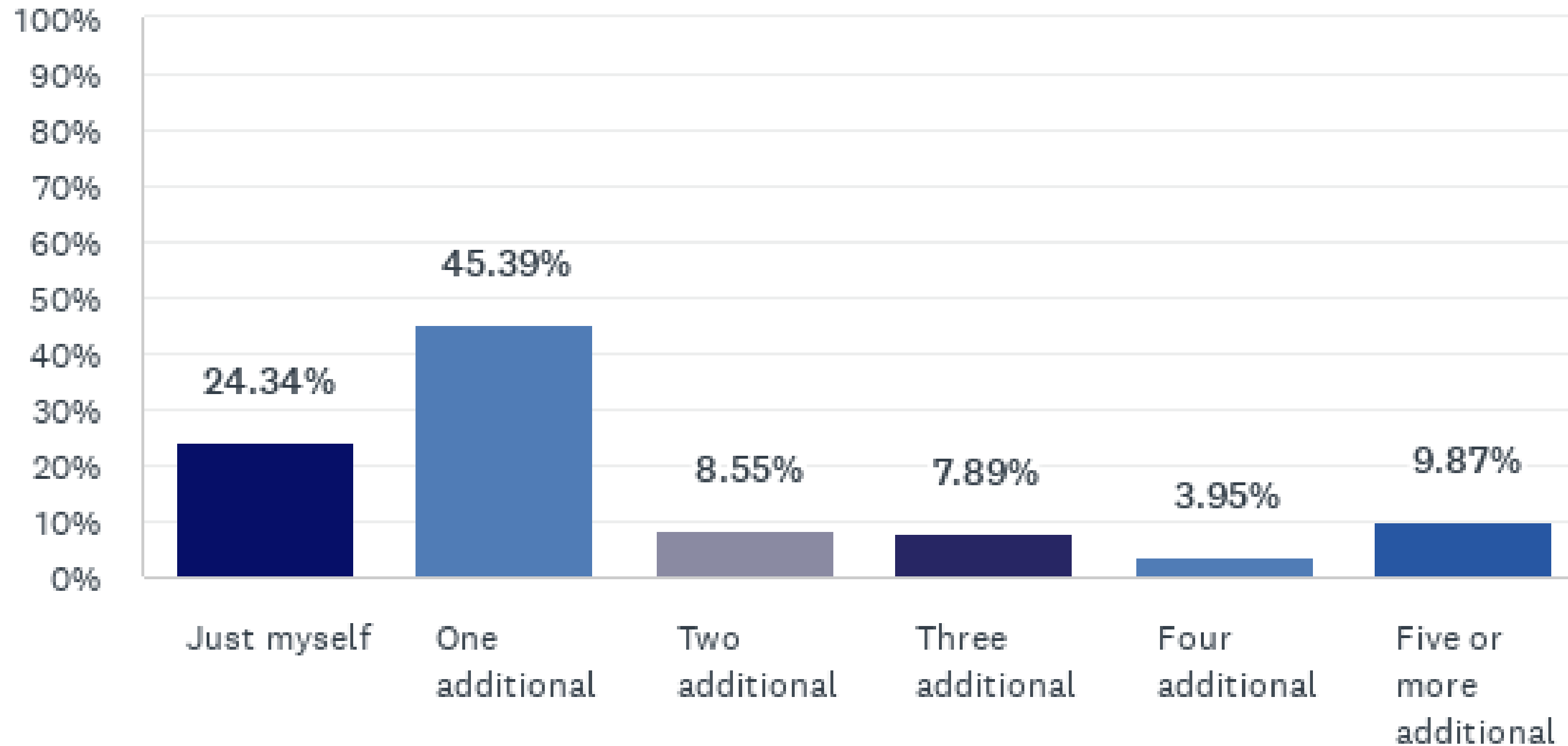
What was the primary reason for this visit to Hilton Head Island?

- Answered: 151 Skipped: 260



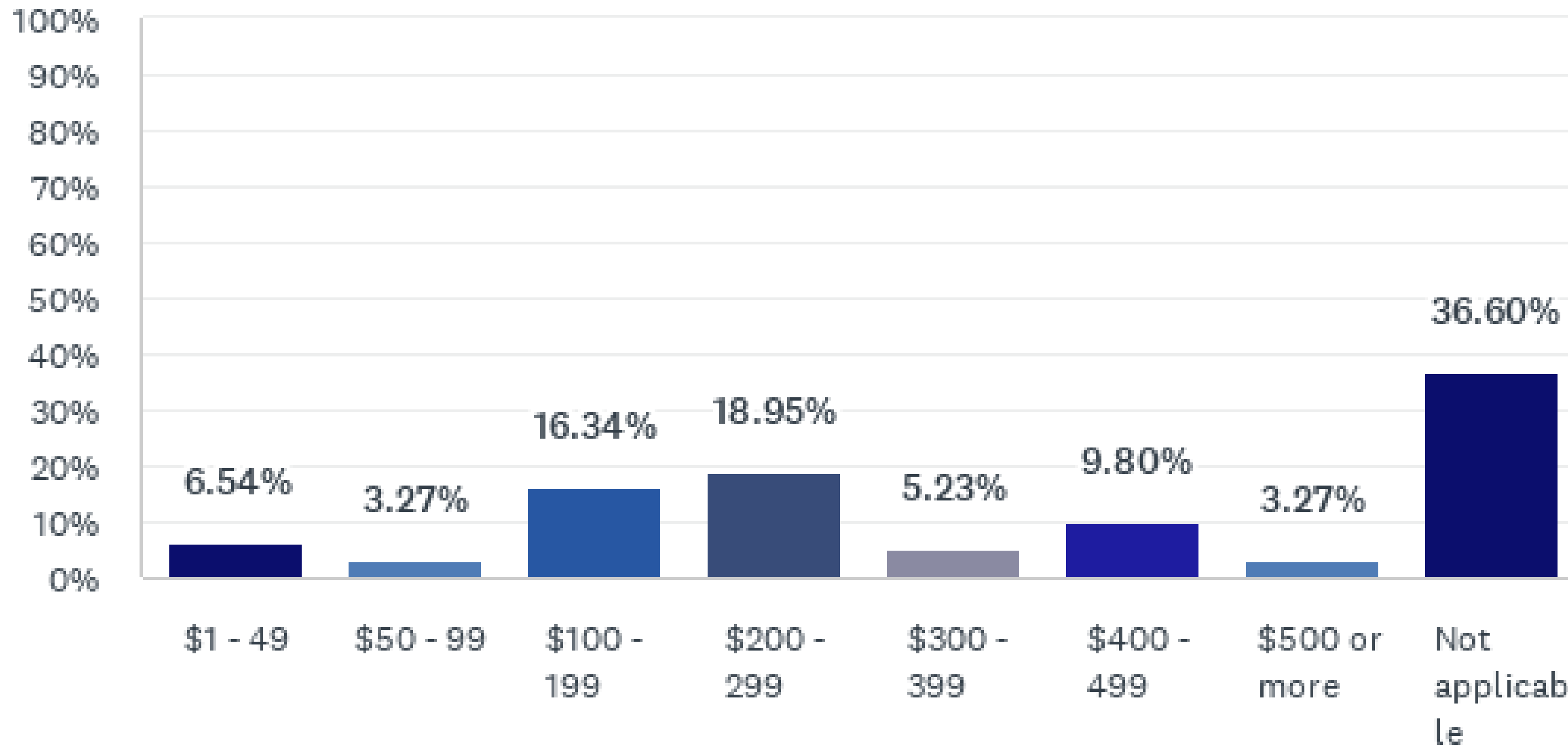
How many additional people are you financially responsible for during this trip?

- Answered: 152 Skipped: 259



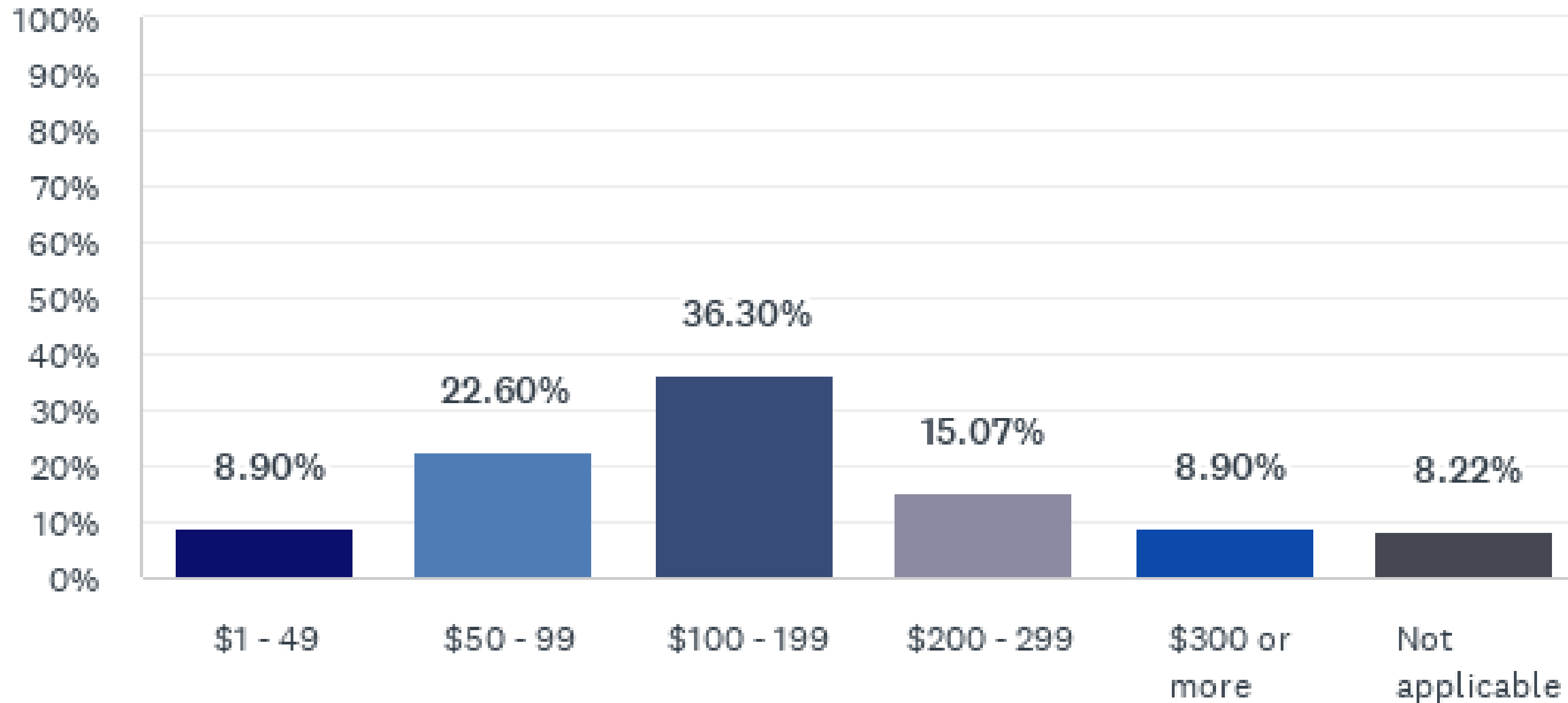
Approximately, how much will your travel party spend on lodging PER NIGHT?

- Answered: 153 Skipped: 258



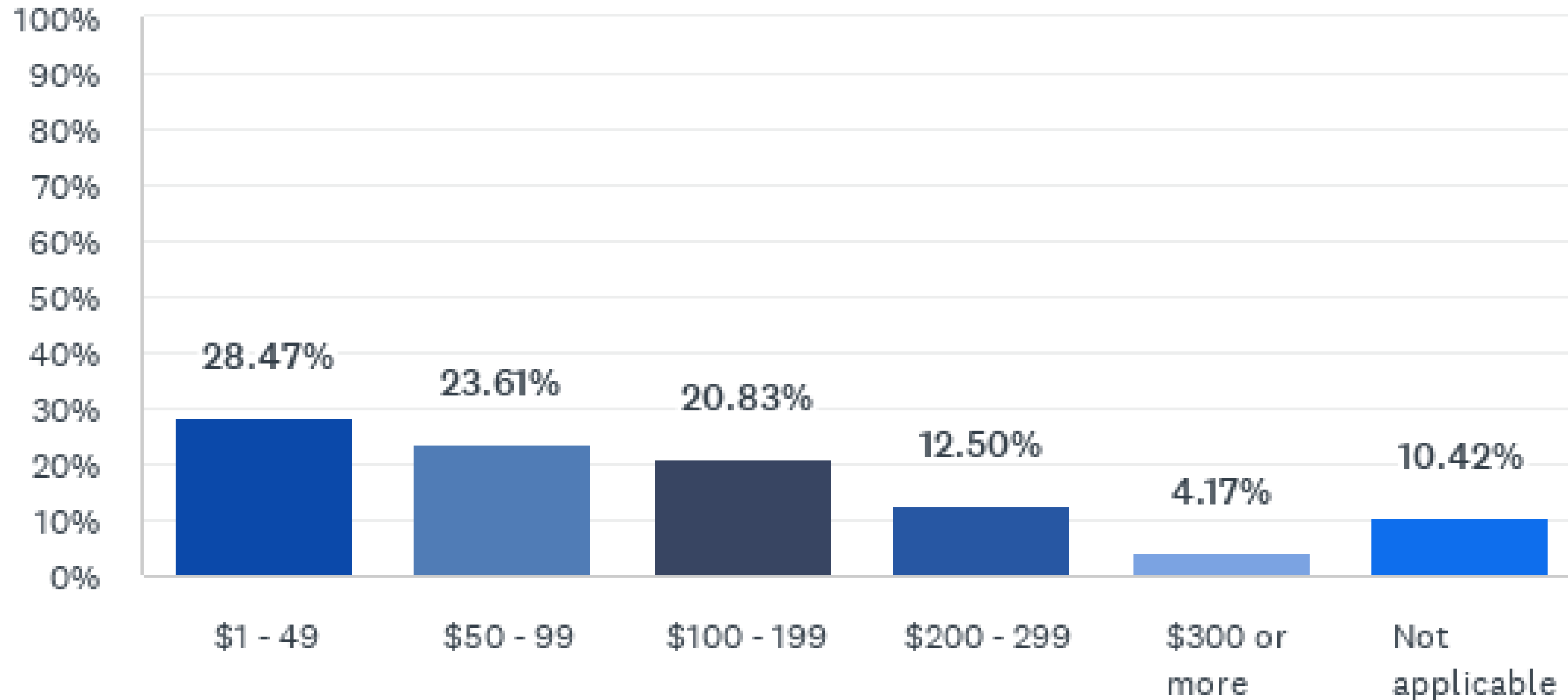
Approximately, how much will your travel party spend on restaurant dining PER DAY?

- Answered: 146 Skipped: 265



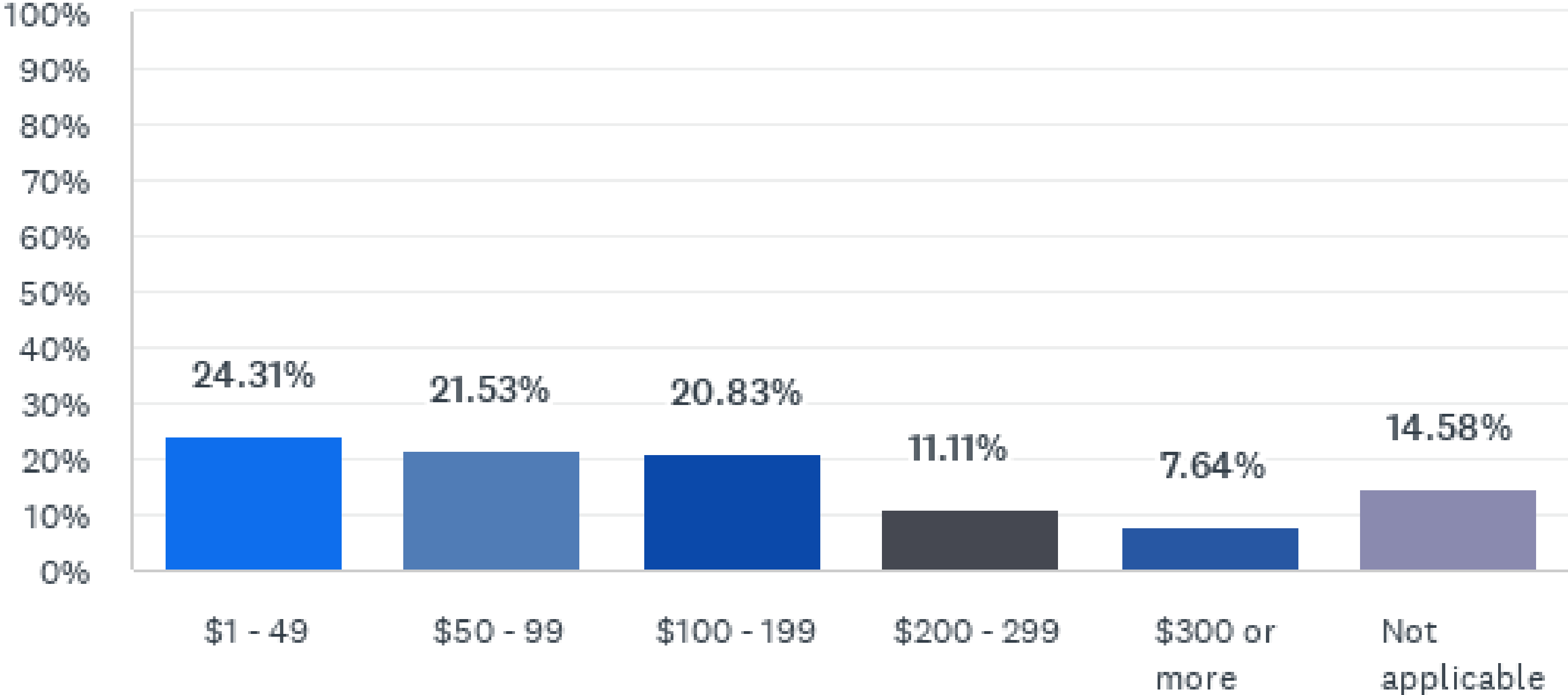
How much do you think your travel party will spend on retail purchases PER DAY (i.e. gifts, souvenirs, etc.?)

- Answered: 144 Skipped: 267



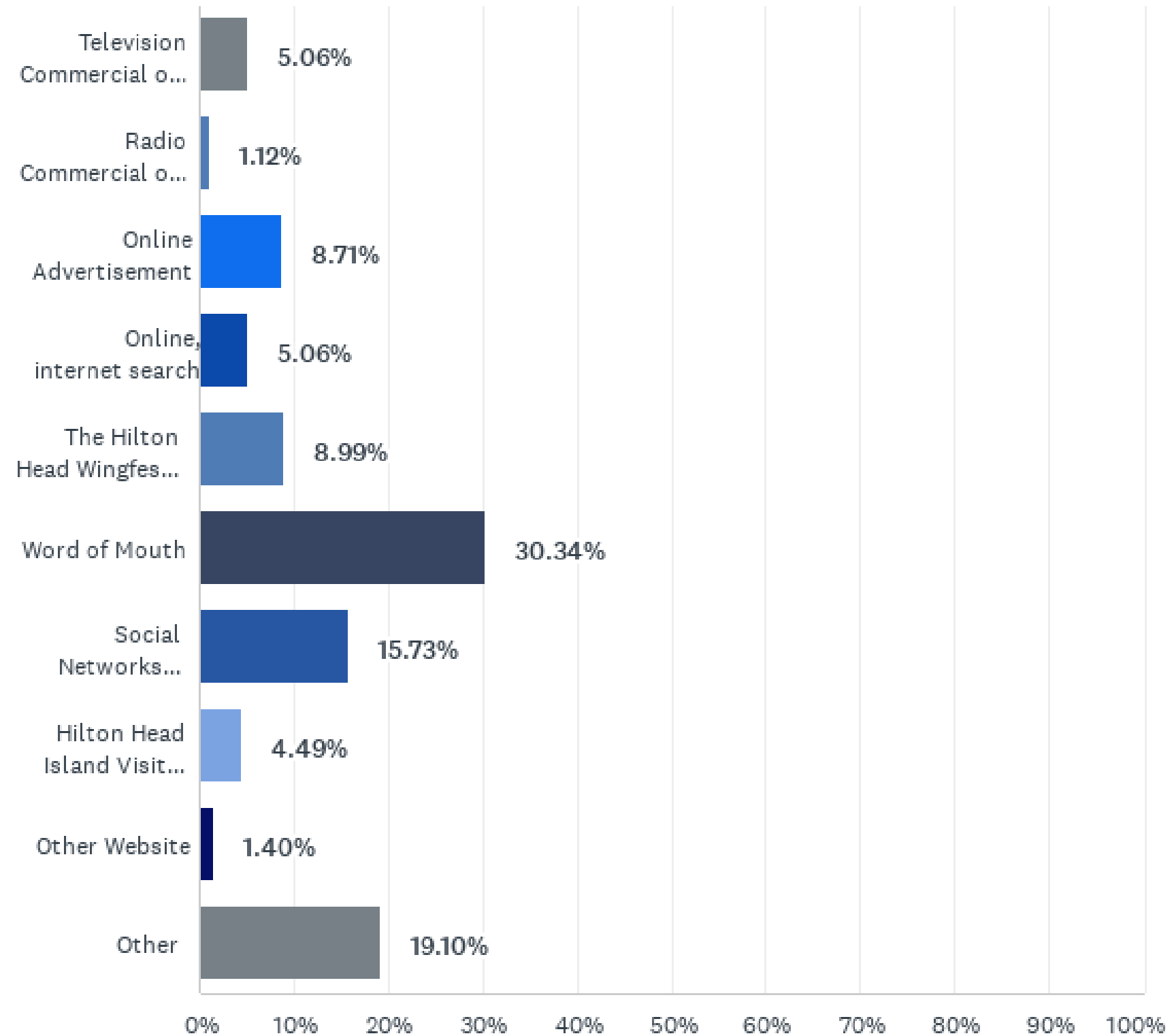
How much do you think your travel party will spend on recreation (i.e. golf, bicycling, etc.) PER DAY?

