2023

Accommodations Tax Funds Request Application

Organization Name: The First Tee of The Lowcountry

Project/Event Name: Increasing Learning Center Visitations

Executive Summary

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

2023

Accommodations Tax Funds Request Application

Applications will not be accepted if submitted after 4 pm on September 2, 2022

A. SUMMARY OF GRANT REQUEST:

ORGANIZATION NAME: The First Tee of The Lowcountry

Project/Event Name: Increasing Learning Center Visitations

Contact Name: Pat Zuk Title: Executive Director

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

Email Address:

pzuk@thefirstteelowcountry.org

Rd.

Contact Phone:

843-686-2680

Total Budget: \$55,000.00 **Grant Requested:** \$40,000.00

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

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

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

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

A. Total Number of Physical Tourists Served: 1537

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

- B. Total Number of Physical Visitors Served: 347

 A Visitor is considered a non-resident, who travels 50 miles or less to visit the Town of Hilton Head Island.
- C. Total Number of Physical Residents Served: 1951

 A Resident is considered any person who claims their property address within the limits of the Town of Hilton Head Island as their primary residence.
- D. Total Number of Physical Patrons Served (A+B+C=D): 4013

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

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

B. DESCRIPTION OF OPERATIONS:

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

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

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

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

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

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

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

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

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

Vacationers are often seeking new experiences and family-oriented activities when they select a destination. Initiatives spent communicating our unique offerings to potential visitors should result in new visitors to the area. As previously noted, over 40% of our visitors report that they are from more than 50 miles away. As of August 31, 2021 we had 1,514 touriata visit our facility. As of Aust 15, 20222 we hav e had 1,537 tourist visit our facility. While the percentage of tourists has dropped slightly we are attracting more tourists, witnessed by our 2022 tourist total was achieved in 16 days less than than 2021. The reason for the small percentage drop in tourism rate is that Sea Pines Montessori School began sending its gym class to our facility after a 2 year COVID hiatus. If we accoun

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

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

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

Total:

100 %

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

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

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

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

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

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

7.	Additional comments. (250 words or less)
C. FUN	IDING: Please describe how the organization is currently funded. (100 words or less)
1.	Please describe now the organization is currently funded. (100 words or less)
	All figures listed are for fiscal year 2021 unless other wise noted
	Individual contributions - 17%
	Events - 36.5%

Grants - 11%

Gov't (incl. PPP) - 12%

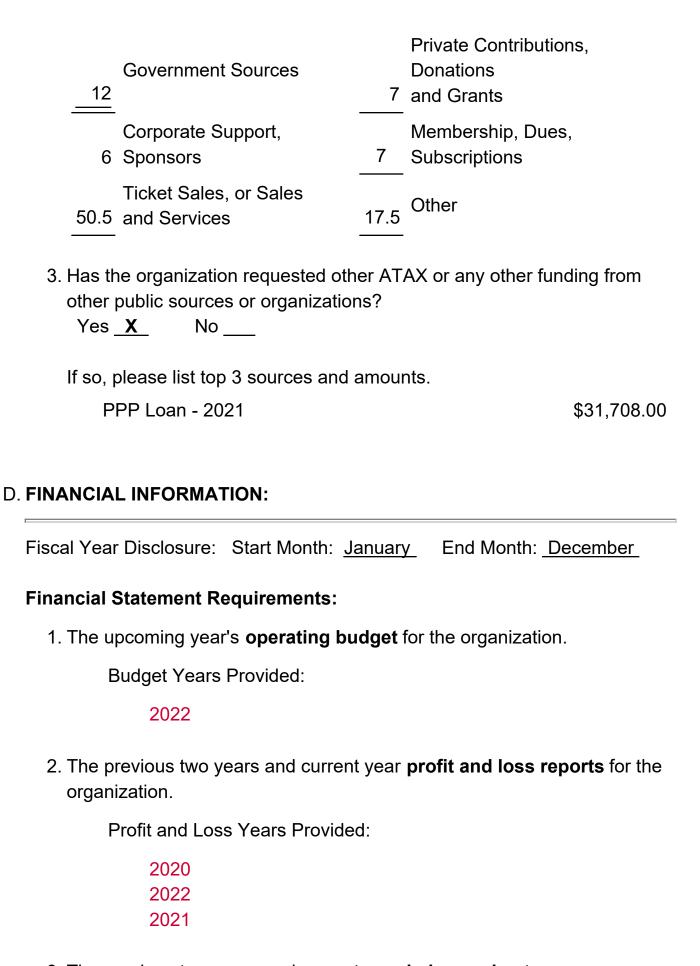
Corporate Sponsorship - 6%

Program Fees - 7%

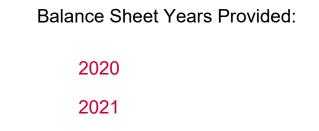
Chapter paid Program Fees - 3.5%

Facility Revneue - 7&

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



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



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

IRS Form 990 or 990T Years Provided:

2020

2022

2019

2021

E. FINANCIAL GUARANTEES AND PROCEDURES:

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

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

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

F. MEASURING EFFECTIVENESS:

If you received 2021 or 2022 HHI ATAX funds

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

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

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

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

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

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

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

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

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

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

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

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

Signature: Patrick Zuk

Title/Position: Executive Director

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

Email Address: pzuk@thefirstteelowcountry.org

Office Phone Number: 843-686-2680

Home Phone Number: 913-706-1631

ATAX EFFECTIVENESS MEASUREMENT

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

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

ATAX EFFECTIVENESS MEASUREMENT

ТОРІС	THE PLAN	BUDGET	ACTUAL SPENT	RESULTS When possible, provide planned results vs. actual results, and/or current year vs. prior year results.
Total	•	\$ 55,000.0	0 \$ 34,697.52	
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Otal		γ	- ا	
				T
otal		\$ -	\$ -	
				,

ATAX EFFECTIVENESS MEASUREMENT

TOPIC	THE PLAN	BUDGET	ACTUAL SPENT	RESULTS
				When possible, provide planned results vs. actual
				results, and/or current year vs. prior year results .
Total		\$ -	\$ -	
Total		<u> </u>	-	

\$

Total Budget to Actual

Total

\$ 55,000.00 \$

\$

34,697.52

First Tee – The Lowcountry



August 24, 2022, Board Meeting Minutes

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

8. New Business

Pat, Aaron, and Dick will attend First Tee Network Meeting, November 16-18 in Dallas.

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

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

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These minutes were approved	by the Board of Directors on	·
Chairman	Secretary	

				TOTAL		
	400	000	· Operating Income			
			41100 · General	41750		
			41300 · Memorials	2000		
			41400 · Golf Clubs/Ball Sales	14000		
			41800 · End of Year Appeal	8500		
		Tot	al 41000 · Donations	66250		
		420	000 · Special Events			
			42100 · Champions Tournament	137500		
			42200 · Awards Banquet	26500		
			42300 · Ferguson Auction	17500		
			42400 · Other Events	2500		
		Tot	al 42000 · Special Events	184000		
		430	000 · Corporate Sponsorships			
			43200 · PGA Tour	5000		
			43300 · Other	30000		
		Tot	al 43000 · Corporate Sponsorships	35000		
		440	000 · Grants			
			44200 · Local Government ATAX	40000		
			44300 · Grants	68000		
			44400 · HHI Town Budget			
		Tot	al 44000 · Grants	108000		
		450	000 · Programs			
			45100 · Program Fees	28000		
			45150 - Scholarship Program Fees	18500		
		-	al 45000 · Programs	46500		
		460	000 · Golf Facility			
			46100 · Golf Revenue	33600		
			46200 - Disc Golf Revenue	2160		
			al 46000 · Golf Facility	35760		
		490	000 · Miscellaneous Income			
			49300 · Interest Earned	264		
			49400 · Other	0		
	_		cal 49000 · Miscellaneous Income 0000 · Operating Income	264		
		488274				
	50000 · Capital Campaign Funding					
		_	000 · Donations - Pledges	0		
			000 · Interest Earned 0000 · Capital Campaign Funding	84		
		84				
T0	otal Ir	ncor	ne	488358		

Evn	nnco			
Expe	Business Operating Expenses			
	61000 · Payroll Expenses 61100 · Executive Dire	ector 67500		
	61200 · Program Direc			
	61250 - Superintende			
	61275 - Office Admini			
	61300 · Payroll Taxes	8696		
	61400 · Payroll Benefi			
	61000 · Payroll Expens			
	Total 61000 · Payroll Expe	enses 153071		
	62000 · Marketing			
	62100 · Advertising / I	Promotion 55000		
	62200 · Website	1935		
	62300 · Database	6268		
	Total 62000 · Marketing	63203		
	63000 · Professional Servi	ices		
	63300 · Tax/Financial	Services 1200		
	63600 · Accounting &	IT Services 6400		
	63700 · Coach Trainin	g 4000		
	63750 · Instructor Pay	ments 6700		
	Total 63000 · Professiona	l Services 18300		
	64000 · Building & Ground	d Maintenance		
	64300 · Equipment Re	epairs 6000		
	64500 · Ground Maint	tenance 36000		
	64600 · Course Mainte	enance		
	64610 · Plant Seed	d Sod 1500		
	64620 · Sand & To	p Dressing 900		
	64630 · Fertilizer	2200		
	64640 · Fuel, Gas,			
	64650 · Chemicals			
	64670 · Other Mai			
	64690 -Course Lab			
	Total 64600 · Course N			
	Total 64000 · Building & G			
	65000 · Administration	Journa Mainte 04050		
	65100 · Insurance			
	65110 · General &	Liability 13150		
	65120 · Directors			
	65150 · Workers C	•		
	65200 · Travel	oimburcoment 1550		
	65210 · Mileage R			
	65220 · Conference			
	Total 65200 · Travel	9050		

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

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

ASSETS Current Assets Checking/Savings 10000 · Cash Funds 10100 · Cash Operating Account 43,580,82 10400 · Wells Fargo 24,671,21 10500 · Cash Facility 100,000 10500 · Cash Funds 617,400,92 Total Checking/Savings 617,400,92 Total Current Assets 617,400,92 Total 13000 · Leasehold Improvements 10,997,41 Total 13000 · Leasehold Improvements 10,997,41 14000 · Buildings 4,558,00 15000 · Furniture and Equipment 151000 · Furniture and Equipment 15200 · Exhibition Tent 2,778,011 153000 · Furniture and Equipment 1,266,34 1,368,17 1,368,17 1,368,17 1,368,17 1,368,17 1,368,17 1,368,17 1,368,17 1,368,17 1,368,17 1,368,17 1,368,17 1,368,17 1,368,17 1,368,17 1,368,17 1,368,17 1,369,17 1,368,17 1,368,17 1,369,17 1,368,17 1,369,17 1,368,17 1,369,17 1,36		Jul 31, 22
Checking/Savings		
10000 - Cash Funds		
Total Checking/Savings 617,400.92 Total Current Assets 617,400.92 Fixed Assets 13000 · Leasehold Improvements 10,997.41 Total 13000 · Leasehold Improvements 10,997.41 14000 · Buildings 4,558.00 15000 · Furniture and Equipment 5,000.00 15200 · Stiplistion Tent 2,778.01 15300 · Signage 9,261.82 15400 · Mower Deck 4,348.12 15500 · Z-Spayer 19,713.88 15000 · Furniture and Equipment · Other 1,256.34 Total 15000 · Furniture and Equipment 42,358.17 17999 · Accumulated Depreciation -8,426.23 Total Fixed Assets 49,487.35 TOTAL ASSETS 666,888.27 LIABILITIES & EQUITY 1 Liabilities 1,841.72 24500 · Health Insurance 1,841.72 26100 · Scholarship Restricted Fund 32,660.82 Total 26100 · Scholarship Restricted Fund · Other 32,660.82 Total Other Current Liabilities 73,972.84 Total Current Liabilities 73,972.84 Total Current Liabilities	10000 · Cash Funds 10100 · CSB Operating Account 10300 · Wells Fargo 10400 · Wells Fargo #2 10500 · CSB Capital Reserve Account 10700 · Cash at Facility	43,580.82 24,671.21 131,708.61 100.00
Total Current Assets	Total 10000 · Cash Funds	617,400.92
Fixed Assets 13000 · Leasehold Improvements 13100 · Irrigation System 10,997.41	Total Checking/Savings	617,400.92
13000 · Leasehold Improvements 10,997.41 Total 13000 · Leasehold Improvements 10,997.41 14000 · Buildings 4,558.00 15000 · Furniture and Equipment 5,000.00 15200 · Exhibition Tent 2,778.01 15300 · Signage 9,261.82 15400 · Mower Deck 4,348.12 15500 · Z-Spayer 19,713.88 15000 · Furniture and Equipment · Other 1,256.34 Total 15000 · Furniture and Equipment in the second	Total Current Assets	617,400.92
13000 · Leasehold Improvements 10,997.41 Total 13000 · Leasehold Improvements 10,997.41 14000 · Buildings 4,558.00 15000 · Furniture and Equipment 5,000.00 15200 · Exhibition Tent 2,778.01 15300 · Signage 9,261.82 15400 · Mower Deck 4,348.12 15500 · Z-Spayer 19,713.88 15000 · Furniture and Equipment · Other 1,256.34 Total 15000 · Furniture and Equipment in the second	Fixed Assets	
14000 · Buildings	13000 · Leasehold Improvements	10,997.41
15000 · Furniture and Equipment 5,000.00 15200 · Exhibition Tent 2,778.01 15300 · Signage 9,261.82 15400 · Mower Deck 4,348.12 15500 · Z-Spayer 19,713.88 15000 · Furniture and Equipment - Other 1,256.34 Total 15000 · Furniture and Equipment 42,358.17 17999 · Accumulated Depreciation -8,426.23 TOTAL ASSETS 666,888.27 LIABILITIES & EQUITY Liabilities Current Liabilities 4,414.09 24500 · Health Insurance 1,841.72 26100 · Scholarship Restricted Fund 32,660.82 Total 26100 · Scholarship Restricted Fund - Other 32,660.82 Total 26100 · Scholarship Restricted Fund - Other 32,660.82 Total 26100 · Scholarship Restricted Fund - Other 32,660.82 Total Current Liabilities 73,972.84 Total Current Liabilities 73,972.84 Total Current Liabilities 73,972.84 Total Current Liabilities 73,972.84 Total Liabilities 73,972.84 Total Liabilities 73,972.84 Total Liabilities	Total 13000 · Leasehold Improvements	10,997.41
15100 - MX Utility Venicle 5,000.00 15200 - Exhibition Tent 2,778.01 15300 - Signage 9,261.82 15400 - Mower Deck 4,348.12 15500 - Z-Spayer 19,713.88 15000 - Furniture and Equipment - Other 1,256.34 Total 15000 - Furniture and Equipment 42,358.17 17999 - Accumulated Depreciation -8,426.23 TOTAL ASSETS 666,888.27 LIABILITIES & EQUITY Liabilities Current Liabilities 4,414.09 Other Current Liabilities 4,414.09 24500 - Payroll Liabilities 1,841.72 26100 - Scholarship Restricted Fund 32,660.82 Total 26100 - Scholarship Restricted Fund - Other 32,660.82 Total 26100 - Scholarship Restricted Fund - Other 32,660.82 Total Courrent Liabilities 73,972.84 Total Other Current Liabilities 73,972.84 Total Liabilities 73,972.84 Equity 31100 - Operating Reserve Fund 31,708.61 32000 - Unrestricted Net Assets 376,462.53 Net Income 7,746.87 Total Equ		4,558.00
17999 · Accumulated Depreciation -8,426.23 Total Fixed Assets 49,487.35 TOTAL ASSETS 666,888.27 LIABILITIES & EQUITY Current Liabilities Current Liabilities 4,414.09 24000 · Payroll Liabilities 4,414.09 24500 · Health Insurance 1,841.72 26100 · Scholarship Restricted Fund 32,660.82 Total 26100 · Scholarship Restricted Fund - Other 32,660.82 Total 26100 · Scholarship Restricted Fund 43,045.82 26200 · Scholarship Ken Campbell 24,671.21 Total Other Current Liabilities 73,972.84 Total Liabilities 73,972.84 Total Liabilities 73,972.84 Equity 31100 · Operating Reserve Fund 131,708.61 31200 · Capital Reserve Fund 131,708.61 32000 · Unrestricted Net Assets 376,462.53 Net Income 7,746.87 Total Equity 592,915.43	15100 · MX Utility Vehicle 15200 · Exhibition Tent 15300 · Signage 15400 · Mower Deck 15500 · Z-Spayer	2,778.01 9,261.82 4,348.12 19,713.88
Total Fixed Assets 49,487.35 TOTAL ASSETS 666,888.27 LIABILITIES & EQUITY Liabilities Current Liabilities 4,414.09 24000 · Payroll Liabilities 4,414.09 24500 · Health Insurance 1,841.72 26100 · Scholarship Restricted Fund 10,385.00 26100 · Scholarship Restricted Fund - Other 32,660.82 Total 26100 · Scholarship Restricted Fund 43,045.82 26200 · Scholarship Ken Campbell 24,671.21 Total Other Current Liabilities 73,972.84 Total Liabilities 73,972.84 Equity 31100 · Operating Reserve Fund 76,997.42 31200 · Capital Reserve Fund 131,708.61 32000 · Unrestricted Net Assets 376,462.53 Net Income 7,746.87 Total Equity 592,915.43	Total 15000 · Furniture and Equipment	42,358.17
TOTAL ASSETS 666,888.27 LIABILITIES & EQUITY Liabilities Current Liabilities Other Current Liabilities 4,414.09 24500 · Payroll Liabilities 1,841.72 26100 · Scholarship Restricted Fund 26102 · End of Year Appeal 10,385.00 26100 · Scholarship Restricted Fund - Other 32,660.82 Total 26100 · Scholarship Restricted Fund 43,045.82 26200 · Scholarship Ken Campbell 24,671.21 Total Other Current Liabilities 73,972.84 Total Current Liabilities 73,972.84 Total Liabilities 73,972.84 Equity 31100 · Operating Reserve Fund 131,708.61 32000 · Unrestricted Net Assets 376,462.53 Net Income 7,746.87 Total Equity	17999 · Accumulated Depreciation	-8,426.23
TOTAL ASSETS 666,888.27 LIABILITIES & EQUITY Liabilities Current Liabilities Other Current Liabilities 4,414.09 24500 · Payroll Liabilities 4,841.72 26100 · Scholarship Restricted Fund 10,385.00 26100 · Scholarship Restricted Fund - Other 32,660.82 Total 26100 · Scholarship Restricted Fund 43,045.82 26200 · Scholarship Ken Campbell 24,671.21 Total Other Current Liabilities 73,972.84 Total Current Liabilities 73,972.84 Total Liabilities 73,972.84 Equity 31100 · Operating Reserve Fund 131,708.61 32000 · Unrestricted Net Assets 376,462.53 Net Income 7,746.87 Total Equity 592,915.43	Total Fixed Assets	49,487.35
LIABILITIES & EQUITY Liabilities Current Liabilities Other Current Liabilities 24000 · Payroll Liabilities 4,414.09 24500 · Health Insurance 1,841.72 26100 · Scholarship Restricted Fund 32,660.82 Total 26100 · Scholarship Restricted Fund 43,045.82 26200 · Scholarship Restricted Fund 24,671.21 Total Other Current Liabilities 73,972.84 Total Current Liabilities 73,972.84 Total Liabilities 73,972.84 Equity 31100 · Operating Reserve Fund 76,997.42 31200 · Capital Reserve Fund 131,708.61 32000 · Unrestricted Net Assets 376,462.53 Net Income 7,746.87 Total Equity 592,915.43	TOTAL ASSETS	
26200 · Scholarship Ken Campbell 24,671.21 Total Other Current Liabilities 73,972.84 Total Current Liabilities 73,972.84 Total Liabilities 73,972.84 Equity 31100 · Operating Reserve Fund 76,997.42 31200 · Capital Reserve Fund 131,708.61 32000 · Unrestricted Net Assets 376,462.53 Net Income 7,746.87 Total Equity 592,915.43	Liabilities Current Liabilities Other Current Liabilities 24000 · Payroll Liabilities 24500 · Health Insurance 26100 · Scholarship Restricted Fund 26102 · End of Year Appeal	1,841.72
Total Other Current Liabilities 73,972.84 Total Current Liabilities 73,972.84 Total Liabilities 73,972.84 Equity 31100 · Operating Reserve Fund 76,997.42 31200 · Capital Reserve Fund 131,708.61 32000 · Unrestricted Net Assets 376,462.53 Net Income 7,746.87 Total Equity 592,915.43	Total 26100 · Scholarship Restricted Fund	43,045.82
Total Current Liabilities 73,972.84 Total Liabilities 73,972.84 Equity 31100 · Operating Reserve Fund 76,997.42 31200 · Capital Reserve Fund 131,708.61 32000 · Unrestricted Net Assets 376,462.53 Net Income 7,746.87 Total Equity 592,915.43	26200 · Scholarship Ken Campbell	24,671.21
Total Liabilities 73,972.84 Equity 31100 · Operating Reserve Fund 76,997.42 31200 · Capital Reserve Fund 131,708.61 32000 · Unrestricted Net Assets 376,462.53 Net Income 7,746.87 Total Equity 592,915.43	Total Other Current Liabilities	73,972.84
Equity 31100 · Operating Reserve Fund 76,997.42 31200 · Capital Reserve Fund 131,708.61 32000 · Unrestricted Net Assets 376,462.53 Net Income 7,746.87 Total Equity 592,915.43	Total Current Liabilities	73,972.84
31100 · Operating Reserve Fund 76,997.42 31200 · Capital Reserve Fund 131,708.61 32000 · Unrestricted Net Assets 376,462.53 Net Income 7,746.87 Total Equity 592,915.43	Total Liabilities	73,972.84
	31100 · Operating Reserve Fund 31200 · Capital Reserve Fund 32000 · Unrestricted Net Assets	131,708.61 376,462.53
	Total Equity	592,915.43
TOTAL LIABILITIES & EQUITY 666,888.27	TOTAL LIABILITIES & EQUITY	666,888.27

