

# 2023 Accommodations Tax Funds Request Application

**Organization Name:** World Affairs Council of Hilton Head

**Project/Event Name:** 2023 WACHH Marketing Grant

## Executive Summary

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

Strategic Marketing Summary:

Overall Marketing Objectives

- To use a variety of marketing vehicles to reach area residents, Island tourists, and potential visitors to the Lowcountry to market our Distinguished Speakers Program.
- Target potential attendees from Savannah, Charleston, and beyond to attend a program
- Increase in-person attendance at WACHH Distinguished speaker events to pre-pandemic levels (650+).

Marketing goals

- To reach the maximum potential audience with our marketing messages cost-effectively
- Identify different social media groups and platforms to target with our message
- Develop different marketing messages for different audiences
- Using data analytics to test each marketing campaign's effectiveness will help

us fine-tune the Council's marketing efforts.

We currently utilize print advertising due to the attendee demographics but are starting to focus on social media and other digital advertising with a broad reach (age, demographic, and geographic). Our average attendee is someone over 60 with disposable income.

Attendance has declined for all local Arts and Culture organizations due to the pandemic and the economic effects of recent inflation. Fewer people are coming to the Island, but those that come are spending a sizable amount of money. We understand the need to broaden our marketing efforts both in the greater Hilton Head and regional hubs of Charleston, Savannah, and beyond.

# 2023 Accommodations Tax Funds Request Application

Date Received: 09/01/2022	Time Received: 11:38 AM	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:** World Affairs Council of Hilton Head

**Project/Event Name:** 2023 WACHH Marketing Grant

Contact Name: Maureen Korzik Title: Executive Director

Address: 200 Main St. # 201M, Hilton Head, SC 29926

Email Address:

execdirector@wachh.org

Contact Phone: 843-384-6758

Event Date: January 2023- December 2023

Event Location: First Presbyterian Church

**Total Budget:** \$25,400.00

**Grant Requested:** \$10,000.00

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

Funds would be used for advertising the 2023 Distinguished Speaker Programs, including our 2 Global Speakers programs. We would engage potential visitors and regional residents using a variety of advertising vehicles (social media, print, & digital). The Council has a limited print advertising budget for 14 speaker events and cannot promote all our events consistently. Additional funding would allow us to expand our print, digital, and media marketing throughout our calendar year.

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

The Council would promote its programs to seasonal tourists and people who live in specific areas known to visit the island from October thru May who would be interested in programs that would enhance their experience on HHI. Affordable educational programs are of great interest to many island visitors. The timely topics have broad appeal (Ukraine, Corruption, Latin America, foreign policy, etc.). Our programs are open to the public and attract a diverse audience from many areas around the County, State, and Country. Many of our guests return to the programs annually, while others come for the first time and are surprised at the high caliber of speakers we retain. We conduct a bi-annual survey of members to assess our audience and a guest survey after each event. Guest attendance was significantly down this year due to persistent Covid fears.

A. Total Number of Physical Tourists Served: 40

*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: 156

*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: 765

*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): 2892

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

The Council held in person and virtual events last year. Attendance was

less than half of our usual numbers due to peoples reluctance to be in large crowds. We tracked zip code at registrations. Each Guest was asked to provide their email at registration on line or at the event (walk ins). We found some participants reluctnce to share this data and plan to improve our event data collection for the upcoming year by initiating a QR Code attendee tracking system, allowing us to collect every attendee's data (email, zip codes, etc.) at every event. We Beta tested the project over the summer at our Summer Speaker Series and were successful. The Council will implement the final phase of the project at our upcoming Distinguished Speaker Series. Additionally, guests will receive a follow-up email thanking them for attending and the opportunity to partake in a 3-question survey after their visit. We are confident that this new data collection program will provide excellent and accurate data in the future, which will be used to guide future planning for our organization.

## **B. DESCRIPTION OF OPERATIONS:**

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

WACHH is a 501(c)(3) non-profit, non-partisan organization that offers educational programs on international affairs and other pertinent topics. Our speaker seminars, discussion groups, conference calls, and student outreach programs give our members and the various public opportunities to learn about global issues.

WACHH is a membership-based organization, with dues being our primary funding source for our programming year, but our speaker programs are open to the public, and guests are welcome. Membership dues cover about 65% of our expenses, and we rely on guest fees, grants, and donations to cover the shortfall.

Our primary program, the Distinguished Speaker Series, hosts 2 International and 12 national speakers from October through May, and past attendance averaged over 600 people. Speakers bring their expertise on various topics, including foreign policy, diplomacy, technology, military, education, and other global issues. The in-person experience is valued, with the Q & A session the most interesting part of the program (example: <https://vimeo.com/606765919>). Our other programs are designed to involve the community in discussions about global topics and events.

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

The Council's advertising plan utilizes local print publications, social media, search engine advertising (Google & Facebook ads), and print material (posters, flyers, etc.). The grant will ensure we have funding to target audiences outside Hilton Head.

Funds would be used for Google ads (\$2000), Facebook ads (\$2000), partial funding for our social media admin (\$3000), and print marketing (\$3000) to market the Distinguished Speaker events throughout the year. Our goal is to target specific interest groups (tourists, education, alums, global) and regions (Ohio, Pittsburg, NJ, Canada) with our message. Our season pass business offered to "snow birds" declined significantly due to the pandemic so we will target these annual tourists. Our Council name contains "Hilton Head," which can be tagged in all our social messages.

Tourists come to the Island for various reasons, looking for memorable, well-rounded experiences. WACHH provides tourists the opportunity to attend affordable, high-level educational programs they will want to attend yearly. Many attendees go to restaurants on the Island for lunch or dinner after our events to discuss the program.

The Executive Director oversees the development and implementation of the marketing program the grant funding supports. We are reaching out to all large hotels and the concierge staff to ensure they know our programs and share that information with their guests. The additional advertising budget will ensure we capture the potential Airbnb, timeshare, and RV visitors.

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)*

Partial Funding would impact the amount of advertising WACHH could do, specifically Google and Facebook ads) and thus directly impact the number of tourists we reach could through advertising. That would decrease the number of people visiting the Island and utilizing the local restaurants, shops, and other amenities.

Our seasonal patrons tell us that our various Speaker Series are a significant reason they enjoy coming to the Island every year and sharing their experiences with friends and family members.

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

Last year we had 3048 physical attendees, with an additional 616 attending via Livestream (future tourists) to our Distinguished Speakers Programs. Attendees visit local restaurants before and after the presentations, shop, or visit other attractions while on the Island. Our speakers stay at local hotels, and we host receptions, dinners, and lunches in their honor at local venues. The positive experience speakers, members, and guests have generated new tourism by sharing with friends, family, and colleagues. Data tracking will be done at each event, and a guest survey will be sent after each event.