• Answered: 144 Skipped: 267



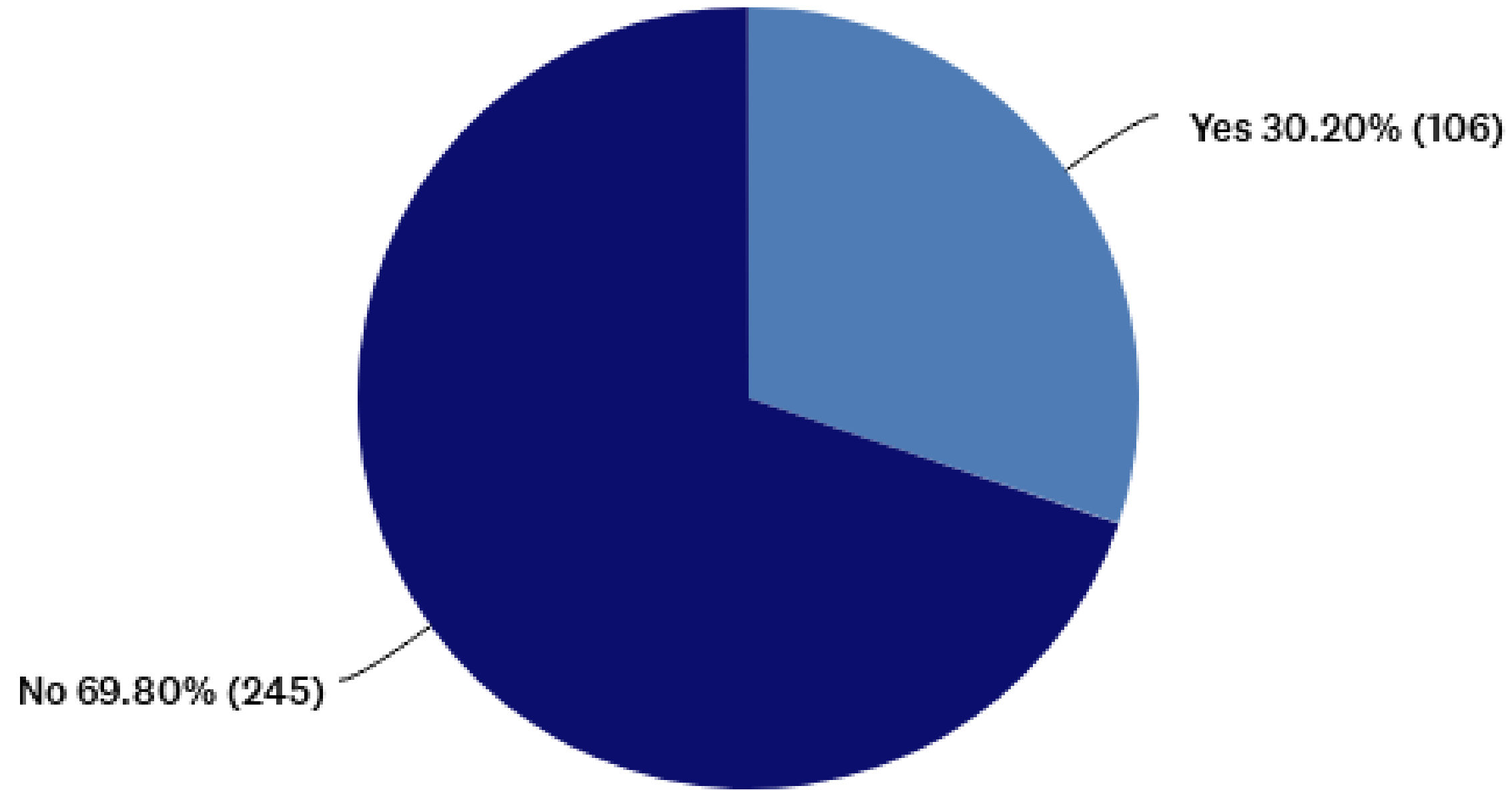
How did you first learn of the 2022 Hilton Head Wingfest?

- Answered: 356 Skipped: 55



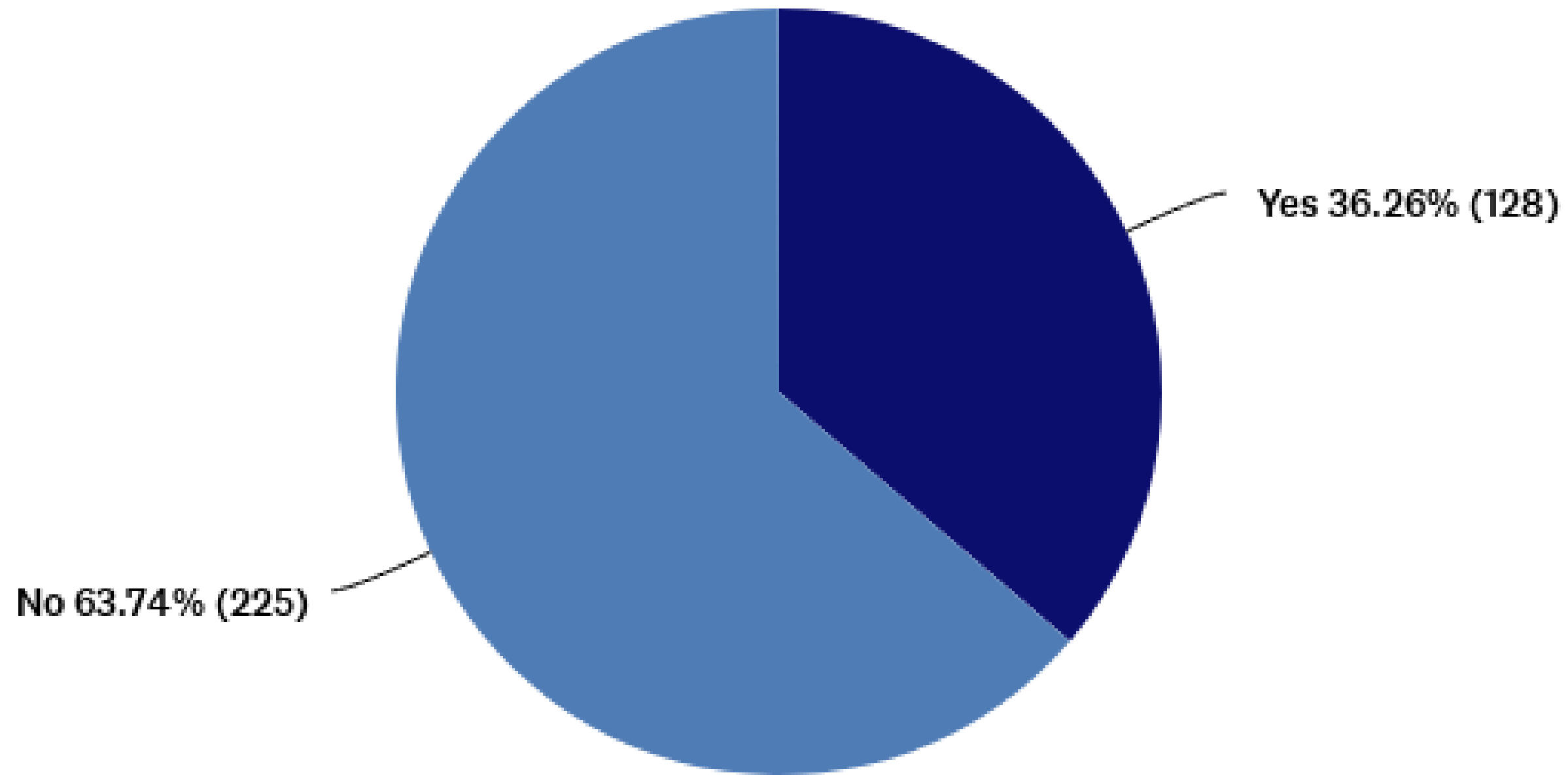
Did you attend the 2019 Hilton Head Island Wingfest?

- Answered: 351 Skipped: 60



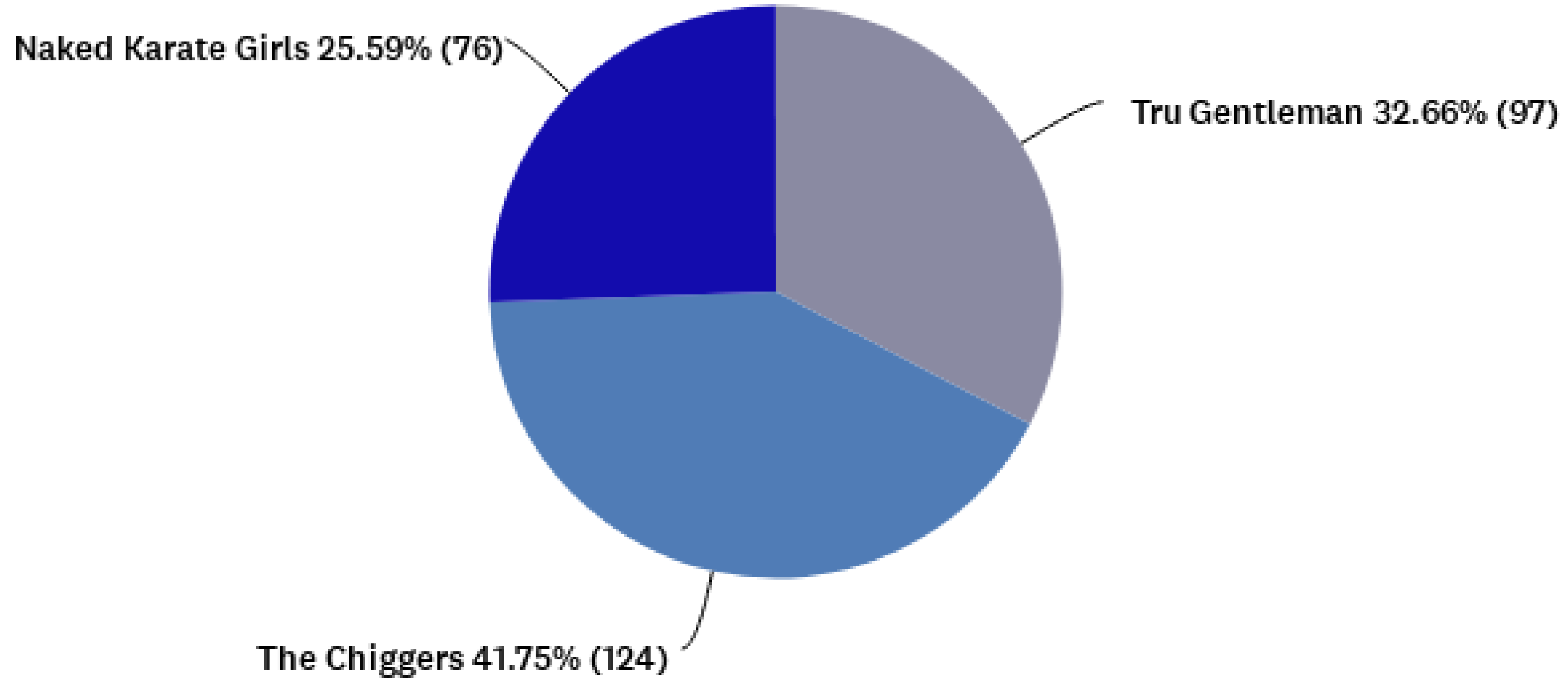
Were the bands influential in your decision to attend today's event?

- Answered: 353 Skipped: 58



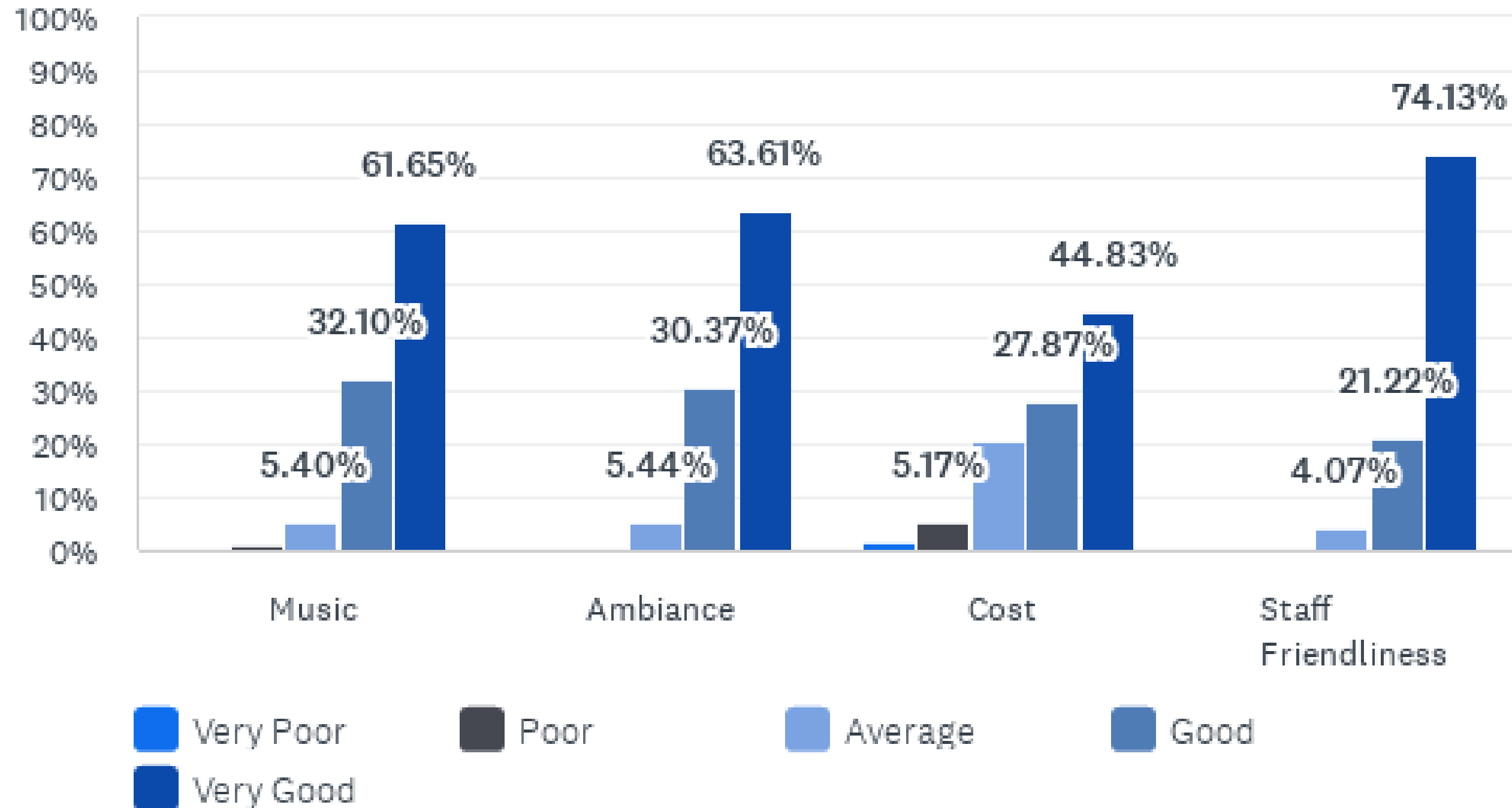
Which band did you primarily come to see?

- Answered: 297 Skipped: 114



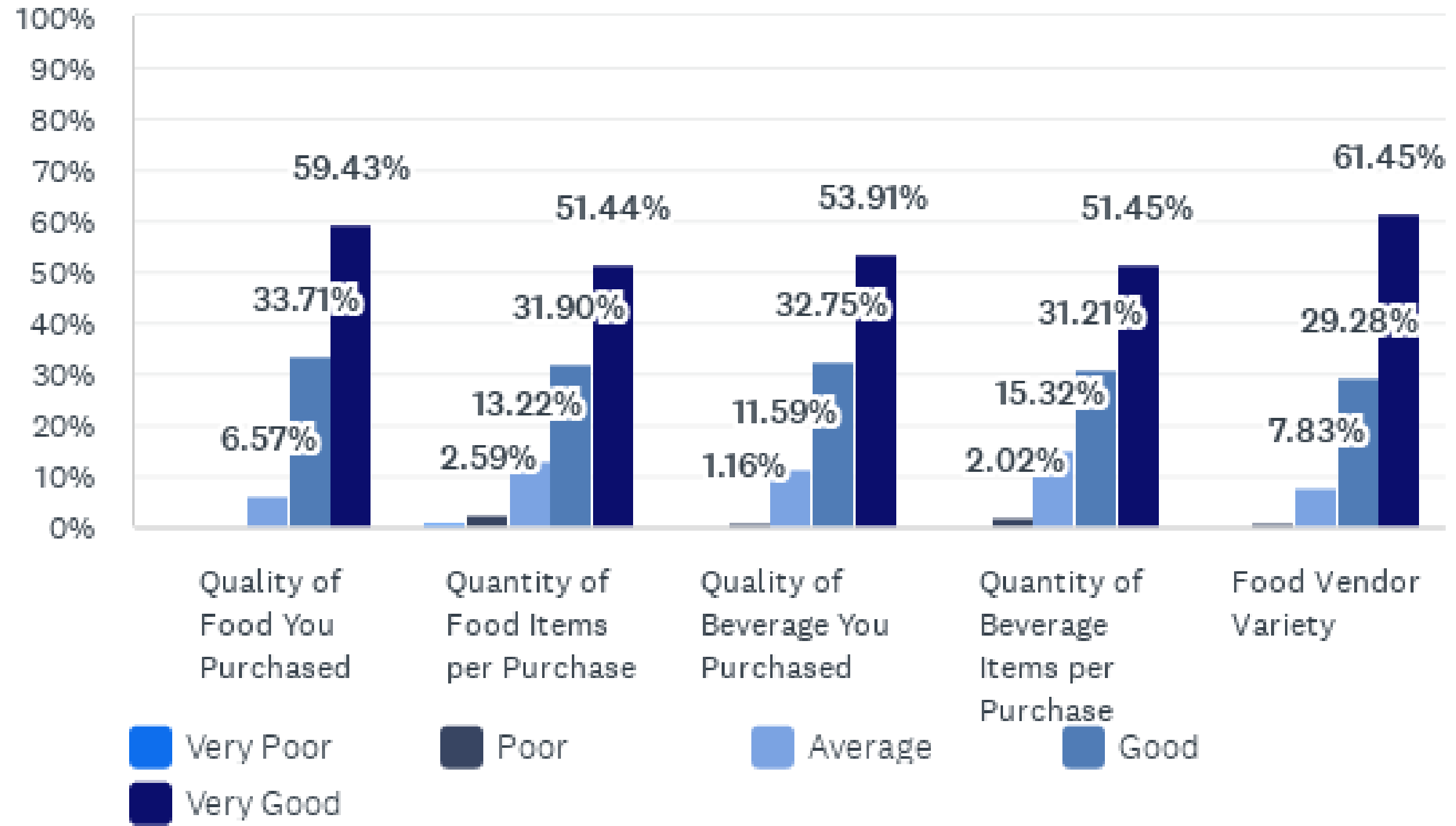
How would you rate the following festival characteristics?

- Answered: 353 Skipped: 58



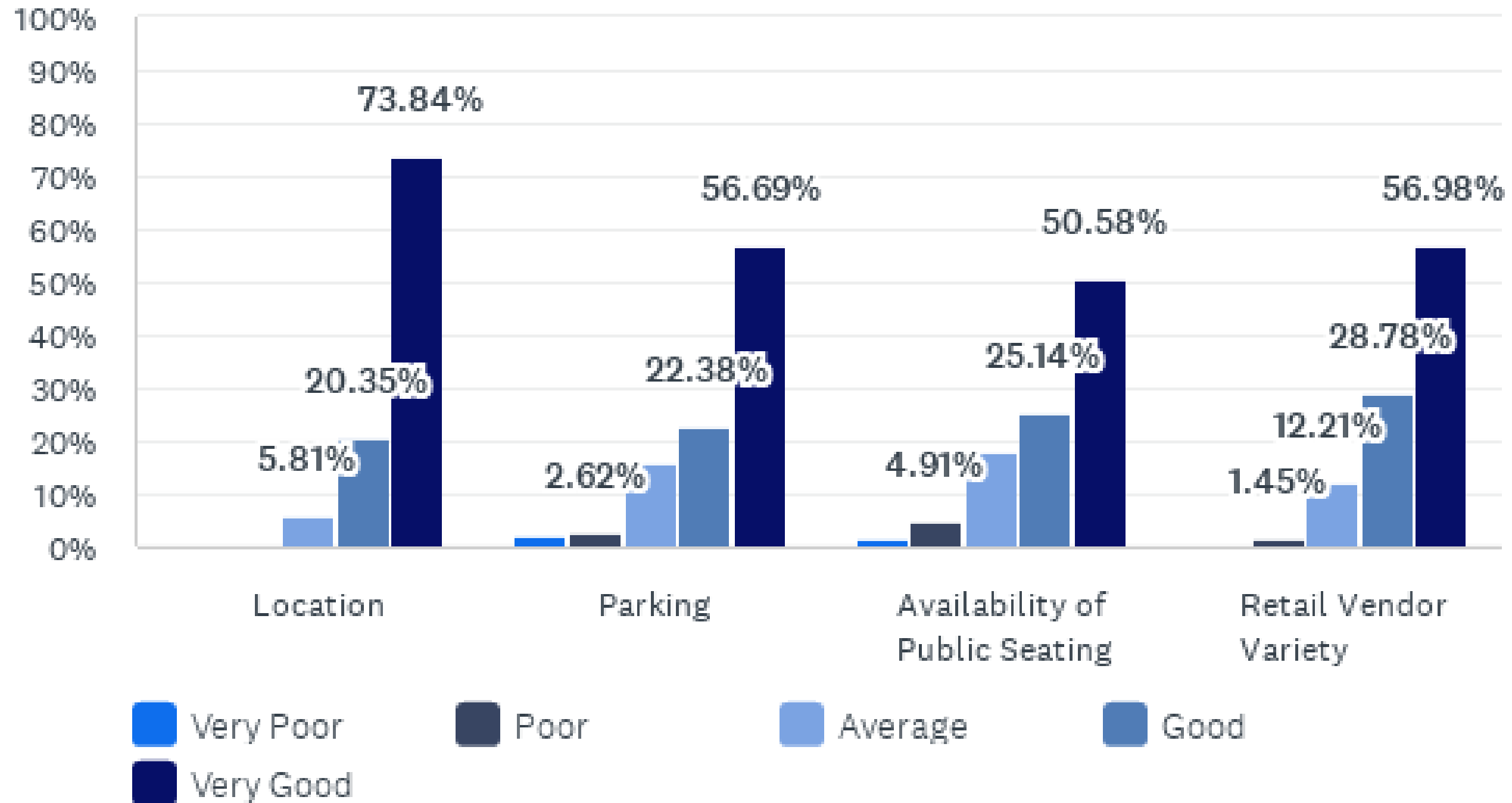
How would you rate the following festival characteristics?

• Answered: 350 Skipped: 61



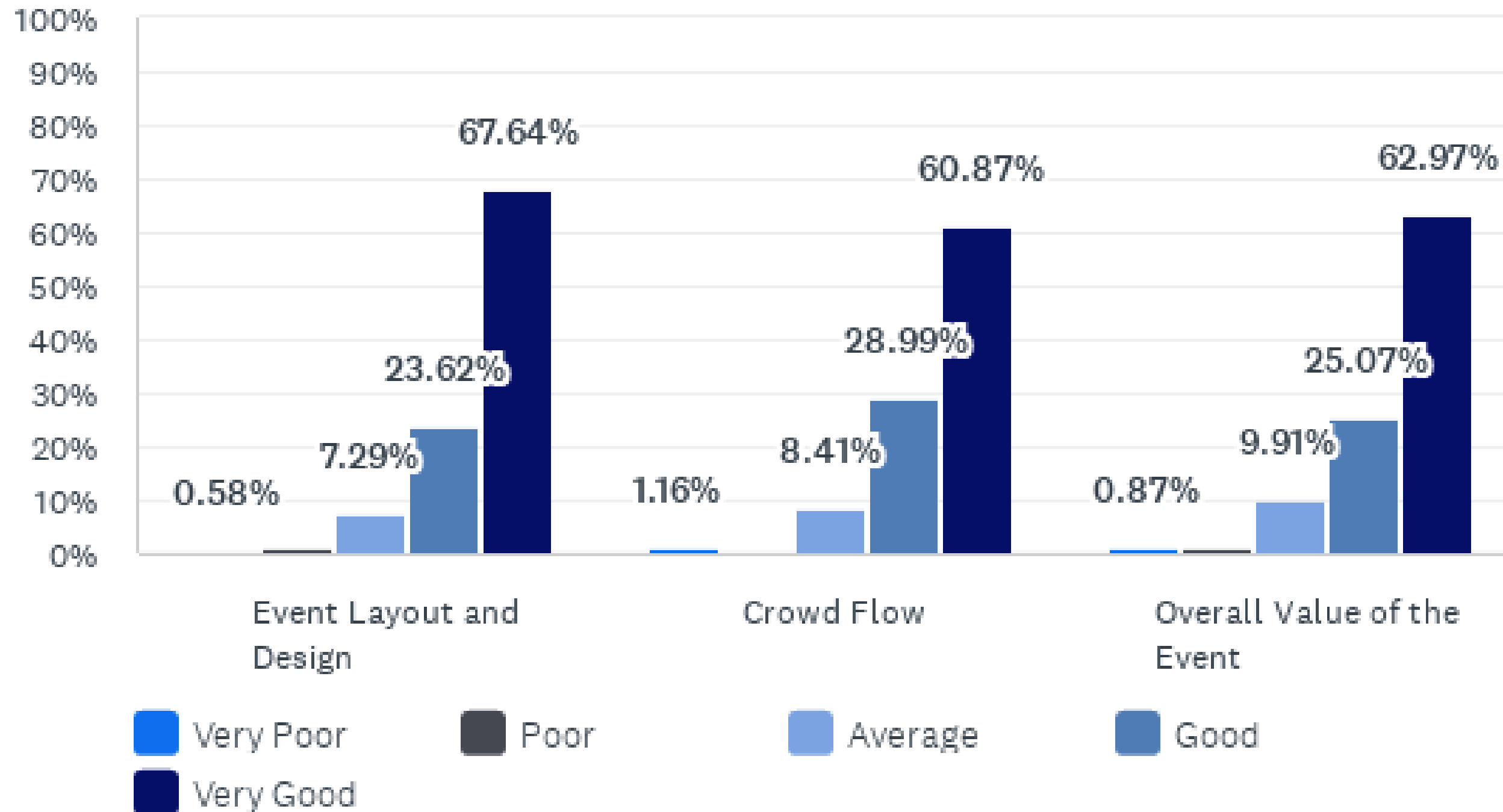
How would you rate the following festival characteristics?