The First Tee of the Lowcountry Balance Sheet

As of December 31, 2021

	Dec 31, 21
ASSETS	
Current Assets	
Checking/Savings	
10000 · Cash Funds	221 407 26
10100 · CSB Operating Account 10300 · Wells Fargo	331,407.36 40,001.12
10400 · Wells Fargo #2	24,669.63
10500 · CSB Capital Reserve Account	154,536.60
10700 · Cash at Facility	100.00
10800 · CSB Operating Reserve Account	76,953.12
Total 10000 · Cash Funds	627,667.83
Total Checking/Savings	627,667.83
Total Current Assets	627,667.83
Fixed Access	
Fixed Assets 13000 · Leasehold Improvements	
13100 · Irrigation System	10,997.41
Total 13000 · Leasehold Improvements	10,997.41
14000 · Buildings	4,558.00
15000 · Furniture and Equipment	5,000,00
15100 · MX Utility Vehicle 15200 · Exhibition Tent	5,000.00
15200 · Exhibition Tent 15300 · Signage	2,778.01 9,261.82
15000 · Signage 15000 · Furniture and Equipment - Other	1,256.34
• •	·
Total 15000 · Furniture and Equipment	18,296.17
17999 · Accumulated Depreciation	-6,057.11
Total Fixed Assets	27,794.47
TOTAL ASSETS	655,462.30
LIABILITIES & EQUITY Liabilities	
Current Liabilities	
Other Current Liabilities	
24000 · Payroll Liabilities	4,815.66
24500 · Health Insurance	1,768.52
26100 · Scholarship Restricted Fund	
26102 · 2020 End of Year Appeal	5,298.00
26100 · Scholarship Restricted Fund - Other	34,703.12
Total 26100 · Scholarship Restricted Fund	40,001.12

The First Tee of the Lowcountry Balance Sheet

As of December 31, 2021

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

The First Tee of the Lowcountry Balance Sheet

As of December 31, 2020

	Dec 31, 20
ASSETS	
Current Assets	
Checking/Savings	
10000 · Cash Funds	204 694 97
10100 · CSB Operating Account 10300 · Wells Fargo	294,684.87 40,689.46
10300 · Wells Fargo #2	24,817.17
10500 · CSB Capital Reserve Account	137,946.48
10700 · Cash at Facility	100.00
10800 · CSB Operating Reserve Account	57,686.01
10900 · Radius Bank	100.00
Total 10000 · Cash Funds	556,023.99
Total Checking/Savings	556,023.99
Total Current Assets	556,023.99
Fixed Assets	<i>4.550.00</i>
14000 · Buildings 15000 · Furniture and Equipment	4,558.00 6,253.75
17999 · Accumulated Depreciation	-5,086.29
Total Fixed Assets	5,725.46
TOTAL ASSETS	561,749.45
Liabilities Current Liabilities Other Current Liabilities 24000 · Payroll Liabilities 24500 · Health Insurance 26100 · Scholarship Restricted Fund 26102 · 2020 End of Year Appeal 26100 · Scholarship Restricted Fund - Other	5,379.65 1,660.64 800.00 39,889.46
Total 26100 Scholarship Restricted Fund	40,689.46
26200 · Scholarship Ken Campbell	24,817.17
Total Other Current Liabilities	72,546.92
Total Current Liabilities	72,546.92
Total Liabilities	72,546.92
Equity 31100 · Operating Reserve Fund 32000 · Unrestricted Net Assets Net Income	19,200.00 444,083.20 25,919.33
Total Equity	489,202.53

First Tee of the Lowcountry 2022 Profit Loss Performance Report

	Jul 22	Budget	Variance	YTD	YTD Budget	Variance	Annual Budget
	Jul 22	Budget	variance	110	TTD Budget	variance	Ailliual Buuget
rdinary Income/Expense							
Income							
40000 · Operating Income							
41000 · Donations							
41100 · General	861.50	2,500.00	-1,638.50	15,471.71	23,750.00	-8,278.29	41,750.00
41300 · Memorials	0.00	0.00	0.00	1,103.00	1,000.00	103.00	2,000.00
41400 · Golf Club/Ball Sales	2,265.00	1,000.00	1,265.00	10,310.00	7,150.00	3,160.00	12,650.00
41800 · End of Year Appeal	0.00	0.00	0.00	0.00	50.00	-50.00	8,050.00
Total 41000 · Donations	3,126.50	3,500.00	-373.50	26,884.71	31,950.00	-5,065.29	64,450.00
42000 · Special Events							
42100 · Champions Tournament	15,500.00	0.00	15,500.00	20,575.00	0.00	20,575.00	150,000.00
42200 · Awards Banquet	500.00	0.00	500.00	33,076.00	26,500.00	6,576.00	26,500.00
42300 · Ferguson Auction	0.00	0.00	0.00	0.00	17,500.00	-17,500.00	17,500.00
42400 · Other Events	0.00	0.00	0.00	0.00	2,500.00	-2,500.00	2,500.00
Total 42000 · Special Events	16,000.00	0.00	16,000.00	53,651.00	46,500.00	7,151.00	196,500.00
43000 · Corporate Sponsorships							
43200 · PGA Tour	0.00	0.00	0.00	0.00	5,000.00	-5,000.00	5,000.00
43300 · Other	0.00	5,000.00	-5,000.00	20,000.00	25,000.00	-5,000.00	30,000.00
Total 43000 · Corporate Sponsorships	0.00	5,000.00	-5,000.00	20,000.00	30,000.00	-10,000.00	35,000.00
44000 · Grants							
44200 · Local Government ATAX	0.00	0.00	0.00	30,000.00	0.00	30,000.00	40,000.00
44300 · Grants	6,500.00	5,500.00	1,000.00	42,200.00	38,000.00	4,200.00	74,000.00
44500 · PGA First Tee Grant	0.00	0.00	0.00	25,000.00	0.00	25,000.00	0.00
Total 44000 Grants	6,500.00	5,500.00	1,000.00	97,200.00	38,000.00	59,200.00	114,000.00
45000 · Programs							
45100 · Program Fees	160.00	4,500.00	-4,340.00	22,012.00	21,000.00	1,012.00	28,100.00
45150 · Scholarship Program Fees	0.00	0.00	0.00	5,215.00	5,000.00	215.00	18,500.00
Total 45000 · Programs	160.00	4,500.00	-4,340.00	27,227.00	26,000.00	1,227.00	46,600.00
46000 · Golf Facility							
46100 · Golf/Range Revenue	3,067.00	2,800.00	267.00	31,978.55	19,600.00	12,378.55	33,600.00
46200 · Disc Golf Revenue	110.00	180.00	-70.00	706.00	1,260.00	-554.00	2,160.00
Total 46000 · Golf Facility	3,177.00	2,980.00	197.00	32,684.55	20,860.00	11,824.55	35,760.00
49000 · Miscellaneous Income	-,	, , , , , ,		,	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	,	1, 111
49300 · Interest Earned	28.48	29.00	-0.52	212.54	203.00	9.54	348.00
Total 49000 · Miscellaneous Income	28.48	29.00	-0.52	212.54	203.00	9.54	348.00
Total 40000 · Operating Income	28,991.98	21,509.00	7,482.98	257,859.80	193,513.00	64,346.80	492,658.00
Total Income	28,991.98	21,509.00	7,482.98	257,859.80	193,513.00	64,346.80	492,658.00

First Tee of the Lowcountry 2022 Profit Loss Performance Report

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

First Tee of the Lowcountry 2022 Profit Loss Performance Report

		Jul 22	Budget	Variance	YTD	YTD Budget	Variance	Annual Budget
	65200 · Travel							
	65210 · Mileage Reimbursement	0.00	150.00	150.00	276.80	850.00	573.20	1,550.00
	65220 · Conferences	1,500.00	0.00	-1,500.00	2,898.88	0.00	-2,898.88	7,500.00
	Total 65200 · Travel	1,500.00	150.00	-1,350.00	3,175.68	850.00	-2,325.68	9,050.00
	65300 · Utilities	.,000.00	100.00	.,000.00	3,110.00	000.00	2,020.00	0,000.00
	65310 · Telephone	188.55	150.00	-38.55	1,288.89	1,050.00	-238.89	1,800.00
	65320 · Electric	47.00	62.50	15.50	442.00	437.50	-4.50	750.00
	Total 65300 · Utilities	235.55	212.50	-23.05	1,730.89	1,487.50	-243.39	2,550.00
	65400 · Membership Fees & Subscriptions	200.00	2.2.00	20.00	1,7 00.00	1,101.00	2.0.00	2,000.00
	65430 · Subscriptions	383.00	300.00	-83.00	1,735.00	1,450.00	-285.00	1,750.00
	Total 65400 · Membership Fees & Subscriptions	383.00	300.00	-83.00	1,735.00	1,450.00	-285.00	1,750.00
	65500 · Other Administrative Expenses	- 50.00		33.33	.,. 00.00	.,	200.00	1,7.00.00
	65505 · Credit Card Processing	256.65	175.00	-81.65	1,551.94	1,100.00	-451.94	2,250.00
	65510 · BGC Rental	1,500.00	1,500.00	0.00	10,500.00	10,500.00	0.00	18,000.00
	65515 · Office Supplies	361.70	175.00	-186.70	2,590.87	1,225.00	-1,365.87	2,100.00
	65520 · Postage	191.53	275.00	83.47	1,312.16	925.00	-387.16	1,900.00
	65525 · Printing	1,014.22	0.00	-1,014.22	4,166.83	1,624.00	-2,542.83	4,100.00
	65530 · Meals/Entertainment	0.00	100.00	100.00	847.90	700.00	-147.90	1,200.00
	65550 · Program Supplies	1,127.73	1,500.00	372.27	5,304.20	17,500.00	12,195.80	29,000.00
	65556 · Background Checks	0.00	300.00	300.00	615.00	2,100.00	1,485.00	3,600.00
	65560 · Miscellaneous	837.50	100.00	-737.50	2,460.25	700.00	-1,760.25	1,200.00
	Total 65500 · Other Administrative Expenses	5,289.33	4,125.00	-1,164.33	29,349.15	36,374.00	7,024.85	63,350.00
	Total 65000 · Administration	10,780.80	4,787.50	-5,993.30	49,658.64	49,261.50	-397.14	91,750.00
	67000 · Events		,	,	,	,		,
	67100 · Champions Tournament	2,200.00	0.00	-2,200.00	2,236.13	0.00	-2,236.13	44,000.00
	67150 · Ferguson Auction	0.00	0.00	0.00	0.00	2,300.00	2,300.00	2,800.00
	67200 · Awards Banquet	0.00	0.00	0.00	19,716.38	20,000.00	283.62	20,000.00
	67600 · Other Events	0.00	0.00	0.00	0.00	2,500.00	2,500.00	2,500.00
	Total 67000 · Events	2,200.00	0.00	-2,200.00	21,952.51	24,800.00	2,847.49	69,300.00
	68500 · Capital Reserve	1,000.00	1,000.00	0.00	7,000.00	7,000.00	0.00	12,000.00
т	otal Business Operating Expenses	38,764.15	35,206.29	-3,557.86	250,112.93	267,100.53	16,987.60	492,583.06
Total	Expense	38,764.15	35,206.29	-3,557.86	250,112.93	267,100.53	16,987.60	492,583.06
	ary Income	-9,772.17	-13,697.29	3,925.12	7,746.87	-73,587.53	81,334.40	74.94
et Income	-	-9,772.17	-13,697.29	3,925.12	7,746.87	-73,587.53	81,334.40	74.94