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>	25 %
2 - Tourism-Related Events <i>Promotion of the arts and cultural events.</i>	75 %
3 - Tourism-Related Facilities <i>Construction, maintenance and operation of facilities for civic and cultural activities including construction and maintenance of access and other nearby roads and utilities for the facilities.</i>	0 %
4 - Tourism-Related Public Services <i>The criminal justice system, law enforcement, fire protection, solid waste collection and health facilities when required to serve tourists and tourist facilities. This is based on the estimated percentage of costs directly attributed to tourist. Also includes public facilities such as restrooms, dressing rooms, parks and parking lots.</i>	0 %
5 - Tourist Public Transportation <i>Tourist shuttle transportation.</i>	0 %
6 - Waterfront Erosion/Control/Repair <i>Control and repair of waterfront erosion.</i>	0 %
7 - Operation of Visitor Information Centers <i>Operating visitor information centers.</i>	0 %
<b>Total:</b>	<b>100 %</b>

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

*WACHH currently collaborates with other World Affairs Councils in*



*Savannah, Charleston, Columbia, Upstate, and the World Affairs Council of America by promoting our programs. We are working with the HHI Chamber of Commerce, WHHI, and Culture HHI to promote our programs. We provide speakers for local civic and educational groups and high schools.*

*We have been providing quality World affairs programs for over 40 years, and we are the only non-profit organization of this type within the region. Our longevity speaks to our program's popularity, as demonstrated by our significant attendance. The pandemic has caused a substantial decrease in our attendance and, therefore, our bottom line. An aggressive ad campaign will help us achieve our goal of reaching new audiences. We are proud of our programs and take seriously the role we play in the cultural environment on the Island for those who live or visit the Island, especially for those looking for more than the average vacation experience.*

7. Additional comments. (250 words or less)

*In addition to our speaker programs, WACHH has two county-wide high school student outreach programs, Model UN(MUN) and Academic WorldQuest (AWQ). While different in their approach, these programs accomplish the same goal, exposing local students to world affairs. We view this as an investment in these students, future leaders of our region and country. While we could utilize the money from these programs for marketing purposes, we believe that developing a globally informed citizenry is more important. Visit <https://wachh.org/Community> for more information on these programs.*

**C. FUNDING:**

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

We are funded primarily through membership dues, donations, and grants. Membership dues allow us to obtain funding upfront so we can fund our speaker programs for the upcoming year, but they do not cover all our expenses. We also have a Global Speaker fund set up at the Community Foundation to pay for our two international speaker programs. Money for this fund came from membership donations in 2018.

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

<u>      </u> Government Sources	<u>      </u> Private Contributions, Donations and Grants
<u>15</u> Corporate Support, Sponsors	<u>65</u> Membership, Dues, Subscriptions
<u>10</u> Ticket Sales, or Sales and Services	<u>5</u> Other

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

Yes  No

If so, please list top 3 sources and amounts.

**D. FINANCIAL INFORMATION:**

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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:

**2022-2023**

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

Profit and Loss Years Provided:

2020

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

Balance Sheet Years Provided:

2021

June 2022

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

IRS Form 990 or 990T Years Provided:

2018

2019

2020

## E. FINANCIAL GUARANTEES AND PROCEDURES:

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

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

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

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

## F. MEASURING EFFECTIVENESS:

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If you received 2021 or 2022 HHI ATAX funds

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

ATAX grant funds were used for print advertising (Local Life magazine & Island Packet) and some social media advertising. We were not able to achieve the attendance numbers we had anticipated due to the pandemic. Some people were reluctant to come back to in person events. The Council hopes that in our upcoming program year we can return to our previous attendance numbers (average 600 attendees (40 guests))

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

While the number of attendees increased from the previous year, it was still significantly down from pre covid dates. We would not have had the funds to advertise if we had not gotten the ATAX grant. The Council Board has had to rethink the approach to our marketing and revamp our marketing plan.

4. How does the organization measure the effectiveness of both the overall

activity and of individual programs? (200 words or less)

- Measure the # of non resident attendees at each event
- Measure the # of overall attendees
- Measure # of clicks on digital media ads
- Measure the number of clicks on our website
- Number of guest surveys answered

Signature: Maureen Korzik

Title/Position: Executive Director

Mailing Address: PO Box 22523, Hilton Head, SC 29925

Email Address: [execdirector@wachh.org](mailto:execdirector@wachh.org)

Office Phone Number: 843-384-6758

Home Phone Number: 704-650-3389

<b>Affairs Council if Hilton Head</b>				
<b>ATAX Effectiveness Measurement</b>				
				<b>Goal</b>
<b>Topic</b>	<b>The Plan</b>	<b>Budget</b>	<b>Actual Spent</b>	<b>Results</b>
<b>Print Ads</b>	2 Ads in local life	4500		to reach a large number of people to increase the number of guests at Distiguated Speaker events
	3 ads in Island Packet	3000		
<b>total</b>		7500		
<b>Digital Ads</b>	14 Goole ad campaigns	2000		Reach large number of regional residents and visitors
				Measure number of clicks
	14 Face Book Ad campaings	2000		
<b>Social Media Assistant</b>	Hire assitant to handle allsocial media January - June	3000		Improve social media presences
				Drive links to website
				increase # of guests/tourists attending
<b>Website</b>	Create resourse page	2500		Become a resouce for world affairs
				increase website views
				increase # of newslettter sign ups from non Beaufort County Residents
				Review monthly analytics to drive website content
		24500		

**WORLD AFFAIRS COUNCIL OF HILTON HEAD  
Board of Directors Meeting- Via Email  
August 16, 2022**

Attending via email:

John Gilbert  
Dave Borghesi  
Colin Moseley  
Rick Mitchell  
Peter Cooper  
Cindy Petitt  
Joan Apple Lemoine  
Cathy Robine

Bill Patterson  
Paul Hoyte  
Lynn Cordy  
Jeanie Silletti  
Maureen Korzik-ED

An email was sent to all Board members concerning two Marketing Committee matters. Motions in bold.

**It was moved (Petitt) and seconded (Hoyte) that the Board allow the Executive Director (Korzik) to submit a grant to the Town of Hilton Head ATAX committee. The motion passed unanimously.**

**It was moved (Petitt) and seconded (Cordy) that the Board approve the new logo design. The motion passed unanimously.**

Next meeting: September 15, 2022, at 10:00 am at the WACHH office.

# So what did you think of our program?

Please answer this short (1 minute) survey. Your input is very important and as a thank you, all responders will be entered in a monthly raffle for Council prizes. Many thanks!

 [excdirector@wachh.org](mailto:execdirector@wachh.org) (not shared) [Switch account](#)



\* Required

1. Did you like the program you attended? \*

- Yes
- No
- Maybe

2. How did you hear about the Council's programs? \*

- Friend/neighbor
- Social media
- Magazine
- Newspaper
- Other:

3. What's your home zip code? \*

Your answer

4. What's your email address? (needed to be part of the raffle)

Your answer

Submit

Clear form

Never submit passwords through Google Forms.