- Answered: 349 Skipped: 62



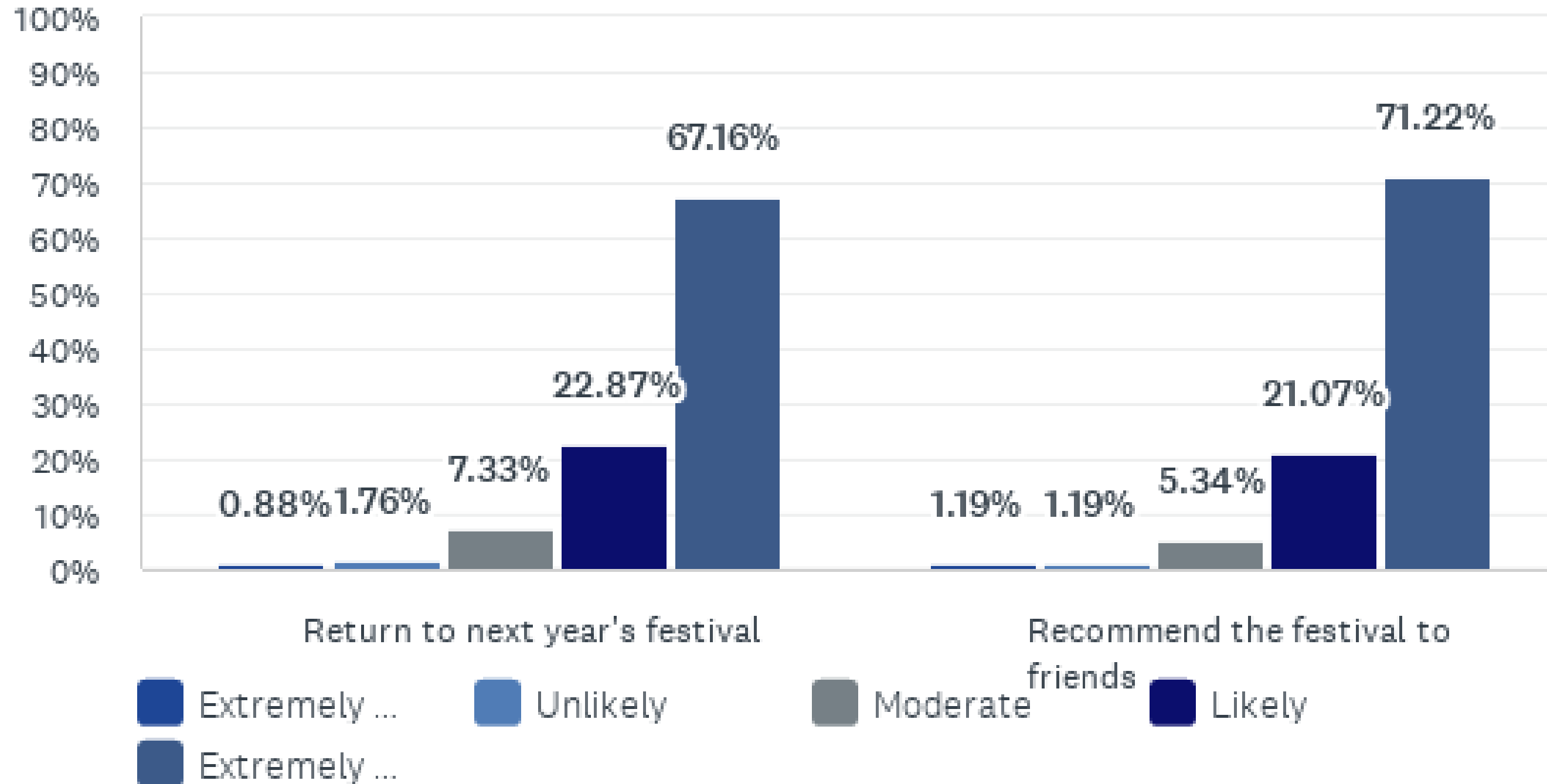
How would you rate the following festival characteristics?

- Answered: 347 Skipped: 64



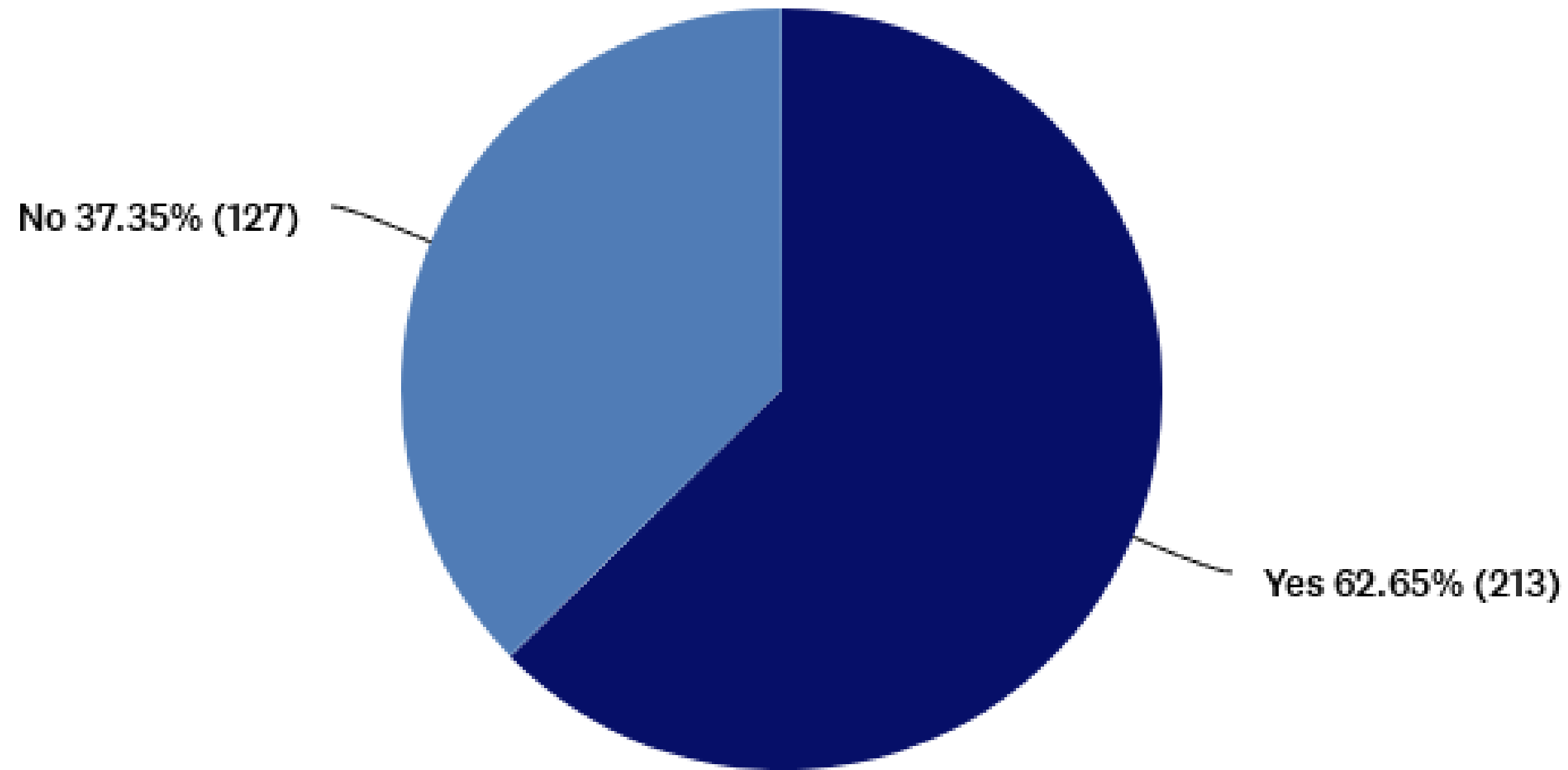
How likely are you to return to next year's festival and recommend the festival to friends?

- Answered: 341 Skipped: 70



Will you be shopping or dining at Coligny Plaza stores or restaurants during today's event?

- Answered: 340 Skipped: 71

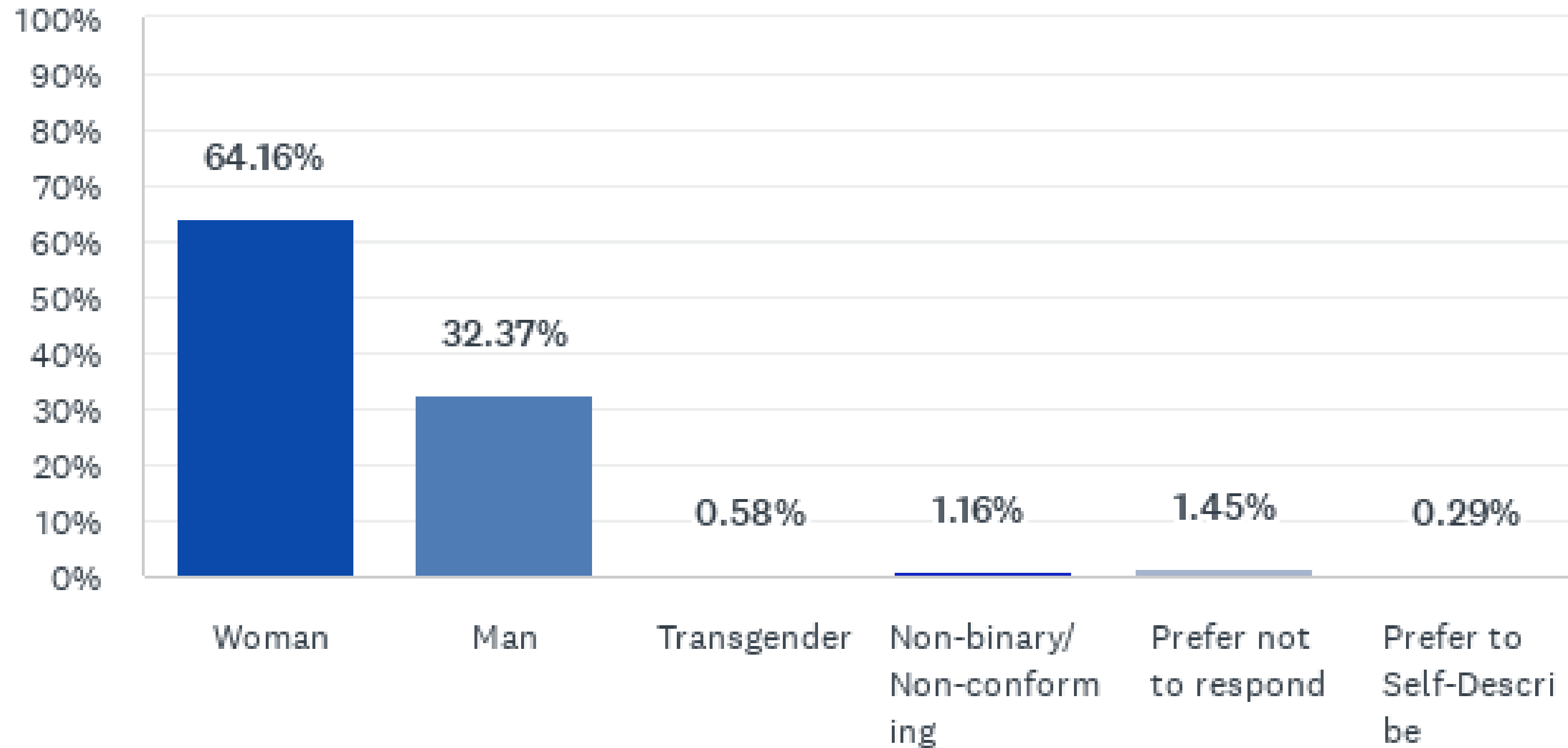




DEMOGRAPHICS

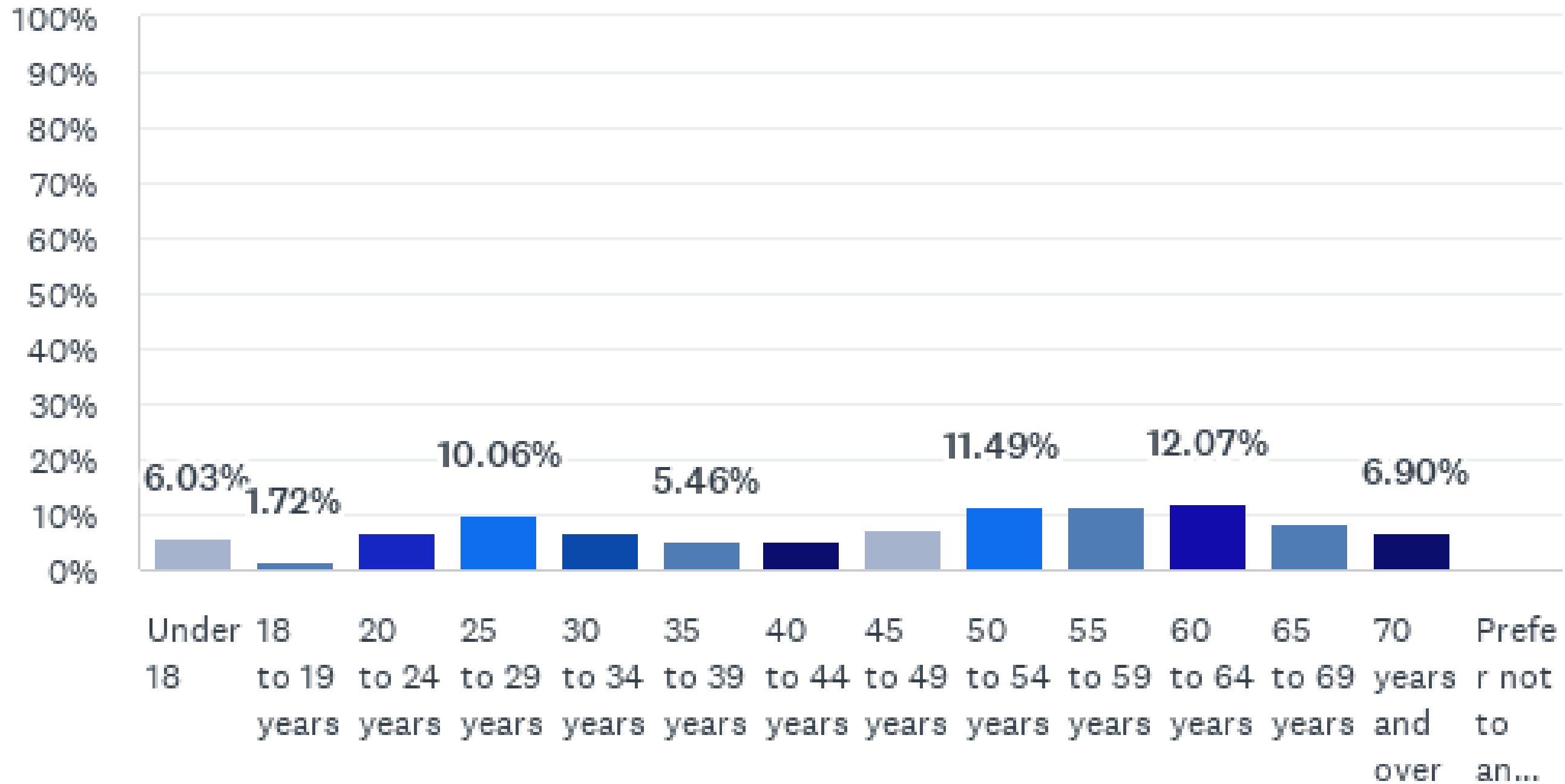
How do you identify?

- Answered: 346 Skipped: 65



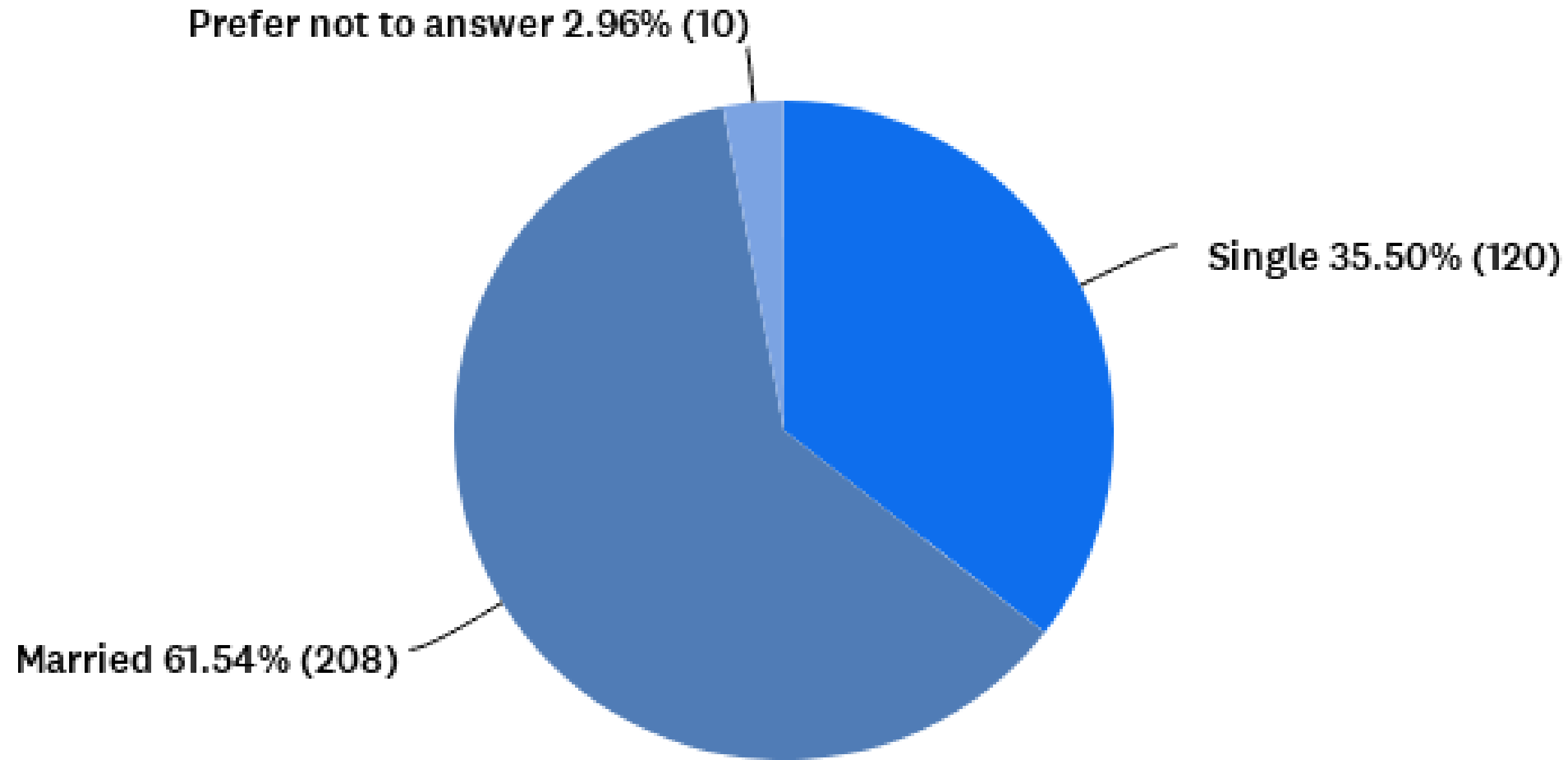
Please indicate your age below.

- Answered: 348 Skipped: 63



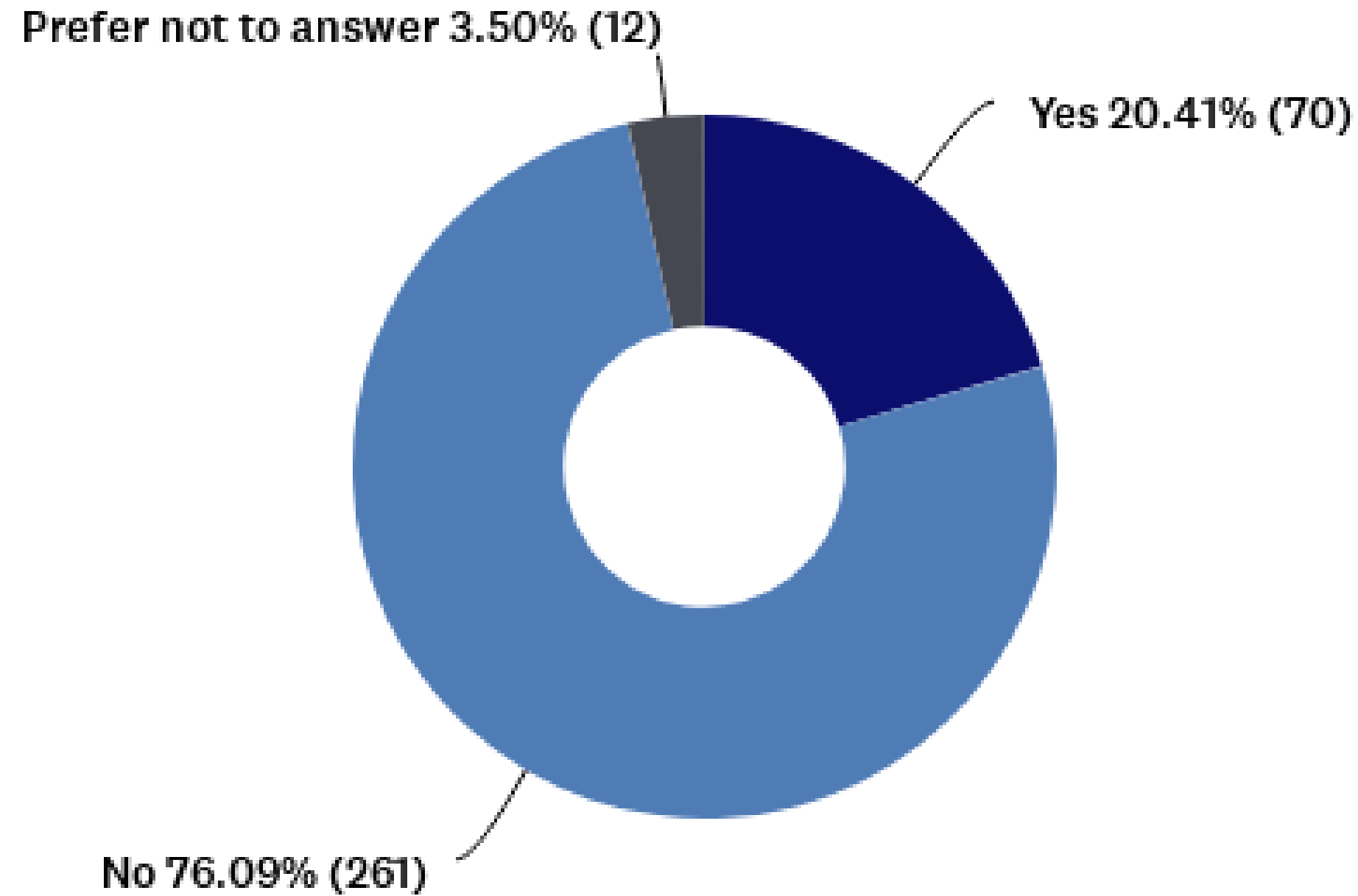
Please indicate your marital status.