		Dec 20	Budget	Variance	Jan-Dec 20	YTD Budget	Variance	Annual Budget
rdinary Inc	come/Expense	Dec 20	Buuget	Variance	Jan-Dec 20	11D Budget	Variance	Aillidai Budget
Income								
	000 · Operating Income							
700	41000 · Donations							
	41100 · General	5,530.00	2,500.00	3,030.00	36,525.31	41,750.00	-5,224.69	41,750.00
	41300 · Memorials	2,025.00	0.00	2,025.00	7,655.00	2,000.00	5,655.00	2,000.00
	41400 · Golf Club/Ball Sales	2,035.00	0.00	2,035.00	17,710.00	11,500.00	6,210.00	11,500.00
	41800 · End of Year Appeal	0.00	6,100.00	-6,100.00	6,115.78	6,600.00	-484.22	6,600.00
	Total 41000 · Donations	9,590.00	8,600.00	990.00	68,006.09	61,850.00	6,156.09	61,850.00
	42000 · Special Events	.,	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	,	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
	42100 · Champions Tournament	5,100.00	0.00	5,100.00	134,532.50	120,000.00	14,532.50	120,000.00
	42200 · Awards Banquet	0.00	0.00	0.00	8,211.25	31,500.00	-23,288.75	31,500.00
	42300 · Ferguson Auction	0.00	0.00	0.00	0.00	17,500.00	-17,500.00	17,500.00
	42400 · Other Events	0.00	0.00	0.00	0.00	2,500.00	-2,500.00	2,500.00
	Total 42000 · Special Events	5,100.00	0.00	5,100.00	142,743.75	171,500.00	-28,756.25	171,500.00
	43000 · Corporate Sponsorships	.,		,	, , ,	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	.,	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
	43200 · PGA Tour	0.00	0.00	0.00	0.00	5,000.00	-5,000.00	5,000.00
	43300 · Other	0.00	0.00	0.00	20,000.00	27,500.00	-7,500.00	27,500.00
	Total 43000 · Corporate Sponsorships	0.00	0.00	0.00	20,000.00	32,500.00	-12,500.00	32,500.00
	44000 · Grants							
	44200 · Local Government ATAX	25,000.00	25,000.00	0.00	25,000.00	25,000.00	0.00	25,000.00
	44300 · Grants	9,000.00	1,000.00	8,000.00	39,500.00	62,000.00	-22,500.00	62,000.00
	44400 · HHI Town Budget	0.00	0.00	0.00	0.00	50,000.00	-50,000.00	50,000.00
	Total 44000 · Grants	34,000.00	26,000.00	8,000.00	64,500.00	137,000.00	-72,500.00	137,000.00
	45000 · Programs							
	45100 · Program Fees	1,806.75	1,100.00	706.75	30,625.25	33,900.00	-3,274.75	33,900.00
	45150 · Scholarship Program Fees	590.00	500.00	90.00	19,687.50	2,000.00	17,687.50	2,000.00
	Total 45000 · Programs	2,396.75	1,600.00	796.75	50,312.75	35,900.00	14,412.75	35,900.00
	46000 · Golf Facility							
	46100 · Golf/Range Revenue	876.00	1,250.00	-374.00	14,822.90	20,000.00	-5,177.10	20,000.00
	46200 · Disc Golf Revenue	155.00	150.00	5.00	2,522.00	2,950.00	-428.00	2,950.00
	Total 46000 · Golf Facility	1,031.00	1,400.00	-369.00	17,344.90	22,950.00	-5,605.10	22,950.00
	49000 · Miscellaneous Income							
	49300 · Interest Earned	34.24	18.00	16.24	277.66	207.00	70.66	207.00
	49500 · PPP Loan Forgiven	0.00		0.00	31,708.00		31,708.00	0.00
	Total 49000 · Miscellaneous Income	34.24	18.00	16.24	31,985.66	207.00	31,778.66	207.00
Tot	tal 40000 · Operating Income	52,151.99	37,618.00	14,533.99	394,893.15	461,907.00	-67,013.85	461,907.00
500	000 · Capital Campaign Funding							
	51000 · Donations - Pledges	0.00	0.00	0.00	3,200.00	3,200.00	0.00	3,200.00
	52000 · Capital Grants	0.00		0.00	5,000.00		5,000.00	0.00
	57000 · Interest Earned	11.72	7.00	4.72	136.80	84.00	52.80	84.00
Tot	tal 50000 · Capital Campaign Funding	11.72	7.00	4.72	8,336.80	3,284.00	5,052.80	3,284.00
Total In	come	52,163.71	37,625.00	14,538.71	403,229.95	465,191.00	-61,961.05	465,191.00

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

		Dec 20	Budget	Variance	Jan-Dec 20	YTD Budget	Variance	Annual Budget
	65300 · Utilities							
	65310 · Telephone	150.00	150.00	0.00	1,800.00	1,800.00	0.00	1,800.00
	65320 · Electric	-109.60	75.00	184.60	1,195.03	1,925.00	729.97	1,925.00
	Total 65300 · Utilities	40.40	225.00	184.60	2,995.03	3,725.00	729.97	3,725.00
	65400 · Membership Fees & Subscriptions							
	65430 · Subscriptions	219.00	275.00	56.00	1,860.63	1,770.00	-90.63	1,770.00
	Total 65400 · Membership Fees & Subscriptions	219.00	275.00	56.00	1,860.63	1,770.00	-90.63	1,770.00
	65500 · Other Administrative Expenses							
	65505 · Credit Card Processing	90.28	50.00	-40.28	2,016.70	2,125.00	108.30	2,125.00
	65510 · BGC Rental	1,500.00	1,550.00	50.00	18,000.00	18,600.00	600.00	18,600.00
	65515 · Office Supplies	362.61	100.00	-262.61	2,141.69	1,200.00	-941.69	1,200.00
	65520 · Postage	545.43	50.00	-495.43	1,480.59	1,030.00	-450.59	1,030.00
	65525 · Printing	1,403.00	0.00	-1,403.00	1,403.00	3,250.00	1,847.00	3,250.00
	65530 · Meals/Entertainment	463.10	100.00	-363.10	1,378.67	1,200.00	-178.67	1,200.00
	65550 · Program Supplies	0.00	150.00	150.00	10,051.66	33,600.00	23,548.34	33,600.00
	65556 · Background Checks	0.00	180.00	180.00	2,173.00	6,300.00	4,127.00	6,300.00
	65560 · Miscellaneous	266.41	350.00	83.59	8,670.71	13,400.00	4,729.29	13,400.00
	Total 65500 · Other Administrative Expenses	4,630.83	2,530.00	-2,100.83	47,316.02	80,705.00	33,388.98	80,705.00
	Total 65000 · Administration	4,890.23	10,730.00	5,839.77	59,504.98	109,050.00	49,545.02	109,050.00
	67000 · Events							
	67100 · Champions Tournament	48,871.39	16,000.00	-32,871.39	53,110.02	37,500.00	-15,610.02	37,500.00
	67150 · Ferguson Auction	0.00	0.00	0.00	400.00	2,800.00	2,400.00	2,800.00
	67200 · Awards Banquet	0.00	0.00	0.00	1,273.21	20,000.00	18,726.79	20,000.00
	67600 · Other Events	0.00	0.00	0.00	217.20	2,500.00	2,282.80	2,500.00
	Total 67000 · Events	48,871.39	16,000.00	-32,871.39	55,000.43	62,800.00	7,799.57	62,800.00
	68000 · Reserve Fund	1,600.00	1,600.00	0.00	19,200.00	19,200.00	0.00	19,200.00
Т	otal Business Operating Expenses	77,691.78	58,106.87	-19,584.91	377,310.62	461,106.69	83,796.07	461,106.69
Total	Expense	77,691.78	58,106.87	-19,584.91	377,310.62	461,106.69	83,796.07	461,106.69
Net Ordin	ary Income	-25,528.07	-20,481.87	-5,046.20	25,919.33	4,084.31	21,835.02	4,084.31
t Income		-25,528.07	-20,481.87	-5,046.20	25,919.33	4,084.31	21,835.02	4,084.31

		Dec 20	Budget	Variance	Jan-Dec 20	YTD Budget	Variance	Annual Budget
rdinary Inc	come/Expense	Dec 20	Buuget	Variance	Jan-Dec 20	11D Budget	Variance	Aillidai Budget
Income								
	000 · Operating Income							
700	41000 · Donations							
	41100 · General	5,530.00	2,500.00	3,030.00	36,525.31	41,750.00	-5,224.69	41,750.00
	41300 · Memorials	2,025.00	0.00	2,025.00	7,655.00	2,000.00	5,655.00	2,000.00
	41400 · Golf Club/Ball Sales	2,035.00	0.00	2,035.00	17,710.00	11,500.00	6,210.00	11,500.00
	41800 · End of Year Appeal	0.00	6,100.00	-6,100.00	6,115.78	6,600.00	-484.22	6,600.00
	Total 41000 · Donations	9,590.00	8,600.00	990.00	68,006.09	61,850.00	6,156.09	61,850.00
	42000 · Special Events	.,	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	,	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
	42100 · Champions Tournament	5,100.00	0.00	5,100.00	134,532.50	120,000.00	14,532.50	120,000.00
	42200 · Awards Banquet	0.00	0.00	0.00	8,211.25	31,500.00	-23,288.75	31,500.00
	42300 · Ferguson Auction	0.00	0.00	0.00	0.00	17,500.00	-17,500.00	17,500.00
	42400 · Other Events	0.00	0.00	0.00	0.00	2,500.00	-2,500.00	2,500.00
	Total 42000 · Special Events	5,100.00	0.00	5,100.00	142,743.75	171,500.00	-28,756.25	171,500.00
	43000 · Corporate Sponsorships	.,		,	, , ,	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	.,	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
	43200 · PGA Tour	0.00	0.00	0.00	0.00	5,000.00	-5,000.00	5,000.00
	43300 · Other	0.00	0.00	0.00	20,000.00	27,500.00	-7,500.00	27,500.00
	Total 43000 · Corporate Sponsorships	0.00	0.00	0.00	20,000.00	32,500.00	-12,500.00	32,500.00
	44000 · Grants							
	44200 · Local Government ATAX	25,000.00	25,000.00	0.00	25,000.00	25,000.00	0.00	25,000.00
	44300 · Grants	9,000.00	1,000.00	8,000.00	39,500.00	62,000.00	-22,500.00	62,000.00
	44400 · HHI Town Budget	0.00	0.00	0.00	0.00	50,000.00	-50,000.00	50,000.00
	Total 44000 · Grants	34,000.00	26,000.00	8,000.00	64,500.00	137,000.00	-72,500.00	137,000.00
	45000 · Programs							
	45100 · Program Fees	1,806.75	1,100.00	706.75	30,625.25	33,900.00	-3,274.75	33,900.00
	45150 · Scholarship Program Fees	590.00	500.00	90.00	19,687.50	2,000.00	17,687.50	2,000.00
	Total 45000 · Programs	2,396.75	1,600.00	796.75	50,312.75	35,900.00	14,412.75	35,900.00
	46000 · Golf Facility							
	46100 · Golf/Range Revenue	876.00	1,250.00	-374.00	14,822.90	20,000.00	-5,177.10	20,000.00
	46200 · Disc Golf Revenue	155.00	150.00	5.00	2,522.00	2,950.00	-428.00	2,950.00
	Total 46000 · Golf Facility	1,031.00	1,400.00	-369.00	17,344.90	22,950.00	-5,605.10	22,950.00
	49000 · Miscellaneous Income							
	49300 · Interest Earned	34.24	18.00	16.24	277.66	207.00	70.66	207.00
	49500 · PPP Loan Forgiven	0.00		0.00	31,708.00		31,708.00	0.00
	Total 49000 · Miscellaneous Income	34.24	18.00	16.24	31,985.66	207.00	31,778.66	207.00
Tot	tal 40000 · Operating Income	52,151.99	37,618.00	14,533.99	394,893.15	461,907.00	-67,013.85	461,907.00
500	000 · Capital Campaign Funding							
	51000 · Donations - Pledges	0.00	0.00	0.00	3,200.00	3,200.00	0.00	3,200.00
	52000 · Capital Grants	0.00		0.00	5,000.00		5,000.00	0.00
	57000 · Interest Earned	11.72	7.00	4.72	136.80	84.00	52.80	84.00
Tot	tal 50000 · Capital Campaign Funding	11.72	7.00	4.72	8,336.80	3,284.00	5,052.80	3,284.00
Total In	come	52,163.71	37,625.00	14,538.71	403,229.95	465,191.00	-61,961.05	465,191.00

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

		Dec 20	Budget	Variance	Jan-Dec 20	YTD Budget	Variance	Annual Budget
	65300 · Utilities							
	65310 · Telephone	150.00	150.00	0.00	1,800.00	1,800.00	0.00	1,800.00
	65320 · Electric	-109.60	75.00	184.60	1,195.03	1,925.00	729.97	1,925.00
	Total 65300 · Utilities	40.40	225.00	184.60	2,995.03	3,725.00	729.97	3,725.00
	65400 · Membership Fees & Subscriptions							
	65430 · Subscriptions	219.00	275.00	56.00	1,860.63	1,770.00	-90.63	1,770.00
	Total 65400 · Membership Fees & Subscriptions	219.00	275.00	56.00	1,860.63	1,770.00	-90.63	1,770.00
	65500 · Other Administrative Expenses							
	65505 · Credit Card Processing	90.28	50.00	-40.28	2,016.70	2,125.00	108.30	2,125.00
	65510 · BGC Rental	1,500.00	1,550.00	50.00	18,000.00	18,600.00	600.00	18,600.00
	65515 · Office Supplies	362.61	100.00	-262.61	2,141.69	1,200.00	-941.69	1,200.00
	65520 · Postage	545.43	50.00	-495.43	1,480.59	1,030.00	-450.59	1,030.00
	65525 · Printing	1,403.00	0.00	-1,403.00	1,403.00	3,250.00	1,847.00	3,250.00
	65530 · Meals/Entertainment	463.10	100.00	-363.10	1,378.67	1,200.00	-178.67	1,200.00
	65550 · Program Supplies	0.00	150.00	150.00	10,051.66	33,600.00	23,548.34	33,600.00
	65556 · Background Checks	0.00	180.00	180.00	2,173.00	6,300.00	4,127.00	6,300.00
	65560 · Miscellaneous	266.41	350.00	83.59	8,670.71	13,400.00	4,729.29	13,400.00
	Total 65500 · Other Administrative Expenses	4,630.83	2,530.00	-2,100.83	47,316.02	80,705.00	33,388.98	80,705.00
	Total 65000 · Administration	4,890.23	10,730.00	5,839.77	59,504.98	109,050.00	49,545.02	109,050.00
	67000 · Events							
	67100 · Champions Tournament	48,871.39	16,000.00	-32,871.39	53,110.02	37,500.00	-15,610.02	37,500.00
	67150 · Ferguson Auction	0.00	0.00	0.00	400.00	2,800.00	2,400.00	2,800.00
	67200 · Awards Banquet	0.00	0.00	0.00	1,273.21	20,000.00	18,726.79	20,000.00
	67600 · Other Events	0.00	0.00	0.00	217.20	2,500.00	2,282.80	2,500.00
	Total 67000 · Events	48,871.39	16,000.00	-32,871.39	55,000.43	62,800.00	7,799.57	62,800.00
	68000 · Reserve Fund	1,600.00	1,600.00	0.00	19,200.00	19,200.00	0.00	19,200.00
Т	otal Business Operating Expenses	77,691.78	58,106.87	-19,584.91	377,310.62	461,106.69	83,796.07	461,106.69
Total	Expense	77,691.78	58,106.87	-19,584.91	377,310.62	461,106.69	83,796.07	461,106.69
Net Ordin	ary Income	-25,528.07	-20,481.87	-5,046.20	25,919.33	4,084.31	21,835.02	4,084.31
t Income		-25,528.07	-20,481.87	-5,046.20	25,919.33	4,084.31	21,835.02	4,084.31

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

May 3, 2022

CONFIDENTIAL

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

Dear Board Members:

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

Return of Organization Exempt From Income Tax (Form 990)

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

Office

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

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

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

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

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

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

We want to express our appreciation for this opportunity to work with you.		
Very truly yours,		
Carey & Company P.A.		
Accepted By:		
Date:		

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

May 3, 2022

CONFIDENTIAL

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

Dear Board Members:

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

Return of Organization Exempt From Income Tax (Form 990)

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

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

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

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

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

Sincerely,

Carey & Company P.A.

33. Number of volunteers

Two Year Comparison Report 2020 & 2021 Form **990** For calendar year 2021, or tax year beginning Taxpayer Identification Number Name Hilton Head Island Foundation to **-***7877 Support Youth Sports, Inc. 2020 Differences 2021 1. Contributions, gifts, grants 1. 130,706 153,858 23,152 2. Membership dues and assessments 2. 3. Government contributions and grants 30,000 25,000 -5,000 3. 67,658 82,979 15,321 4. Program service revenue 4. 5. Investment income 5. 415 480 65 **6.** Proceeds from tax exempt bonds 6. 7. Net gain or (loss) from sale of assets other than inventory 7. 8. Net income or (loss) from fundraising events 87,744 124,311 36,567 8. 9. Net income or (loss) from gaming 9. **10.** Net gain or (loss) on sales of inventory 10. 31,708 31,708 11. Other revenue 11. 12. Total revenue. Add lines 1 through 11 12. 348,231 418,336 70,105 13. Grants and similar amounts paid 13. 14. Benefits paid to or for members 14. 62,475 3,298 **15.** Compensation of officers, directors, trustees, etc. 59,177 15. 78,381 16. Salaries, other compensation, and employee benefits 114,452 -36,07116. 17. Professional fundraising fees 17. -1,417 18. Other professional fees 18. 12,018 10,601 **19.** Occupancy, rent, utilities, and maintenance 19. 20. Depreciation and Depletion 970 2,370 1,400 20. 117,466 168,849 51,383 21. Other expenses 21. 22. Total expenses. Add lines 13 through 21 18,593 22. 304,083 322,676 51,512 44,148 95,660 23. Excess or (Deficit). Subtract line 22 from line 12 23. 418,336 70,105 24. 348,231 24. Total exempt revenue 25. Total unrelated revenue 25. 99,781 115,167 15,386 26. Total excludable revenue 26. 94,545 560,777 655,322 27. Total assets 27. 72,547 -1,291 28. Total liabilities 71,256 28. 29. Retained earnings 488,230 584,066 95,836 29. 16 17 **30.** Number of voting members of governing body 30. 17 16 **31.** Number of independent voting members of governing body 31. 32. Number of employees 32. 4 6

33.