This form was created inside of [wachh.org](http://wachh.org). [Report Abuse](#)



Google Forms





WACHH Budget FYE2023

Expenses

Friday Speaker	12 speakers	60000
honorarium		12000
FPC		21600
travel cost		26400
ESS		0
GD		0
Summer Speakers		1000
Marketing / PR		26300
ads	10000	
website	6400	
social media asst	6000	
promo material	1900	
Volunteer support	1000	
Outreach		15000
Fixed		
ED	63650	
Assistant	5050	
Insurance	3600	
PayPal	4194	
Office space	6000	
WACA related	6000	
Misc	6300	
		<u>94794</u>
Total		197094

Revenue

Guest fees		4200
ESS		0
GD		0
Membership subscription donations		6000
Corporate and program speaker Sponsors		20000
Grants		11400
HCF champions		4600
HCF - birdies		8000
outreach donations and grants		5000
outreach carryover		10000
annual 12-31 campaign		6500
other		450
subtotal		<u>76150</u>
dues needed		<u>121000</u>
	800	\$145
	<u>50</u>	<u>\$100</u>
	<u>850</u>	<u>121000</u>
		<u>0</u>

Excess

World Affairs Council of Hiton Head  
Balance Sheet  
as of June 30, 2022

ASSETS	
Cash	\$ 118,463.74
Prepaid expense	<u>700.00</u>
Total	<u><u>\$ 119,163.74</u></u>
LIABILITIES	
Payables	\$ 427.50
Deferred revenues	<u>62574.56</u>
Total	<u><u>\$ 63,002.06</u></u>
FUND BALANCE	<u><u>\$ 56,161.68</u></u>

Accounting basis: Accrual

Prepared by: David Borghesi  
Treasurer

WACHHI  
GAAP Fund Balance as of June 30, 2020

Cash balance	<u>78510</u>	Excludes SBA loan pro
Prepays for 2021		Prior Year comparison
302 memberships	37750	54000
outreach	3760	6820
GD	1135	n/a not tracked
general contr	500	1805 program su
PayPal fee	-709	n/a not tracked
	<u>42436</u>	
Excess from CFL GSS	<u>1157</u>	
Outreach funds collected in 2019/20	16585 (A)	
Donation from ESS	280	
Less Expenses through 5-31	-6158	
	<u>10707</u>	
Other		
CFL marketing grant in excess of expense	820	
Interest on loan (one month)	230	
	<u>1050</u>	
subtotal	<u>55350</u>	
Unrestricted	<u>23160</u>	
(A) prepaid in 2019	6820	

Form **990-EZ**

# Short Form Return of Organization Exempt From Income Tax

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

OMB No. 1545-0047

**2020**

**Open to Public Inspection**

Department of the Treasury  
Internal Revenue Service

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

▶ Go to [www.irs.gov/Form990EZ](http://www.irs.gov/Form990EZ) for instructions and the latest information.

**A** For the 2020 calendar year, or tax year beginning July 1, 2020, 2020, and ending June 30, 2021, 20

**B** Check if applicable:

Address change  
 Name change  
 Initial return  
 Final return/terminated  
 Amended return  
 Application pending

**C** Name of organization **World Affairs Council of Hilton Head**

Number and street (or P.O. box if mail is not delivered to street address) **Post Office Box 22523** Room/suite

City or town, state or province, country, and ZIP or foreign postal code **Hilton Head Island, South Carolina 29925**

**D** Employer identification number **570942426**

**E** Telephone number **843-363-5299**

**F** Group Exemption Number **na**

**G** Accounting Method:  Cash  Accrual Other (specify) ▶

**I** Website: ▶ wachhi@gmail.com

**J** Tax-exempt status (check only one) —  501(c)(3)  501(c) ( ) (insert no.)  4947(a)(1) or  527

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

**L** Add lines 5b, 6c, and 7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, column (B)) are \$500,000 or more, file Form 990 instead of Form 990-EZ . . . . . ▶ \$ 170,410

## Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I)

Check if the organization used Schedule O to respond to any question in this Part I . . . . .

Revenue	<b>1</b>	Contributions, gifts, grants, and similar amounts received . . . . .		<b>1</b>		69,601			
	<b>2</b>	Program service revenue including government fees and contracts . . . . .		<b>2</b>		12,233			
	<b>3</b>	Membership dues and assessments . . . . .		<b>3</b>		88,040			
	<b>4</b>	Investment income . . . . .		<b>4</b>		12			
	<b>5a</b>	Gross amount from sale of assets other than inventory . . . . .	<b>5a</b>						
	<b>b</b>	Less: cost or other basis and sales expenses . . . . .	<b>5b</b>						
	<b>c</b>	Gain or (loss) from sale of assets other than inventory (subtract line 5b from line 5a) . . . . .		<b>5c</b>		0			
	<b>6</b>	Gaming and fundraising events:							
	<b>a</b>	Gross income from gaming (attach Schedule G if greater than \$15,000) . . . . .	<b>6a</b>						
<b>b</b>	Gross income from fundraising events (not including \$ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000) . . . . .	<b>6b</b>							
<b>c</b>	Less: direct expenses from gaming and fundraising events . . . . .	<b>6c</b>							
<b>d</b>	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c) . . . . .		<b>6d</b>		0				
<b>7a</b>	Gross sales of inventory, less returns and allowances . . . . .	<b>7a</b>							
<b>b</b>	Less: cost of goods sold . . . . .	<b>7b</b>							
<b>c</b>	Gross profit or (loss) from sales of inventory (subtract line 7b from line 7a) . . . . .		<b>7c</b>		0				
<b>8</b>	Other revenue (describe in Schedule O) . . . . .		<b>8</b>		524				
<b>9</b>	<b>Total revenue.</b> Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 . . . . . ▶		<b>9</b>		170,410				
Expenses	<b>10</b>	Grants and similar amounts paid (list in Schedule O) . . . . .		<b>10</b>		0			
	<b>11</b>	Benefits paid to or for members . . . . .		<b>11</b>		0			
	<b>12</b>	Salaries, other compensation, and employee benefits <input checked="" type="checkbox"/> . . . . .		<b>12</b>		0			
	<b>13</b>	Professional fees and other payments to independent contractors <input checked="" type="checkbox"/> . . . . .		<b>13</b>		61,135			
	<b>14</b>	Occupancy, rent, utilities, and maintenance . . . . .		<b>14</b>		0			
	<b>15</b>	Printing, publications, postage, and shipping . . . . .		<b>15</b>		1,682			
	<b>16</b>	Other expenses (describe in Schedule O) <input checked="" type="checkbox"/> . . . . .		<b>16</b>		52,629			
<b>17</b>	<b>Total expenses.</b> Add lines 10 through 16 . . . . . ▶		<b>17</b>		115,446				
Net Assets	<b>18</b>	Excess or (deficit) for the year (subtract line 17 from line 9) . . . . .		<b>18</b>		54,964			
	<b>19</b>	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return) . . . . .		<b>19</b>		78,510			
	<b>20</b>	Other changes in net assets or fund balances (explain in Schedule O) . . . . .		<b>20</b>		0			
	<b>21</b>	<b>Net assets or fund balances at end of year.</b> Combine lines 18 through 20 . . . . . ▶		<b>21</b>		133,474			

Part II Balance Sheets (see the instructions for Part II)

Check if the organization used Schedule O to respond to any question in this Part II

Table with 3 columns: Description, (A) Beginning of year, (B) End of year. Rows include Cash, savings, and investments; Land and buildings; Other assets; Total assets; Total liabilities; Net assets or fund balances.

Part III Statement of Program Service Accomplishments (see the instructions for Part III)

Check if the organization used Schedule O to respond to any question in this Part III

What is the organization's primary exempt purpose? Community Education
Describe the organization's program service accomplishments for each of its three largest program services...

Table with 3 columns: Description, (A) Beginning of year, (B) End of year. Rows include WACHH recruits reknown speakers to Hilton Head Island; WACHH normally conducts forums; WACHH historically provides outreach support; Other program services; Total program service expenses.

Part IV List of Officers, Directors, Trustees, and Key Employees (list each one even if not compensated)

Check if the organization used Schedule O to respond to any question in this Part IV

Table with 5 columns: (a) Name and title, (b) Average hours per week devoted to position, (c) Reportable compensation, (d) Health benefits, contributions to employee benefit plans, and deferred compensation, (e) Estimated amount of other compensation.