- Answered: 338 Skipped: 73



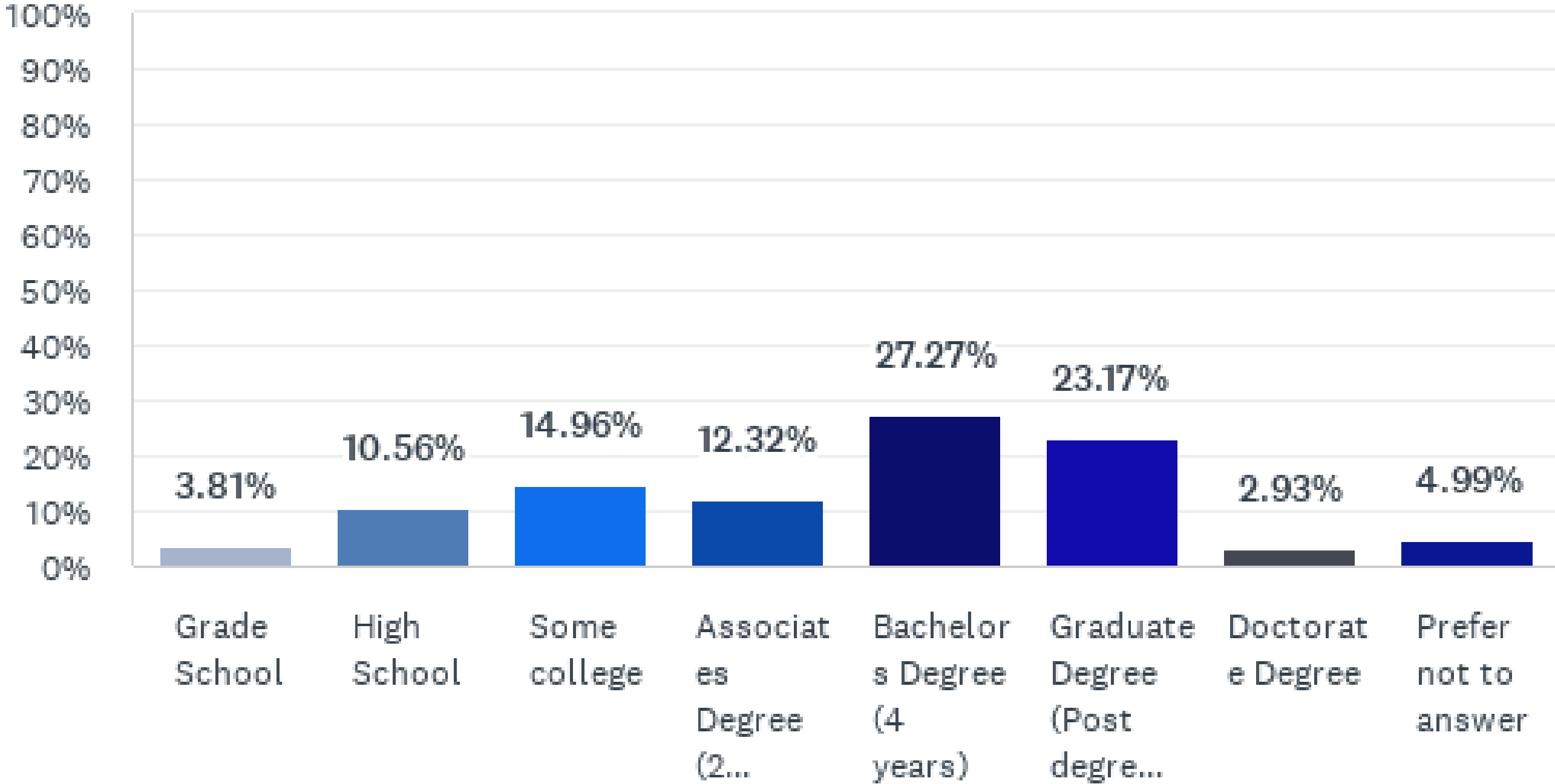
Do you have children under 18 living at home?

- Answered: 343 Skipped: 68



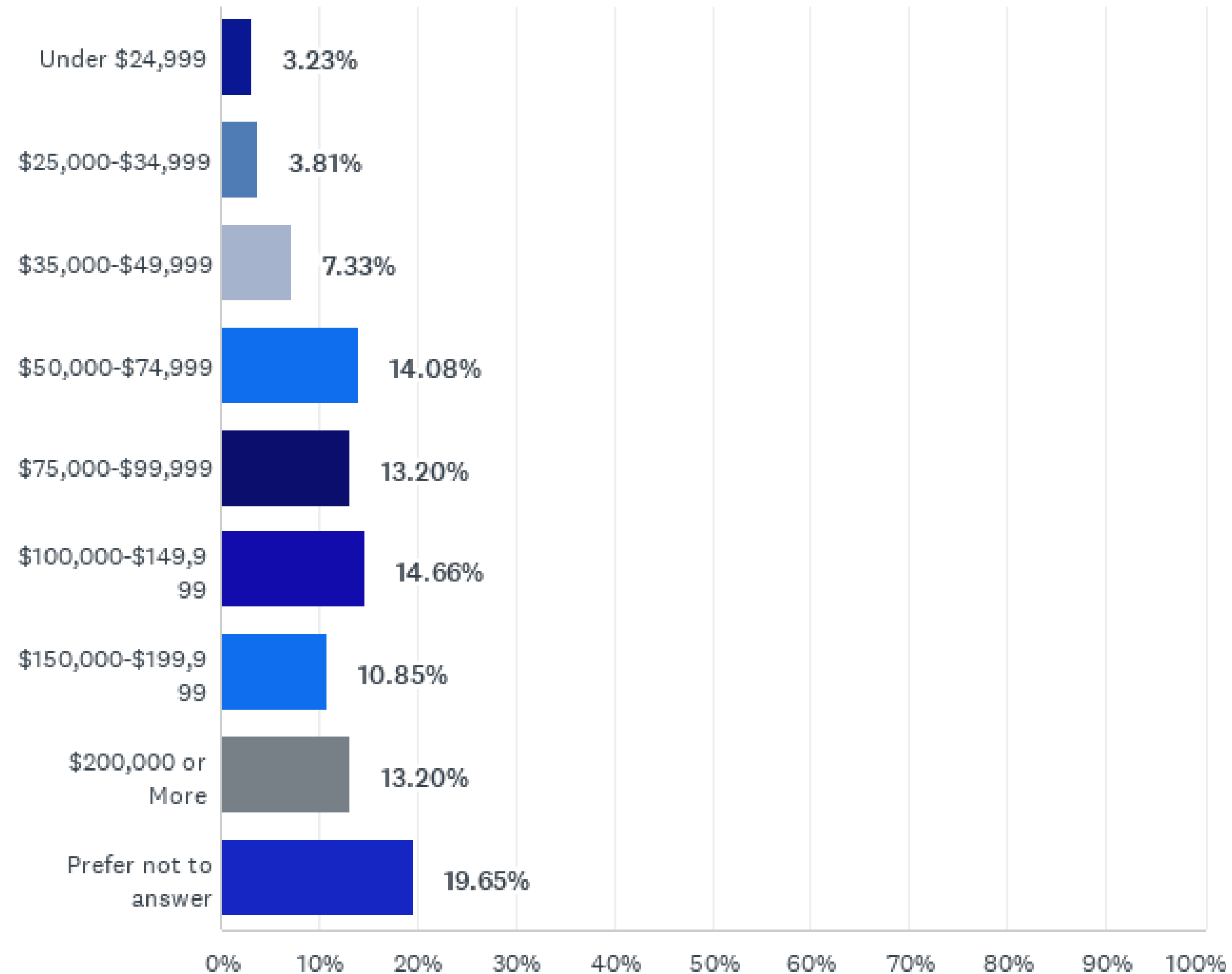
Please indicate your highest level of education.

• Answered: 341 Skipped: 70

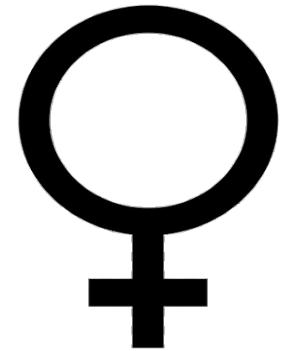


Which of the following ranges includes your annual household income?

- Answered: 341 Skipped: 70

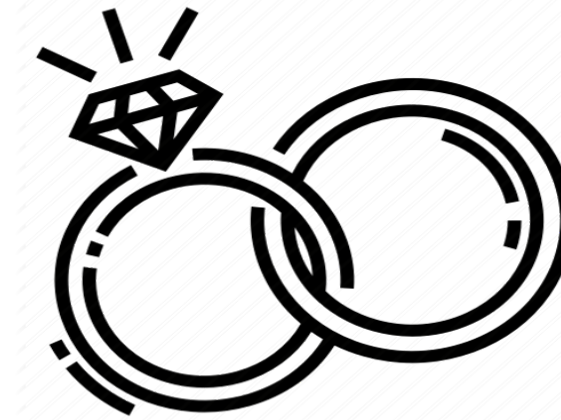


Infographic



Female

age
60-64



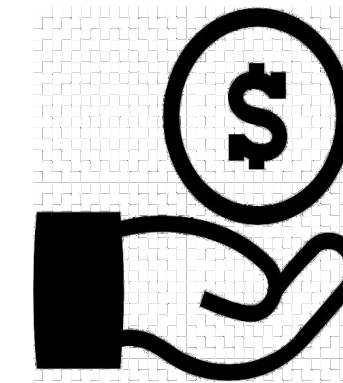
Married



**No children
under 18 living
at home**



**Bachelors'
degree**



**Income
\$100,000 – 150,000**





CENTER FOR EVENT MANAGEMENT
AND HOSPITALITY TRAINING



CENTER FOR EVENT MANAGEMENT
AND HOSPITALITY TRAINING



REC CENTER AQUATICS REVENUE	FY 23
64401 AQUATICS	\$ 43,000
64402 REC SWIM	\$ 50,000
64403 SWIM TEAM	\$ 22,050
64407 SWIM LESSONS	\$ 25,000
TOTAL REC CENTER AQUATICS REVENUE	\$ 140,050
REC CENTER SENIOR CITIZEN PR	
64620 MEMBERSHIPS	\$ 10,500
64710 CLASSES	\$ 6,500
64709 SENIOR TRIPS	\$ 3,500
64725 ATHLETICS	\$ -
64735 SOCIAL ACTIVITIES	\$ 1,350
64750 SENIOR FACILITIES USEAGE	\$ 6,840
TOTAL REC CENTER SENIOR CITIZENS	\$ 28,690
REC CENTER ATHLETIC PROGRAMS	
64504 BASKETBALL CAMP	\$ -
64506 YOUTH BASKETBALL	\$ 55,000
64507 FLAG FOOTBALL	\$ 9,500
64509 ADULT SOCCER LEAGUES	\$ 15,000
64511 GOLF SCHOOL	
64513 OPEN GYM PROGRAMS	\$ 18,000
64515 OUTDOOR PROGRAMS	\$ 35,000
64516 SOCCER CAMP	\$ 5,000
64517 YOUTH-TENNIS	\$ 45,000
64520 VOLLEYBALL-GIRLS CAMP	\$ 17,000
64532 CHEERLEADING CAMP	\$ 2,000
64535 YOUTH SOCCER	\$ 95,000
64536 SURF CAMP	\$ -
64610 KARATE-SHOTOKAN	\$ 25,000
64612 ROLLER HOCKEY	
64614 LACROSSE	\$ 5,000
FOOTBALL CAMP	\$ 45,000
64617 GATOR FOOTBALL	
GIRLS SOFTBALL	\$ -
FENCING	\$ 12,000
64540 YOUTH REC CLASSES	\$ 10,000
PICKLEBALL	\$ 25,000
TOTAL REC CENTER ATHLETIC PROGRAMS	\$ 418,500
FITNESS PROGRAMS	
64541 MEMBERSHIPS	\$ 200,000
64542 CLASSES	\$ 20,000
TOTALS	\$ 220,000
REC CENTER YOUTH/TEEN PROGRAM	
64901 AFTER-SCHOOL CLUB	\$ 195,000
64904 DISCOVERY CLUB	\$ 70,000
DISCOVERY CLUB STATE GRANTS	\$ -
64910 SUMMER DAY CAMP	\$ 245,000
64921 CHALLENGE PROGRAM-SUMMER	\$ 62,000
64935 CHILDREN & TEEN ACTIVITIES	\$ 9,500
TOTAL REC CENTER YOUTH/TEEN PROGRAM	\$ 581,500
TOTAL PROGRAM REVENUES	\$ 1,388,740

REC CENTER GOVERNMENT INCOME	
64015 TOWN OF HILTON HEAD-MONTHLY	\$ 810,669
64018 GEN FUND REIM-SENIOR PROG	\$ 121,135
(new) Town of Hilton Head-Monthly	\$ 124,000
(new) Town of Hilton Head-Senior Programs	\$ 16,000
THERAPEUTIC RECREATION LEADER (PT)	\$ 27,500
ATAX Grant-Wingfest/Oyster Festival	\$ 35,000
TOTAL REC CENTER GOVERNMENT INCOME	\$ 1,134,304
REC CENTER OTHER INCOME	
64017 BEAUFORT COUNTY POOL	\$ 135,000
64102 FRIENDS DRIVE	\$ 28,500
64104 DONATED SERVICES	\$ 5,000
64107 MISC INCOME	\$ 15,000
64122 VENDING-CONCESSIONS	\$ 12,000
64108 RENTALS REC CENTER	\$ 5,000
64109 INTEREST	\$ 4,000
64110 HERITAGE CONCESSIONS	\$ 20,000
64111 BEAUFORT COUNTY PROGRAMS	\$ -
64114 RENTAL-PARKS JARVIS/ EVENTS	\$ 20,000
64120 DONATIONS EQUIPMENT	\$ -
64117 MISCELLANEOUS-SENIOR PROGRAM	\$ 500
64118 BEAUFORT COUNTY - SENIOR PROG	\$ -
64300 COMMUNITY EVENTS	\$ 325,000
COMMUNITY EVENTS-YOUTH	\$ 15,000
TOTAL REC CENTER OTHER INCOME	\$ 585,000
BUDGET- REVENUE TOTAL (OPERATING)	\$ 3,108,044
FACILITIES IMP BUDGET-REVENUE TOTAL	\$ 400,000
BUDGET-REVENUE TOTAL	\$ 3,508,044

Island Rec Association

FY 20

Expenses

REC CENTER AQUATIC PROGRAM	FY 23
75401 AQUATICS	\$ 14,500
TOTAL REC CENTER AQUATIC PROGRAM	\$ 14,500
REC CENTER SENIOR CITIZEN PROG	
SEMINARS/CLASSES	\$ 5,000
75709 SENIOR TRIPS	\$ 10,000
75725 ATHLETICS	\$ 500
75735 SOCIAL ACTIVITIES	\$ 1,500
TOTAL REC CENTER SENIOR CITIZEN PROG	\$ 17,000
REC CENTER ATHLETIC PROGRAMS	
75503 BASKETBALL-YOUTH	\$ 26,000
75505 BASKETBALL CAMP	\$ 1,100
75507 FLAG FOOTBALL	\$ 5,700
75509 ADULT SOCCER LEAGUES	\$ 1,000
75511 GOLF SCHOOL	\$ 2,000
75513 OPEN GYM PROGRAMS	\$ 100
75515 WATER SPORTS	\$ 2,750
75516 SOCCER CAMP	\$ 3,750
75517 YOUTH-TENNIS	\$ 33,750
75520 VOLLEYBALL-GIRLS CAMP	\$ 13,600
75532 CHEERLEADING CAMP	\$ 1,600
75535 YOUTH SOCCER	\$ 40,000
75536 SURF CAMP	\$ 8,000
75539 FAST TRACKERS	\$ -
75610 KARATE-SHOTOKAN	\$ 18,500
75612 ROLLER HOCKEY	
74613 CLUB SOCCER	\$ -
LACROSSE	\$ 3,750
FOOTBALL CAMP	\$ 39,750
GIRLS SOFTBALL	
75617 GATOR FOOTBALL	\$ -
YOUTH FITNESS	\$ 7,500
PICKLEBALL	\$ 7,500
Outdoor Recreation Equipment	\$ -
TOTAL REC CENTER ATHLETIC PROGRAMS	\$ 216,350
FITNESS PROGRAMS	
MEMBERSHIPS	\$ -
CLASSES	\$ 36,000
TOTALS	\$ 36,000

Island Rec Association
FY 20
Expenses

REC CENTER YOUTH/TEEN PROGRAMS	
75901 AFTER-SCHOOL CLUB	\$ 23,000
75904 DISCOVERY CLUB	\$ 15,500
75910 SUMMER DAY CAMP	\$ 30,000
THERAPEUTIC RECREATION EQUIPMENT/SO	\$ -
75921 CHALLENGE/TEEN-SUMMER	\$ 15,000
75935 CHILDREN & TEEN ACTIVITIES	\$ 7,600
TOTAL REC CENTER YOUTH/TEEN PROGRAMS	\$ 91,100
Total Program Expenses	\$ 374,950
REC CENTER OTHER INCOME	
75102 FRIENDS DRIVE	\$ 6,500
75107 MISC INCOME	\$ 3,500
75110 HERITAGE CONCESSIONS	\$ 2,500
75313 PARK RENTALS	\$ 6,300
75300 COMMUNITY EVENTS	\$ 235,000
COMMUNITY EVENTS YOUTH	\$ 12,919
TOTAL REC CENTER OTHER INCOME	\$ 266,719
REC CENTER PAYROLL EXPENSE	
Administrative Staff	
76010 EXECUTIVE DIRECTOR	\$ 107,162
76029 DEPUTY DIRECTOR	\$ 62,100
76045 OFFICE MANAGER	\$ 48,500
FRONT DESK MANAGER	\$ 42,500
FRONT DESK (3 part-time)	\$ 60,000
Total	\$ 320,262
Aquatic Staff	
76070 AQUATICS DIRECTOR	\$ 50,000
76072 SEASONAL POOL STAFF	\$ 165,000
Total	\$ 215,000
Community Event Staff	
76050 SPECIAL EVENTS/FUND	\$ 45,000
76049 SPECIAL EVENTS STAFFING	\$ 20,000
Total	\$ 65,000
Maintenance Staff	
76073 MAINTENANCE WORKERS	\$ 33,750
76073 MAINTENANCE WORKERS (PT)	\$ 20,000
Total	\$ 53,750
Marketing	
76074 MARKETING DIRECTOR	\$ 45,000
Total	\$ 45,000

Island Rec Association

FY 20

Expenses

Senior Program Staff	
76035 S.E./SENIOR CITIZEN DIRECTOR	\$ 45,000
76037 SENIOR CITIZENS ADMIN.	\$ 7,500
Total	\$ 52,500
Youth/Adult Athletic Staff	
76020 RECREATION SUPERINTENDENT	\$ 58,500
76040 RECREATION SUPERINTENDENT	\$ 52,500
FITNESS COORDINATOR	\$ 44,000
76041 ATHLETICS PROGRAMS	\$ 45,000
76047 PROGRAM SUPERVISORS	\$ 40,000
76048 FACILITIES SUPERVISOR/FITNESS ATTEN.	\$ 60,000
Outdoor Program Specialist	\$ 45,000
Total	\$ 345,000
Youth Program Staff	
76031 AFTER SCHOOL PROGRAM	\$ 77,000
76032 DISCOVERY CLUB	\$ 57,000
76033 SUMMER CAMP	\$ 85,000
YOUTH/TEEN DIRECTOR	\$ 45,000
ASSIST YOUTH/TEEN DIRECTOR	\$ 32,700
THERAPEUTIC/YOUTH DIRECTOR	\$ 40,000
76034 CHALLENGE/TEEN PROGRAM-SUMMER	\$ 42,000
Total	\$ 378,700
TOTAL REC CENTER PAYROLL EXPENSE	\$ 1,475,212
REC CENTER PAYROLL TAXES & INS	
76075 PAYROLL TAXES	\$ 106,775
76078 WORKMANS COMPENSATION	\$ 15,000
76079 UNEMPLOYMENT TAXES	\$ 3,420
76080 HEALTH INSURANCE	\$ 95,000
76082 WORKMENS COMP-SENIOR PROGRAMS	\$ -
76086 LONG TERM DISABILITY INSURANCE	\$ 5,500
76087 TENURE INCOME	\$ 11,000
76088 EMPLOYEE 401K CONTRIBUTIONS/Admin	\$ 24,000
TOTAL REC CENTER PAYROLL TAXES & INS	\$ 260,695

Island Rec Association

FY 20

Expenses

REC CENTER GEN ADM EXPENSE	
Administration	
77010 AUDIT/BANK FEES	\$ 43,000
77011 LEGAL FEES	\$ 1,000
77014 VEHICLES	\$ 25,500
77015 COMPUTER SERVICES	\$ 17,000
77020 DUES & CERTIFICATIONS	\$ 10,000
77050 EDUCATIONAL TRAINING/MEETINGS	\$ 25,000
77026 GENERAL LIABILITY	\$ 80,000
77075 LEASES-OFFICE EQUIPMENT	\$ 9,500
77083 DEPRECIATION	\$ -
77060 POSTAGE & FREIGHT	\$ 3,750
77085 SUPPLIES-OFFICE	\$ 14,000
77087 SUPPLIES-GENERAL PURPOSE	\$ 16,000
77090 TELEPHONE/CELL SERVICES	\$ 27,000
76060 INTERNS	\$ -
Total	\$ 271,750
Senior Admin	
77096 SUPPLIES GEN PURPOSE-SENIOR PR	\$ 1,500
77097 SUPPLIES-OFFICE-SENIOR PROGRAM	\$ 1,750
77098 TELEPHONE-SENIOR PROGRAMS	\$ 2,500
77099 VEHICLES-SENIOR PROGRAMS	\$ -
78022 COMPUTER SERV-SENIOR PR	\$ 500
78024 POSTAGE-SENIOR PROGRAMS	\$ 250
78029 COPIER MAINT-SENIOR	\$ 1,200
Total	\$ 7,700
Total Admin	\$ 279,450
Marketing	
77012 ADVERTISING	\$ 15,000
77055 PRINTING-GENERAL	\$ 5,000
77056 PRINTING-NEWSLETTERS	\$ 15,000
78021 ADVERTISING-SENIOR PROGRAMS	\$ 500
78025 PRINTING GEN-SENIOR PROGRAMS	\$ 750
Total	\$ 36,250
Building/Grounds-Rec Center	
77023 ELECTRICITY-REC CTR	\$ 90,000
77028 FIRE ALARM SERVICE/CAMERAS	\$ 2,400
77034 TRASH REMOVAL	\$ 4,000
77065 REPAIRS-BUILDING	\$ 15,000
77088 SUPPLIES-JANITORIAL	\$ 30,000
77095 WATER & SEWER	\$ 12,000

Island Rec Association
FY 20
Expenses

78010 HEATING & AC	\$ 20,000
78011 GROUNDS MAINTENANCE	\$ 15,000
78012 GYM FLOOR	\$ 8,000
CLEANING SERVICE (REC CENTER/POOL)	\$ 115,000
ELEVATOR MAINTENANCE	\$ 2,000
Total	\$ 313,400