75

Form 990	Tax Return History		2021
Name	Hilton Head Island Foundation to Support Youth Sports, Inc.	Employer I	dentification Number

	2017	2018	2019	2020	2021	2022
Contributions, gifts, grants	286,635	282,459	214,938	160,706	178,858	
Membership dues						
Program service revenue	24,076	44,537	48,950	67,658	82,979	
Capital gain or loss						
Investment income	150	231	348	415	480	
Fundraising revenue (income/loss)	95,845	81,705	96,610	87,744	124,311	
Gaming revenue (income/loss)						
Other revenue	671			31,708	31,708	
Total revenue	407,377	408,932	360,846	348,231	418,336	
Grants and similar amounts paid						
Benefits paid to or for members						
Compensation of officers, etc.				59,177	62,475	
Other compensation		119,446	130,405	114,452	78,381	
Professional fees		11,580	13,423	12,018	10,601	
Occupancy costs						
Depreciation and depletion	563	388	389	970	2,370	
Other expenses		115,862	119,755	117,466	168,849	
Total expenses	270,117	247,276	263,972	304,083	322,676	
Excess or (Deficit)	137,260	161,656	96,874	44,148	95,660	
	40- 0	100 000		212 221	44.0.00	
Total exempt revenue	407,377	408,932	360,846	348,231	418,336	
Total unrelated revenue						
Total excludable revenue	24,897	44,768	49,298	99,781	115,167	
Total Assets	436,770	492,731	529,379	560,777	655,322	
Total Liabilities	251,218	145,523	85,297	72,547	71,256	
Net Fund Balances	185,552	347,208	444,082	488,230	584,066	

Filing Instructions

Hilton Head Island Foundation to Support Youth Sports, Inc.

Exempt Organization Tax Return

Taxable Year Ended December 31, 2021

Date Due: May 16, 2022

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

balance due.

Signature: You are using a Personal Identification Number (PIN) for signing your return

electronically. Form 8879-TE, IRS e-file Signature Authorization for an Exempt

Organization should be signed and dated by an authorized officer of the

organization and returned to:

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

Important: Your return will not be filed with the IRS until the signed Form

8879-TE has been received by this office.

Other: Your return is being filed electronically with the IRS and is not required to be

mailed. If you Mail a paper copy of your return to the IRS it will delay the

processing of your return.

Form **8879-TE**

IRS e-file Signature Authorization for a Tax Exempt Entity

For calendar year 2021, or fiscal year beginning

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

2021

Department of the Treasury Internal Revenue Service Name of file

u Go to www.irs.gov/Form8879TE for the latest information. Hilton Head Island Foundation to

-*7877

FIN or SSN

Support Youth Sports, Inc. Name and title of officer or person subject to tax Chuck Elberly

Treasurer

P	ar	t I		T	уре	of	Ret	turn	and	Retur	n I	nfc	rm	nation			
			_						_				_				

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

1a For	m 990 check here		X	b	Total revenue, if any (Form 990, Part VIII, column (A), line 12)	1b _	418,336	
	m 990-EZ check here		Щ	b	Total revenue, if any (Form 990-EZ, line 9)	_ 2b _		
3a For	m 1120-POL check here		Ц	b	Total tax (Form 1120-POL, line 22)	3b _		
4a For	m 990-PF check here				Tax based on investment income (Form 990-PF, Part VI, line 5)			
5a For	m 8868 check here	\blacktriangleright	Ш	b	Balance due (Form 8868, line 3c)	5b _		
6a For	m 990-T check here		Ц	b	Total tax (Form 990-T, Part III, line 4)	6b _		
7a For	m 4720 check here	\blacktriangleright			Total tax (Form 4720, Part III, line 1)			
8a For	m 5227 check here			b	FMV of assets at end of tax year (Form 5227, Item D)	8b _		
9a For	m 5330 check here			b	Tax due (Form 5330, Part II, line 19)	9b _		
	m 8038-CP check here			b	Amount of credit payment requested (Form 8038-CP, Part III, line 22)	10b		
Part	Part II Declaration and Signature Authorization of Officer or Person Subject to Tax							

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

processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the electronic return and, if applicable, the consent to electronic funds withdrawal.

PIN: check one box only

lauthorize _ Carey & Company P.A. _____ to enter my PIN ERO firm name Enter five numbers, but do not enter all zeros

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

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

Signature of officer or person subject to tax

Certification and Authentication Part III

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

Do not enter all zeros

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

Patrick P. Carey, Jr., CPA

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

Department of the Treasury Internal Revenue Service

Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) u Do not enter social security numbers on this form as it may be made public.

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

OMB No. 1545-0047 2021 Open to Public Inspection

<u>A</u>	For the 202	1 calendar year, or tax year beginning , and ending								
В	Check if applicat	e: C Name of organization Hilton Head Island Foundation to		D Employe	r identificatio	n number				
	Address change Support Youth Sports, Inc.									
亓	Name change	Doing business as The First Tee of the LowCountry			**7877	7				
Ħ	ŭ	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	E Telephon		7.51				
-	Initial return	P.O. Box 23334		843-	<u> 384-17</u>	<u>'51</u>				
	Final return/ terminated	City or town, state or province, country, and ZIP or foreign postal code								
П	Amended return	Hilton Head Island SC 29925		G Gross re	ceipts\$	464,059				
Was let this a group return for subordinated Voc. X N										
Ш	Application pend	Circon Diberty	in(a) is this a gi	oup return for	Suborumates_	= =				
		PO Box 23334	H(b) Are all sub	ordinates ind	cluded?	Yes No				
		Hilton Head Island SC 29926	If "No,"	attach a list	. See instruction	ns				
T	Tax-exempt sta	tus: X 501(c)(3) 501(c) () t (insert no.) 4947(a)(1) or 527]							
	Website: U	http://www.thefirstteelowcountry.org/	H(c) Group exe	mption numb	er u					
ĸ	Form of organiz		ear of formation: 2			egal domicile: SC				
		Summary				<u> </u>				
•		describe the organization's mission or most significant activities:								
ģ		e First Tee helps shape the lives of kids and teens	from al		rg of					
ũ	1 11									
Ĕ	***	fe by introducing them to values inherent in the ga	mie or go	TT • V	itues					
Governance		ke integrity, respect and perseverance								
		this box \mathbf{u} if the organization discontinued its operations or disposed of more than	25% of its net	assets.						
⋖		er of voting members of the governing body (Part VI, line 1a)			17					
ies	4 Numb	er of independent voting members of the governing body (Part VI, line 1b)		. 4	17					
ξ	5 Total	number of individuals employed in calendar year 2021 (Part V, line 2a)		. 5	6					
Activities		number of volunteers (estimate if necessary)		۱ ۵	75					
1		unrelated business revenue from Part VIII, column (C), line 12				0				
		nrelated business taxable income from Form 990-T, Part I, line 11				0				
	2 . 151 0		Prior Yea		Curr	ent Year				
ø	8 Contri	outions and grants (Part VIII, line 1h)	160	,706		178,858				
Ž		am service revenue (Part VIII, line 2g)		,658		82,979				
Revenue		ment income (Part VIII, column (A), lines 3, 4, and 7d)		415		480				
8	11 Other	revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	110	,452		156,019				
	1	revenue – add lines 8 through 11 (must equal Part VIII, column (A), line 12)		,231		418,336				
		s and similar amounts paid (Part IX, column (A), lines 1–3)	310	,,251		110/550				
	l	ts paid to or for members (Part IX, column (A), line 4)	177	620		140 056				
ses	15 Saları	es, other compensation, employee benefits (Part IX, column (A), lines 5–10)	1/3	629		140,85 <u>6</u>				
ens	16a Profes	sional fundraising fees (Part IX, column (A), line 11e)				0				
Expenses	b Total	undraising expenses (Part IX, column (D), line 25) u 61,147								
ш	17 Otner	expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		,454		181,820				
	18 Total	expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		.083		<u>322,676</u>				
	19 Rever	ue less expenses. Subtract line 18 from line 12		148		95 , 660				
Net Assets or	2		Beginning of Cur			l of Year				
Sset	20 Total	assets (Part X, line 16)		777		655,322				
Ä	21 Total	iabilities (Part X, line 26)		2,547		71,256				
<u> </u>	22 Net a	ssets or fund balances. Subtract line 21 from line 20	488	3,230		<u>584,066</u>				
P	Part II	Signature Block								
U	Inder penalties	of perjury, I declare that I have examined this return, including accompanying schedules and sta	tements, and to	the best of	f my knowle	dge and belief, it is				
tr	ue, correct, a	d complete. Declaration of preparer (other than officer) is based on all information of which prepare	arer has any kn	owledge.						
Sig	an 📗	Signature of officer		Date						
He		Chuck Elberly Treasu	ırer							
		Type or print name and title	<u></u>							
_	Print	Type of print name and title Type preparer's name Preparer's signature	Date		if PTIN	<u></u>				
Pai			Date	Check	□"					
	1 4 4	rick P. Carey, Jr., CPA Patrick P. Carey, Jr., CPA	<u> </u>			******				
		name } Carey & Company P.A.	F	irm's EIN }	**-*	***7046				
US	e Only	70 Main Street, Suite 100								
	Firm'	address } Hilton Head Island, SC 29926	P	hone no.		<u>81-4430</u>				
Ma	y the IRS di	cuss this return with the preparer shown above? See instructions			X	Yes No				

Form 990 (2021) HIITOII Head I		Page Z
	n Service Accomplishments	
	ontains a response or note to any line in this Part III	<u> </u>
1 Briefly describe the organization's mis	sion:	
The First Tee helps	shape the lives of kids and teens from	all walks of
life by introducing	them to values inherent in the game of	golf. Values
like integrity, resp	pect and perseverance	···· ··· ·······
2 Did the organization undertake any sig	gnificant program services during the year which were not listed on the	
		□ v ∵ u.
		Yes X No
If "Yes," describe these new services of		
3 Did the organization cease conducting	, or make significant changes in how it conducts, any program	
services?		Yes X No
If "Yes," describe these changes on S		- -
4 Describe the organization's program se	ervice accomplishments for each of its three largest program services, as mea	asured by
	c)(4) organizations are required to report the amount of grants and allocations	
the total expenses, and revenue, if any		10 011010,
the total expenses, and revenue, if an	y, for each program service reported.	
	000 000	
4a (Code:) (Expenses \$	202,882 including grants of\$) (Revenue inge for use in objectives outlined in	• \$)
	nge for use in objectives outlined in	mission
statement.		
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41- (O-da) \ (E		
	including grants of \$ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	, ¢
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4c (Code:) (Expenses \$ N/A 4d Other program services (Describe on	including grants of\$) (Revenue	
Ac (Code:) (Expenses \$ N/A	including grants of\$) (Revenue	

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"			
_	complete Schedule A	1	X	
2	Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> (see instructions)?	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to	_		х
4	candidates for public office? If "Yes," complete Schedule C, Part I	3		
-	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If</i> "Yes," <i>complete Schedule C, Part II</i>	4		х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,	-		
,	assessments, or similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		x
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors			
•	have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If			
	"Yes," complete Schedule D, Part I	6		х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		x
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			
	complete Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a			
	custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or			
	debt negotiation services? If "Yes," complete Schedule D, Part IV	9		Х
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		Х
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,			
	VII, VIII, IX, or X, as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"			
	complete Schedule D, Part VI	11a	X	
b	Did the organization report an amount for investments—other securities in Part X, line 12, that is 5% or more			3,5
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
С	Did the organization report an amount for investments—program related in Part X, line 13, that is 5% or more	110		х
٨	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets	11c		
d	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		х
_	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	21
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
-	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		х
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a		х
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If			
	"Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		Х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,			
	fundraising, business, investment, and program service activities outside the United States, or aggregate			
	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or			
	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other	40		·
17	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on	17		х
18	Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions Did the organization report more than \$15,000 total of fundraising event gross income and contributions on	17		
10	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	х	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?	10	-22	
	If "Yes," complete Schedule G, Part III	19		х
20a	Did the appropriation appropriate and as many beautiful facilities? If #Vea " computer Cabadyla II	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		<u></u>
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
·	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		х
			000	

Pa	art IV Checklist of Required Schedules (continued)			<u> 190 </u>
	(00.111.100.0)		Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		Х
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the			
	organization's current and former officers, directors, trustees, key employees, and highest compensated			
	employees? If "Yes," complete Schedule J	23		х
24a				
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b			
	through 24d and complete Schedule K. If "No," go to line 25a	24a		Х
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year			
	to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior			
	year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?			
	If "Yes," complete Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key			
	employee, creator or founder, substantial contributor or employee thereof, a grant selection committee			
	member, or to a 35% controlled entity (including an employee thereof) or family member of any of these			
	persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L,			
	Part IV, instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV	28a		X
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
С	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If			
	"Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			v
04	conservation contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"	22		х
22	complete Schedule N, Part II Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	32		
33	acetions 204 7704 2 and 204 7704 22 If Was " complete Cabadula D. David	22		х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III,	33	\vdash	-2\
J#	or IV and Dart V line 4	34		х
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a	334		
-	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable	000		
	related organization? If "Yes," complete Schedule R, Part V, line 2	36		х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
•	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		х
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and			
	19? Note: All Form 990 filers are required to complete Schedule O.	38		х
Pa	art V Statements Regarding Other IRS Filings and Tax Compliance			_
	Check if Schedule O contains a response or note to any line in this Part V	<u></u>	<u></u> .	
			Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a 3			
b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b 0			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and			
	reportable gaming (gambling) winnings to prize winners?	1c		X

Form	990 (2021) Hilton Head Island Foundation to **-***7877		P	age 5					
	art V Statements Regarding Other IRS Filings and Tax Compliance (continued)			No					
	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax								
	Statements, filed for the calendar year ending with or within the year covered by this return 2a 6								
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х						
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. See instructions.								
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X					
b									
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over,								
	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X					
b	If "Yes," enter the name of the foreign country ${f u}$								
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).								
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X					
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X					
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5с							
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the								
	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		X					
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or								
	gifts were not tax deductible?	6b							
7	Organizations that may receive deductible contributions under section 170(c).								
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods								
	and services provided to the payor?	7a		X					
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b							
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was								
	required to file Form 8282?	7c		X					
d	If "Yes," indicate the number of Forms 8282 filed during the year								
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X					
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f 7g		X					
g									
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		X					
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the	_							
_	sponsoring organization have excess business holdings at any time during the year?	8							
9	Sponsoring organizations maintaining donor advised funds.								
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a							
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b							
10	Section 501(c)(7) organizations. Enter:								
a	Initiation fees and capital contributions included on Part VIII, line 12 Cross respires included on Form 200. Part VIII, line 12 10a								
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b								
11	Section 501(c)(12) organizations. Enter:								
a b	Gross income from members or shareholders Gross income from other sources. (Do not net amounts due or paid to other sources								
b									
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a							
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	120							
13	Section 501(c)(29) qualified nonprofit health insurance issuers.								
а	Is the organization licensed to issue qualified health plans in more than one state?	13a							
_	Note: See the instructions for additional information the organization must report on Schedule O.								
b	Enter the amount of reserves the organization is required to maintain by the states in which								
	the organization is licensed to issue qualified health plans								
С	Enter the amount of reserves on hand								
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		Х					
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b							
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or								
	excess parachute payment(s) during the year?	15		X					
	If "Yes," see instructions and file Form 4720, Schedule N.								
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		X					
	If "Yes," complete Form 4720, Schedule O.								
17	Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in								
	activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953?	17							
	If "Ves" complete Form 6060								

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI Section A. Governing Body and Management Yes No 1a Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O. 17 Enter the number of voting members included on line 1a, above, who are independent 1b Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? Х 2 Did the organization delegate control over management duties customarily performed by or under the direct 3 supervision of officers, directors, trustees, or key employees to a management company or other person? Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4 4 Did the organization become aware during the year of a significant diversion of the organization's assets? 5 Did the organization have members or stockholders? 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? X Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? X 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: The governing body? Х 8a Each committee with authority to act on behalf of the governing body? X 8b Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at Х the organization's mailing address? If "Yes," provide the names and addresses on Schedule O... Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) No 10a Did the organization have local chapters, branches, or affiliates? X 10a If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? X 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11a **b** Describe on Schedule O the process, if any, used by the organization to review this Form 990. 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 Х 12a Х Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12b Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done 12c Did the organization have a written whistleblower policy? X 13 13 X Did the organization have a written document retention and destruction policy? 14 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? The organization's CEO, Executive Director, or top management official X 15a Other officers or key employees of the organization 15b Х If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions. 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? Х 16a If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed **u** SC Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c) (3)s only) available for public inspection. Indicate how you made these available. Check all that apply. Own website Another's website X Upon request Other (explain on Schedule O) Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and 19 financial statements available to the public during the tax year. State the name, address, and telephone number of the person who possesses the organization's books and records ${f u}$

PO Box 23334

SC 29925

843-715-0256

Dale M Planicka

Hilton Head Island

orm 990 (2	021) Hilton Head Isla	<u>nd Foundation t</u>	o **-***7877		Page 7
Part VII	Compensation of Officers,	Directors, Trustees, Key	Employees, Highest	Compensated	Employees, and
	Independent Contractors				_
	Check if Schedule O contains	a response or note to an	y line in this Part VII		🔲
	Officer Disease To also Ma	= 1 1111 1 10			

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

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

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

(A) Name and title	(B) Average hours per week	box	, unle cer ar	ss pe	ition more rson	than one is both an or/trustee)	(D) Reportable compensation from the	(E) Reportable compensation from related	(F) Estimated amount of other compensation
	(list any hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Former Highest compensated employee	organization (W-2/ 1099-MISC/ 1099-NEC)	organizations (W-2/ 1099-MISC/ 1099-NEC)	from the organization and related organizations
(1) Jim Capps									
	5.00								
Board Member (2) Mike Cerrati	0.00	X					0	0	0
(2) MIRE CEITACI	5.00								
Secretary	0.00	x		х			0	0	0
(3) Grace Chu	0.00	1							
(0,01000 0110	5.00								
Vice Chair	0.00	x		X			0	0	0
(4) Joe Datillo									
	5.00								
Board Member	0.00	X					0	0	0
(5) Chuck Elberly									
<u></u>	5.00								
Treasurer	0.00	X		Х			0	0	0
(6)Jeremiah Faber	5.00								
Board Member	0.00	$ \mathbf{x} $					0	0	0
(7) Dick Farmer	0.00						1		<u> </u>
(//DICH TAIMEL	5.00								
Chair	0.00	x		х			0	0	0
(8) John Farrell									
	5.00								
Board member	0.00	X					0	0	0
(9)Bill Fuentes									
	5.00								
Board Member	0.00	X					0	0	0
(10)Paul Gaines									
Doord Mombon	5.00	\							
Board Member (11) Ken Groff	0.00	X					0	0	0
(11)Kell GLOLL	5.00								
Board Member	0.00	x					0	0	0
			_				<u> </u>		F 990 (2024)