Part V Other Information (Note the Schedule A and personal benefit contract statement requirements in the instructions for Part V.) Check if the organization used Schedule O to respond to any question in this Part V

		Yes	No
33	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O . . . . .		<input checked="" type="checkbox"/>
34	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O. See instructions . . . . .		<input checked="" type="checkbox"/>
35a	Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)? . . . . .		<input checked="" type="checkbox"/>
b	If "Yes" to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O . . . . .		<input checked="" type="checkbox"/>
c	Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III . . . . .		<input checked="" type="checkbox"/>
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N . . . . .		<input checked="" type="checkbox"/>
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions ▶ <u>37a</u> 0		
b	Did the organization file Form 1120-POL for this year? . . . . .		<input checked="" type="checkbox"/>
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee; or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return? . . . . .		<input checked="" type="checkbox"/>
b	If "Yes," complete Schedule L, Part II, and enter the total amount involved . . . . . <u>38b</u>		
39	Section 501(c)(7) organizations. Enter:		
a	Initiation fees and capital contributions included on line 9 . . . . . <u>39a</u>		
b	Gross receipts, included on line 9, for public use of club facilities . . . . . <u>39b</u>		
40a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ▶ <u>0</u> ; section 4912 ▶ <u>0</u> ; section 4955 ▶ <u>0</u>		
b	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I . . . . .		<input checked="" type="checkbox"/>
c	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 . . . . . ▶ <u>0</u>		
d	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization . . . . . ▶ <u>0</u>		
e	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T . . . . .		<input checked="" type="checkbox"/>
41	List the states with which a copy of this return is filed ▶ <u>South Carolina</u>		
42a	The organization's books are in care of ▶ <u>David Borghesi</u> Telephone no. ▶ <u>843-363-5299</u> Located at ▶ <u>170Club Course Drive, Hilton Head Island SC</u> ZIP + 4 ▶ <u>29928-3150</u>		
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If "Yes," enter the name of the foreign country ▶ _____ See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).		<input checked="" type="checkbox"/>
c	At any time during the calendar year, did the organization maintain an office outside the United States? If "Yes," enter the name of the foreign country ▶ _____		<input checked="" type="checkbox"/>
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here and enter the amount of tax-exempt interest received or accrued during the tax year . . . . . ▶ <u>43</u>		
44a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ . . . . .		<input checked="" type="checkbox"/>
b	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ . . . . .		<input checked="" type="checkbox"/>
c	Did the organization receive any payments for indoor tanning services during the year? . . . . .		<input checked="" type="checkbox"/>
d	If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O . . . . .		<input checked="" type="checkbox"/>
45a	Did the organization have a controlled entity within the meaning of section 512(b)(13)? . . . . .		<input checked="" type="checkbox"/>
b	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," Form 990 and Schedule R may need to be completed instead of Form 990-EZ. See instructions . . . . .		<input checked="" type="checkbox"/>

**46** Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I . . . . . **46**  Yes  No

**Part VI Section 501(c)(3) Organizations Only**

All section 501(c)(3) organizations must answer questions 47-49b and 52, and complete the tables for lines 50 and 51.

Check if the organization used Schedule O to respond to any question in this Part VI . . . . .

**47** 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 . . . . . **47**  Yes  No

**48** Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E . . . . . **48**  Yes  No

**49a** Did the organization make any transfers to an exempt non-charitable related organization? . . . . . **49a**  Yes  No

**49b** If "Yes," was the related organization a section 527 organization? . . . . . **49b**  Yes  No

**50** Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees, and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

(a) Name and title of each employee	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
NONE				

**f** Total number of other employees paid over \$100,000 . . . . . ▶ \_\_\_\_\_

**51** Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

(a) Name and business address of each independent contractor	(b) Type of service	(c) Compensation
NONE		

**d** Total number of other independent contractors each receiving over \$100,000 . . . . . ▶ \_\_\_\_\_

**52** Did the organization complete Schedule A? **Note:** All section 501(c)(3) organizations must attach a completed Schedule A . . . . .  Yes  No

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: David W. Borghesi Date: Sept 28, 2021  
 David Borghesi, Treasurer  
 Type or print name and title

**Paid Preparer Use Only**  
 Print/Type preparer's name: \_\_\_\_\_ Preparer's signature: \_\_\_\_\_ Date: \_\_\_\_\_ Check  if self-employed PTIN: \_\_\_\_\_  
 Firm's name: \_\_\_\_\_ Firm's EIN: \_\_\_\_\_  
 Firm's address: \_\_\_\_\_ Phone no.: \_\_\_\_\_

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

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

OMB No. 1545-0047

**2020**

**Open to Public Inspection**

Name of the organization

World Affairs Council of Hilton Head

Employer identification number

57-0942426

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

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

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

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



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

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

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	133303	183923	133324	145614	108377	704541
<b>2</b> Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose . . . .	12269	11055	21106	17962	12233	74625
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf . . . . .						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge . . . . .						
<b>6 Total.</b> Add lines 1 through 5 . . . . .	145572	194978	154430	163576	120610	779166
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons . . . . .						
<b>b</b> Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year				22093	9144	
<b>c</b> Add lines 7a and 7b . . . . .	0	0	0	22093	9144	31237
<b>8 Public support.</b> (Subtract line 7c from line 6.) . . . . .						747929

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
<b>9</b> Amounts from line 6 . . . . .	145572	194978	154430	163576	120610	779161
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources . . . . .	43	35	27	38	12	155
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 . . . . .						
<b>c</b> Add lines 10a and 10b . . . . .	43	35	27	38	12	155
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) . . . . .						
<b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.) . . . . .	145615	195013	154457	163614	120622	779316
<b>14 First 5 years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b> . . . . . ▶ <input type="checkbox"/>						

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

<b>15</b> Public support percentage for 2020 (line 8, column (f), divided by line 13, column (f)) . . . . .	<b>15</b>	95.97 %
<b>16</b> Public support percentage from 2019 Schedule A, Part III, line 15 . . . . .	<b>16</b>	99.98 %

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

<b>17</b> Investment income percentage for 2020 (line 10c, column (f), divided by line 13, column (f)) . . . . .	<b>17</b>	.02 %
<b>18</b> Investment income percentage from 2019 Schedule A, Part III, line 17 . . . . .	<b>18</b>	.02 %

**19a 33 1/3% support tests—2020.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization . ▶

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

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

**Schedule B**

(Form 990, 990-EZ, or 990-PF)

Department of the Treasury  
Internal Revenue Service

**Schedule of Contributors**

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

OMB No. 1545-0047

**2020**

Name of the organization  
World Affairs Council of Hilton Head

Employer identification number  
57-0942426

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 foundation

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

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

**General Rule**

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

**Special Rules**

- For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% 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 World Affairs Council of Hilton Head	Employer identification number 57-0942426
--	--

**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
-----	Community Foundation of the Lowcountry ----- 4 Northridge Drive Suite A ----- Hilton Head Island SC 29925 -----	\$----- 9,144	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
-----	----- ----- ----- -----	\$-----	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
-----	----- ----- ----- -----	\$-----	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
-----	----- ----- ----- -----	\$-----	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
-----	----- ----- ----- -----	\$-----	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
-----	----- ----- ----- -----	\$-----	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 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](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2020**

**Open to Public  
Inspection**

Name of the organization

World Affairs Council of Hilton Head

Employer identification number

57-0942426

Part I line 1: Included is an unusual grant of \$49788 from South Carolina CARES Coronavirus Relief Fund

Part I line 16: Other expenses include program expenses of \$28478, national dues and support of \$3128, Insurance of \$2970, communication,  
website and other member services of \$9,088, marketing of \$4,035, interest on loan of \$1,517, and administration/general of \$3,413.