Island Rec Association

FY 20

Expenses

Parks	
78017 GROUNDS MAINTENANCE-SHELT.COVE	\$ 1,000
77025 ELECTRICITY-SHELTER COVE	\$ 1,200
Total	\$ 2,200
Pool Operating Expenses	
77022 PROPANE	\$ 38,852
77066 REPAIRS-SWIM POOL	\$ 17,566
77086 SUPPLIES-SWIM POOL	\$ 25,000
Total	\$ 81,418
Senior Building	
ELECTRICITY	\$ 3,500
WATER	\$ 750
CLEANING	\$ 13,500
Total	\$ 17,750
Total Facilities	\$ 414,768
TOTAL REC CENTER GEN ADM EXPENSE	\$ 1,127,486
BUDGET-EXPENSES TOTAL (OPERATING)	\$ 3,108,044
Facilities Imp BUDGET-EXPENSES TOTAL	\$ 400,000
BUDGET-EXPENSES TOTAL	\$ 3,508,044

Jeep Island 2023 Budget

Paid	Check/Donor	2021	2022	2023
SPONSORSHIPS				
Hampton Inn	Title Sponsor	\$1,500	\$1,500	\$1,500
T-Moble	Sponsor	\$200	\$200	\$200
Sponsorship Income		\$1,700	\$1,700	\$1,700

Paid	Check/Donor	2021	2022	2023
ENTRANCE AND CONCESSIONS				
Jeep Entries		\$4,805	\$5,500	\$6,500
Friday Night Concert Tickets		\$0	\$30,000	\$35,000
Jeep Raffle		\$13,937	\$18,000	\$20,000
Raffle Tickets		\$1,503	\$2,500	\$3,000
Liquor Pull		\$620	\$0	\$0
Concessions	Soda, Water & Beer -Friday Night	\$2,492	\$5,000	\$6,500
Entrance Income		\$23,357	\$61,000	\$71,000

Check/Donor	2021	2022	2023
Income	\$25,057	\$62,700	\$72,700
Expenses	\$10,648	\$39,712	\$57,490
Total Profit	\$14,409	\$22,988	\$15,210

Paid to:	Purpose	2021	2022
CONCESSIONS			
Southern Eagle	Beer	\$200	\$500
Coca-Cola	Soda	\$300	\$350
Concession Expenses		\$500	\$850

Paid to:	Purpose	2021	2022
BUSINESS			
Web Domain	Website	\$21	\$136
Fiesta Fresh	Staff Lunch	\$200	\$200
Melly Mel's	Friday Night- Meal Tickets	\$804	\$100
Entertainment Expenses		\$1,025	\$436

Paid to:	Purpose	2021	2022
OPERATIONS / ENTERTAINMENT			
	Purchase of Jeep	\$5,500	\$11,500
Dave Fucci	Raffle Jeep repairs	\$1,442	\$1,500
Quality Logo	Koozies	\$259	\$500
U Printing	Jeep Raffle Tickets	\$50	\$61
Sticker Mule	Stickers	\$170	\$250
Custom Imprint	Rubber Duckies	\$302	\$815
OCB Band	Entertainment	\$400	\$600
White Liquor	Entertainment-Friday	\$800	\$20,000
Innovation	Sound	\$0	\$3,000
Operation Expenses		\$8,923	\$38,226

Paid to:	Purpose	2021	2022
MARKETING			
APEX Radio	Live Remote	\$200	\$200
WTOC	Regional Marketing	\$0	\$0
Social Media	Facebook, Snapchat, Instagr	\$0	\$0
In House Printing	Posters and flyers	\$0	\$0
Marketing Expense		\$200	\$200

VENDORS	Tickets collected	% to Rec	% to Vendor
Melly Mel's	833	\$166	\$667
Tove's	3689	\$77	\$312
NYC Pizza	431	\$86	\$345
Guisseppi's	545	\$109	\$436
Firehouse Nutz	1705	\$341	\$1,364
Morgan's Mommy	541	\$108	\$433
Extreme Firehouse	2289	\$457	\$1,832
		\$1,344	\$5,389

Oyster Festival Budget 2023

Sponsors	Business	2019	2021	2022	2023
Title Sponsor	South State Bank	\$5,500	\$5,500	\$5,500	\$6,000
Sponsorship		\$600	\$600	\$600	\$5,000
Music Sponsor		\$500	\$500	\$500	\$1,000
Expo Tents		\$300	\$300	\$300	\$3,000
Pop Up Shop	20 tents	\$1,125	\$1,125	\$1,125	\$1,500
Groupon		\$2,998	\$2,998	\$0	\$0
Town of HHI	ATAX	\$12,500	\$15,000	\$17,500	\$22,500
Roy's Place	Oysters Sold	\$0	\$0	\$0	\$0
Total Sponsorship		\$23,523	\$26,023	\$25,525	\$39,000

Day of Income	Purpose	2019	2021	2022	2023
Entrance	Friday	\$14,650	\$16,000	\$16,000	\$22,000
Entrance	Saturday	\$8,500	\$10,500	\$12,500	\$18,500
Entrance	Sunday	\$0	\$0	\$0	\$0
Tickets	Friday (20%)	\$0	\$0	\$0	\$0
Tickets	Saturday (20%)	\$4,000	\$6,200	\$6,200	\$15,000
Tickets	Sunday (20%)	\$0	\$0	\$0	\$0
Beer / Liquor	Friday	\$2,609	\$3,000	\$3,000	\$5,000
Beer / Liquor	Saturday	\$14,500	\$16,500	\$16,500	\$20,000
Beer / Liquor	Sunday	\$0	\$0	\$0	\$0
Oyster	Friday	\$0	\$0	\$0	\$0
Oyster	Saturday	\$11,561	\$12,500	\$12,500	\$16,000
Oyster	Sunday	\$0	\$0	\$0	\$0
Soda	Friday	\$136	\$200	\$200	\$500
Soda	Saturday	\$568	\$700	\$700	\$800
Soda	Sunday	\$0	\$0	\$0	\$0
Silent Auction-Wine Pull	Saturday/Friday	\$562	\$600	\$600	\$0
Silent Auction-Wine Pull	Sunday/Saturday	\$1,250	\$1,500	\$1,500	\$0
T-Shirts	Friday	\$525	\$600	\$600	\$800
T-Shirts	Saturday	\$356	\$400	\$400	\$1,200
T-Shirts	Sunday	\$15	\$0	\$0	\$0
Wine	Total	\$0	\$0	\$0	\$0
Tips	Total	\$1,736	\$2,500	\$2,500	\$5,000
Total Day of Income		\$60,968	\$71,200	\$73,200	\$104,800

Total Income	\$84,491	\$97,223	\$98,725	\$143,800
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	2019	2021	2022	2023
Total Income	\$84,491	\$97,223	\$98,725	\$143,800
Total Expenses	\$74,047	\$77,561	\$85,000	\$121,125
Total Profit	\$10,444	\$19,662	\$13,725	\$22,675

Concessions	Purpose	2019	2021	2022	2023
Coca Cola	Soda	\$750	\$900	\$900	\$1,200
Pearlstines	Beer	\$3,030	\$3,500	\$3,500	\$5,500
Ice Shack	Ice	\$800	\$1,000	\$1,000	\$2,500
Rollers	Wine + Liquor	\$500	\$600	\$600	\$0
Souther Glazer	Wine Pull	\$2,538	\$2,750	\$0	\$0
Hudson's	Shrimp	\$1,575	\$1,575	\$1,575	\$3,000
Roy's Place	Oysters	\$19,288	\$20,000	\$20,000	\$30,000
Misc	Bar mops, fire wood	\$250	\$300	\$300	\$2,500
Concession Expenses		\$28,731	\$30,625	\$27,875	\$44,700

Entertainment	Purpose	2019	2021	2022	2023
All Events LLC	Stage	\$1,150	\$1,850	\$1,850	\$2,000
InnAVation	Sound	\$2,300	\$2,300	\$2,300	\$3,200
Aerial Elements	Friday Night	\$650	\$650	\$0	\$0
	Entertainer	\$550	\$550	\$550	\$1,500
	Entertainer	\$400	\$400	\$400	\$1,000
	Entertainer	\$350	\$350	\$350	\$1,000
	Entertainer	\$500	\$500	\$500	\$2,500
	Entertainer	\$1,200	\$1,200	\$1,200	\$5,000
	Entertainer	\$0	\$0	\$0	\$0
Orbitz	Entertainment Rooms	\$0	\$0	\$0	\$0
Entertainment Expenses		\$7,100	\$7,800	\$7,150	\$16,200

Operations	Purpose	2019	2021	2022	2023
Amazing Event Rentals	Tents, tables, chairs	\$7,375	\$8,000	\$9,000	\$10,000
Coastal Security	Security	\$1,588	\$1,750	\$2,500	\$3,000
Republic Waste	Trash Cans/Dumpster	\$3,917	\$4,000	\$4,500	\$5,000
Royal Restrooms	Restrooms	\$1,125	\$1,125	\$1,500	\$1,750
Discount Mugs	USCB tervis tumbler	\$1,700	\$1,750	\$1,750	\$2,000
Shuttle	Senior Center Van	\$100	\$100	\$250	\$300
Alpha Services	2 Shuttles	\$0	\$0	\$0	\$0
Volunteer Lunch		\$250	\$250	\$300	\$350
Bartender		\$1,200	\$1,200	\$1,200	\$1,200
Operation Expenses		\$17,255	\$18,175	\$21,000	\$23,600

Marketing	Purpose	2019	2021	2022	2023
Adventure Radio	2 Remotes	\$600	\$600	\$750	\$600
Island Packet	Sticker	\$1,500	\$1,500	\$0	\$0
Esigns	banners / signs	\$250	\$250	\$500	\$500
WTOC	ATAX	\$5,000	\$7,000	\$13,500	\$15,000
Eat it and like It	Jesse Blanco	\$0	\$0	\$2,500	\$2,500
Billboard Connections	Alanta billboard	\$5,000	\$3,000	\$3,000	\$3,000
Social Media	Facebook / Instagram	\$0	\$0	\$2,500	\$5,000
HHI-Bluffton Chamber	The Local Palate	\$2,000	\$2,000	\$0	\$0
Marketing Expenses		\$14,350	\$14,350	\$22,750	\$26,600

Misc.	Purpose	2019	2021	2022	2023
Salty Dog	T-Shirts	\$5,086	\$5,086	\$6,000	\$7,500
Children's Center	Volunteers	\$1,500	\$1,500	\$200	\$2,500
Town of Hilton Head	Vendor Permits	\$25	\$25	\$25	\$25
Misc. Expenses		\$6,611	\$6,611	\$6,225	\$10,025

2016

	<u>FRI</u>	<u>Rec Split</u>	<u>Vendor Split</u>	<u>SAT</u>	<u>Rec Split</u>	<u>Vendor Split</u>	<u>SUN</u>	<u>Rec Split</u>	<u>Vendor Split</u>	<u>Rec Total</u>
Morgan's Mommy	29	5	24	133	26	107	90	18	72	49
Tove's	244	48	196	511	102	409	419	83	336	233
SERG Group	554	110	444	3,141	628	2,513	892	178	714	916
Carolina Tasting Room	698	139	559	2,129	425	1,704	565	113	452	677
Melly Mel's	667	133	534	2,990	598	2,392	1,302	260	1,042	991
Kid's Zone	295		295	999		999	291			0
CRAB Group	354	70	284	1,354	270	1,084	606	121	485	461
Island Kettle Corn	47	9	38	521	104	417	271	54	217	167
Roy's Place Catering	135	27	108	452	90	362	261	52	209	169
Firehouse Nutz	349	69	280	1,446	289	1,157	718	143	575	501
Extreme Firehouse	280	56	224	712	142	570	230	46	184	244
Kilwins				51	10	41	8	1	7	11
		666	2,986		2,684	11,755		1,069	4,293	4,419

2017

	<u>Total Tickets</u>	<u>Vendor Split</u>	<u>Rec Split</u>
Morgan's Mommy	235	188	47
Melly Mel's	4,147	3,318	829
Guisseppi's	1,273	1,019	254
Carolina Crab Co	2,244	1,796	448
Firehouse Nutz	2,857	2,286	571
Tove's	653	523	130
Captain Woody's	806	645	161
All About the Bean	511	409	102
The French Bakery	512	410	102
Island Kettle	909	728	181
Kid's Zone	1,187		
Extreme Firehouse	988	791	197
Hula Hoops	35	28	7
		12,141	3,029

<u>Vendor Pay Out</u>	<u>2016</u>	<u>2017</u>
Friday	\$2,986	
Saturday	\$11,755	\$12,141
Sunday	\$4,293	
	\$19,034	\$12,141

<u>Tickets</u>		<u>2016</u>	<u>2016</u>
Oysters	Friday	3201	3201
Soda	Friday	112	112
Beer	Friday	353	353
Oysters	Saturday	6737	6737
Soda	Saturday	521	521
Beer	Saturday	2483	2483
Liquor	Saturday	391	391
Wine Pull	Saturday	180	180
Oysters	Sunday	2620	2620
Soda	Sunday	205	205
Beer	Sunday	353	353
Liquor	Sunday	197	197
Wine Pull	Sunday	81	81

<u>Entrance Info</u>		<u>2015</u>	<u>2016</u>
Free Admission	Friday	9	
Free Admission	Saturday	29	
Free Admission	Sunday	38	
Local Black Card	Saturday	0	
Local Black Card	Sunday	0	

Wing Fest 2023-BUDGET

Paid	Description	2019	2022	2023
SPONSORSHIPS				
Town of HHI	ATAX Grant	\$12,500	\$17,500	\$25,000
Hargray	Title Sponsor	\$6,000	\$6,000	\$6,000
SAV HHI Airport	Title Sponsor	\$0	\$7,000	\$7,000
	Sponsor	\$500	\$3,500	\$3,500
	Sponsor	\$500	\$1,000	\$1,000
	Sponsor	\$600	\$1,500	\$1,500
	Sponsor	\$0	\$1,000	\$1,000
	Sponsor	\$0	\$1,000	\$1,000
	Sponsorship Income	\$20,100	\$38,500	\$46,000

Paid	Description	2019	2022	2023
DAY OF INCOME				
	Groupon	\$6,538	\$0	\$0
	PP Entrance Friday	\$780	\$0	\$0
	HHGS	\$0	\$0	\$0
	Entrance-Friday	\$904	\$0	\$0
	Tickets-Friday	\$0	\$0	\$0
	T-Shirts-Friday	\$0	\$0	\$0
	Beer-Friday	\$144	\$0	\$0
	Liquor-Friday	\$92	\$0	\$0
	Soda and Water-Friday	\$10	\$0	\$0
	PP Entrance Saturday	\$600	\$10,986	\$15,000
	Entrance-Saturday	\$15,945	\$22,286	\$25,000
	Vendor Income-Saturday	\$27,190	\$30,513	\$32,500
	Wings- Saturday	\$23,969	\$36,635	\$40,000
	T-Shirts-Saturday	\$671	\$3,461	\$5,000
	Soda and Water-Saturday	\$2,489	\$2,986	\$3,500
	Beer-Saturday	\$27,716	\$27,298	\$36,000
	Liquor-Saturday	\$4,621	\$8,678	\$2,500
	Day of Income	\$111,669	\$142,843	\$159,500

Total Income 2023	\$205,500
Total Expenses 2023	\$178,910
Total Profit 2023	\$26,590

Total Income 2022	\$181,343
Total Expenses 2022	\$136,112
Total Profit 2022	\$45,231

Total Income 2019	\$131,769
Total Expenses 2019	\$101,075
Total Profit 2019	\$30,694

Paid to:	Purpose	2019	2022	2023
CONCESSIONS				
One Hot Mama's	Wings and Brew	\$2,750	\$0	\$0
Sysco	Wings for restaurants	\$16,540	\$27,500	\$40,000
Southern Eagle	Beer	\$8,234	\$8,500	\$15,000
Coca-Cola	Sodas	\$1,281	\$2,000	\$5,000
Rollers Total Beverage	Wine and Liquor	\$1,257	\$0	\$0
Piggly Wiggly	Bags of ice	\$1,000	\$250	\$1,000
Sysco	Paper products	\$1,000	\$2,500	\$5,000
Amazon	beer rags, openers, wir	\$250	\$500	\$750
Burnt Church Distillery	liquor	\$0	\$5,206	\$0
	Concession Expenses	\$29,562	\$46,456	\$66,750

Paid to:	Purpose	2019	2022	2023
ENTERTAINMENT				
Innovation	Sound Services	\$2,000	\$2,000	\$3,200
Big Lights	Stage Lighting	\$0	\$0	\$0
Aerial Elements	Fire Performer	\$0	\$0	\$0
Matt Mackelcan	Friday Night Band	\$600	\$0	\$0
Native	Friday Night Band	\$0	\$0	\$0
True Gentlemen	Band	\$500	\$1,800	\$2,500
The Chiggers	Band	\$550	\$600	\$1,000
Naked Karate Girls	Band	\$550	\$6,500	\$7,500
	Entertainment Expense	\$4,200	\$10,900	\$14,200

Paid to:	Purpose	2019	2022	2023
OPERATIONS				
Town of HHI	Bollard Repair	\$0	\$600	\$0
Shuttle	Palmetto Breeze	\$150	\$907	\$1,000
Coastal Security	Park security	\$2,150	\$2,255	\$3,000
Royal Restrooms	Restrooms	\$1,500	\$2,500	\$3,000
American Pride	Portalets	\$1,175	\$0	\$0
Lowcountry Commerical Ser	Clean Restroom	\$0	\$0	\$0
Steve Hart	Trash pick-up	\$3,075	\$4,363	\$5,000
Amazing Event Rentals	Tents/tables/portalet	\$9,557	\$7,782	\$8,000
SC SLED	beer / liquor license	\$140	\$60	\$60
Staffing	Staff Bar	\$1,200	\$0	\$0
Staffing		\$650	\$1,500	\$2,000
Guisseppi's	Volunteer Lunch	\$250	\$500	\$750
Crown Awards	Plaques	\$139	\$200	\$300
Far Out Awards	Belt and 1st Place	\$835	\$835	\$1,000
Salty Dog	T-Shirts	\$4,272	\$4,129	\$5,000
Custom Outfitters		\$0	\$2,502	\$3,000
Ivonek Art	Balloon Numbers	\$0	\$625	\$0
Custom Ink	USCB Handtowels	\$0	\$0	\$0
Leftover Ladies	Bottle Openers	\$600	\$0	\$0
Discount Mugs	Koozies	\$805	\$3,500	\$4,000
	Silly Pints	\$0	\$0	\$0
	Joe Cain Pins	\$0	\$0	\$0
Wristbands.com	Friday night	\$148	\$0	\$0
Lowcountry Golf Carts	shuttle golf carts	\$525	\$0	\$0
Marshall Austin	stage rental	\$1,855	\$1,961	\$2,500
Sunbelt Rentals	generator	\$0	\$0	\$0
AT&T	cellular data	\$30	\$0	\$0
E-Signs	Signage	\$20	\$400	\$600
	Operation Expenses	\$29,077	\$34,019	\$39,210

Paid to:	Purpose	2019	2022	2023
MARKETING				
Eat it and Like It	ATAX Marketing	\$0	\$2,250	\$2,000
WTOC	ATAX Marketing	\$12,500	\$13,000	\$15,000
Facebook	Marketing	\$300	\$2,250	\$3,000
Snap Chat		\$0	\$0	\$0
Staples	Posters	\$0	\$50	\$50
Apex Radio	Remote	\$0	\$200	\$200
Island Packet	Ad	\$0	\$0	\$0
Kenniclie	Bollard Covers	\$250	\$0	\$0
	Marketing Expenses	\$13,050	\$17,750	\$20,250

Paid to:	Purpose	2019	2022	2023
VOLUNTEER				
HH Football Team	Beer Truck	\$750	\$500	\$500
Community Dinner	Tickets	\$0	\$1,000	\$1,000
Children's Center	Entrances	\$1,000	\$1,000	\$1,000
	Volunteer Expenses	\$1,750	\$2,500	\$2,500

Paid to:	Purpose	2019	2022	2023
PAYOUT				
Friday	Vendors	\$0	\$0	\$0
Saturday	Vendors	\$23,436	\$24,487	\$36,000
		\$23,436	\$24,487	\$36,000

2018				2019				2022			
Saturday	Total tickets collected	20% IRA	80% vendor	Saturday	Total tickets collected	20% IRA	80% vendor	Saturday	Total tickets collected	20% IRA	80% vendor
Guisseppi's	2267	\$453	\$1,814	Rosa Ti Face Painting	153	\$30	\$123	Snow Bar	2204	\$440	\$1,764
Island Fudge	1931	\$356	\$1,575	Guisseppi's	2432	\$486	\$1,946	Benjamin's Pies	1030	\$206	\$824
Morgan's Mommy	450	\$90	\$3,690	Hula Hoops	333	\$66	\$1,946	Toves	909	\$181	\$728
Firehouse Nutz	4261	\$852	\$3,409	Sno Bar	2449	\$489	\$1,960	NYC Pizza	1431	\$286	\$1,145
Kid's Zone	2086			Island Fudge	2055	\$411	\$1,644	Melly Mel's	5036	\$1,007	\$4,028
Island Kettlecorn	1464	\$292	\$1,172	Melly Mel's	2874	\$574	\$2,300	Pops	1269	\$253	\$1,016
Tove's	1148	\$229	\$919	Palmetto Kettle Corn	1754	\$350	\$1,404	Balloons	232	\$64	\$259
Extreme Firehouse	3792	\$758	\$3,034	Tove's	1080	\$216	\$864	Jerky	971	\$194	\$777
Melly Mel's	3481	\$696	\$2,785	Celebrate it All	214	\$42	\$172	Palmetto Kettlecorn	1735	\$347	\$1,388
Hula Hoops	218	\$43	\$175	Firehouse Nutz	5385	\$1,077	\$4,308	Island Fudge	2487	\$497	\$1,990
All About the Bean	593	\$118	\$475	Extreme Firehouse	8461	\$1,692	\$6,769	Extreme Firehouse	6961	\$1,392	\$5,569
Kilwin's	479	\$95	\$384					Firehouse Nutz	6248	\$1,249	\$4,999
Sno Bar	1544	\$308	\$1,113					Burnt Church Distillery			
TOTAL	23714	\$4,290	\$20,545	TOTAL	27190	\$5,433	\$23,436	TOTAL	30513	\$6,116	\$24,487

Island Recreation Association
 FY 21 Budget
 Revenue

REC CENTER AQUATICS REVENUE	FY 21
64401 AQUATICS	\$ 43,000
64402 REC SWIM	\$ 43,000
64403 SWIM TEAM	\$ 19,900
64407 SWIM LESSONS	\$ 25,000
TOTAL REC CENTER AQUATICS REVENUE	\$ 130,900
REC CENTER SENIOR CITIZEN PR	
MEMBERSHIPS	\$ 13,000
CLASSES	\$ 12,500
64709 SENIOR TRIPS	\$ 20,000
64725 ATHLETICS	\$ 500
64735 SOCIAL ACTIVITIES	\$ 2,700
TOTAL REC CENTER SENIOR CITIZENS	\$ 48,700
REC CENTER ATHLETIC PROGRAMS	
64501 ALL-SPORTS CAMP	\$ -
64504 BASKETBALL CAMP	\$ 5,000
64506 YOUTH BASKETBALL	\$ 31,000
64507 FLAG FOOTBALL	\$ 4,000
64509 ADULT SOCCER LEAGUES	\$ 11,000
64511 GOLF SCHOOL	\$ 2,000
64513 OPEN GYM PROGRAMS	\$ 3,000
64515 SAILING CAMP	\$ 1,500
64516 SOCCER CAMP	\$ 5,000
64517 YOUTH-TENNIS	\$ 5,000
64520 VOLLEYBALL-GIRLS CAMP	\$ 4,000
64532 CHEERLEADING CAMP	\$ 2,000
64535 YOUTH SOCCER	\$ 130,000
64536 SURF CAMP	\$ 1,500
64539 FAST TRACKERS	\$ -
64610 KARATE-SHOTOKAN	\$ 7,500
64612 ROLLER HOCKEY	\$ 3,500
64613 HIGH LEVEL REC SOCCER	\$ -
64614 LACROSSE	\$ 15,000
FOOTBALL CAMP	\$ 50,000
WEEK OF CHAMPIONS	\$ -
64617 GATOR FOOTBALL	\$ -
YOUTH FITNESS	\$ 20,000
PICKLEBALL	\$ 8,500
SAILING & ROWING	\$ -
Outdoor Recreation Programs	\$ 30,000
TOTAL REC CENTER ATHLETIC PROGRAMS	\$ 339,500
FITNESS PROGRAMS	
MEMBERSHIPS/CLASSES	\$ 257,187
TOTALS	\$ 257,187