Part VII Section	A. Officer	rs, Directors, 1	rust	ees,	Key	/ En	nploy	yees	, and Highest Compens	ated Employees (continu	ıed)			
(A) Name and title		(B) Average hours per week	bo: off	x, unle	Pos check ess pe ind a	erson directo	than is both	n an tee)	(D) Reportable compensation from the	(E) Reportable compensation from related		(F) stimated a of othe	er ation	
		(list any hours for related organizations below dotted line)	or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/ 1099-MISC/ 1099-NEC)	organizations (W-2/ 1099-MISC/ 1099-NEC)		from th rganization ted organ	n and	;
(12) Don Kra	ahnke	5.00	·						0	0				0
(13) Chris I	Lane	5.00												
Board Member (14) Laurie	Layki	0.00 sh 5.00	X						0	0				0
Board Member (15) Paul Ro	othwel	0.00	X						0	0				0
Board Member (16) Chuck V	Visema	0.00 n	X						0	0				0
Board Member (17) Paul Za	affaor	5.00 0.00	. x						0	0				0
Board Member (18) Patrick	· M 7.11	5.00 0.00	<u>x</u>						0	0				0
Executive Dire		40.00			x				0	0				0
1b Subtotal	nuation sh	eets to Part V	II, Se	ctio	n A									
Total number of in reportable compe	ndividuals (including but no	ot lim	ited	to th	nose	liste	u d ab	noove) who received more	than \$100,000 of			Yes	No
employee on line 4 For any individual organization and	1a? If "Yes listed on li related org	s," complete Sc ine 1a, is the si anizations grea	<i>hedu</i> um o iter th	<i>le J</i> f rep nan	for sortal \$150	such ble o	indiv comp o? If	/idua ensa "Yes	loyee, or highest compensation and other compensations," complete Schedule J fo	tion from the		3		х
5 Did any person list	sted on line	a 1a receive or	accru	ne co	ompe	ensa	tion	trom	any unrelated organization	on or individual		5		X X
Section B. Independer 1 Complete this tab compensation from	le for your	five highest co	mper	nsate	ed in	depe	ende r the	nt co	ontractors that received mendar year ending with or	ore than \$100,000 of within the organization's	tax year	 r.		
	Name and	(A) d business address							Descrip	(B) tion of services		Con	(C) npensatio	on
2 Total number of in received more that									those listed above) who	0				

Statement of Revenue Part VIII Check if Schedule O contains a response or note to any line in this Part VIII (C) Unrelated (D)
Revenue excluded from tax under sections 512-514 (A) Total revenue (B)
Related or exempt function revenue business revenue Gifts, Grants ilar Amounts 1a Federated campaigns 1a **b** Membership dues 1b **c** Fundraising events 1c d Related organizations 1d **e** Government grants (contributions) Contributions, and Other Sim 25,000 1e All other contributions, gifts, grants, 153,858 and similar amounts not included above 1f g Noncash contributions included in lines 1a-1f 1g 178,858 h Total. Add lines 1a-1f u Business Code 31,351 31,351 Program Service Revenue 2a Golf Range ... 31,087 31,087 Program Fees 18,798 18,798 Scholarship Program Fees Pro Shop Sales 1,743 1,743 f All other program service revenue 82,979 g Total. Add lines 2a-2f 3 Investment income (including dividends, interest, and other similar amounts) 480 480 u Income from investment of tax-exempt bond proceeds Royalties (i) Real (ii) Personal 6a Gross rents 6a 6b **b** Less: rental expenses C Rental inc. or (loss) d Net rental income or (loss) 7a Gross amount from (i) Securities (ii) Other sales of assets 7a other than inventory Revenue **b** Less: cost or other 7b basis and sales exps. c Gain or (loss) 7с Other d Net gain or (loss) **8a** Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18 170,034 8a **b** Less: direct expenses 45,723 8b c Net income or (loss) from fundraising events 124,311 9a Gross income from gaming activities. See Part IV, line 19 9a **b** Less: direct expenses 9b c Net income or (loss) from gaming activities 10a Gross sales of inventory, less returns and allowances 10a **b** Less: cost of goods sold 10b c Net income or (loss) from sales of inventory. Business Code iscellaneous Revenue 31,708 31,708 11a PPP Loan Forgiven b **d** All other revenue 31,708 Total. Add lines 11a-11d. u 418,336 Total revenue. See instructions 114,687 0 480

Check if Schedule O contains a response or note to any line in this Part IX St. 20 and 10th of Part VIII. Part VIIII		on 501(c)(3) and 501(c)(4) organizations must co	mplete all columns. All c		complete column (A).	
St. 90, and Table of Pair VIII. Compared for advances or present compared compar			nse or note to any line in			
and strongly comments. See Part IV, line 22 Grants and other assistance to direction individuals. See Part IV, line 12 Grants and other assistance to foreign operations. See Part IV, line 12 Grants and other assistance to foreign operations. See Part IV, line 12 Grants and other assistance to foreign operations. See Part IV, line 12 Grants and other assistance to depart IV, line 12 Grants and other assistance to foreign operations. See Part IV, line 12 Fees on the see Part IV, line 12 Grants and value of the see Part IV, line 12 Fees of see Part IV, line 12 Fees for services (nonemployees): a Management Legal Fees for services (nonemployees): b Legal for Payroll taxes 15,932 15,932 15,932 17,932 18,932 19,084 11 Fees for services (nonemployees): a Management Legal Legal Legal 6 Caccounting 5,841 5,841 5,841 1 Legal 1 Legal 6 Caccounting 7 Investment management fees 9 One Vine 19 management fees 9 One Vine 19 management fees 9 One Vine 19 management fees 10 Caccounting 10 Caccounting 11 Ayrol 4,760 12 Advertising and promotion 12 Advertising and promotion 13 Office expenses 14 Information technology 15 Reyallics 16 Cocupancy 17 Time II 18 Peyments of travel or emertainment expenses for any tederal, state, or local public officials for Cocupancy 17 Time II 18 Peyments of travel or emertainment expenses for any tederal, state, or local public officials for Cocupancy 17 Time II 18 Peyments of travel or emertainment expenses for any tederal, state, or local public officials for Conferences, conventions, and meetings 19 Peyments to affiliates 10 Caccounting 10 Caccounting 11 Ayrol 11,457 11,457 11,457 11,457 11,457 22 Querian Services 11,457 11,457 11,457 23 Joffice See, Compele Nei Ive only 19- 10 Indicated elabational Compeles and End of Caccounting and Introductional Compeles and Introductional Caccounting and Introductional Compeles and Introductional Compele		•	(A) Total expenses	Program service	Management and	Fundraising
2 Grants and other assistance to domestic individuals. See Part IV, lines 15 and 16 4 Benefits paid to not for members 5 Compensation of current officers, directors, trustees, and known proposes 6 Compensation of current officers, directors, trustees, and known proposes 6 Compensation of current officers, directors, trustees, and known proposes 6 Compensation of induced above to dequalited persons (as delined under section 4900(f)) and postures discribed in section 4900(f) and 4000(f) employer contributions 9 Cher employee benefits 9 Cher solutions and accounting and propose to section 490(f) and 4000(f) employer contributions 9 y, 084 9, 084 10 Payroll taxes 9 y, 084 9, 084 11 Foes for services (nonemployees): a Management b Legal 6 Accounting 6 Lobbying 6 Professional fundating services See Part IV line for linestense management fees 9 Check if his 19 amort access tills of line 35, cutum (A) amort is the 19 capacite on School of 10 and 4000 (f) and 4000	1	Grants and other assistance to domestic organizations				
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3 Grafts and other assistance to foreign organizations, foreign progratations, foreign progrations, foreign progrations, foreign progrations, foreign progrations, foreign programs, foreign programs of the p		individuals. See Part IV, line 22				
tereign individuals. See Part IV, lines 15 and 16 A Benefits paid to or for members 5 Compensation of current officers, directors, trustees, and key employees 6 Compensation of current officers, directors, trustees, and key employees 6 Compensation of included above to dequalfied persons disorbed in section 4988(0)(0)(1) and possins disorbed in section 4988(0)(0)(1) and possins disorbed in section 4988(0)(0) employee contributions (include section 401(1)) and 402(1)) employee contributions (include section 401(1)) and 402(1) employees (include section 401(1)) and 401(1) employees	3					
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8 Persion plan accurals and contributions (include section 401(k) and 403(b) employer contributions) 9 Other employee benefits		persons described in section 4958(c)(3)(B)				
section 401(k) and 403(b) employer contributions) 15	7	Other salaries and wages	53,365	53,365		
9 Other employee benefits	8	Pension plan accruals and contributions (include				
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11 Fees for services (nonemployees):	10		9,084	9,084		
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Information technology	13	Office expenses				
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Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here u if						C1 14E
organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here u if			322,676	202,882	58,647	61,147
from a combined educational campaign and fundraising solicitation. Check here u if	26					
		from a combined educational campaign and				
10110W1114 30C Y8-2 (ASC Y86-12U)						
	DAA	IUIIUWIIII SUP 98-2 (ASC 958-120)				Form 990 (2021)

				(A) Beginning of year		(B) End of year
1	Cash—non-interest-bearing			556,023	1	629,721
2					2	
3				3		
4	Accounts receivable, net		L		4	
5	Loans and other receivables from any current or for					
	trustee, key employee, creator or founder, substantia					
	controlled entity or family member of any of these pe		5			
6						
	under section 4958(f)(1)), and persons described in		6			
7					7	
8	Inventories for sale or use		L		8	
9					9	
10	a Land, buildings, and equipment: cost or other					
	basis. Complete Part VI of Schedule D	10a	33,852			
k	b Less: accumulated depreciation	10b	8,251	4,754	10c	25,601
11	Investments—publicly traded securities		L		11	
12	· · · · · · · · · · · · · · · · · · ·				12	
13	, , ,				13	
14					14	
15					15	
16				560,777	16	655,322
17					17	
18	• • • • • • • • • • • • • • • • • • • •			18		
19					19	
20					20	
21	, ,				21	
22	, ,					
22	trustee, key employee, creator or founder, substantia					
	controlled entity or family member of any of these pe	rsons			22	
23		third parties			23	
24	, ,				24	
25	3 , , , , , , ,					
	parties, and other liabilities not included on lines 17-	24). Complete	Part X	70 547		71 050
	of Schedule D			72,547	25	71,256
26				72,547	26	71,256
	Organizations that follow FASB ASC 958, check	nere 🔼				
	and complete lines 27, 28, 32, and 33.			488,230	07	E94 066
27				400,230	27	584,066
28	Net assets with donor restrictions Organizations that do not follow FASB ASC 958,		· , -		28	
		check here t	┶			
27 28 29 30 31 32	and complete lines 29 through 33. Capital stock or trust principal, or current funds				20	
29		oont fund			29	
30					30	
32				488,230	32	584,066
33				560,777	33	655,322

Form **990** (2021)

Forn	1 990 (2021) Hilton Head Island Foundation to **-***7877			Pag	је 12
Pa	rt XI Reconciliation of Net Assets				_
	Check if Schedule O contains a response or note to any line in this Part XI				_X_
1	Total revenue (must equal Part VIII, column (A), line 12)	1			336
2	Total expenses (must equal Part IX, column (A), line 25)	2			<u> 576</u>
3	Revenue less expenses. Subtract line 2 from line 1	3			<u> 560</u>
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	48	8,2	<u> 230</u>
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain on Schedule O)	9			<u> 176</u>
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line				
	32, column (B))	10	58	4,0	<u> </u>
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII		<u></u>		oxdot
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other		_		
	If the organization changed its method of accounting from a prior year or checked "Other," explain on				
	Schedule O.				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		_X_
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or				
	reviewed on a separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b		X
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a				
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of				
	the audit, review, or compilation of its financial statements and selection of an independent accountant?		2c		
	If the organization changed either its oversight process or selection process during the tax year, explain on				
	Schedule O.				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the				
	Single Audit Act and OMB Circular A-133?		3a		
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the				
	required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3h		

SCHEDULE A

(Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

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.

OMB No. 1545-0047 **2021**

Open to Public Inspection

u Attach to Form 990 or Form 990-EZ.

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

Hilton Head Island Foundation to Employee

Employer identification number **-***7877

Support Youth Sports, Inc. 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.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, 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). X An organization that normally receives a substantial part of its support from a governmental unit or from the general public 7 described in section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) 8 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: 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 331/3% 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). An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. 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. 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. 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. 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. Check this box if the organization received a written determination from the IRS that it is a Type I, Type III, Type III functionally integrated, or Type III non-functionally integrated supporting organization. Enter the number of supported organizations Provide the following information about the supported organization(s) (i) Name of supported (iv) Is the organization (vi) Amount of (iii) Type of organization (v) Amount of monetary listed in your governing organization (described on lines 1-10 support (see other support (see above (see instructions)) document? instructions) instructions) (A) (B) (C) (D) (E)

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

<u>Sec</u>	tion A. Public Support						
Caler	ndar year (or fiscal year beginning in) u	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	286,635	282,459	214,938	160,706	178,858	1,123,596
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4 5	Total. Add lines 1 through 3 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount	286,635	282,459	214,938	160,706	178,858	1,123,596
	shown on line 11, column (f)						200,354
6	Public support. Subtract line 5 from line 4.						923,242
	tion B. Total Support	() 0047	# N 0040 T	() 2242 I	(1) 0000	() 0004	
	ndar year (or fiscal year beginning in) u	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
7	Amounts from line 4	286,635	282,459	214,938	160,706	178,858	1,123,596
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	150	231	348	415	480	1,624
9	Net income from unrelated business activities, whether or not the business is regularly carried on						
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
11	Total support. Add lines 7 through 10						1,125,220
12	Gross receipts from related activities, etc					12	1,120,447
13	First 5 years. If the Form 990 is for the	•	, second, third, fo	ourth, or fifth tax ye	ear as a section 5	01(c)(3)	
	organization, check this box and stop he						<u></u>
	tion C. Computation of Public						
14	Public support percentage for 2021 (line	6, column (f) divid	led by line 11, co	lumn (f))		14	82.05%
15	Public support percentage from 2020 Sc	hedule A, Part II, I	ine 14				89.12 %
16a	33 1/3% support test—2021. If the orga				l is 33 1/3% or mo	ore, check this	⊾ 557
	box and stop here. The organization qu						► X
b	33 1/3% support test—2020. If the orga						▶ □
47-	this box and stop here. The organization						🟲 🗀
17a	10%-facts-and-circumstances test—2	•					
	10% or more, and if the organization me				-	•	
	Part VI how the organization meets the			-	-		▶ □
h	organization						▶ ⊔
b	10%-facts-and-circumstances test—2	-					
	15 is 10% or more, and if the organization mosts the					-	
	in Part VI how the organization meets the			-			▶ □
12	Private foundation. If the organization of	did not chack a ba	v on line 12 16a	16h 17a or 17h	check this boy as	 nd see	
18	instructions						▶ □
	instructions						🔽 🗀

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

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

Sec	tion A. Public Support			·	•	,		
	ndar year (or fiscal year beginning in) u	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 202	1	(f) Total
1	Gifts, grants, contributions, and membership fees							
	received. (Do not include any "unusual grants.")							
2	Gross receipts from admissions, merchandise							
	sold or services performed, or facilities furnished in any activity that is related to the							
	organization's tax-exempt purpose							
3	Gross receipts from activities that are not an unrelated trade or business under section 513							
4	Tax revenues levied for the							
	organization's benefit and either paid to or expended on its behalf							
5	The value of services or facilities furnished by a governmental unit to the organization without charge							
6	Total. Add lines 1 through 5							
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons							
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year							
С	Add lines 7a and 7b							
8	Public support. (Subtract line 7c from							
	line 6.)							
	tion B. Total Support	.	1					
Caler	ndar year (or fiscal year beginning in) u	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 202	1	(f) Total
9	Amounts from line 6							
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources.							
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975							
С	Add lines 10a and 10b							
11	Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on							
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)							
13	Total support. (Add lines 9, 10c, 11,							
14	and 12.) First 5 years. If the Form 990 is for the	organization's firs	t socond third fo	urth or fifth toxxx	(oar as a sastian	F01(a)(2)		
	organization, check this box and stop he	ere	· · · · · · · · · · · · · · · · · · ·			(>
Sec	tion C. Computation of Public					Т		
15	Public support percentage for 2021 (line	8, column (f), div	ided by line 13, c	olumn (f))			15	%_
16	Public support percentage from 2020 Sc						16	%
Sec	tion D. Computation of Investn							
17	Investment income percentage for 2021			e 13, column (f))			17	<u></u>
	vestment income percentage from 2020						18	<u>%</u>
19a	33 1/3% support tests—2021. If the org	ganization did not	check the box on	line 14, and line	15 is more than 3	3 1/3%, and	line	
	17 is not more than 33 1/3%, check this	box and stop he	re. The organizati	on qualifies as a	publicly supported	d organization	າ	▶ ∐
b	33 1/3% support tests—2020. If the org	ganization did not	check a box on li	ne 14 or line 19a,	and line 16 is mo	ore than 33 1	/3%, a	nd
	line 18 is not more than 33 1/3%, check	-	_	-		_		
20	Private foundation. If the organization	did not check a bo	ox on line 14, 19a	, or 19b, check th	is box and see in	structions		>