Part II: WACHH accounts for assets and liabilities on a cash basis and it has no other assets other than cash. Membership dues are billed in  
May for the succeeding fiscal and program year. After receipt of the SC CARES grant, the EIDL loan was paid off. As of June 30, 2021,  
approximately \$77,400 of cash relates to FYE 2022 programs.

Part III: WACHH is affiliated with World Affairs Council of America. WACA and WACHH provide information and education to its members  
(approximately 600) and the broader community about current foreign affairs and US policy positions and issues.

Part IV: WACHH list of Board members and its Board officers are separately attached.

**Short Form**

**Return of Organization Exempt From Income Tax**

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

**2019**

**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/Form990EZ](http://www.irs.gov/Form990EZ) for instructions and the latest information.**

**A For the 2019 calendar year, or tax year beginning** July 1, 2019 , 2019, and ending June 30, 2020 , 20

<b>B</b> Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<b>C</b> Name of organization <b>World Affairs Council of Hilton Head</b> Number and street (or P.O. box if mail is not delivered to street address) Room/suite <b>PO Box 22523</b> City or town, state or province, country, and ZIP or foreign postal code <b>Hilton Head Island, South Carolina 29925</b>		<b>D</b> Employer identification number <b>57-0942426</b>
			<b>E</b> Telephone number <b>843 363 5299</b>
			<b>F</b> Group Exemption Number ▶ <b>na</b>

**G** Accounting Method:  Cash  Accrual Other (specify) ▶ \_\_\_\_\_

**I Website:** ▶ wachhi@gmail.com

**J Tax-exempt status** (check only one) –  501(c)(3)  501(c)( ) ◀ (insert no.)  4947(a)(1) or  527

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

**L Add lines 5b, 6c, and 7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, column (B)) are \$500,000 or more, file Form 990 instead of Form 990-EZ . . . . . ▶ \$ **163,614****

**Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances** (see the instructions for Part I)

Check if the organization used Schedule O to respond to any question in this Part I . . . . .

Revenue	<b>1</b>	Contributions, gifts, grants, and similar amounts received . . . . .	<b>1</b>		<b>44,744</b>		
	<b>2</b>	Program service revenue including government fees and contracts . . . . .	<b>2</b>		<b>15,535</b>		
	<b>3</b>	Membership dues and assessments . . . . .	<b>3</b>		<b>100,870</b>		
	<b>4</b>	Investment income . . . . .	<b>4</b>		<b>38</b>		
	<b>5a</b>	Gross amount from sale of assets other than inventory . . . . .	<b>5a</b>				
	<b>b</b>	Less: cost or other basis and sales expenses . . . . .	<b>5b</b>				
	<b>c</b>	Gain or (loss) from sale of assets other than inventory (subtract line 5b from line 5a) . . . . .	<b>5c</b>		<b>0</b>		
	<b>6</b>	Gaming and fundraising events:					
	<b>a</b>	Gross income from gaming (attach Schedule G if greater than \$15,000) . . . . .	<b>6a</b>				
<b>b</b>	Gross income from fundraising events (not including \$ _____ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000) . . . . .	<b>6b</b>					
<b>c</b>	Less: direct expenses from gaming and fundraising events . . . . .	<b>6c</b>					
<b>d</b>	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c) . . . . .	<b>6d</b>		<b>0</b>			
<b>7a</b>	Gross sales of inventory, less returns and allowances . . . . .	<b>7a</b>		<b>2,120</b>			
<b>b</b>	Less: cost of goods sold . . . . .	<b>7b</b>		<b>1,783</b>			
<b>c</b>	Gross profit or (loss) from sales of inventory (subtract line 7b from line 7a) . . . . .	<b>7c</b>		<b>337</b>			
<b>8</b>	Other revenue (describe in Schedule O) . . . . .	<b>8</b>		<b>307</b>			
<b>9</b>	<b>Total revenue.</b> Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 . . . . . ▶	<b>9</b>		<b>161,831</b>			
Expenses	<b>10</b>	Grants and similar amounts paid (list in Schedule O) . . . . .	<b>10</b>		<b>0</b>		
	<b>11</b>	Benefits paid to or for members . . . . .	<b>11</b>		<b>0</b>		
	<b>12</b>	Salaries, other compensation, and employee benefits . . . . .	<b>12</b>		<b>0</b>		
	<b>13</b>	Professional fees and other payments to independent contractors . . . . .	<b>13</b>		<b>61,799</b>		
	<b>14</b>	Occupancy, rent, utilities, and maintenance . . . . .	<b>14</b>		<b>18,185</b>		
	<b>15</b>	Printing, publications, postage, and shipping . . . . .	<b>15</b>		<b>1,744</b>		
	<b>16</b>	Other expenses (describe in Schedule O) . . . . .	<b>16</b>		<b>77,402</b>		
<b>17</b>	<b>Total expenses.</b> Add lines 10 through 16 . . . . . ▶	<b>17</b>		<b>159,130</b>			
Net Assets	<b>18</b>	Excess or (deficit) for the year (subtract line 17 from line 9) . . . . .	<b>18</b>		<b>2,701</b>		
	<b>19</b>	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return) . . . . .	<b>19</b>		<b>75,809</b>		
	<b>20</b>	Other changes in net assets or fund balances (explain in Schedule O) . . . . .	<b>20</b>				
	<b>21</b>	Net assets or fund balances at end of year. Combine lines 18 through 20 . . . . . ▶	<b>21</b>		<b>78,510</b>		

**Part II Balance Sheets** (see the instructions for Part II)

Check if the organization used Schedule O to respond to any question in this Part II

		(A) Beginning of year	(B) End of year
<b>22</b>	Cash, savings, and investments	75,809	<b>22</b> 178,510
<b>23</b>	Land and buildings	0	<b>23</b> 0
<b>24</b>	Other assets (describe in Schedule O)	0	<b>24</b> 0
<b>25</b>	<b>Total assets</b>	75,809	<b>25</b> 178,510
<b>26</b>	<b>Total liabilities</b> (describe in Schedule O)	0	<b>26</b> 100,000
<b>27</b>	<b>Net assets or fund balances</b> (line 27 of column (B) must agree with line 21)	75,809	<b>27</b> 78,510

**Part III Statement of Program Service Accomplishments** (see the instructions for Part III)

Check if the organization used Schedule O to respond to any question in this Part III

What is the organization's primary exempt purpose? **Community Education**

Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title.