Island Recreation Association
 FY 21 Budget
 Revenue

REC CENTER YOUTH/TEEN PROGRAM	
64901 AFTER-SCHOOL CLUB	\$ 195,000
64904 DISCOVERY CLUB	\$ 70,000
64910 SUMMER DAY CAMP	\$ 245,000
64921 CHALLENGE PROGRAM-SUMMER	\$ 62,000
64935 CHILDREN & TEEN ACTIVITIES	\$ 9,500
TOTAL REC CENTER YOUTH/TEEN PROGRAM	\$ 581,500
REC CENTER GOVERNMENT INCOME	
64015 TOWN OF HILTON HEAD-MONTHLY	\$ 779,265
64018 GEN FUND REIM-SENIOR PROG	\$ 116,442
THERAPEUTIC RECREATION LEADER (PT)	\$ 25,000
ATAX Grant	\$ 25,000
TOTAL REC CENTER GOVERNMENT INCOME	\$ 945,707

REC CENTER OTHER INCOME	
64017 BEAUFORT COUNTY POOL	\$ 135,000
THERAPEUTIC RECREATION LEADER (PT)	\$ -
64102 FRIENDS DRIVE	\$ 28,500
64104 DONATED SERVICES	\$ 5,000
64107 MISC INCOME	\$ 15,000
64122 VENDING-CONCESSIONS	\$ 10,000
64108 RENTALS	\$ 10,000
64109 INTEREST	\$ 6,500
64110 HERITAGE BOOTH	\$ 25,000
64111 BEAUFORT COUNTY PROGRAMS	\$ 124,000
64114 RENTAL-PARKS JARVIS/ EVENTS	\$ 20,000
64120 DONATIONS EQUIPMENT	\$ -
64117 MISCELLANEOUS-SENIOR PROGRAM	\$ 1,000
64118 BEAUFORT COUNTY - SENIOR PROG	\$ 16,000
64119 FRIENDS OF SENIOR PROGRAMS	\$ 2,500
64313 PARK RENTAL INCOME	\$ -
64300 COMMUNITY EVENTS	\$ 368,000
COMMUNITY EVENTS-YOUTH	\$ 23,000
TOTAL REC CENTER OTHER INCOME	\$ 789,500

BUDGET- REVENUE TOTAL (OPERATING)	\$ 3,092,994
FACILITIES IMP BUDGET-REVENUE TOTAL	\$ 445,000
BUDGET-REVENUE TOTAL	\$ 3,537,994

Island Rec Association

FY 20

Expenses

REC CENTER AQUATIC PROGRAM	FY 21
75401 AQUATICS	\$ 7,500
TOTAL REC CENTER AQUATIC PROGRAM	\$ 7,500
REC CENTER SENIOR CITIZEN PROG	
SEMINARS/CLASSES	\$ 8,750
75709 SENIOR TRIPS	\$ 18,000
75725 ATHLETICS	\$ 500
75735 SOCIAL ACTIVITIES	\$ 2,300
TOTAL REC CENTER SENIOR CITIZEN PROG	\$ 29,550
REC CENTER ATHLETIC PROGRAMS	
75503 BASKETBALL-YOUTH	\$ 26,000
75505 BASKETBALL CAMP	\$ 1,100
75507 FLAG FOOTBALL	\$ 100
75509 ADULT SOCCER LEAGUES	\$ 1,000
75511 GOLF SCHOOL	\$ 2,000
75513 OPEN GYM PROGRAMS	\$ 100
75515 SAILING CAMP	\$ 1,200
75516 SOCCER CAMP	\$ 3,750
75517 YOUTH-TENNIS	\$ 3,750
75520 VOLLEYBALL-GIRLS CAMP	\$ 3,200
75532 CHEERLEADING CAMP	\$ 1,600
75535 YOUTH SOCCER	\$ 75,000
75536 SURF CAMP	\$ 8,000
75539 FAST TRACKERS	\$ -
75610 KARATE-SHOTOKAN	\$ 6,000
75612 ROLLER HOCKEY	\$ 2,500
74613 CLUB SOCCER	\$ -
LACROSSE	\$ 13,500
FOOTBALL CAMP	\$ 46,000
BASEBALL CAMP	\$ 640
GIRLS SOFTBALL	\$ 500
75617 GATOR FOOTBALL	\$ -
YOUTH FITNESS	\$ 16,000
SAILING AND ROWING	\$ -
PICKLEBALL	\$ 5,400
Outdoor Recreation Equipment	\$ 20,000
TOTAL REC CENTER ATHLETIC PROGRAMS	\$ 237,340
FITNESS PROGRAMS	
MEMBERSHIPS	\$ -
CLASSES	\$ 36,000
TOTALS	\$ 36,000

Island Rec Association

FY 20

Expenses

REC CENTER YOUTH/TEEN PROGRAMS	
75901 AFTER-SCHOOL CLUB	\$ 23,000
75904 DISCOVERY CLUB	\$ 17,500
75910 SUMMER DAY CAMP	\$ 60,000
THERAPEUTIC RECREATION EQUIPMENT/SO	\$ 10,000
75921 CHALLENGE/TEEN-SUMMER	\$ 12,500
75935 CHILDREN & TEEN ACTIVITIES	\$ 7,600
TOTAL REC CENTER YOUTH/TEEN PROGRAMS	\$ 130,600
REC CENTER OTHER INCOME	
75102 FRIENDS DRIVE	\$ 6,500
75107 MISC INCOME	\$ 3,500
75110 HERITAGE BOOTH	\$ 5,000
75313 PARK RENTALS	\$ 6,300
75300 COMMUNITY EVENTS	\$ 261,750
COMMUNITY EVENTS YOUTH	\$ 25,500
TOTAL REC CENTER OTHER INCOME	\$ 308,550
REC CENTER PAYROLL EXPENSE	
Administrative Staff	
76010 EXECUTIVE DIRECTOR	\$ 102,000
76029 DIRECTOR OF OPERATIONS	\$ 54,900
76045 BUSINESS MANAGER	\$ 40,300
FRONT DESK	\$ 36,650
FRONT DESK (7 part-time)	\$ 100,000
Total	\$ 333,850
Aquatic Staff	
76070 AQUATICS DIRECTOR	\$ 40,700
76072 SEASONAL POOL STAFF	\$ 162,000
Total	\$ 202,700
Community Event Staff	
76050 SPECIAL EVENTS/FUND	\$ 40,300
76049 SPECIAL EVENTS STAFFING (New Full)	\$ 35,949
Total	\$ 76,249
Maintenance Staff	
76073 MAINTENANCE WORKERS	\$ 36,650
76073 MAINTENANCE WORKERS (PT)	\$ 25,000
Total	\$ 61,650
Marketing	
76074 MARKETING DIRECTOR	\$ 41,200
Total	\$ 41,200

Island Rec Association

FY 20

Expenses

Senior Program Staff	
76035 S.E./SENIOR CITIZEN DIRECTOR	\$ 40,300
76037 SENIOR CITIZENS ADMIN.	\$ 22,000
Total	\$ 62,300
Youth/Adult Athletic Staff	
76020 RECREATION DIRECTOR	\$ 54,900
76040 ATHLETICS COORDINATOR	\$ 39,000
FITNESS COORDINATOR	\$ 39,000
76041 ATHLETICS PROGRAMS	\$ 27,000
76047 PROGRAM SUPERVISORS	\$ 34,500
76048 FACILITIES SUPERVISOR/FITNESS ATTEN.	\$ 60,000
Outdoor Program Specialist	\$ 36,000
Total	\$ 290,400
Youth Program Staff	
76031 AFTER SCHOOL PROGRAM	\$ 77,000
76032 DISCOVERY CLUB	\$ 57,000
76033 SUMMER CAMP	\$ 84,336
YOUTH/TEEN DIRECTOR	\$ 36,650
ASSIST YOUTH/TEEN DIRECTOR	\$ 28,000
THERAPEUTIC/YOUTH DIRECTOR	\$ 36,650
76034 CHALLENGE/TEEN PROGRAM-SUMMER	\$ 36,650
Total	\$ 356,286
TOTAL REC CENTER PAYROLL EXPENSE	\$ 1,424,635
REC CENTER PAYROLL TAXES & INS	
76075 PAYROLL TAXES	\$ 106,775
76078 WORKMANS COMPENSATION	\$ 20,000
76079 UNEMPLOYMENT TAXES	\$ 3,420
76080 HEALTH INSURANCE	\$ 97,524
76082 WORKMENS COMP-SENIOR PROGRAMS	\$ 1,800
76086 LONG TERM DISABILITY INSURANCE	\$ 4,000
76087 TENURE INCOME	\$ 10,000
76088 EMPLOYEE 401K CONTRIBUTIONS/Admin	\$ 14,000
TOTAL REC CENTER PAYROLL TAXES & INS	\$ 257,519

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

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

A For the 2019 calendar year, or tax year beginning **07/01/19**, and ending **06/30/20**

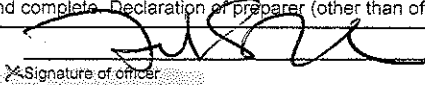
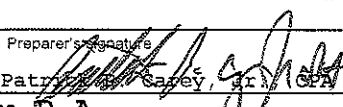
B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization <p style="text-align: center;">Hilton Head Island Recreation</p>		D Employer identification number <p style="text-align: center;">57-0827128</p>	
	Doing business as		E Telephone number <p style="text-align: center;">843-681-7273</p>	
	Number and street (or P.O. box if mail is not delivered to street address)		Room/suite	
	P.O. Box 22593			
	City or town, state or province, country, and ZIP or foreign postal code Hilton Head Island SC 29925			
F Name and address of principal officer: Mary Hall c/o P.O. Box 22593 Hilton Head Island SC 29925			H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions)	
I 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			H(c) Group exemption number ▶	
J Website: ▶ www.islandreccenter.org				
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶			L Year of formation: 1985	
			M State of legal domicile: SC	

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: Community Recreation			
	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)	16	
	4	Number of independent voting members of the governing body (Part VI, line 1b)	16	
	5	Total number of individuals employed in calendar year 2019 (Part V, line 2a)	148	
	6	Total number of volunteers (estimate if necessary)	350	
	7a	Total unrelated business revenue from Part VIII, column (C), line 12	0	
7b	Net unrelated business taxable income from Form 990-T, line 39	0		
Revenue			Prior Year	Current Year
	8	Contributions and grants (Part VIII, line 1h)	1,589,714	1,639,321
	9	Program service revenue (Part VIII, line 2g)	1,343,895	1,856,590
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	24,044	22,161
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	85,177	218,426
	12	Total revenue – add lines 8 through 11 (must equal Part VIII, column (A), line 12)	3,042,830	3,736,498
Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	0	0
	14	Benefits paid to or for members (Part IX, column (A), line 4)	0	0
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	1,466,509	1,394,564
	16a	Professional fundraising fees (Part IX, column (A), line 11e)	0	0
	16b	Total fundraising expenses (Part IX, column (D), line 25) ▶	0	0
	17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	1,556,589	1,389,517
Net Assets or Fund Balances	18	Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	3,023,098	2,784,081
	19	Revenue less expenses. Subtract line 18 from line 12	19,732	952,417
			Beginning of Current Year	End of Year
	20	Total assets (Part X, line 16)	2,133,804	2,937,997
21	Total liabilities (Part X, line 26)	362,651	214,427	
22	Net assets or fund balances. Subtract line 21 from line 20	1,771,153	2,723,570	

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	<input checked="" type="checkbox"/> Signature of officer 		<input checked="" type="checkbox"/> Date 2/19/21	
	Frank Soule Type or print name and title		Executive Director	
Paid Preparer Use Only	Print/Type preparer's name Patrick P. Carey, Jr., CPA		Preparer's signature 	
	Firm's name ▶ Carey & Company P.A.		Date 2/19/21	
	Firm's address ▶ 70 Main Street, Suite 100 Hilton Head Island, SC 29926		Check <input type="checkbox"/> if PTIN self-employed P00033247 Firm's EIN ▶ 57-0927046 Phone no. 843-681-4430	

May the IRS discuss this return with the preparer shown above? (see instructions) Yes No
For Paperwork Reduction Act Notice, see the separate instructions. Form **990** (2019)

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:

Community Recreation

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 \$ **213,514** including grants of \$) (Revenue \$ **141,526**)

Aquatics program

4b (Code:) (Expenses \$ **360,057** including grants of \$) (Revenue \$ **493,522**)

Athletic Program

4c (Code:) (Expenses \$ **423,226** including grants of \$) (Revenue \$ **479,696**)

Youth/Teen Programs

4d Other program services (Describe on Schedule O.)

(Expenses \$ **1,417,234** including grants of \$) (Revenue \$ **741,846**)

4e Total program service expenses **2,414,031**

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	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2 Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
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	<input type="checkbox"/>	<input checked="" type="checkbox"/>
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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	<input type="checkbox"/>	<input checked="" type="checkbox"/>
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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	<input checked="" type="checkbox"/>	<input type="checkbox"/>
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	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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	<input type="checkbox"/>	<input checked="" type="checkbox"/>
e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	<input checked="" type="checkbox"/>	<input type="checkbox"/>
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	<input type="checkbox"/>	<input checked="" type="checkbox"/>
12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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	<input type="checkbox"/>	<input checked="" type="checkbox"/>
13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	<input type="checkbox"/>	<input checked="" type="checkbox"/>
14a Did the organization maintain an office, employees, or agents outside of the United States?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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)	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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	<input checked="" type="checkbox"/>	<input type="checkbox"/>
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	<input type="checkbox"/>	<input checked="" type="checkbox"/>
20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	<input type="checkbox"/>	<input checked="" type="checkbox"/>
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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	<input type="checkbox"/>	<input checked="" type="checkbox"/>

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	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, 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	Section 501(c)(3) organizations. 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? Note: 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?		

1a	72
1b	0

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

		Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return		
	2a		148
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)		X
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?		X
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O		
4a	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)?		X
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).		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		
6a	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?		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
7	Organizations that may receive deductible contributions under section 170(c).		
a	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	If "Yes," did the organization notify the donor of the value of the goods or services provided?		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		
d	If "Yes," indicate the number of Forms 8282 filed during the year		
	7d		
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?		
9	Sponsoring organizations maintaining donor advised funds.		
a	Did the sponsoring organization make any taxable distributions under section 4966?		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		
10	Section 501(c)(7) organizations. Enter:		
a	Initiation fees and capital contributions included on Part VIII, line 12	10a	
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b	
11	Section 501(c)(12) organizations. Enter:		
a	Gross income from members or shareholders	11a	
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b	
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b	
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		
a	Is the organization licensed to issue qualified health plans in more than one state? Note: See the instructions for additional information the organization must report on Schedule O.	13a	
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	
c	Enter the amount of reserves on hand	13c	
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a	X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b	
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N.	15	X
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.	16	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
1a	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.		
1a	16		
b	Enter the number of voting members included on line 1a, above, who are independent		
1b	16		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?		X
3	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?		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		X
6	Did the organization have members or stockholders?		X
7a	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?		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a	The governing body?	X	
b	Each committee with authority to act on behalf of the governing body?	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O		X

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

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

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 **▶**

Joe Mezera **7 Wing Shell Lane**
Hilton Head Island **SC 29926** **843-681-7273**

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) Mary Hall	0.50									
President	0.00	X		X			0	0	0	
(2) Susan Hughson	0.50									
Vice President	0.00	X		X			0	0	0	
(3) Steve Stauffer	0.50									
Secretary	0.00	X					0	0	0	
(4) Kate Boardman	0.75									
Treasurer	0.00	X		X			0	0	0	
(5) John Brighton	0.50									
Board Director	0.00	X					0	0	0	
(6) John Brischge	0.50									
Board Director	0.00	X					0	0	0	
(7) Ray Craver	0.50									
Board Director	0.00	X					0	0	0	
(8) Bubba Gillis	0.50									
Board Director	0.00	X					0	0	0	
(9) Mike Manesiotis	0.50									
Board Director	0.00	X					0	0	0	
(10) Joe Mezera	0.50									
Board Director	0.00	X					0	0	0	
(11) Keri Olivetti	0.50									
Board Director	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) Marty Pauls	0.50									
Board Director	0.00	X						0	0	0
(13) Alan Perry	0.50									
Board Director	0.00	X						0	0	0
(14) Bob Stevens	0.50									
Board Director	0.00	X						0	0	0
(15) Barry Taylor	0.50									
Board Director	0.00	X						0	0	0
(16) Kyle Theodore	0.50									
Board Director	0.00	X						0	0	0
(17) Frank Soule	40.00									
Executive Director	0.00			X				100,769	0	0
1b Subtotal								100,769		
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)								100,769		

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 **▶ 1**

	Yes	No
3 Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>		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>		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>		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
Contributions, Gifts, Grants and Other Similar Amounts	1a Federated campaigns	1a				
	b Membership dues	1b				
	c Fundraising events	1c				
	d Related organizations	1d				
	e Government grants (contributions)	1e	1,355,196			
	f All other contributions, gifts, grants, and similar amounts not included above	1f	284,125			
	g Noncash contributions included in lines 1a-1f	1g \$				
	h Total. Add lines 1a-1f		1,639,321			
Program Service Revenue	2a Donations Equipment	Business Code	334,826	334,826		
	b Fitness Program New		207,154	207,154		
	c Summer day camp		198,274	198,274		
	d After-school club		145,339	145,339		
	e Beaufort County pool		135,000	135,000		
	f All other program service revenue		835,997	835,997		
	g Total. Add lines 2a-2f		1,856,590			
	3 Investment income (including dividends, interest, and other similar amounts)		22,161			22,161
4 Income from investment of tax-exempt bond proceeds						
5 Royalties						
Other Revenue	6a Gross rents	(i) Real (ii) Personal				
	b Less: rental expenses	6b				
	c Rental inc. or (loss)	6c				
	d Net rental income or (loss)					
	7a Gross amount from sales of assets other than inventory	(i) Securities (ii) Other				
	b Less: cost or other basis and sales exps.	7b				
	c Gain or (loss)	7c				
	d Net gain or (loss)					
	8a Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18	8a	218,426			
	b Less: direct expenses	8b				
	c Net income or (loss) from fundraising events		218,426			
	9a Gross income from gaming activities. See Part IV, line 19	9a				
	b Less: direct expenses	9b				
c Net income or (loss) from gaming activities						
10a Gross sales of inventory, less returns and allowances	10a					
b Less: cost of goods sold	10b					
c Net income or (loss) from sales of inventory						
Miscellaneous Revenue	11a	Business Code				
	b					
	c					
	d All other revenue					
	e Total. Add lines 11a-11d					
	12 Total revenue. See instructions		3,736,498	1,856,590	0	22,161

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
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21				
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	100,769		100,769	
6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	1,077,318	888,144	189,174	
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9 Other employee benefits	108,843	108,843		
10 Payroll taxes	107,634	107,634		
11 Fees for services (nonemployees):				
a Management				
b Legal				
c Accounting	50,275	50,275		
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)	16,207	16,207		
12 Advertising and promotion				
13 Office expenses				
14 Information technology				
15 Royalties				
16 Occupancy	200,602	200,602		
17 Travel	10,612	813	9,799	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	19,990	19,990		
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	104,690	104,690		
23 Insurance				
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a Special Events	202,390	202,390		
b Island Recreation facilit	116,736	116,736		
c Recreation center cleanin	85,801	85,801		
d Rec Center pool	56,556	56,556		
e All other expenses	525,658	455,350	70,308	
25 Total functional expenses. Add lines 1 through 24e	2,784,081	2,414,031	370,050	0
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <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	
Assets	1	Cash—non-interest-bearing	369,094	1	985,581
	2	Savings and temporary cash investments	516,969	2	489,237
	3	Pledges and grants receivable, net	1,061	3	41,451
	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	33,390	9	24,464
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 1,765,135		
	b	Less: accumulated depreciation	10b 455,508	10c 674,857	1,309,627
	11	Investments—publicly traded securities	451,070	11	87,637
	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	87,363	15	
16	Total assets. Add lines 1 through 15 (must equal line 33)	2,133,804	16	2,937,997	
Liabilities	17	Accounts payable and accrued expenses	128,729	17	25,930
	18	Grants payable		18	
	19	Deferred revenue	163,770	19	121,745
	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	70,152	25	66,752
	26	Total liabilities. Add lines 17 through 25	362,651	26	214,427
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.				
	27	Net assets without donor restrictions	1,771,153	27	2,723,570
	28	Net assets with donor restrictions		28	
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.				
	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	Total net assets or fund balances	1,771,153	32	2,723,570	
33	Total liabilities and net assets/fund balances	2,133,804	33	2,937,997	

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	3,736,498
2	Total expenses (must equal Part IX, column (A), line 25)	2	2,784,081
3	Revenue less expenses. Subtract line 2 from line 1	3	952,417
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	1,771,153
5	Net unrealized gains (losses) on investments	5	
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain on Schedule O)	9	
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	2,723,570

Part XII Financial Statements and Reporting

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

		Yes	No
1	Accounting method used to prepare the Form 990: <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.		
2a	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		X
2b	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		X
2c	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.		
3a	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?		
3b	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)

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.

▶ Attach to Form 990 or Form 990-EZ.

▶ 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 Recreation

Employer identification number

57-0827128

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)						
Total						

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.")	847,942	1,015,313	1,282,382	1,589,714	1,639,321	6,374,672
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 Total. Add lines 1 through 3	847,942	1,015,313	1,282,382	1,589,714	1,639,321	6,374,672
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)						
6 Public support. Subtract line 5 from line 4						6,374,672

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	847,942	1,015,313	1,282,382	1,589,714	1,639,321	6,374,672
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	1,840	23,496	19,156	15,686	4,227	64,405
9 Net income from unrelated business activities, whether or not the business is regularly carried on					16,934	16,934
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	55,698					55,698
11 Total support. Add lines 7 through 10						6,511,709
12 Gross receipts from related activities, etc. (see instructions)					12	2,075,016

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	97.90%
15 Public support percentage from 2018 Schedule A, Part II, line 14	15	93.27%

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
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
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						
c Add lines 7a and 7b						
8 Public support. (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
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						

14 **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

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

Section D. Computation of Investment Income Percentage

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

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
1 Are all of the organization's supported organizations listed by name in the organization's governing documents? 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.		
2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).		
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.		
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)? If "Yes," describe in Part VI when and how the organization made the determination.		
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.		
4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.		
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.		
c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.		
5a Did the organization add, substitute, or remove any supported organizations during the tax year? 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).		
b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
c Substitutions only. Was the substitution the result of an event beyond the organization's control?		
6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI .		
7 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? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).		
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).		
9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI .		
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? If "Yes," provide detail in Part VI .		
c 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? If "Yes," provide detail in Part VI .		
10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below.		
b Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)		

Part IV Supporting Organizations (continued)

		Yes	No
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 in (b) and (c) below, the governing body of a supported organization?		
b	A family member of a person described in (a) above?		
c	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.		

Section B. Type I Supporting Organizations

		Yes	No
1	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? 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.		
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.		