Schedule A (Form 990) 2021

Part IV **Supporting Organizations**

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

Section A. All Supporting Organizations

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

		Yes	No
	1		
	2		
	3a		
	24		
	3b		
	3с		
	4a		
	4b		
	4c		
	5a		
	Eh		
	5b 5c		
	6		
	,		
	7		
	8		
	9a		
	Ja		
	9b		
	00		
	9с		
	10a		
	10b		
Sched	lule A	(Form 9	90) 2021

Schedule A (Form 990) 20

Schedu	e A (Form 990) 2021 Hilton Head Island Foundation to **-***787	7		Page 5
Part	IV Supporting Organizations (continued)			
11	Has the examination accepted a gift or contribution from any of the following persons?		Yes	No
11 a	Has the organization accepted a gift or contribution from any of the following persons? A person who directly or indirectly controls, either alone or together with persons described on lines 11b and			
	11c below, the governing body of a supported organization?	11a		
b	A family member of a person described on line 11a above?	11b		
	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c,			
	provide detail in Part VI.	11c		
Secti	on B. Type I Supporting Organizations			
			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or			
	more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers,			
	directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s)	,		
	effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the	'		
	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported	•		
_	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part			
	VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Secti	on C. Type II Supporting Organizations			
	·		Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
Socti	the supported organization(s). on D. All Type III Supporting Organizations	1		
Secu	D. All Type III Supporting Organizations		Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the		100	110
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described on line 2, above, did the organization's supported organizations have			
	a significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
Section	supported organizations played in this regard. on E. Type III Functionally Integrated Supporting Organizations	3		
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instruction	ions)		
a	The organization satisfied the Activities Test. Complete line 2 below.	0113).		
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
С	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see	instruc	ctions).	
2	Activities Test. Answer lines 2a and 2b below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described on line 2a, above, constitute activities that, but for the organization's			
	involvement, one or more of the organization's supported organization(s) would have been engaged in? If			
	"Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would	2h		
3	have engaged in these activities but for the organization's involvement. Parent of Supported Organizations. Answer lines 3a and 3b below.	2b		
ა a	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
u	trustees of each of the supported organizations? If "Yes" or "No," provide details in Part VI.	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			
	of its supported organizations? If "Yes." describe in Part VI the role played by the organization in this regard.	3b		

Schedu	ule A (Form 990) 2021 Hilton Head Island Foundat:			877 Page 6
Par	t V Type III Non-Functionally Integrated 509(a)(3) Supporting O	rgan	izations	
1	Check here if the organization satisfied the Integral Part Test as a qualifying trust on	Nov.	20, 1970 (explain in Part	VI). See
	instructions. All other Type III non-functionally integrated supporting organizations n	nust c	complete Sections A throu	igh E.
Sect	ion A – Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or collection			
	of gross income or for management, conservation, or maintenance of			
	property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion B – Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
a	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
c	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other factors			
	(explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,			
	see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 0.035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C – Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions).	6		
7	Check here if the current year is the organization's first as a non-functionally integrat	ed Ty	pe III supporting organiza	ation

Schedule A (Form 990) 2021

(see instructions).

Schedule A (Form 990) 2021

a Excess from 2017

c Excess from 2019 .d Excess from 2020 .e Excess from 2021 .

b Excess from 2018

Schedule A (For	rm 990) 2021	Hilton	Head Islan	nd Foundat	ion to '	**-***7877	Page 8
Part VI	Supplemental III, line 12; Part B, lines 1 and 2;	Information. P IV, Section A, I ; Part IV, Section EV, line 1; Part	rovide the explar ines 1, 2, 3b, 3c, on C, line 1; Part V, Section B, lin	nations required 4b, 4c, 5a, 6, 9 IV, Section D, li e 1e; Part V, Se	by Part II, line a, 9b, 9c, 11a, nes 2 and 3; P ction D, lines 5	10; Part II, line 17a or 11b, and 11c; Part IV art IV, Section E, lines , 6, and 8; and Part V nstructions.)	17b; Part , Section s 1c, 2a, 2b,
• • • • • • • • • • • • • • • • • • • •							
• • • • • • • • • • • • • • • • • • • •							
•							
•							

DAA Schedule A (Form 990) 2021

Schedule B (Form 990)

Department of the Treasury Internal Revenue Service

Schedule of Contributors

u Attach to Form 990 or Form 990-PF. u Go to www.irs.gov/Form990 for the latest information. OMB No. 1545-0047

2021

Name of the organization

Hilton Head Island Foundation to Support Youth Sports, Inc.

Employer identification number

-*7877

Organization type (check one):							
Filers	of:	Section:					
Form 9	90 or 990-EZ	X 501(c)(3) (enter number) organization					
		4947(a)(1) nonexempt charitable trust not treated as a private foundation					
		527 political organization					
Form 9	90-PF	501(c)(3) exempt private foundation					
		4947(a)(1) nonexempt charitable trust treated as a private foundation					
		501(c)(3) taxable private foundation					
	Only a section 501(c)(7	covered by the General Rule or a Special Rule .), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See					
Genera	al Rule						
	•	ng Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 property) from any one contributor. Complete Parts I and II. See instructions for determining a tributions.					
Specia	I Rules						
X	regulations under sect 16b, and that received	escribed in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 ¹ / ₃ % support test of the ions 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.					
	For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.						
For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year.							

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

For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF.

2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990).

Schedule B (Form 990) (2021)

Hilton Head Island Foundation to

Employer identification number **-**7877

Part I	art I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.									
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution							
. 1		\$ 25,000	Person X Payroll Noncash (Complete Part II for noncash contributions.)							
(a)	(b)	(c) Total contributions	(d)							
No	Name, address, and ZIP + 4	\$ 5,000	Person X Payroll Noncash (Complete Part II for noncash contributions.)							
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution							
3		\$ 6,500	Person X Payroll Noncash (Complete Part II for noncash contributions.)							
(a) No.	(b)	(c)	(d)							
4	Name, address, and ZIP + 4	Total contributions \$ 30,000	Person X Payroll Noncash (Complete Part II for noncash contributions.)							
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution							
5		\$ 5,000	Person X Payroll Noncash (Complete Part II for noncash contributions.)							
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution							
6		\$ 10,000	Person X Payroll Noncash (Complete Part II for noncash contributions.)							

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.						
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution				
7		\$ 5,000	Person X Payroll Noncash (Complete Part II for noncash contributions.)				
(a)	(b) Name, address, and ZIP + 4	(c) Total contributions	(d)				
No	Name, address, and ZIF + 4	\$ 10,000	Person X Payroll Noncash (Complete Part II for noncash contributions.)				
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution				
9		\$ 13,500	Person X Payroll Noncash (Complete Part II for noncash contributions.)				
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution				
	Name, address, and ZiF + 4	\$	Person Payroll Noncash (Complete Part II for noncash contributions.)				
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution				
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)				
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution				
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)				

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

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

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

OMB No 1545-0047 Open to Public Inspection

Employer identification number Name of the organization Hilton Head Island Foundation to Support Youth Sports, Inc. **-***7877 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Part I Complete if the organization answered "Yes" on Form 990, Part IV, line 6. (a) Donor advised funds Total number at end of year _____ Aggregate value of contributions to (during year) Aggregate value of grants from (during year) Aggregate value at end of year Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of land for public use (for example, recreation or education Preservation of a historically important land area Protection of natural habitat Preservation of a certified historic structure Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year. Held at the End of the Tax Year a Total number of conservation easements 2a **b** Total acreage restricted by conservation easements 2b c Number of conservation easements on a certified historic structure included in (a) 2c Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the Number of states where property subject to conservation easement is located ${f u}$ Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements. Part III Organizations Maintaining Collections of Art. Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8. 1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items. b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenue included on Form 990, Part VIII, line 1 u \$ (ii) Assets included in Form 990, Part X u \$ 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items: a Revenue included on Form 990, Part VIII, line 1 u \$ Assets included in Form 990, Part X

Sche	dule D (Form 990) 2021 Hilton I								age 2
Pa	rt III Organizations Maintaini	ng Collections of	of Art, Historica	I Treasure	es, or Oth	er Similar	Assets (contin	nued
3	Using the organization's acquisition, accelection items (check all that apply):	ession, and other reco	ords, check any of th	ne following th	at make sig	nificant use of	its		
а	Public exhibition	d 🗌	Loan or exchange p	orogram					
b	Scholarly research	е 🗌	Other						
С	Preservation for future generations	_							
4	Provide a description of the organization'	s collections and exp	lain how they further	r the organiza	ition's exemi	ot purpose in I	Part		
	XIII.			3					
5	During the year, did the organization soli	cit or receive donation	ns of art. historical tr	easures. or o	ther similar				
-	assets to be sold to raise funds rather the						Пү	es 🗆	No
Pa	rt IV Escrow and Custodial		,						
	Complete if the organizat		es" on Form 990	. Part IV. li	ne 9. or re	eported an	amount o	ո For	m
	990, Part X, line 21.			, ,	,				
	Is the organization an agent, trustee, cus	todian or other interm	nediany for contribution	ons or other a	assets not				
							□ v	es 🗆	No
h	included on Form 990, Part X? If "Yes," explain the arrangement in Part	VIII and complete the	following table:				⊔ '	cs _] 140
b	ii res, explain the analigement in Fait	Alli aliu complete trie	fillowing table.				Amour	nt .	
_	Denimaina halana					4.	Amou	it.	
	Beginning balance								
	Additions during the year								
	Distributions during the year								
f	Ending balance					1f			_
	Did the organization include an amount of							es 📙	No
	If "Yes," explain the arrangement in Part	XIII. Check here if the	e explanation has be	en provided o	on Part XIII				
Pa	rt V Endowment Funds.								
	Complete if the organizat	ion answered "Ye	es" on Form 990	<u>, Part IV, li</u>	ine 10.				
		(a) Current year	(b) Prior year	(c) Two yea	ars back	(d) Three years ba	ack (e) For	ır years	back
	Beginning of year balance								
b	Contributions								
	Net investment earnings, gains, and								
	losses								
d	Grants or scholarships								
	Other expenditures for facilities and								
	programs								
f	Administrative expenses								
	End of year balance								
	Provide the estimated percentage of the	current vear end hala	unce (line 1a column	. (a)) pelq as:	_				
	Board designated or quasi-endowment u	,	inoc (iino 19, coluini	r (a)) riola ao.					
	Permanent endowment u %								
	Term endowment u %)							
C		should squal 1000/							
2-	The percentages on lines 2a, 2b, and 2c	•	-:4: 414 11-		4 l				
Sa	Are there endowment funds not in the po	ssession of the organ	nzation that are neigh	and adminis	tered for the			V	
	organization by:						0.40	Yes	No
	(i) Unrelated organizations						3a(i)		
	(ii) Related organizations						3a(ii)		
	If "Yes" on line 3a(ii), are the related orga			R?			3b		
	Describe in Part XIII the intended uses of		ndowment funds.						
Pa	rt VI Land, Buildings, and E								
	Complete if the organizat	<u>ion answered "Ye</u>	<u>es" on Form 990</u>	<u>, Part IV, li</u>	<u>ne 11a. S</u>	<u>ee Form 99</u>	<u>90, Part X</u>	line	<u> 10.</u>
	Description of property	(a) Cost or other	basis (b) Cost or	r other basis		umulated	(d) Book	value	
		(investment)	(ot	her)	depre	ciation			
1a	Land								
b	Buildings								
С	Leasehold improvements								
	Equipment								
	Other								
	. Add lines 1a through 1e. (Column (d) m		Part X, column (B), I	ine 10c.)		u			

	Form 990) 2021 Hilton Head Island Fo	oundation to	**-***7877	Page 3
Part VII	Investments – Other Securities.Complete if the organization answered "Yes" o	n Form 000 Part IV	line 11h See Form 0	00 Part Y line 12
	(a) Description of security or category	(b) Book value	(c) Method of	
	(including name of security)	(b) Dook value	Cost or end-of-year	
(1) Financial	dorivativos			
	ald a quity interacts			
. ,	eid equity interests			
(A)				
(B)				
(C)				
(D)				
(E)				
(F)				
(G)				
(H)				
	nn (b) must equal Form 990, Part X, col. (B) line 12.) u			
Part VIII	Investments - Program Related.			
	Complete if the organization answered "Yes" o	n Form 990, Part IV,	line 11c. See Form 99	90, Part X, line 13.
	(a) Description of investment	(b) Book value	(c) Method of	valuation:
			Cost or end-of-year	r market value
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
	nn (b) must equal Form 990, Part X, col. (B) line 13.) u			
Part IX	Other Assets.	n Farm 000 Dart IV	line 11d Cae Form O	00 Dort V line 15
	Complete if the organization answered "Yes" o	n Form 990, Part IV,	line 11d. See Form 9	
(4)	(a) Description			(b) Book value
(1)				
(2)				
(3)				
(4) (5)				
(6)				
(7)				
(8)				
(9)				
	nn (b) must equal Form 990, Part X, col. (B) line 15.)		u	
Part X	Other Liabilities.			
	Complete if the organization answered "Yes" o	n Form 990, Part IV,	line 11e or 11f. See F	Form 990, Part X,
1.	line 25. (a) Description of liability			(b) Book value
	income taxes			
	larship Restricted Fund			40,001
	larship Ken Campbell			24,670
	oll Liabilities			4,816
	th Ingurance			1 760

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

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

Sche	edule D (Form 990) 2021 Hilton Head Island Foundatio	n to **-***/87	Page 4
Pa	art XI Reconciliation of Revenue per Audited Financial Stater	<u>-</u>	r Return.
	Complete if the organization answered "Yes" on Form 990,		
1	Total revenue, gains, and other support per audited financial statements		1
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:	1 1	
а	Net unrealized gains (losses) on investments	2a	
b	Donated services and use of facilities	2b	
С	Recoveries of prior year grants	2c	-
d	Other (Describe in Part XIII.)	2d	-
	Add lines 2a through 2d		2e
3	Subtract line 2e from line 1		3
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b	4a	
	Other (Describe in Part XIII.)		
			4c
	Add lines 4a and 4b Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		5
	art XII Reconciliation of Expenses per Audited Financial State		per Return.
	Complete if the organization answered "Yes" on Form 990		
1	Total expenses and losses per audited financial statements		1
2			
а	Donated services and use of facilities	2a	
	Prior year adjustments		
С	Other losses	2c	
d	Other (Describe in Part XIII.)	2d	
е	Add lines 2a through 2d		2e
3	Subtract line 2e from line 1	gr	3
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
	Investment expenses not included on Form 990, Part VIII, line 7b		
h	Other (Describe in Part VIII.)		
	Other (Describe in Part XIII.)	4b	
С	Add lines 4a and 4b		4c
с 5	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)		4c 5
5 P a	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) art XIII Supplemental Information.		5
5 Prov	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (<i>This must equal Form 990, Part I, line 18.</i>) art XIII Supplemental Information. vide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part	t IV, lines 1b and 2b; Part V, lin	5
5 Prov	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) art XIII Supplemental Information. vide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to prove	t IV, lines 1b and 2b; Part V, lin	5 e 4; Part X, line
5 Prov	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (<i>This must equal Form 990, Part I, line 18.</i>) art XIII Supplemental Information. vide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part	t IV, lines 1b and 2b; Part V, lin	5 e 4; Part X, line
5 Prov	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (<i>This must equal Form 990, Part I, line 18.</i>) art XIII Supplemental Information. vide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part art XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide the descriptions.	t IV, lines 1b and 2b; Part V, linide any additional information.	5 le 4; Part X, line
5 Prov	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) art XIII Supplemental Information. vide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to prove	t IV, lines 1b and 2b; Part V, linide any additional information.	5 le 4; Part X, line
5 Prov	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (<i>This must equal Form 990, Part I, line 18.</i>) art XIII Supplemental Information. vide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part art XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide the descriptions.	t IV, lines 1b and 2b; Part V, linide any additional information.	5 le 4; Part X, line
5 Prov	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (<i>This must equal Form 990, Part I, line 18.</i>) art XIII Supplemental Information. vide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part art XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide the descriptions.	t IV, lines 1b and 2b; Part V, linide any additional information.	5 le 4; Part X, line
5 Prov	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (<i>This must equal Form 990, Part I, line 18.</i>) art XIII Supplemental Information. vide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part art XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide the descriptions.	t IV, lines 1b and 2b; Part V, linide any additional information.	5 le 4; Part X, line
5 Prov	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (<i>This must equal Form 990, Part I, line 18.</i>) art XIII Supplemental Information. vide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part art XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide the descriptions.	t IV, lines 1b and 2b; Part V, linide any additional information.	5 le 4; Part X, line
c 5 P? Provv 2; P?	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) art XIII Supplemental Information. vide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part art XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide the description of the complete this part to provide the complete the com	t IV, lines 1b and 2b; Part V, linide any additional information.	e 4; Part X, line
c 5 P? Provv 2; P?	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (<i>This must equal Form 990, Part I, line 18.</i>) art XIII Supplemental Information. vide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part art XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide the descriptions.	t IV, lines 1b and 2b; Part V, linide any additional information.	e 4; Part X, line
c 5 P? Provv 2; P?	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) art XIII Supplemental Information. vide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part art XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide the description of the complete this part to provide the complete the com	t IV, lines 1b and 2b; Part V, linide any additional information.	e 4; Part X, line
c 5 P? Provv 2; P?	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) art XIII Supplemental Information. vide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part art XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide the description of the complete this part to provide the complete the com	t IV, lines 1b and 2b; Part V, linide any additional information.	e 4; Part X, line
c 5 P? Provv 2; P?	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) art XIII Supplemental Information. vide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part art XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide the description of the complete this part to provide the complete the com	t IV, lines 1b and 2b; Part V, linide any additional information.	e 4; Part X, line
c 5 P? Provv 2; P?	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) art XIII Supplemental Information. vide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part art XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide the description of the complete this part to provide the complete the com	t IV, lines 1b and 2b; Part V, linide any additional information.	e 4; Part X, line
c 5 P? Provv 2; P?	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) art XIII Supplemental Information. vide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part art XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide the description of the complete this part to provide the complete the com	t IV, lines 1b and 2b; Part V, linide any additional information.	e 4; Part X, line
c 5 P? Provv 2; P?	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) art XIII Supplemental Information. vide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part art XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide the description of the complete this part to provide the complete the com	t IV, lines 1b and 2b; Part V, linide any additional information.	e 4; Part X, line
C 5 P? Prove 22; P	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) art XIII Supplemental Information. vide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part art XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide the description of the complete this part to provide the complete the com	t IV, lines 1b and 2b; Part V, linide any additional information.	e 4; Part X, line
C 5 P? Prove 22; P	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) art XIII Supplemental Information. vide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Para art XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide the descriptions of the complete this part to provide the descriptions are completed by an art XI, lines 2d and 4b. Also complete this part to provide the complete the	t IV, lines 1b and 2b; Part V, linide any additional information.	e 4; Part X, line
c 5 P ? Prov	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) art XIII Supplemental Information. vide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Para art XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide the descriptions of the complete this part to provide the descriptions are completed by an art XI, lines 2d and 4b. Also complete this part to provide the complete the	t IV, lines 1b and 2b; Part V, linide any additional information.	e 4; Part X, line
c 5 P ? Prov	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) art XIII Supplemental Information. ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Par art XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to prove	t IV, lines 1b and 2b; Part V, linide any additional information.	e 4; Part X, line
c 5 P ? Prov	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) art XIII Supplemental Information. ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Par art XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to prove	t IV, lines 1b and 2b; Part V, linide any additional information.	e 4; Part X, line
c 5 P ? Prov	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) art XIII Supplemental Information. ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Par art XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to prove	t IV, lines 1b and 2b; Part V, linide any additional information.	e 4; Part X, line
c 5 P ? Prov	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) art XIII Supplemental Information. ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Par art XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to prove	t IV, lines 1b and 2b; Part V, linide any additional information.	e 4; Part X, line