**Expenses**  
(Required for section 501(c)(3) and 501(c)(4) organizations; optional for others.)

<b>28</b>	<b>WACHH recruits internationally known speakers to Hilton Head Island to present issues related to current foreign affairs. There were 14 in person presentations scheduled, however, due to COVID-19, several presentations were presented remotely via webinar or similar technology. Normal average attendance is 650.</b> (Grants \$ ) If this amount includes foreign grants, check here <input type="checkbox"/>	<b>28a</b>	47,670
<b>29</b>	<b>WACHH conducts a series of forums and discussions featuring local experts on international relations related to foreign affairs or local governmental affairs. There are scheduled as many as 25 individual events attended by up to 100 participants. COVID-19 impacted events scheduled for March through June</b> (Grants \$ ) If this amount includes foreign grants, check here <input type="checkbox"/>	<b>29a</b>	8,333
<b>30</b>	<b>WACHH provides outreach support to high school students through monetary support of Model UN programs and organizing the annual Academic World Quest competition with local high school teams, the winner competing in Washington DC. The national competition was cancelled due to COVID-19</b> (Grants \$ ) If this amount includes foreign grants, check here <input type="checkbox"/>	<b>30a</b>	6,158
<b>31</b>	Other program services (describe in Schedule O) (Grants \$ ) If this amount includes foreign grants, check here <input type="checkbox"/>	<b>31a</b>	0
<b>32</b>	<b>Total program service expenses</b> (add lines 28a through 31a) <input type="checkbox"/>	<b>32</b>	62,161

**Part IV List of Officers, Directors, Trustees, and Key Employees** (list each one even if not compensated—see the instructions for Part IV)

Check if the organization used Schedule O to respond to any question in this Part IV

(a) Name and title	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
See list attached	5	0	0	0

Part V Other Information (Note the Schedule A and personal benefit contract statement requirements in the instructions for Part V.) Check if the organization used Schedule O to respond to any question in this Part V

Table with columns for question number, question text, and Yes/No checkboxes. Rows include questions 33 through 45b regarding organizational activities, financials, and compliance.

**46** Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I . . . . . 

	Yes	No
<b>46</b>		✓

**Part VI Section 501(c)(3) Organizations Only**

All section 501(c)(3) organizations must answer questions 47-49b and 52, and complete the tables for lines 50 and 51.

Check if the organization used Schedule O to respond to any question in this Part VI . . . . .

	Yes	No
<b>47</b>		✓
<b>48</b>		✓
<b>49a</b>		✓
<b>49b</b>		

**47** 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 . . . . .

**48** Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E . . . . .

**49a** Did the organization make any transfers to an exempt non-charitable related organization? . . . . .

**b** If "Yes," was the related organization a section 527 organization? . . . . .

**49b** . . . . .

**50** Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees, and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

(a) Name and title of each employee	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
NONE				

**f** Total number of other employees paid over \$100,000 . . . . . ▶ \_\_\_\_\_

**51** Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

(a) Name and business address of each independent contractor	(b) Type of service	(c) Compensation
NONE		

**d** Total number of other independent contractors each receiving over \$100,000 . . . ▶ **0**

**52** Did the organization complete Schedule A? **Note:** All section 501(c)(3) organizations must attach a completed Schedule A . . . . . ▶  **Yes**  **No**

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** ▶ David A. Borghesi Signature of officer July 15, 2020 Date  
 ▶ **David Borghesi, Treasurer** Type or print name and title

**Paid Preparer Use Only**

Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN
Firm's name ▶	Firm's EIN ▶		Phone no.	
Firm's address ▶				

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



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

**Public Charity Status and Public Support**

OMB No. 1545-0047

**2019**

**Open to Public Inspection**

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

Department of the Treasury  
Internal Revenue Service

Name of the organization World Affairs Council of Hilton Head	Employer identification number 57-0942426
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**Part I Reason for Public Charity Status** (All organizations must complete this part.) See instructions.

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

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

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

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

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

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	139952	133303	183923	133324	145614	736116
<b>2</b> Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose . . . .	8909	12269	11055	21106	17962	71301
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf . . . .						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge . . . .						
<b>6 Total.</b> Add lines 1 through 5 . . . .	148861	145572	194978	154430	163576	807417
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons . . . .						
<b>b</b> Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
<b>c</b> Add lines 7a and 7b . . . .						
<b>8 Public support.</b> (Subtract line 7c from line 6.) . . . .						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
<b>9</b> Amounts from line 6 . . . .	148861	145572	194978	154430	163576	807417
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources . . . .	27	43	35	27	38	170
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 . . . .						
<b>c</b> Add lines 10a and 10b . . . .	27	43	35	27	38	170
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) . . . .						
<b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.) . . . .	148888	145615	195013	154457	163614	807587
<b>14 First five years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b> . . . . ▶ <input type="checkbox"/>						

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

<b>15</b> Public support percentage for 2019 (line 8, column (f), divided by line 13, column (f)) . . . .	<b>15</b>	99.98 %
<b>16</b> Public support percentage from 2018 Schedule A, Part III, line 15 . . . .	<b>16</b>	99.98 %

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

<b>17</b> Investment income percentage for <b>2019</b> (line 10c, column (f), divided by line 13, column (f)) . . . .	<b>17</b>	.02 %
<b>18</b> Investment income percentage from <b>2018</b> Schedule A, Part III, line 17 . . . .	<b>18</b>	.02 %

- 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 ▶

**Schedule B**

(Form 990, 990-EZ, or 990-PF)

Department of the Treasury  
Internal Revenue Service

**Schedule of Contributors**

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

OMB No. 1545-0047

**2019**

Name of the organization  
World Affairs Council of Hilton Head

Employer identification number  
57-0942426

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 foundation

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

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

**General Rule**

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

**Special Rules**

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

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

Name of organization

Employer identification number

**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
	Community Foundation of the Lowcountry ----- 4 Northridge Drive; Suite A ----- Hilton Head Island SC 29925 -----	\$----- 22,093	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	----- ----- ----- -----	\$-----	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	----- ----- ----- -----	\$-----	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	----- ----- ----- -----	\$-----	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	----- ----- ----- -----	\$-----	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	----- ----- ----- -----	\$-----	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

**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](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2019**

**Open to Public  
Inspection**

Name of the organization

World Affairs Council of Hilton Head

Employer identification number

57-0942426

Part I, line 16, other expenses of \$77,402 consists of: Speaker and program expenses -\$37,818; Community outreach programs -\$6158;

National Dues and meetings-\$7,330; Insurance-\$2,999; Communication and other member services-\$6,854; Administration-\$16,243;

Part II, WACHH accounts for assets and liabilities on the cash basis, and has no assets other than cash. Membership dues are billed in May and result in cash collections pertaining to the FY 2021 programs within the FYE 2020. In June 2020, WACHH received an EIDL loan from SBA in the amount of \$100,000. This loan was incurred in anticipation of lower membership resulting from possible program disruptions as a result of the COVID-19 pandemic. As of June 30, 2020 membership counts were 40% below the prior year.

Part III, WACHH is affiliated with World Affairs Council of America. The purpose of WACHH is to inform and educate its approximately 1000 members and the broader community about current foreign affairs and U.S. policy issues.

Part IV, WACHH list of Board members and it's Board officers in the attached pages.