Section C. Type II Supporting Organizations

		Yes	No
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).		

Section D. All Type III Supporting Organizations

		Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently 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 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? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.		

Section E. Type III Functionally-Integrated Supporting Organizations

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

2 Activities Test. Answer (a) and (b) below.

		Yes	No
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 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? 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 (a) and (b) 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? 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.		

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

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

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3.	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8	
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
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	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount 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 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	
8	Minimum Asset Amount (add line 7 to line 6)	8	
Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1	
2	Enter 85% of line 1.	2	
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3	
4	Enter greater of line 2 or line 3.	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6	
7	<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	Total annual distributions. 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	Excess distributions carryover to 2020. 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			

Part VI. Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

Part II, Line 10 - Other Income Detail

Net income from fundraising \$ 55,698

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

Employer identification number

Hilton Head Island Recreation

57-0827128

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: Description, Held at the End of the Tax Year. 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-2d), 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year, 4 Number of states where property subject to conservation easement is located, 5 Does the organization have a written policy regarding the 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, 7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year, 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: Description, Amount. 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, (ii) Assets included in Form 990, Part X, 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, b Assets included in Form 990, Part X

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 |
|---------------------------------|--------|
| c Beginning balance | 1c |
| d Additions during the year | 1d |
| e Distributions during the year | 1e |
| f Ending balance | 1f |
- 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
1a Beginning of year balance					
b Contributions					
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g 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:
- | | Yes | No |
|--|--------|----|
| (i) Unrelated organizations | 3a(i) | |
| (ii) Related organizations | 3a(ii) | |
| b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? | 3b | |
- 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
1a Land		15,000		15,000
b Buildings		1,361,583		1,361,583
c Leasehold improvements				
d Equipment				
e Other	388,552		455,508	-66,956
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				1,309,627

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)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.)		

Part VIII Investments – Program Related.

Complete if the organization answered "Yes" on Form 990, Part IV, 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)		
Total. (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)	
Total. (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) Accrued salaries	41,949
(3) Payroll Taxes Payable	12,744
(4) Accrued Other	8,961
(5) Smith Barney plan	2,432
(6) Sales Tax Payable	666
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)	66,752

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

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

Table with 5 main rows for revenue reconciliation, including sub-rows 2a-2d and 4a-4b. Columns include line numbers and a shaded area for amounts.

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

Table with 5 main rows for expense reconciliation, including sub-rows 2a-2d and 4a-4b. Columns include line numbers and a shaded area for amounts.

Part XIII Supplemental Information.

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

Series of horizontal dotted lines for providing supplemental information.

**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 for instructions and the latest information.

OMB No. 1545-0047

2019

Open to Public Inspection

Name of the organization

Hilton Head Island Recreation

Employer identification number

57-0827128

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							
Total							

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>Special Events</u> (event type)	<u>Heritage Booth</u> (event type)	<u>None</u> (total number)	(add col. (a) through col. (c))
Revenue	1	Gross receipts	212,426	6,000	218,426
	2	Less: Contributions			
	3	Gross income (line 1 minus line 2)	212,426	6,000	218,426
Direct Expenses	4	Cash prizes			
	5	Noncash prizes			
	6	Rent/facility costs			
	7	Food and beverages			
	8	Entertainment			
	9	Other direct expenses			
	10	Direct expense summary. Add lines 4 through 9 in column (d)			
11	Net income summary. Subtract line 10 from line 3, column (d)				218,426

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

Name of the organization

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047

2019

Open to Public
Inspection

Employer identification number

Hilton Head Island Recreation

57-0827128

Form 990, Part III, Line 4d - All Other Accomplishments

Community Recreation

Form 990, Part VI, Line 11b - Organization's Process to Review Form 990

A copy of the 990 is provided to selected Officers of the Board and the Executive Director prior to it being filed. The entire Board will review the return at the next regularly scheduled meeting.

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

The Organization regularly and consistently monitors and enforces compliance with its policy.

Form 990, Part VI, Line 15a - Compensation Process for Top Official

The process for determining the compensation for the Executive Director included a review and approval by independent persons, comparibilty data and contemperaneous substantiation of the deliberation and decision.

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

The governing documents are made available to the public upon request.

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

Description

	Tot/Prog Service	Mgt & General	Fundraising
Youth soccer	\$ 46,057	\$ 0	\$ 0

Name of the organization

Hilton Head Island Recreation

Employer identification number

57-0827128

Fitness Program New

\$	42,769	\$	0	\$	0
----	--------	----	---	----	---

Community Youth Events

\$	33,410	\$	0	\$	0
----	--------	----	---	----	---

Youth basketball

\$	31,114	\$	0	\$	0
----	--------	----	---	----	---

Propane

\$	28,611	\$	0	\$	0
----	--------	----	---	----	---

Supplies-janitorial

\$	0	\$	28,313	\$	0
----	---	----	--------	----	---

Summer day camp

\$	26,607	\$	0	\$	0
----	--------	----	---	----	---

Telephone

\$	25,404	\$	0	\$	0
----	--------	----	---	----	---

Supplies-swim pool

\$	20,993	\$	0	\$	0
----	--------	----	---	----	---

Parks

\$	17,499	\$	0	\$	0
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Jr Academy Soccer

\$	13,143	\$	0	\$	0
----	--------	----	---	----	---

Computer lease

\$	0	\$	11,338	\$	0
----	---	----	--------	----	---

Supplies-general purpose

\$	0	\$	9,919	\$	0
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Dues & subscriptions

\$	9,577	\$	0	\$	0
----	-------	----	---	----	---

Discovery club

Name of the organization Hilton Head Island Recreation	Employer identification number 57-0827128
--	---

	\$ 8,676	\$ 0	\$ 0
Karate-Shotokan			
	\$ 8,419	\$ 0	\$ 0
Youth-tennis			
	\$ 8,288	\$ 0	\$ 0
After-shool club			
	\$ 8,051	\$ 0	\$ 0
Exercise Class			
	\$ 7,984	\$ 0	\$ 0
Leases-office equipment			
	\$ 0	\$ 7,794	\$ 0
Lacrosse			
	\$ 7,470	\$ 0	\$ 0
Supplies-office			
	\$ 0	\$ 6,726	\$ 0
Golf school			
	\$ 6,660	\$ 0	\$ 0
Repairs-swim pool			
	\$ 6,604	\$ 0	\$ 0
Senior Trips			
	\$ 5,975	\$ 0	\$ 0
Postage & freight			
	\$ 5,968	\$ 0	\$ 0
Fitness Program Cla			
	\$ 5,965	\$ 0	\$ 0
Gym Floor			
	\$ 5,490	\$ 0	\$ 0

Name of the organization

Hilton Head Island Recreation

Employer identification number

57-0827128

Sailing camp

\$	5,460	\$	0	\$	0
----	-------	----	---	----	---

Volleyball-girls camp

\$	5,204	\$	0	\$	0
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Grounds maintenance

\$	5,200	\$	0	\$	0
----	-------	----	---	----	---

Gator football

\$	4,955	\$	0	\$	0
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Youth Fitness

\$	4,948	\$	0	\$	0
----	-------	----	---	----	---

Repairs-building

\$	3,992	\$	0	\$	0
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CIP Building Upf

\$	3,562	\$	0	\$	0
----	-------	----	---	----	---

Aquatics

\$	3,373	\$	0	\$	0
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Printing-general

\$	0	\$	3,318	\$	0
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Senior Citizen

\$	3,233	\$	0	\$	0
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Trash Removal

\$	3,177	\$	0	\$	0
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Computer lease-senior pro

\$	3,088	\$	0	\$	0
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Vending Machines

\$	2,926	\$	0	\$	0
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Pickleball Expense

Name of the organization	Employer identification number
Hilton Head Island Recreation	57-0827128

	\$	0	\$	2,513	\$	0
Challenge program	\$	2,484	\$	0	\$	0
Heritage Booth	\$	2,472	\$	0	\$	0
Adult soccer leagues	\$	2,433	\$	0	\$	0
Telephone-senior program	\$	2,095	\$	0	\$	0
Open gym programs	\$	1,724	\$	0	\$	0
Loss of fixed assets	\$	1,692	\$	0	\$	0
Football Camp	\$	1,500	\$	0	\$	0
Elevator Maintenance	\$	1,488	\$	0	\$	0
Supplies general purpose-	\$	1,393	\$	0	\$	0
Cheerleading camp	\$	1,080	\$	0	\$	0
Fast trackers	\$	992	\$	0	\$	0
Flag football	\$	956	\$	0	\$	0
Roller hockey	\$	852	\$	0	\$	0

Name of the organization

Hilton Head Island Recreation

Employer identification number

57-0827128

Property Taxes

\$	740	\$	0	\$	0
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Dance

\$	704	\$	0	\$	0
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Swim lessons

\$	656	\$	0	\$	0
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Printing-newsletter

\$	544	\$	0	\$	0
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Children & teen activitie

\$	536	\$	0	\$	0
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Grounds maintenance-Shelt

\$	475	\$	0	\$	0
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SWU Fee - Beaufort

\$	0	\$	387	\$	0
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Supplies Office

\$	254	\$	0	\$	0
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Postage-senior program

\$	132	\$	0	\$	0
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Copier lease maintenance-

\$	131	\$	0	\$	0
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Adult basketball leagues

\$	106	\$	0	\$	0
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Printing gen - senior

\$	59	\$	0	\$	0
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Total

\$	455,350	\$	70,308	\$	0
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Island Rec Association

FY 20

Expenses

REC CENTER GEN ADM EXPENSE	
Administration	
77010 AUDIT/BANK FEES	\$ 40,000
77011 LEGAL FEES	\$ 1,000
77014 VEHICLES	\$ 23,000
77015 COMPUTER SERVICES	\$ 17,000
77020 DUES & CERTIFICATIONS	\$ 10,000
77050 EDUCATIONAL TRAINING/MEETINGS	\$ 20,000
77026 GENERAL LIABILITY	\$ 77,250
77075 LEASES-OFFICE EQUIPMENT	\$ 9,500
77083 DEPRECIATION	\$ -
77060 POSTAGE & FREIGHT	\$ 3,750
77085 SUPPLIES-OFFICE	\$ 14,000
77087 SUPPLIES-GENERAL PURPOSE	\$ 16,000
77090 TELEPHONE/CELL SERVICES	\$ 24,500
76060 INTERNS	\$ -
Total	\$ 256,000
Building/Grounds-Rec Center	
77023 ELECTRICITY-REC CTR	\$ 95,000
77028 FIRE ALARM SERVICE/CAMERAS	\$ 2,400
77034 TRASH REMOVAL	\$ 4,000
77065 REPAIRS-BUILDING	\$ 15,000
77088 SUPPLIES-JANITORIAL	\$ 25,000
77095 WATER & SEWER	\$ 12,000
78010 HEATING & AC	\$ 15,000
78011 GROUNDS MAINTENANCE	\$ 15,000
78012 GYM FLOOR	\$ 8,000
CLEANING SERVICE (REC CENTER/POOL)	\$ 95,000
ELEVATOR MAINTENANCE	\$ 2,500
Total	\$ 288,900
Marketing	
77012 ADVERTISING	\$ 15,000
77055 PRINTING-GENERAL	\$ 5,000
77056 PRINTING-NEWSLETTERS	\$ 15,000
78021 ADVERTISING-SENIOR PROGRAMS	\$ 500
78025 PRINTING GEN-SENIOR PROGRAMS	\$ 750
Total	\$ 36,250

Island Rec Association

FY 20

Expenses

Parks	
78017 GROUNDS MAINTENANCE-SHELT.COVE	\$ 1,000
77025 ELECTRICITY-SHELTER COVE	\$ 1,200
Total	\$ 2,200
Pool Operating Expenses	
77022 PROPANE	\$ 25,000
77066 REPAIRS-SWIM POOL	\$ 15,000
77086 SUPPLIES-SWIM POOL	\$ 16,500
Total	\$ 56,500
Senior Admin	
77096 SUPPLIES GEN PURPOSE-SENIOR PR	\$ 1,500
77097 SUPPLIES-OFFICE-SENIOR PROGRAM	\$ 1,750
77098 TELEPHONE-SENIOR PROGRAMS	\$ 2,500
77099 VEHICLES-SENIOR PROGRAMS	\$ 2,500
78022 COMPUTER SERV-SENIOR PR	\$ 500
78024 POSTAGE-SENIOR PROGRAMS	\$ 250
78029 COPIER MAINT-SENIOR	\$ 1,200
Total	\$ 10,200
Senior Building	
ELECTRICITY	\$ 3,500
WATER	\$ 750
CLEANING	\$ 7,000
Total	\$ 11,250
TOTAL REC CENTER GEN ADM EXPENSE	\$ 661,300
BUDGET-EXPENSES TOTAL (OPERATING)	\$ 3,092,994
Facilities Imp BUDGET-EXPENSES TOTAL	\$ 445,000
BUDGET-EXPENSES TOTAL	\$ 3,537,994

Income	\$	3,092,994.00
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Expense	\$	3,092,994.00
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Form **990**

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

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

2018
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 for instructions and the latest information.

A For the 2018 calendar year, or tax year beginning **07/01/18**, and ending **06/30/19**

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

C Name of organization: **Hilton Head Island Recreation Association, Inc.**
 Doing business as:
 Number and street (or P.O. box if mail is not delivered to street address): **P.O. Box 22593**
 Room/suite:
 City or town, state or province, country, and ZIP or foreign postal code: **Hilton Head Island SC 29925**

D Employer identification number: **57-0827128**
E Telephone number: **843-681-7273**
G Gross receipts\$: **3,311,081**

F Name and address of principal officer:
Joe Mezera
7 Wing Shell lane
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) () (insert no.) 4947(a)(1) or 527

J Website: **www.islandrecenter.org**
H(c) Group exemption number ▶

K Form of organization: Corporation Trust Association Other ▶
L Year of formation: **1985** **M** State of legal domicile: **SC**

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: Community Recreation			
	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)	17	
	4	Number of independent voting members of the governing body (Part VI, line 1b)	17	
	5	Total number of individuals employed in calendar year 2018 (Part V, line 2a)	130	
	6	Total number of volunteers (estimate if necessary)	430	
	7a	Total unrelated business revenue from Part VIII, column (C), line 12	0	
	7b	Net unrelated business taxable income from Form 990-T, line 38	0	
Revenue	8	Contributions and grants (Part VIII, line 1h)	Prior Year: 1,282,382	Current Year: 1,589,714
	9	Program service revenue (Part VIII, line 2g)	1,295,996	1,343,895
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	19,156	24,044
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	17,368	85,177
	12	Total revenue – add lines 8 through 11 (must equal Part VIII, column (A), line 12)	2,614,902	3,042,830
	Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	
14		Benefits paid to or for members (Part IX, column (A), line 4)		0
15		Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	1,132,790	1,466,509
16a		Professional fundraising fees (Part IX, column (A), line 11e)		0
		b Total fundraising expenses (Part IX, column (D), line 25) ▶	0	
17		Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	1,156,008	1,556,589
	18	Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	2,288,798	3,023,098
	19	Revenue less expenses. Subtract line 18 from line 12	326,104	19,732
Net Assets or Fund Balances	20	Total assets (Part X, line 16)	Beginning of Current Year: 1,986,533	End of Year: 2,133,804
	21	Total liabilities (Part X, line 26)	235,112	362,651
	22	Net assets or fund balances. Subtract line 21 from line 20	1,751,421	1,771,153

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: **Frank Soule**
 Date: _____
 Type or print name and title: **Executive Director**

Paid Preparer Use Only

Print/Type preparer's name: **Patrick P. Carey, Jr., CPA**
 Preparer's signature: *Patrick P. Carey, Jr.*
 Date: **3/17/20**
 Check if PTIN self-employed: **P00033247**

Firm's name: **Carey & Company P.A.**
 Firm's EIN: **57-0927046**
 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

For Paperwork Reduction Act Notice, see the separate instructions.

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:

Community Recreation

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 \$ **236,663** including grants of \$) (Revenue \$ **124,856**)

Aquatics program

4b (Code:) (Expenses \$ **491,581** including grants of \$) (Revenue \$ **450,499**)

Athletic Program

4c (Code:) (Expenses \$ **602,055** including grants of \$) (Revenue \$ **650,295**)

Youth/Teen Programs

4d Other program services (Describe in Schedule O.)

(Expenses \$ **1,322,573** including grants of \$) (Revenue \$ **118,245**)

4e Total program service expenses **2,652,872**

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	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <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 Revenue Procedure 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 temporarily restricted endowments, permanent endowments, or 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</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? <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? If "Yes," complete Schedule I, Parts I and III		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? If "Yes," complete Schedule J		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? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a		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	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part 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? If "Yes," complete Schedule L, Part I		X
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," complete Schedule L, Part II		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III		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, or key employee? If "Yes," complete Schedule L, Part IV		X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV		X
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II		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? If "Yes," complete Schedule R, Part I		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1		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)? If "Yes," complete Schedule R, Part V, line 2		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2		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? If "Yes," complete Schedule R, Part VI		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. 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?		

1a	56
1b	0

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

		Yes	No		
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	2a	130		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	2b			X
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a			X
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b			
4a	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	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).				
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a			X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b			X
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c			
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a			X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b			
7	Organizations that may receive deductible contributions under section 170(c).				
a	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			
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b			
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c			
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e			
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f			
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g			
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h			
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8			
9	Sponsoring organizations maintaining donor advised funds.				
a	Did the sponsoring organization make any taxable distributions under section 4966?	9a			
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b			
10	Section 501(c)(7) organizations. Enter:				
a	Initiation fees and capital contributions included on Part VIII, line 12	10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b			
11	Section 501(c)(12) organizations. Enter:				
a	Gross income from members or shareholders	11a			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a			
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.				
a	Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O.	13a			
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			
c	Enter the amount of reserves on hand	13c			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a			X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b			
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N.	15			X
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.	16			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 in 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
1a	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 in Schedule O.		
1a	17		
b	Enter the number of voting members included in line 1a, above, who are independent		
1b	17		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person?		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		X
6	Did the organization have members or stockholders?		X
7a	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?		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		X
7b			
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a	The governing body?	X	
8a			
b	Each committee with authority to act on behalf of the governing body?	X	
8b			
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O		X
9			

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

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

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 in Schedule O)
- 19 Describe in 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 ►

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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.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

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)	(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) Joe Mezera	0.75									
President	0.00	X		X			0	0	0	
(2) Mary Hall	0.50									
Vice President	0.00	X		X			0	0	0	
(3) Susan Hughson	0.50									
Treasurer	0.00	X		X			0	0	0	
(4) Kate Boardman	0.50									
Secretary	0.00	X		X			0	0	0	
(5) Dana Millen	0.50									
Board Member	0.00	X					0	0	0	
(6) Alan Perry	0.50									
Board Director	0.00	X					0	0	0	
(7) Mike Manesiotis	0.50									
Board Director	0.00	X					0	0	0	
(8) Bubba Gillis	0.50									
Board Director	0.00	X					0	0	0	
(9) Kyle Theodore	0.50									
Board Director	0.00	X					0	0	0	
(10) Anne Delvecchio	0.50									
Board Director	0.00	X					0	0	0	
(11) Matt Clark	0.50									
Board Director	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) Marty Pauls	0.50									
Board Director	0.00	X						0	0	
(13) Chris Maldonado	0.50									
Board Director	0.00	X						0	0	
(14) Bob Stevens	0.50									
Board Director	0.00	X						0	0	
(15) Keri Olivetti	0.50									
Board Director	0.00	X						0	0	
(16) Barry Taylor	0.50									
Board Director	0.00	X						0	0	
(17) John Brighton	0.50									
Board Director	0.00	X						0	0	
(18) Frank Soule	40.00									
Executive Director	0.00			X				89,384	0	
1b Sub-total								89,384	4,445	
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)								89,384	4,445	

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 former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual		X
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual		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? If "Yes," complete Schedule J for such person		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	
Contributions, Gifts, Grants and Other Similar Amounts	1a Federated campaigns	1a					
	b Membership dues	1b					
	c Fundraising events	1c					
	d Related organizations	1d					
	e Government grants (contributions)	1e	1,353,127				
	f All other contributions, gifts, grants, and similar amounts not included above	1f	236,587				
	g Noncash contributions included in lines 1a-1f: \$						
	h Total. Add lines 1a-1f			1,589,714			
Program Service Revenue		Busn. Code					
	2a Summer day camp		246,930	246,930			
	b After-school club		161,469	161,469			
	c Youth soccer		120,883	120,883			
	d Fitness Program New		108,273	108,273			
	e SOAR - Special Olympics		75,886	75,886			
	f All other program service revenue		630,454	630,454			
	g Total. Add lines 2a-2f			1,343,895			
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		24,044			24,044	
	4 Income from investment of tax-exempt bond proceeds						
	5 Royalties						
	6a Gross rents	(i) Real					
		(ii) Personal					
	b Less: rental exps.						
	c Rental inc. or (loss)						
	d Net rental income or (loss)						
	7a Gross amount from sales of assets other than inventory	(i) Securities					
		(ii) Other					
	b Less: cost or other basis & sales exps.						
	c Gain or (loss)						
	d Net gain or (loss)						
	8a Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18	a	353,428				
		b Less: direct expenses	b	268,251			
c Net income or (loss) from fundraising events				85,177		48,072	
9a Gross income from gaming activities. See Part IV, line 19	a						
	b Less: direct expenses	b					
	c Net income or (loss) from gaming activities						
10a Gross sales of inventory, less returns and allowances	a						
	b Less: cost of goods sold	b					
	c Net income or (loss) from sales of inventory						
Miscellaneous Revenue		Busn. Code					
11a							
b							
c							
d All other revenue							
e Total. Add lines 11a-11d							
12 Total revenue. See instructions.			3,042,830	1,343,895	0	72,116	

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
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic individuals. See Part IV, line 22				
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	93,829		93,829	
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	1,164,852	1,010,566	154,286	
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9	Other employee benefits	80,490	80,490		
10	Payroll taxes	127,338	127,338		
11	Fees for services (non-employees):				
a	Management				
b	Legal				
c	Accounting	56,329	56,329		
d	Lobbying				
e	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)				
		33,451	33,451		
12	Advertising and promotion	33,451	33,451		
13	Office expenses				
14	Information technology				
15	Royalties				
16	Occupancy	116,139	116,139		
17	Travel	32,241	1,279	30,962	
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	26,961	26,961		
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	79,705	79,705		
23	Insurance	63,803	63,803		
24	Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a	CIP Building Upfit	127,274	127,274		
b	Rec Center pool	95,531	95,531		
c	Recreation center cleanin	81,558	81,558		
d	Youth soccer	69,661	69,661		
e	All other expenses	773,936	682,787	91,149	
25	Total functional expenses. Add lines 1 through 24e	3,023,098	2,652,872	370,226	0
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <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	
Assets	1	Cash—non-interest bearing	798,836	1	369,094
	2	Savings and temporary cash investments	222,060	2	516,969
	3	Pledges and grants receivable, net	33,249	3	1,061
	4	Accounts receivable, net		4	
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L		6	
	7	Notes and loans receivable, net		7	
	8	Inventories for sale or use		8	
	9	Prepaid expenses and deferred charges	29,124	9	33,390
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	1,077,757		
	10b	Less: accumulated depreciation	402,900		
			717,743	10c	674,857
	11	Investments—publicly traded securities		11	451,070
	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	185,521	15	87,363	
16	Total assets. Add lines 1 through 15 (must equal line 34)	1,986,533	16	2,133,804	
Liabilities	17	Accounts payable and accrued expenses	65,382	17	128,729
	18	Grants payable		18	
	19	Deferred revenue	106,957	19	163,770
	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 current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		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	62,773	25	70,152
	26	Total liabilities. Add lines 17 through 25	235,112	26	362,651
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.				
	27	Unrestricted net assets	1,751,421	27	1,771,153
	28	Temporarily restricted net assets		28	
	29	Permanently restricted net assets		29	
	Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.				
	30	Capital stock or trust principal, or current funds		30	
	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
	32	Retained earnings, endowment, accumulated income, or other funds		32	
33	Total net assets or fund balances	1,751,421	33	1,771,153	
34	Total liabilities and net assets/fund balances	1,986,533	34	2,133,804	

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	3,042,830
2	Total expenses (must equal Part IX, column (A), line 25)	2	3,023,098
3	Revenue less expenses. Subtract line 2 from line 1	3	19,732
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	1,751,421
5	Net unrealized gains (losses) on investments	5	
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	1,771,153

Part XII Financial Statements and Reporting

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

		Yes	No
1	Accounting method used to prepare the Form 990: <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.		
2a	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 checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	X	
2b	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		X
2c	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 in Schedule O.		
3a	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?		X
3b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.		