Schedule D (F	Form 990	D) 2021 🗜	lilton	Head	Island	Foundation	to	**-***'/8'/'/	Page 5
Part XIII	Supp	lementa	I Inform	ation (co	ntinued)	Foundation			
• • • • • • • • • • • • • • • • • • • •									
• • • • • • • • • • • • • • • • • • • •									
• • • • • • • • • • • • • • • • • • • •									
• • • • • • • • • • • • • • • • • • • •									

SCHEDULE G (Form 990)

Department of the Treasury Internal Revenue Service Name of the organization

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the

organization entered more than \$15,000 on Form 990-EZ, line 6a. u Attach to Form 990 or Form 990-EZ.

OMB No. 1545-0047

Open to Public Inspection

u Go to www.irs.gov/Form990 for instructions and the latest information. Hilton Head Island Foundation to

Employer identification number

	Support Youth Sport					<u> </u>	
Pa	Fundraising Activities. Complete Form 990-EZ filers are not required				wered "Yes" on Fo	orm 990, Part IV,	line 17.
1	Indicate whether the organization raised funds through	h any of the follo	wing a	ctiviti	es. Check all that appl	y.	
а	Mail solicitations	e Solicitation	n of no	on-go	vernment grants		
b	<u> </u>			-	ment grants		
		g Special fu	_		_		
4	In-person solicitations	g opeoidi id	inaraio	g c	vonto		
22	Did the organization have a written or oral agreemen	t with any individ	ual (in	cludir	a officere directore tri	istops	
24	or key employees listed in Form 990, Part VII) or enti	ity in connection	with p	ofess	sional fundraising services	ces?	Yes No
b	If "Yes," list the 10 highest paid individuals or entities	(fundraisers) pur	suant	to ag	reements under which	the fundraiser is to b	ре
	compensated at least \$5,000 by the organization.		(iii) Di	d fund-		(v) Amount paid to	(vi) Amount paid to
	(i) Name and address of individual or entity (fundraiser)	(ii) Activity raiser custod control		dy or ol of	(iv) Gross receipts from activity	receipts (or retained by) (or retained by) retained by) retained by)	
			contrib	_		col. (i)	
1			163	NO			
2							
_							
3							
3							
4							
5							
Э							
6							
7							
•							
8							
9							
10							
Tota	I						
3	List all states in which the organization is registered or registration or licensing.			tributi	ons or has been notifie	ed it is exempt from	
• • • •							
• • • •							

Schedule G (Form 990) 2021 Hilton Head Island Foundation to **-***7877

Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000. (a) Event #1 (b) Event #2 (c) Other events (d) Total events Champions for C (add col. (a) through None (event type) (total number) col. (c)) 170,034 170,034 1 Gross receipts 2 Less: Contributions 3 Gross income (line 1 minus 170,034 line 2). 170,034 4 Cash prizes 5 Noncash prizes Direct Expenses 6 Rent/facility costs 7 Food and beverages 8 Entertainment 45,723 45,723 9 Other direct expenses 10 Direct expense summary. Add lines 4 through 9 in column (d) 45,723 11 Net income summary. Subtract line 10 from line 3, column (d) Gaming. Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a. (b) Pull tabs/instant (d) Total gaming (add Revenue (c) Other gaming bingo/progressive bingo col. (a) through col. (c)) 1 Gross revenue 2 Cash prizes Expenses 3 Noncash prizes 4 Rent/facility costs 5 Other direct expenses Yes % Yes 6 Volunteer labor 7 Direct expense summary. Add lines 2 through 5 in column (d) 8 Net gaming income summary. Subtract line 7 from line 1, column (d) 9 Enter the state(s) in which the organization conducts gaming activities: a Is the organization licensed to conduct gaming activities in each of these states? **b** If "No," explain: 10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? b If "Yes," explain:

Sche	edule G (Form 990) 2021 Hilton Head Island Foundation to **-***7877		Page 3
11	Does the organization conduct gaming activities with nonmembers?		Yes No
12	Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity		
	formed to administer charitable gaming?		Yes No
13	Indicate the percentage of gaming activity conducted in:		
а	The organization's facility	13a	%_
b	An outside facility	13b	%
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records:		
	Name u		
	Address u		
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?		Yes No
b	If "Yes," enter the amount of gaming revenue received by the organization u\$ and the		
	amount of gaming revenue retained by the third party u\$		
С	If "Yes," enter name and address of the third party:		
	Name u		
	Address u		
16	Gaming manager information:		
	Name u		
	Gaming manager compensation u \$		
	Description of services provided ${f u}$		
	☐ Director/officer ☐ Employee ☐ Independent contractor		
17	Mandatory distributions:		
а	Is the organization required under state law to make charitable distributions from the gaming proceeds to		
	retain the state gaming license?		Yes No
b	Enter the amount of distributions required under state law to be distributed to other exempt organizations or		
	spent in the organization's own exempt activities during the tax year us		
Pa	Supplemental Information. Provide the explanations required by Part I, line 2b, columns Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional See instructions.		

SCHEDULE O (Form 990)

Supplemental Information to Form 990 or 990-EZ

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

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service u Attach to Form 990 or Form 990-EZ. u Go to www.irs.gov/Form990 for the latest information.

Name of the organization Hilton Head Island Foundation to

Open to Public Inspection

Employer identification number

-*7877 Support Youth Sports, Inc. Form 990, Part VI, Line 11b - Organization's Process to Review Form 990 No review was or will be conducted. Form 990, Part VI, Line 12c - Enforcement of Conflicts Policy All board members are required to review the Conflict of Interest Policy annually and reveal any conflicts and provide their signature as appropriate. Form 990, Part VI, Line 19 - Governing Documents Disclosure Explanation No documents available to the public Form 990, Part IX, Line 24e - Other Expenses Description Tot/Prog Service Mgt & General Development 9,000 \$ 0 \$ Miscellaneous Chemicals 4,539 \$ 0 Printing \$ 0 \$ 3,551 Subscriptions Course labor

2790 05/03/2022 11:10 AM

Schedule O (Form 990) 2021 Page 2 Employer identification number Name of the organization Hilton Head Island Foundation to **-***7877 2,644 \$ 0 Office Suplies Equipment Repairs 2,151 \$ Credit Card Processing 2,035 \$ Telephone 1,800 \$ 0 \$ 1,508 Other maintenance 1,449 Fuel, Gas, Oil 1,380 Fertilizer \$ 1,301 Database Website 0 \$ 900 Directors & Officers \$ 0 \$ 850 \$ Page 1 of 2

Schedule O (Form 99 Name of the organization	90) 2021				Employer identification n	Page 2
		d Foundation to	0		**-***7877	umber
Meals/Ente	ertainmer	ıt				
	\$	0	\$	781	\$	0
Plant Seed	5 Cod					
Plant Seed	1 50u					
	\$	663	\$	0	\$	0
Electric 8	& Gas					
	\$	0	\$	613	\$	0
	?	······································	₽	013		0
Sand & Top	p Dressi	ng				
	\$	500	\$	0	\$	0
Cooch W	J_J_					
Coach Tra	ınıng					
	\$	405	\$	0	\$	0
Tota]	L					
		26.067	*	04 030	A	•
	\$	26,067	¥	24,038	\$	0
Form 990,	Part XI	, Line 9 - Oth	er Change	s in Net As	sets Explanatio	n
BOOK / Ta	x Deprec	iation Differe	nce		\$	176
• • • • • • • • • • • • • • • • • • • •						
					Page 2 of 2	

Form **4562**

Depreciation and Amortization

(Including Information on Listed Property) u Attach to your tax return.

OMB No. 1545-0172

Department of the Treasury Internal Revenue Service

u Go to www.irs.gov/Form4562 for instructions and the latest information. Name(s) shown on return Hilton Head Island Foundation to

Identifying number

-*7877 Support Youth Sports, Inc. Business or activity to which this form relates Indirect Depreciation **Election To Expense Certain Property Under Section 179** Part I Note: If you have any listed property, complete Part V before you complete Part I. 1,050,000 Maximum amount (see instructions) 1 Total cost of section 179 property placed in service (see instructions) 2 2 Threshold cost of section 179 property before reduction in limitation (see instructions) 2,620,000 3 3 Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-4 Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions. 5 (a) Description of property (b) Cost (business use only) 6 Listed property. Enter the amount from line 29 7 Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7 8 9 Tentative deduction. Enter the **smaller** of line 5 or line 8 9 Carryover of disallowed deduction from line 13 of your 2020 Form 4562 10 10 11 Business income limitation. Enter the smaller of business income (not less than zero) or line 5. See instructions 11 12 Section 179 expense deduction, Add lines 9 and 10, but don't enter more than line 11 12 Carryover of disallowed deduction to 2022. Add lines 9 and 10, less line 12 ▶ | 13 Note: Don't use Part II or Part III below for listed property. Instead, use Part V. Special Depreciation Allowance and Other Depreciation (Don't include listed property. See instructions.) Special depreciation allowance for qualified property (other than listed property) placed in service 14 during the tax year. See instructions Property subject to section 168(f)(1) election 15 15 1,146 Other depreciation (including ACRS) 16 MACRS Depreciation (Don't include listed property. See instructions.) Section A 1,224 MACRS deductions for assets placed in service in tax years beginning before 2021 17 17 18 If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here ... Section B-Assets Placed in Service During 2021 Tax Year Using the General Depreciation System (b) Month and year (c) Basis for depreciation placed in (e) Convention (f) Method (a) Classification of property (business/investment use (a) Depreciation deduction only-see instructions) service 19a 3-year property 5-year property 7-year property d 10-year property 15-year property 20-year property 25-year property 25 yrs. S/L Residential rental 27.5 yrs. MM S/I property 27.5 yrs. MM S/L 39 yrs. MM S/L Nonresidential real property MM S/L Section C—Assets Placed in Service During 2021 Tax Year Using the Alternative Depreciation System 20a Class life S/L **b** 12-year 12 yrs. S/L 30-year MM S/L 30 yrs. 40 yrs. d 40-year MM S/L Part IV Summary (See instructions.) Listed property. Enter amount from line 28 21 21 Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter 22 here and on the appropriate lines of your return. Partnerships and S corporations—see instructions... 2,370 For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs....

Name

Form **990**

Event Income and Deduction Worksheet

Description Champions for Charity

Hilton Head Island Foundation to

Taxpayer Identification Number **-***7877

2021

Use this worksheet to verify data entered for a specific activity on your form 990/990EZ

Income & Expense Summary:		Expense Details - Indirect Expense:
1. Gross receipts or sales	1. 170,03	
2. Advertising income		
3. Circulation income		
4. Other income		
5. Returns and allowances	5.	Royalties & License Fees
6. Contributions received	6.	Occupancy/Real Estate Taxes
7. Total revenue. Add lines 1 through 6	7. 170,03	Travel & Repairs
8. Cost of Goods Sold	8. 45,72	Travel/entertainment (officials)
9. Employment Expense		Conferences/meetings
10. Fees for services		Interest
11. Indirect Expense		
12. Depreciation Expense		
13. Exempt Activity Expense		
14. Fundraising Expense		Expense Details - Depreciation Expense:
15. Total expenses. Add lines 8 through		
16. Net Income/Loss. Line 7 minus Line		
To: Not income/2000. Eine 7 minde Eine		
		Amortization
Expense Details - Cost of Goods Sold:		Depletion Expense
		Total Depreciation Expense
Beginning inventory		Expense Details - Exempt Activity Expense:
Purchases		Repairs and Maintenance
Labor		Bad debts
Section 263A costs	45,72	Bad debts
Other costs		
Ending inventory Total Cost of Goods Sold	45,72	Charitable contributions
Total Cost of Goods Sold		
Expense Details - Employment Expens	•••	Readership costs
		Other expenses Total Exempt Activity Expense
Compensation of officers		
Other salaries and wages		— Expense Details - Fundraising Expense:
Pension plan contributions		Cash prizes
Other employee benefits		Cash prizes
Payroll taxes		Non-cash prizes
Total Employment Expense		Rent and facility costs
Formania Datalla Fara for Comission		Food & beverages (Part II only)
Expense Details - Fees for Services:		Entertainment (Part II only)
Management		Other direct expenses
Legal		Total Fundraising Expense
Accounting		<u> </u>
Lobbying		<u> </u>
Professional fundraising		<u> </u>
Investment management		<u> </u>
Other		<u> </u>
Total Fees for Services		<u> </u>
Information is indicated for use on Fo	orm 990-T Schedule A	Allocation of Expense to Program Service Accomplishments:
Schedule A, UBIT Activity Code		
Part V, Debt Financing	004 "	First
Part VI, Controlled Org Income		Second
Part VII, Investments for C(7)(9))(17)	Third
Part VIII, Exploited Activities	//	All other
Part IX, Advertising Income		
a.t. //t, / tavortioning intooning		

33. Number of volunteers

Form 990 Two Year Comparison Report 2019 & 2020
For calendar year 2020, or tax year beginning , ending

Name
Hilton Head Island Foundation to

Taxpayer Identification Number

Support Youth Sports, Inc. 46-5117877 2019 **Differences** 2020 1. Contributions, gifts, grants 130,706 -57,732 188,438 1. 2. Membership dues and assessments 3. Government contributions and grants 26,500 30,000 3,500 3. 67,658 48,950 18,708 4. Program service revenue 4. 5. Investment income 5. 348 415 67 6. Proceeds from tax exempt bonds 6. 7. Net gain or (loss) from sale of assets other than inventory 7. 8. Net income or (loss) from fundraising events 96,610 87,744 -8,866 8. 9. Net income or (loss) from gaming 9. 10. Net gain or (loss) on sales of inventory 10. 11. Other revenue 31,708 31,708 11. 360,846 348,231 12. -12,615**12. Total revenue.** Add lines 1 through 11 13. 13. Grants and similar amounts paid 14. Benefits paid to or for members 14. 59,177 59,177 15. **15.** Compensation of officers, directors, trustees, etc. 16. Salaries, other compensation, and employee benefits 130,405 114,452 -15,953 16. 17. Professional fundraising fees 17. 18. Other professional fees -1,40513,423 12,018 18. 19. Occupancy, rent, utilities, and maintenance 19. 389 970 581 20. Depreciation and Depletion 20. -2,289 119,755 117,466 21. 21. Other expenses 263,972 304,083 40,111 22. Total expenses. Add lines 13 through 21 22. 96,874 44,148 -52,72623. Excess or (Deficit). Subtract line 22 from line 12 23. 360,846 348,231 -12,615 24. Total exempt revenue 24. 25. Total unrelated revenue 25. 99,781 50,483 26. Total excludable revenue 49,298 26. 560,777 529,379 31,398 27. Total assets 27. 85,297 72,547 -12,750 28. Total liabilities 28. 29. Retained earnings 444,082 488,230 44,148 29. **30.** Number of voting members of governing body 30. 16 16 31. Number of independent voting members of governing body 16 16 31. 4 32. Number of employees 5

100

33.