**World Affairs Council of Hilton Head  
Board of Directors  
June 12, 2020**

**wachh.org  
wachhi@gmail.com**

PO Box 22523  
Hilton Head Island, SC 29925  
843-384-6758

**Officers**

**President**

John Gilbert (Lesley)  
1 Hermit Crab Ct.  
Hilton Head Island, SC 29926  
(C)843-422-6108  
(H) 843-342-5775  
Jag1687@aol.com  
Term expires 6/30/21

**Vice President**

Regina Silletti (Harry)  
10 Shell Ring Rd.  
Hilton Head, SC 29928  
(H) 843-363-4237  
(C) 419-346-4934  
resilletti@aol.com  
Term expires: 6/30/23

**Secretary/Treasurer**

Dave Borghesi (Nancy)  
170 Club Course Dr.  
Hilton Head, SC 29928  
(H) 843-363-5299  
(C)-312-560-5659  
dborghesi@earthlink.net  
Term expires 9/30/21

**Directors**

Ivan Bennett (Susan)  
12 Highbush Dr.  
Hilton Head, SC 29926  
(H)843-681-3144  
(C) 843-816-1498  
ibennett@aol.com  
Term expires 6/30/22

Joan Apple Lemoine (John)  
94 Coggins Pointe Rd  
Hilton Head Island, SC 29928  
(H) 843-682-3961  
(C) 843-422-1442  
jalwaca@gmail.com  
Term expires 9/30/20

Rick Mitchell (Sue)  
63 Farnsleigh Ave.  
Bluffton, SC 29910  
(C)845-527-6621  
[Ramitch71@gmail.com](mailto:Ramitch71@gmail.com)  
Term expires 6/30/23

Colin Moseley (Anne)  
4 Davant Ct.  
Hilton Head, SC 29928  
(H) 843-802-4575  
(C)323-459-5177  
[colinmoseley@mac.com](mailto:colinmoseley@mac.com)  
Term expires 6/30/23

Cathy Robine (Ron)  
54 Ribaut Dr.  
Hilton Head, SC 29926  
(H)843-715-0622  
(C)610-888-5296  
[cgrobine@gmail.com](mailto:cgrobine@gmail.com)  
Term expires 6/30/23

Jeff Stokes (Kathleen)  
4 Branford Lane  
Hilton Head Island, SC 29926  
(H) 843 689-3782  
(C) 318-453-2667  
[jeffwstokes@gmail.com](mailto:jeffwstokes@gmail.com)  
Term expires 9/30/21

## Staff

Executive Director  
Maureen Korzik (Tom)  
31 Doubloon Dr.  
Hilton Head Island, SC 29928  
(O) 843-384-6758  
(H) 704-650-3389  
[wachhi@gmail.com](mailto:wachhi@gmail.com)  
[mkorzik@msn.com](mailto:mkorzik@msn.com)

**Short Form**

**Return of Organization Exempt From Income Tax**

**2018**

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

**Open to Public Inspection**

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

▶ Go to [www.irs.gov/Form990EZ](http://www.irs.gov/Form990EZ) for instructions and the latest information.

Department of the Treasury  
Internal Revenue Service

**A For the 2018 calendar year, or tax year beginning** July 1, 2018, and ending June 30, 2019

<b>B</b> Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<b>C</b> Name of organization <b>World Affairs Council of Hilton Head</b>		<b>D</b> Employer identification number 57-0942426
	Number and street (or P.O. box, if mail is not delivered to street address) Room/suite <b>PO Box 22523</b>		<b>E</b> Telephone number 843 363 5299
	City or town, state or province, country, and ZIP or foreign postal code <b>Hilton Head island, SC 29925</b>		<b>F</b> Group Exemption Number ▶ <b>na</b>

**G** Accounting Method:  Cash  Accrual Other (specify) ▶ \_\_\_\_\_

**H** Check  if the organization is **not** required to attach Schedule B (Form 990, 990-EZ, or 990-PF).

**I Website:** ▶ \_\_\_\_\_

**J Tax-exempt status** (check only one) —  501(c)(3)  501(c) ( ) ◀ (insert no.)  4947(a)(1) or  527

**K** Form of organization:  Corporation  Trust  Association  Other \_\_\_\_\_

**L** Add lines 5b, 6c, and 7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, column (B)) are \$500,000 or more, file Form 990 instead of Form 990-EZ. ▶ \$ **154,457**

**Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances** (see the instructions for Part I)  
 Check if the organization used Schedule O to respond to any question in this Part I

		1	2	3	4	5a	5b	5c	6a	6b	6c	6d	7a	7b	7c	8	9	10	11	12	13	14	15	16	17	18	19	20	21
Revenue	1	Contributions, gifts, grants, and similar amounts received															32,189												
	2	Program service revenue including government fees and contracts															18,231												
	3	Membership dues and assessments															101,135												
	4	Investment income															27												
	5a	Gross amount from sale of assets other than inventory																											
	b	Less: cost or other basis and sales expenses																											
	c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)															0												
	6	Gaming and fundraising events:																											
	a	Gross income from gaming (attach Schedule G if greater than \$15,000)																											
	b	Gross income from fundraising events (not including \$ _____ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000)																											
c	Less: direct expenses from gaming and fundraising events																												
d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)															0													
7a	Gross sales of inventory, less returns and allowances															2,875													
b	Less: cost of goods sold															1,238													
c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)															1,637													
8	Other revenue (describe in Schedule O)															0													
9	<b>Total revenue.</b> Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8															153,219													
Expenses	10	Grants and similar amounts paid (list in Schedule O)															0												
	11	Benefits paid to or for members															0												
	12	Salaries, other compensation, and employee benefits															0												
	13	Professional fees and other payments to independent contractors															60,655												
	14	Occupancy, rent, utilities, and maintenance															24,016												
	15	Printing, publications, postage, and shipping															13,278												
	16	Other expenses (describe in Schedule O)															104,488												
17	<b>Total expenses.</b> Add lines 10 through 16															202,437													
Net Assets	18	Excess or (deficit) for the year (Subtract line 17 from line 9)															-49,218												
	19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)															125,025												
	20	Other changes in net assets or fund balances (explain in Schedule O)															2												
	21	Net assets or fund balances at end of year. Combine lines 18 through 20															75,809												





Part V Other Information (Note the Schedule A and personal benefit contract statement requirements in the instructions for Part V.) Check if the organization used Schedule O to respond to any question in this Part V

		Yes	No
33	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O . . . . .		<input checked="" type="checkbox"/>
34	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O. See instructions . . . . .		<input checked="" type="checkbox"/>
35a	Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)? . . . . .		<input checked="" type="checkbox"/>
b	If "Yes" to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O . . . . .		<input checked="" type="checkbox"/>
c	Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III . . . . .		<input checked="" type="checkbox"/>
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N . . . . .		<input checked="" type="checkbox"/>
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions ▶ <b>37a</b> 0		
b	Did the organization file Form 1120-POL for this year? . . . . .		<input checked="" type="checkbox"/>
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return? . . . . .		<input checked="" type="checkbox"/>
b	If "Yes," complete Schedule L, Part II and enter the total amount involved . . . . . <b>38b</b>		
39	Section 501(c)(7) organizations. Enter:		
a	Initiation fees and capital contributions included on line 9 . . . . . <b>39a</b>		
b	Gross receipts, included on line 9, for public use of club facilities . . . . . <b>39b</b>		
40a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ▶ 0 ; section 4912 ▶ 0 ; section 4955 ▶ 0		
b	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I . . . . .		<input checked="" type="checkbox"/>
c	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 . . . . . ▶ 0		
d	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization . . . . . ▶ 0		
e	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T . . . . .		<input checked="" type="checkbox"/>
41	List the states with which a copy of this return is filed ▶ South Carolina		
42a	The organization's books are in care of ▶ David Borghesi Telephone no. ▶ 843 363 5299 Located at ▶ 170 Club Course Drive, Hilton Head Isl. SC ZIP + 4 ▶ 29928-3150		
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If "Yes," enter the name of the foreign country ▶ See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).	Yes	No
			<input checked="" type="checkbox"/>
c	At any time during the calendar year, did the organization maintain an office outside the United States? If "Yes," enter the name of the foreign country ▶		<input checked="" type="checkbox"/>
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here . . . . . ▶ <input type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the tax year . . . . . ▶ 43		
44a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ . . . . .		<input checked="" type="checkbox"/>
b	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ . . . . .		<input checked="" type="checkbox"/>
c	Did the organization receive any payments for indoor tanning services during the year? . . . . .		<input checked="" type="checkbox"/>
d	If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O . . . . .		<input checked="" type="checkbox"/>
45a	Did the organization have a controlled entity within the meaning of section 512(b)(13)? . . . . .		<input checked="" type="checkbox"/>
b	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," Form 990 and Schedule R may need to be completed instead of Form 990-EZ. See instructions . . . . .		<input checked="" type="checkbox"/>

**46** Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I . . . . . **46**  Yes  No

**Part VI Section 501(c)(3) Organizations Only**

All section 501(c)(3) organizations must answer questions 47-49b and 52, and complete the tables for lines 50 and 51.