SCHEDULE A
(Form 990 or 990-EZ)

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.

▶ Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2018

Open to Public Inspection

Name of the organization

Hilton Head Island Recreation Association, Inc.

Employer identification number

57-0827128

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)						
Total						

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) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	880,592	847,942	1,015,313	1,282,382	1,589,714	5,615,943
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 Total. Add lines 1 through 3	880,592	847,942	1,015,313	1,282,382	1,589,714	5,615,943
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)						
6 Public support. Subtract line 5 from line 4						5,615,943

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
7 Amounts from line 4	880,592	847,942	1,015,313	1,282,382	1,589,714	5,615,943
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	6,532	1,840	23,496	19,156	15,686	66,710
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.)	60,707	55,698	38,441	17,368	85,177	257,391
11 Total support. Add lines 7 through 10						5,940,044
12 Gross receipts from related activities, etc. (see instructions)					12	1,385,387
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 <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

14 Public support percentage for 2018 (line 6, column (f) divided by line 11, column (f))	14	94.54%
15 Public support percentage from 2017 Schedule A, Part II, line 14	15	92.18%
16a 33 1/3% support test—2018. 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 <input checked="" type="checkbox"/>		
b 33 1/3% support test—2017. 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 <input type="checkbox"/>		
17a 10%-facts-and-circumstances test—2018. 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 <input type="checkbox"/>		
b 10%-facts-and-circumstances test—2017. 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 <input type="checkbox"/>		
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 <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

Calendar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
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						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						
14 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 <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

15 Public support percentage for 2018 (line 8, column (f), divided by line 13, column (f))	15	%
16 Public support percentage from 2017 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2018 (line 10c, column (f), divided by line 13, column (f))	17	%
18 Investment income percentage from 2017 Schedule A, Part III, line 17	18	%

- 19a **33 1/3% support tests—2018.** 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—2017.** 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
1 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>		
2 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>		
3a 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 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>		
c 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>		
4a 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 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>		
c 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>		
5a 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 Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
c Substitutions only. Was the substitution the result of an event beyond the organization's control?		
6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in Part VI.</i>		
7 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>		
8 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>		
9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? <i>If "Yes," provide detail in Part VI.</i>		
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>		
c 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>		
10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer 10b below.</i>		
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
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 in (b) and (c) below, the governing body of a supported organization?		
b	A family member of a person described in (a) above?		
c	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.		

Section B. Type I Supporting Organizations

		Yes	No
1	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? 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.		
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.		

Section C. Type II Supporting Organizations

		Yes	No
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).		

Section D. All Type III Supporting Organizations

		Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently 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 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? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.		

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	<input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.		
b	<input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.		
c	<input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).		
2	Activities Test. Answer (a) and (b) 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 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? 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 (a) and (b) 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? 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.		

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

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

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3.	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8	
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
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	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount 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 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	
8	Minimum Asset Amount (add line 7 to line 6)	8	
Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1	
2	Enter 85% of line 1.	2	
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3	
4	Enter greater of line 2 or line 3.	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6	
7	<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 Total annual distributions. 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 2018 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-2018	(iii) Distributable Amount for 2018
1 Distributable amount for 2018 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2018 (reasonable cause required-explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2018			
a From 2013			
b From 2014			
c From 2015			
d From 2016			
e From 2017			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2018 distributable amount			
i Carryover from 2013 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4 Distributions for 2018 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2018 distributable amount			
c Remainder. Subtract lines 4a and 4b from 4.			
5 Remaining underdistributions for years prior to 2018, 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 2018. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.			
7 Excess distributions carryover to 2019. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2014			
b Excess from 2015			
c Excess from 2016			
d Excess from 2017			
e Excess from 2018			

Part VI Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

Part II, Line 10 - Other Income Detail

Net income from fundraising \$ **257,391**

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

OMB No. 1545-0047

2018▶ Attach to Form 990, Form 990-EZ, or Form 990-PF.
▶ Go to www.irs.gov/Form990 for the latest information.

Name of the organization Hilton Head Island Recreation Association, Inc.	Employer identification number 57-0827128
--	---

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

 501(c)(3) (enter number) organization 4947(a)(1) nonexempt charitable trust not treated as a private foundation 527 political organization

Form 990-PF

 501(c)(3) exempt private foundation 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundationCheck 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 33¹/₃% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.
- For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (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 Recreation

Employer identification number

57-0827128

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		\$ 89,513	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2		\$ 1,241,348	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3		\$ 215,000	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.)

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

2018

Open to Public Inspection

Name of the organization: Hilton Head Island Recreation Association, Inc. Employer identification number: 57-0827128

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 total number at end of year, aggregate value of contributions, grants, and end of year, and 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 including checkboxes for types of conservation easements, a table for lines 2a-2d, and various questions about monitoring and reporting.

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 including questions about reporting works of art and historical treasures, and amounts related to these items.

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 are a 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 programs
 - 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 |
|---------------------------------|--------|
| c Beginning balance | 1c |
| d Additions during the year | 1d |
| e Distributions during the year | 1e |
| f Ending balance | 1f |
- 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
1a Beginning of year balance					
b Contributions					
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g 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 Temporarily restricted 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:
- | | Yes | No |
|-----------------------------|--------|----|
| (i) unrelated organizations | 3a(i) | |
| (ii) related organizations | 3a(ii) | |
- b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?
- 3b
- 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
1a Land		21,724		21,724
b Buildings		102,415		102,415
c Leasehold improvements		586,524		586,524
d Equipment		367,094		367,094
e Other			402,900	-402,900
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				674,857

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)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.) ▶		

Part VIII Investments—Program Related.

Complete if the organization answered "Yes" on Form 990, Part IV, 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)		
Total. (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)	
Total. (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) Accrued salaries	70,152
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	70,152

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

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

Table with 5 main rows and sub-rows (a-e) for adjustments. Columns include descriptions, sub-row labels (2a-2d, 4a-4b), and summary labels (1, 2e, 3, 4c, 5).

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

Table with 5 main rows and sub-rows (a-e) for adjustments. Columns include descriptions, sub-row labels (2a-2d, 4a-4b), and summary labels (1, 2e, 3, 4c, 5).

Part XIII Supplemental Information.

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

Series of horizontal dotted lines for providing supplemental information.

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

Supplemental Information Regarding Fundraising and Gaming Activities

OMB No. 1545-0047

2018

Department of the Treasury
Internal Revenue Service

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 for instructions and the latest information.

Open to Public Inspection

Name of the organization **Hilton Head Island Recreation Association, Inc.**

Employer identification number
57-0827128

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							

Total ▶

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>Special Events</u> (event type)	<u>Heritage Booth</u> (event type)	<u>None</u> (total number)	(add col. (a) through col. (c))
Revenue	1	Gross receipts	311,936	41,492	353,428
	2	Less: Contributions			
	3	Gross income (line 1 minus line 2)	311,936	41,492	353,428
Direct Expenses	4	Cash prizes			
	5	Noncash prizes			
	6	Rent/facility costs			
	7	Food and beverages			
	8	Entertainment			
	9	Other direct expenses	263,864	4,387	268,251
	10	Direct expense summary. Add lines 4 through 9 in column (d)			
11	Net income summary. Subtract line 10 from line 3, column (d)				85,177

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 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.

▶ Attach to Form 990 or 990-EZ.
▶ Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2018

**Open to Public
Inspection**

Name of the organization	Hilton Head Island Recreation Association, Inc.	Employer identification number 57-0827128
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Form 990, Part III, Line 4d - All Other Accomplishments

Community Recreation

Form 990, Part VI, Line 11b - Organization's Process to Review Form 990

A copy of the 990 is provided to selected Officers of the Board and the Executive Director prior to it being filed. The entire Board will review the return at the next regularly scheduled meeting.

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

The Organization regularly and consistently monitors and enforces compliance with its policy.

Form 990, Part VI, Line 15a - Compensation Process for Top Official

The process for determining the compensation for the Executive Director included a review and approval by independent persons, comparibilty data and contemperaneous substantiation of the deliberation and decision.

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

The governing documents are made available to the public upon request.

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

Description

Description	Tot/Prog Service	Mgt & General	Fundraising
Summer day camp	\$ 54,169	\$ 0	\$ 0

Name of the organization

Employer identification number

Hilton Head Island Recreation

57-0827128

Football Camp

\$	52,184	\$	0	\$	0
----	--------	----	---	----	---

Loss of fixed assets

\$	51,234	\$	0	\$	0
----	--------	----	---	----	---

Island Recreation facilit

\$	40,591	\$	0	\$	0
----	--------	----	---	----	---

Fitness Program New

\$	36,820	\$	0	\$	0
----	--------	----	---	----	---

Propane

\$	36,156	\$	0	\$	0
----	--------	----	---	----	---

Community Youth Events

\$	33,607	\$	0	\$	0
----	--------	----	---	----	---

Supplies-general purpose

\$	0	\$	28,424	\$	0
----	---	----	--------	----	---

Senior trips

\$	26,680	\$	0	\$	0
----	--------	----	---	----	---

Supplies-swim pool

\$	26,531	\$	0	\$	0
----	--------	----	---	----	---

Youth basketball

\$	26,242	\$	0	\$	0
----	--------	----	---	----	---

Telephone

\$	23,962	\$	0	\$	0
----	--------	----	---	----	---

Computer lease

\$	0	\$	21,926	\$	0
----	---	----	--------	----	---

Discovery club

\$	16,418	\$	0	\$	0
----	--------	----	---	----	---

Fitness Program Cla

Name of the organization

Employer identification number

Hilton Head Island Recreation

57-0827128

\$	15,622	\$	0	\$	0
----	--------	----	---	----	---

Supplies-janitorial

\$	0	\$	14,264	\$	0
----	---	----	--------	----	---

Youth Fitness

\$	14,237	\$	0	\$	0
----	--------	----	---	----	---

Soar - Special Olympics

\$	14,222	\$	0	\$	0
----	--------	----	---	----	---

Rec Ctr Expansion/Reno-To

\$	12,880	\$	0	\$	0
----	--------	----	---	----	---

Dues & subscriptions

\$	12,688	\$	0	\$	0
----	--------	----	---	----	---

After-school club

\$	12,147	\$	0	\$	0
----	--------	----	---	----	---

Leases-office equipment

\$	0	\$	11,719	\$	0
----	---	----	--------	----	---

Gator football

\$	11,309	\$	0	\$	0
----	--------	----	---	----	---

Swimming pool repairs

\$	11,276	\$	0	\$	0
----	--------	----	---	----	---

Parks

\$	11,226	\$	0	\$	0
----	--------	----	---	----	---

Supplies-office

\$	0	\$	11,137	\$	0
----	---	----	--------	----	---

Lacrosse

\$	10,356	\$	0	\$	0
----	--------	----	---	----	---

Exercise Class

\$	10,158	\$	0	\$	0
----	--------	----	---	----	---

Name of the organization

Employer identification number

Hilton Head Island Recreation

57-0827128

Athletics-wk of Champions

\$	8,100	\$	0	\$	0
----	-------	----	---	----	---

Friends Drive

\$	7,910	\$	0	\$	0
----	-------	----	---	----	---

Volleyball-girls camp

\$	7,401	\$	0	\$	0
----	-------	----	---	----	---

Aquatics

\$	7,009	\$	0	\$	0
----	-------	----	---	----	---

Golf school

\$	6,715	\$	0	\$	0
----	-------	----	---	----	---

Pickleball Expense

\$	6,613	\$	0	\$	0
----	-------	----	---	----	---

Postage & freight

\$	6,322	\$	0	\$	0
----	-------	----	---	----	---

Grounds maintenance

\$	5,808	\$	0	\$	0
----	-------	----	---	----	---

Challenge program

\$	5,616	\$	0	\$	0
----	-------	----	---	----	---

Karate-Shotokan

\$	5,444	\$	0	\$	0
----	-------	----	---	----	---

Building repairs

\$	4,856	\$	0	\$	0
----	-------	----	---	----	---

Youth-tennis

\$	4,774	\$	0	\$	0
----	-------	----	---	----	---

Computer lease-senior pro

\$	4,288	\$	0	\$	0
----	-------	----	---	----	---

Social activities

Name of the organization

Employer identification number

Hilton Head Island Recreation

57-0827128

\$	4,147	\$	0	\$	0
----	-------	----	---	----	---

Soccer camp

\$	3,946	\$	0	\$	0
----	-------	----	---	----	---

Sailing camp

\$	3,775	\$	0	\$	0
----	-------	----	---	----	---

Printing-general

\$	0	\$	3,679	\$	0
----	---	----	-------	----	---

Open gym programs

\$	2,823	\$	0	\$	0
----	-------	----	---	----	---

Cheerleading camp

\$	2,784	\$	0	\$	0
----	-------	----	---	----	---

Vending Machines

\$	2,317	\$	0	\$	0
----	-------	----	---	----	---

Trash removal

\$	2,304	\$	0	\$	0
----	-------	----	---	----	---

Telephone-senior program

\$	2,274	\$	0	\$	0
----	-------	----	---	----	---

Supplies Office

\$	1,940	\$	0	\$	0
----	-------	----	---	----	---

Grounds maintenance-Shelt

\$	1,857	\$	0	\$	0
----	-------	----	---	----	---

Misc Other

\$	1,737	\$	0	\$	0
----	-------	----	---	----	---

Roller hockey

\$	1,685	\$	0	\$	0
----	-------	----	---	----	---

Adult soccer leagues

\$	1,305	\$	0	\$	0
----	-------	----	---	----	---

Name of the organization

Employer identification number

Hilton Head Island Recreation

57-0827128

Children & teen activitie

\$	1,184	\$	0	\$	0
----	-------	----	---	----	---

Girls Softball

\$	1,144	\$	0	\$	0
----	-------	----	---	----	---

CRF Teen Camp

\$	1,099	\$	0	\$	0
----	-------	----	---	----	---

Jr Academy Soccer

\$	1,041	\$	0	\$	0
----	-------	----	---	----	---

Flag football

\$	990	\$	0	\$	0
----	-----	----	---	----	---

Fast trackers

\$	744	\$	0	\$	0
----	-----	----	---	----	---

Supplies general purpose-

\$	707	\$	0	\$	0
----	-----	----	---	----	---

Swim lessons

\$	584	\$	0	\$	0
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Gen Admin Expansion

\$	290	\$	0	\$	0
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Postage-senior program

\$	232	\$	0	\$	0
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Adult basketball leagues

\$	186	\$	0	\$	0
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Class & Seminars

\$	76	\$	0	\$	0
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Copier lease maintenance-

\$	45	\$	0	\$	0
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Total

Name of the organization

Employer identification number

Hilton Head Island Recreation

57-0827128

\$ 682,787

\$ 91,149

\$ 0

Form 990	Event Income and Deduction Worksheet	2018
Description Concessions		

Name Hilton Head Island Recreation	Taxpayer Identification Number 57-0827128
--	---

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>9,049</u>
2. Advertising income	2.	
3. Circulation income	3.	
4. Other income	4.	
5. Returns and allowances	5.	
6. Contributions received	6.	
7. Total revenue. Add lines 1 through 6	7.	<u>9,049</u>
8. Cost of Goods Sold	8.	
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. Total expenses. Add lines 8 through 14	15.	
16. Net Income/Loss. Line 7 minus Line 15	16.	<u>9,049</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	_____
Total Indirect Expense	_____

Expense Details - Depreciation Expense:

On investment property	_____
On non-investment property	_____
Amortization	_____
Depletion	_____
Total Depreciation Expense	_____

Expense Details - Exempt Activity Expense:

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

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	_____
Total Fundraising Expense	_____

Expense Details - Cost of Goods Sold:

Beginning inventory	_____
Purchases	_____
Labor	_____
Section 263A costs	_____
Other costs	_____
Ending inventory	_____
Total Cost of Goods Sold	_____

Expense Details - Employment Expense:

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

Expense Details - Fees for Services:

Management	_____
Legal	_____
Accounting	_____
Lobbying	_____
Professional fundraising	_____
Investment management	_____
Other	_____
Total Fees for Services	_____

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 990	Event Income and Deduction Worksheet	2018
Description Heritage Booth		

Name Hilton Head Island Recreation	Taxpayer Identification Number 57-0827128
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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>41,492</u>
2. Advertising income	2.	
3. Circulation income	3.	
4. Other income	4.	
5. Returns and allowances	5.	
6. Contributions received	6.	
7. Total revenue. Add lines 1 through 6	7.	<u>41,492</u>
8. Cost of Goods Sold	8.	
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.	<u>4,387</u>
15. Total expenses. Add lines 8 through 14	15.	<u>4,387</u>
16. Net Income/Loss. Line 7 minus Line 15	16.	<u>37,105</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	
Total Indirect Expense	

Expense Details - Depreciation Expense:

On investment property	
On non-investment property	
Amortization	
Depletion	
Total Depreciation Expense	

Expense Details - Exempt Activity Expense:

Repairs/Maintenance/Other	
Bad debts	
Taxes/licenses	
Charitable contributions	
Dividend recd deductions	
Readership costs	
Total Exempt Activity Expense	

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	<u>4,387</u>
Total Fundraising Expense	<u>4,387</u>

Expense Details - Cost of Goods Sold:

Beginning inventory	
Purchases	
Labor	
Section 263A costs	
Other costs	
Ending inventory	
Total Cost of Goods Sold	

Expense Details - Employment Expense:

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

Expense Details - Fees for Services:

Management	
Legal	
Accounting	
Lobbying	
Professional fundraising	
Investment management	
Other	
Total Fees for Services	

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 990	Event Income and Deduction Worksheet	2018
Description Special Events		

Name Hilton Head Island Recreation	Taxpayer Identification Number 57-0827128
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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>311,936</u>
2. Advertising income	2.	
3. Circulation income	3.	
4. Other income	4.	
5. Returns and allowances	5.	
6. Contributions received	6.	
7. Total revenue. Add lines 1 through 6	7.	<u>311,936</u>
8. Cost of Goods Sold	8.	
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.	<u>263,864</u>
15. Total expenses. Add lines 8 through 14	15.	<u>263,864</u>
16. Net Income/Loss. Line 7 minus Line 15	16.	<u>48,072</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	
Total Indirect Expense	

Expense Details - Depreciation Expense:

On investment property	
On non-investment property	
Amortization	
Depletion	
Total Depreciation Expense	

Expense Details - Exempt Activity Expense:

Repairs/Maintenance/Other	
Bad debts	
Taxes/licenses	
Charitable contributions	
Dividend recd deductions	
Readership costs	
Total Exempt Activity Expense	

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	<u>263,864</u>
Total Fundraising Expense	<u>263,864</u>

Expense Details - Cost of Goods Sold:

Beginning inventory	
Purchases	
Labor	
Section 263A costs	
Other costs	
Ending inventory	
Total Cost of Goods Sold	

Expense Details - Employment Expense:

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

Expense Details - Fees for Services:

Management	
Legal	
Accounting	
Lobbying	
Professional fundraising	
Investment management	
Other	
Total Fees for Services	

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 990	Event Income and Deduction Worksheet	2018
Description From CSA Import		

Name Hilton Head Island Recreation	Taxpayer Identification Number 57-0827128
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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. Total revenue. Add lines 1 through 6	7.	_____
8. Cost of Goods Sold	8.	_____
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. Total expenses. Add lines 8 through 14	15.	_____
16. Net Income/Loss. Line 7 minus Line 15	16.	_____

Expense Details - Cost of Goods Sold:

Beginning inventory	_____
Purchases	_____
Labor	_____
Section 263A costs	_____
Other costs	_____
Ending inventory	_____
Total Cost of Goods Sold	_____

Expense Details - Employment Expense:

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

Expense Details - Fees for Services:

Management	_____
Legal	_____
Accounting	_____
Lobbying	_____
Professional fundraising	_____
Investment management	_____
Other	_____
Total Fees for Services	_____

Information is indicated for use on Form 990-T schedule:

<input type="checkbox"/>	Schedule E
<input type="checkbox"/>	Schedule F
<input type="checkbox"/>	Schedule G
<input type="checkbox"/>	Schedule I
<input type="checkbox"/>	Schedule J

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	_____
Total Indirect Expense	_____

Expense Details - Depreciation Expense:

On investment property	_____
On non-investment property	_____
Amortization	_____
Depletion	_____
Total Depreciation Expense	_____

Expense Details - Exempt Activity Expense:

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

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	_____
Total Fundraising Expense	_____

Allocation of Expense to Program Service Accomplishments:

First	_____
Second	_____
Third	_____
All other	_____

Internal Revenue Service
District Director

Department of the Treasury

P. O. Box 2508
Cincinnati, OH 45201

Date: APR 23 1997

Hilton Head Island Recreation Association
C/O Island Youth Center Cordillo Pkwa
PO Box 22593
Hilton Head Island, SC 29925-2593

Person to Contact:
D. A. Downing
Telephone Number:
513-241-5199
Fax Number
513-684-5936
Federal Identification Number:
57-0827128

Dear Sir or Madam:

This letter is in response to your request for a copy of your organization's determination letter. This letter will take the place of the copy you requested.

Our records indicate that a determination letter issued in June, 1986 granted your organization exemption from federal income tax under section 501(c)(3) of the Internal Revenue Code. That letter is still in effect.

Based on information subsequently submitted, we classified your organization as one that is not a private foundation within the meaning of section 509(a) of the Code because it is an organization described in section 509(a)(1).

This classification was based on the assumption that your organization's operations would continue as stated in the application. If your organization's sources of support, or its character, method of operations, or purposes have changed, please let us know so we can consider the effect of the change on the exempt status and foundation status of your organization.

Your organization is required to file Form 990, Return of Organization Exempt from Income Tax, only if its gross receipts each year are normally more than \$25,000. If a return is required, it must be filed by the 15th day of the fifth month after the end of the organization's annual accounting period. The law imposes a penalty of \$20 a day, up to a maximum of \$10,000, when a return is filed late, unless there is reasonable cause for the delay.

All exempt organizations (unless specifically excluded) are liable for taxes under the Federal Insurance Contributions Act (social security taxes) on remuneration of \$100 or more paid to each employee during a calendar year. Your organization is not liable for the tax imposed under the Federal Unemployment Tax Act (FUTA).

Organizations that are not private foundations are not subject to the excise taxes under Chapter 42 of the Code. However, these organizations are not automatically exempt from other federal excise taxes.

Hilton Head Island Recreation Association
57-0827128

Donors may deduct contributions to your organization as provided in section 170 of the Code. Bequests, legacies, devises, transfers, or gifts to your organization or for its use are deductible for federal estate and gift tax purposes if they meet the applicable provisions of sections 2055, 2106, and 2522 of the Code.


Your organization is not required to file federal income tax returns unless it is subject to the tax on unrelated business income under section 511 of the Code. If your organization is subject to this tax, it must file an income tax return on the Form 990-T, Exempt Organization Business Income Tax Return. In this letter, we are not determining whether any of your organization's present or proposed activities are unrelated trade or business as defined in section 513 of the Code.

Because this letter could help resolve any questions about your organization's exempt status and foundation status, you should keep it with the organization's permanent records.

Please direct any questions to the person identified in the letterhead above.

This letter affirms your organization's exempt status.

Sincerely,



C. Ashley Bullard
District Director