Check if the organization used Schedule O to respond to any question in this Part VI . . . . .

**47** 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 . . . . . **47**  Yes  No

**48** Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E . . . . . **48**  Yes  No

**49a** Did the organization make any transfers to an exempt non-charitable related organization? . . . . . **49a**  Yes  No

**b** If "Yes," was the related organization a section 527 organization? . . . . . **49b**  Yes  No

**50** Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees, and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

(a) Name and title of each employee	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation

**f** Total number of other employees paid over \$100,000 . . . . . ▶ \_\_\_\_\_

**51** Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

(a) Name and business address of each independent contractor	(b) Type of service	(c) Compensation

**d** Total number of other independent contractors each receiving over \$100,000 . . . . . ▶ \_\_\_\_\_

**52** Did the organization complete Schedule A? Note: All section 501(c)(3) organizations must attach a completed Schedule A . . . . .  Yes  No

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: *David A. Borghesi* Date: *8/21/2019*  
 Type or print name and title: **David A. Borghesi, Treasurer**

**Paid Preparer Use Only**  
 Print/Type preparer's name: \_\_\_\_\_ Preparer's signature: \_\_\_\_\_ Date: \_\_\_\_\_ Check  if self-employed PTIN: \_\_\_\_\_  
 Firm's name ▶: \_\_\_\_\_ Firm's EIN ▶: \_\_\_\_\_  
 Firm's address ▶: \_\_\_\_\_ Phone no.: \_\_\_\_\_

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

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

**Public Charity Status and Public Support**

OMB No. 1545-0047

**2018**

**Open to Public Inspection**

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

Department of the Treasury  
Internal Revenue Service

Name of the organization

Employer identification number

World Affairs Council of Hilton Head

57-0942426

**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<sup>1</sup>/<sub>3</sub>% 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<sup>1</sup>/<sub>3</sub>% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2)**. (Complete Part III.)
- 11  An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
- 12  An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2)**. See **section 509(a)(3)**. Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
  - a  **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
  - b  **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
  - c  **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
  - d  **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
  - e  Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
- f Enter the number of supported organizations . . . . .
- g Provide the following information about the supported organization(s).

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

**Part 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
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	123670	139952	133303	183923	133324	714172
<b>2</b> Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose . . . .	8158	8909	12269	11055	21106	61497
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf . . . . .						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge . . . . .						
<b>6 Total.</b> Add lines 1 through 5 . . . . .	131828	148861	145572	194978	154430	775669
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons . . . . .						
<b>b</b> Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year . . . . .						
<b>c</b> Add lines 7a and 7b . . . . .						
<b>8 Public support.</b> (Subtract line 7c from line 6.) . . . . .						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
<b>9</b> Amounts from line 6 . . . . .	131828	148861	145572	194978	154430	775669
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources . . . . .	27	27	43	35	27	159
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 . . . . .						
<b>c</b> Add lines 10a and 10b . . . . .	27	27	43	35	27	159
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on . . . . .						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) . . . . .						
<b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.) . . . . .	131855	148888	145615	195013	154457	775828
<b>14 First five years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b> . . . . . ▶ <input type="checkbox"/>						

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

<b>15</b> Public support percentage for 2018 (line 8, column (f), divided by line 13, column (f)) . . . . .	<b>15</b>	99.98 %
<b>16</b> Public support percentage from 2017 Schedule A, Part III, line 15 . . . . .	<b>16</b>	99.98 %

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

<b>17</b> Investment income percentage for 2018 (line 10c, column (f), divided by line 13, column (f)) . . . . .	<b>17</b>	.02 %
<b>18</b> Investment income percentage from 2017 Schedule A, Part III, line 17 . . . . .	<b>18</b>	.02 %

- 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 ▶

**Schedule B**

(Form 990, 990-EZ, or 990-PF)

Department of the Treasury  
Internal Revenue Service

**Schedule of Contributors**

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

OMB No. 1545-0047

**2018**

Name of the organization

WORLD AFFAIRS COUNCIL OF HILTON HEAD

Employer identification number

57-0942426

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 foundation

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

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

**General Rule**

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

**Special Rules**

For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% 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 WORLD AFFAIRS COUNCIL OF Hilton Head Employer identification number 57-0942426

**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
	Community Foundation of the Lowcountry 4 Northridge Dr. SUITE A Hilton Head Island, South Carolina 29925	\$ 17,413	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	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 O  
(Form 990 or 990-EZ)**

Department of the Treasury  
Internal Revenue Service

Name of the organization

**World Affairs Council of Hilton Head**

**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](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2018**

**Open to Public  
Inspection**

Employer identification number

**57-0942426**

Part I Line 16, Other Expenses of \$104,488:

Speaker and Program expense-\$66,498; Community Outreach programs - \$14,736; National dues and meetings - \$11,509

Administrative expense - \$6,195; Insurance - \$2,795; Member services - \$2,755

Part I Line 20, Other changes in net assets of \$2 is a result of rounding differences to whole dollars.

Part II, WACHH accounts for assets and liabilities on a cash basis and therefore has no assets other than cash. Approximately 50% of the membership pay dues for the upcoming fiscal year programs in May and June, resulting in higher than normal month end cash balance as of fiscal year end June 30.

Part III, WACHH is affiliated with World Affairs Council of America. The purpose of WACHH is to inform and educate its approximately 1,000 members and the broader community about current foreign affairs and policy issues.

Part IV, WACHH's list of Board of Directors and Officers is included on the following pages.





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

10/28/2019

World Affairs Council of Hilton Head  
David A Borghesi  
170 CLUB COURSE DR  
HILTON HEAD, SC299283150

RE: Registration Confirmation

Charity Public ID: P17979

Dear David A Borghesi :

This letter confirms that the Secretary of State's Office has received and accepted your Registration, therefore, your charitable organization is in compliance with the registration requirement of the "South Carolina Solicitation of Charitable Funds Act." The registration of your charitable organization will expire on 11/15/2020.

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

If you have not yet filed your annual financial report or an extension for the annual financial report, the annual financial report is still due 4½ months after the close of your fiscal year.

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

If you have any questions or concerns, please visit our website at [www.sos.sc.gov](http://www.sos.sc.gov) or contact our office using the contact information below.

Sincerely,

A handwritten signature in black ink, appearing to read "K. Wickersham", with a long horizontal line extending to the right.

Kimberly S. Wickersham  
Director, Division of Public Charities