75

Form 990	Tax Return History		2020
Name	Hilton Head Island Foundation to	Employer Id	dentification Number
	Support Youth Sports, Inc.	46-51	.17877

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

Form **8879-EC**

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

OMB	Nο	1545-0047

For calendar year 2020, or fiscal year beginning ________, 2020, and ending _______, 20

2020

u Do not send to the IRS. Keep for your records. Department of the Treasury u Go to www.irs.gov/Form8879EO for the latest information. Internal Revenue Service Taxpayer identification number Hilton Head Island Foundation to Name of exempt organization or person subject to tax Support Youth Sports, Inc. 46-5117877 Name and title of officer or person subject to tax Chuck Elberly Treasurer Type of Return and Return Information (Whole Dollars Only) Check the box for the return for which you are using this Form 8879-EO and enter the applicable amount, if any, from the return. If you check the box on line 1a, 2a, 3a, 4a, 5a, 6a, or 7a below, and the amount on that line for the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, 5b, 6b, or 7b, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. Do not complete more than one line in Part I. XbTotal revenue, if any (Form 990, Part VIII, column (A), line 12)1b 1a Form 990 check here ▶ b Total revenue, if any (Form 990-EZ, line 9) 2b 2a Form 990-EZ check here ▶ □ b Total tax (Form 1120-POL, line 22) 3b 3a Form 1120-POL check here b Tax based on investment income (Form 990-PF, Part VI, line 5) 4b 4a Form 990-PF check here ▶ 5a Form 8868 check here b Balance due (Form 8868, line 3c) 5b **b** Total tax (Form 990-T, Part III, line 4) 6b 6a Form 990-T check here ▶ 7a Form 4720 check here Declaration and Signature Authorization of Officer or Person Subject to Tax Under penalties of perjury, I declare that X I am an officer of the above organization or I I am a person subject to tax with respect to , (EIN) and that I have examined a copy (name of organization) of the 2020 electronic return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the electronic return and, if applicable, the consent to electronic funds withdrawal. PIN: check one box only X | Lauthorize Carey & Company P.A. to enter my PIN as my signature ERO firm name Enter five numbers, but do not enter all zeros on the tax year 2020 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen. As an officer or person subject to tax with respect to the organization, I will enter my PIN as my signature on the tax year 2020 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen. Signature of officer or person subject to tax } Part III **Certification and Authentication** ERO's EFIN/PIN. Enter your six-digit electronic filing identification

number (EFIN) followed by your five-digit self-selected PIN.

57507855555

Do not enter all zeros

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

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

ERO Must Retain This Form — See Instructions

_ Date }

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

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) \boldsymbol{u} Do not enter social security numbers on this form as it may be made public.

OMB No. 1545-0047 2020 Open to Public

Department of the Treasury

mem	iai Revenu	e Service u GO to www.ii	s.gov/Form990 for instructions and the latest i	ilorination.		Inspection		
<u>A</u>	For the	2020 calendar year, or tax year beginning	, and ending					
B (Check if app	plicable: C Name of organization Hilton Hea	C Name of organization Hilton Head Island Foundation to D Employer identification number					
\Box	Address ch	ange Support Yo	Support Youth Sports, Inc.					
H	nuurcss cir	ÿ ===						
	Name chan	Number and street (or P.O. box if mail is not delivered		Room/suite	E Telephone			
\Box	nitial return	l	,			384-1751		
ш	Final return/		oreign postal code					
L t	erminated		SC 29925		- 0	402 221		
\square	Amended re		BC 23323	ı	G Gross rec	eipts \$ 403,231		
Ħ.				H(a) Is this a gro	oup return for s	ubordinates? Yes X No		
\square'	Application	· · · CHACK HIDCITY		11(4) 15 4 15 4 91	oup rotuin for o			
		PO Box 23334		H(b) Are all sub	oordinates incl	uded? Yes No		
		Hilton Head Island	SC 29926	If "No,	" attach a list.	See instructions		
	Tax-exemp		(insert no.) 4947(a)(1) or 527	1				
	Website: 1	1-1		11/2) Crour ava				
				H(c) Group exe				
	Form of or		Other u L Ye	ear of formation: 2	OTA	M State of legal domicile: SC		
_P	art I	Summary						
	1 Bı	riefly describe the organization's mission or most	•					
ø		The First Tee helps shape the	e lives of kids and teens f	rom all	walks o	o£		
ũ		life by introducing them to	values inherent in the game	of golf	. Value	es		
Governance	• • •	like integrity, respect and						
Ş.	2			· · · · · · · · · · · · · · · · · · ·				
ၓ		heck this box u if the organization discontinue				1.0		
⋖ŏ	3 N	umber of voting members of the governing body (Part VI, line 1a)		3	16		
es	4 N	umber of independent voting members of the government	erning body (Part VI, line 1b)		4	16		
Viti	5 To	otal number of individuals employed in calendar ye	ear 2020 (Part V, line 2a)		5	4		
Activities		otal number of volunteers (estimate if necessary)				75		
٩		otal unrelated business revenue from Part VIII, col				0		
		et unrelated business taxable income from Form 9			7u	0		
_	DIV	st unrelated business taxable income nom romins	990-1, Fait i, line 11	Prior Yea		Current Year		
		ontributions and grants (Part VIII line 1h)			4,938	160,706		
ne	0 0	ontributions and grants (Part VIII, line 1h)						
Revenue	9 Pi	rogram service revenue (Part VIII, line 2g)		4	8,950	67,658		
Ş	10 In	vestment income (Part VIII, column (A), lines 3, 4	, and 7d)		348	415		
ш	11 0	ther revenue (Part VIII, column (A), lines 5, 6d, 8d	e, 9c, 10c, and 11e)	9	6,610	119,452		
	12 To	otal revenue – add lines 8 through 11 (must equal	Part VIII, column (A), line 12)	36	0,846	348,231		
	13 G	rants and similar amounts paid (Part IX, column (A), lines 1–3)			0		
		enefits paid to or for members (Part IX, column (A				0		
		alaries, other compensation, employee benefits (P		130	0,405	173,629		
es					0,105	1/3/025		
penses		rofessional fundraising fees (Part IX, column (A), I	ine 11e)					
		otal fundraising expenses (Part IX, column (D), line	′ 					
Ĕ	17 O	ther expenses (Part IX, column (A), lines 11a-11d	d, 11f–24e)		3,567	130,454		
	18 To	otal expenses. Add lines 13-17 (must equal Part I	X, column (A), line 25)	26	3,972	304,083		
		evenue less expenses. Subtract line 18 from line		9	6,874	44,148		
or		•		Beginning of Cur		End of Year		
Net Assets or Fund Balances	20 To	otal assets (Part X, line 16)		52	9,379	560,777		
Ass	21 To			8.	5,297	72,547		
Net	22 N	et assets or fund balances. Subtract line 21 from			4,082	488,230		
	art II	Signature Block						
		alties of perjury, I declare that I have examined this return			•	owledge and belief, it is		
	io, conec	ct, and complete. Declaration of preparer (other than office	ber, is based on an information of which prepare h	as any Miowieug	, <u>I</u>			
Sig	n	Signature of officer			Date			
Her	re l	Chuck Elberly	Treasu	ırer				
		Type or print name and title						
		Print/Type preparer's name	Preparer's signature	Date	Check	if PTIN		
Paic	.			- 310		□ "		
	Ľ	Patrick P. Carey, Jr., CPA	Patrick P. Carey, Jr., CPA		self-em			
•		Firm's name } Carey & Compan		F	Firm's EIN }	57-0927046		
use	Only	70 Main Street	-					
		Firm's address } Hilton Head Is	land, SC 29926	F	Phone no.	843-681-4430		
May	the IRS	discuss this return with the preparer shown above	ve? See instructions			X Yes No		

	n 990 (2020) Hilton Head Island Foundation to 46-5117877 art III Statement of Program Service Accomplishments Check if Schedule O contains a response or note to any line in this Part III	Page 2
T: 1		
3	prior Form 990 or 990-EZ? If "Yes," describe these new services on Schedule O. Did the organization cease conducting, or make significant changes in how it conducts, any program	s X No
4	If "Yes," describe these changes on Schedule O. Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.	
0	(Code:)(Expenses \$ 213,479 including grants of \$)(Revenue \$) Operating driving range for use in objectives outlined in mission statement.)
	o (Code:) (Expenses \$ including grants of \$) (Revenue \$ \\\/\A)
4c	: (Code:) (Expenses \$ including grants of \$) (Revenue \$	······································
N	N/A	
4d	I Other program services (Describe on Schedule O.)	
	(Expenses \$ including grants of \$) (Revenue \$) Total program service expenses u 213,479	

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"			
•	complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to	2		
3	condidates for public office? If "Vec." complete School II C. Port I	3		x
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)	· -		
7	cleation in effect during the tour year? If INVest I compute Coleady to C. Dout II	4		x
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,	· -		
	assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		x
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors			
	have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If			
	"Yes," complete Schedule D, Part I	6		x
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			
	complete Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a			
	custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or			
	debt negotiation services? If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,			
	VII, VIII, IX, or X as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"			
	complete Schedule D, Part VI	11a	X	
b	Did the organization report an amount for investments—other securities in Part X, line 12, that is 5% or more			
_	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
С	Did the organization report an amount for investments—program related in Part X, line 13, that is 5% or more	110		x
٨	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets	11c		
d	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		x
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11a	х	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	110		
•	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i>	11f		x
12a		·		
	Schedule D, Parts XI and XII	12a		x
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If			
	"Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		x
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E			х
14a	Did the organization maintain an office, employees, or agents outside of the United States?	144-		Х
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,			
	fundraising, business, investment, and program service activities outside the United States, or aggregate			
	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or			
	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other			l
	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on			
	Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I See instructions	17	-	X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on		7.7	
4-	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	X	-
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?	,,		
~~	If "Yes," complete Schedule G, Part III		-	X
20a	Did the organization operate one or more hospital facilities? <i>If</i> "Yes," <i>complete Schedule H</i>		\vdash	X
b 21	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b	+	
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II.	21		x
	democio gereniment on rattir, columni (rt), inte 1: 11 100, complete deficulte i, ratto rattu ii			

Checklist of Required Schedules (continued) Yes No Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on X Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III 22 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated X employees? If "Yes," complete Schedule J 23 Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a X **b** Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? 24b Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? 24c d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? 24d Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I X b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? X If "Yes," complete Schedule L, Part I 25b 26 Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II X 26 Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III X 27 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions, for applicable filing thresholds, conditions, and exceptions): A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV **b** A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If "Yes," complete Schedule L, Part IV 28c Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M 29 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I 31 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II X 33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I X Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, 34 X Did the organization have a controlled entity within the meaning of section 512(b)(13)? 35a If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable X related organization? If "Yes," complete Schedule R, Part V, line 2 Did the organization conduct more than 5% of its activities through an entity that is not a related organization X and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI Did the organization complete Schedule O and provide explanations in Schedule O for Part VI. lines 11b and X 19? Note: All Form 990 filers are required to complete Schedule O. Statements Regarding Other IRS Filings and Tax Compliance Part V Check if Schedule O contains a response or note to any line in this Part V Yes No **1a** Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable **b** Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable Did the organization comply with backup withholding rules for reportable payments to vendors and

X

reportable gaming (gambling) winnings to prize winners?

Form 990 (2020) Hilton Head Island Foundation to 46-5117877

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

	ter statements regarding state into rainings and rak semplianes (seman	<u> </u>			Yes	No		
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax	I			103	140		
	Statements, filed for the calendar year ending with or within the year covered by this return	2a	4					
b	If at least one is reported on line 2a, did the organization file all required federal employment tax return			2b	х			
~	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> (see instructions							
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	',		3a		х		
b	If "Yes," has it filed a Form 990-T for this year? <i>If "No" to line 3b, provide an explanation on Schedule</i>			3b				
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other a		tv over					
	a financial account in a foreign country (such as a bank account, securities account, or other financial		-	4a		x		
b	If "Voc." ontor the name of the foreign country.							
_	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial A							
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		(. 27 1).	5a		х		
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?								
С	If "Vos" to line 52 or 5h, did the organization file Form 9996 T2	-		50		X		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the							
	organization solicit any contributions that were not tax deductible as charitable contributions?			6a		х		
b	If "Yes," did the organization include with every solicitation an express statement that such contribution	ns or						
_	nifts were not tax deductible?			6b				
7	Organizations that may receive deductible contributions under section 170(c).							
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for o	oods						
_				7a	х			
b	If W/ = 1 did the consideration and the department of the condensation and the condensation and the desired				Х			
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it wa							
	required to file Form 8282?			7c		х		
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d						
е								
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contra			7f		X		
g	If the organization received a contribution of qualified intellectual property, did the organization file Fol			7g		х		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organiza					х		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintainer							
	sponsoring organization have excess business holdings at any time during the year?	•		8				
9	Sponsoring organizations maintaining donor advised funds.							
а	Did the sponsoring organization make any taxable distributions under section 4966?			9a				
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?			9b				
10	Section 501(c)(7) organizations. Enter:							
а	Initiation fees and capital contributions included on Part VIII, line 12	10a						
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b						
11	Section 501(c)(12) organizations. Enter:							
а	Gross income from members or shareholders	11a						
b	Gross income from other sources (Do not net amounts due or paid to other sources							
	against amounts due or received from them.)	11b						
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form	1041	?	12a				
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b						
13	Section 501(c)(29) qualified nonprofit health insurance issuers.							
а	Is the organization licensed to issue qualified health plans in more than one state?			13a				
	Note: See the instructions for additional information the organization must report on Schedule O.							
b	Enter the amount of reserves the organization is required to maintain by the states in which							
	the organization is licensed to issue qualified health plans	13b						
С	Enter the amount of reserves on hand	13c						
14a	Did the organization receive any payments for indoor tanning services during the tax year?					X		
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedul-			14b				
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuner							
	excess parachute payment(s) during the year?			15		X		
	If "Yes," see instructions and file Form 4720, Schedule N.							
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment	incom	e?	16		X		
	If "Yes," complete Form 4720, Schedule O.							

Form 990 (2020) Hilton Head Island Foundation to 46-5117877 Page 6 Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI Section A. Governing Body and Management No 1a Enter the number of voting members of the governing body at the end of the tax year 16 If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O. Enter the number of voting members included on line 1a, above, who are independent 16 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with 2 any other officer, director, trustee, or key employee? X 2 3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person? 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? Did the organization become aware during the year of a significant diversion of the organization's assets? 5 Did the organization have members or stockholders? 6 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? X 7b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: The governing body? 8a **b** Each committee with authority to act on behalf of the governing body? X 8b Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at X Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Yes No 10a Did the organization have local chapters, branches, or affiliates? 10a Х b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? X 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? **b** Describe in Schedule O the process, if any, used by the organization to review this Form 990. X Did the organization have a written conflict of interest policy? If "No," go to line 13 12a X b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12b c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done Х 12<u>c</u> Did the organization have a written whistleblower policy? X 13 13 Did the organization have a written document retention and destruction policy? 14 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? a The organization's CEO, Executive Director, or top management official X 15a X Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? Х 16a b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? . Section C. Disclosure 17 List the states with which a copy of this Form 990 is required to be filed **u** SC Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c) (3)s only) available for public inspection. Indicate how you made these available. Check all that apply. Own website Another's website X Upon request Other (explain on Schedule O) Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and

<u>Hilton Head Island</u>

DAA

SC 29925 843-715-0256

Form 990 (2020)

PO Box 23334

State the name, address, and telephone number of the person who possesses the organization's books and records ${f u}$

financial statements available to the public during the tax year.

Dale M Planicka

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

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

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. See instructions for the order in which to list the persons above.

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

(A) Name and title	(B) Average hours per week (list any	box	x, unle icer aı	ss pe	ition more rson i	than one s both a or/trustee	n	(D) Reportable compensation from the organization	(E) (F) Reportable Estimated amount of other compensation or ganizations from the	
	hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(W-2/1099-MISC)	(W-2/1099-MISC)	organization and related organizations
(1) Patrick M Zuk										
	40.00			٦,				EO 177	0	
Executive Director (2) Jim Capps	0.00			X				59 , 177	0	0
(2) O I III Capps	5.00									
Board Member	0.00	x						0	0	0
(3) Paul Caruso	0.00							•	•	
(0, 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	5.00									
Chairman	0.00	X		x				0	0	0
(4) Mike Cerrati										
	5.00									
Secretary	0.00	X		X				0	0	0
(5) Grace Chu										
	5.00									
Board Member	0.00	X						0	0	0
(6)Joe Datillo										
	5.00	l						•	_	
Board Member	0.00	X						0	0	0
(7) Mike Davis	5.00									
Board member	0.00	x						0	0	0
(8) Chuck Elberly	0.00							0	0	0
(b) CHUCK BIDELTY	5.00									
Treasurer	0.00	x		x				0	0	0
(9) Dick Farmer		† 								
	5.00									
Board Member	0.00	X						0	0	0
(10) John Farrell										
	5.00									
Board member	0.00	X						0	0	0
(11)Ken Groff										
	5.00							_	_	_
Board Member	0.00	X						0	0	Earm 990 (2020)

Part VII Section A. Officers	, Directors, Tru	stee	s, K	ey E	mpl	oyee	es, a	nd Highest Compensated	Employees (continued)			
(A) Name and title	(B) Average hours per week (list any	bo	x, unle	Pos check ess pe	rson i	than c s both or/trust	an	(D) Reportable compensation from the organization	(E) Reportable compensation from related organizations	con	(F) ated amount of other apensation from the	ı
	hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(W-2/1099-MISC)	(W-2/1099-MISC)	-	nization ar organizat	
(12) Don Krahnke	5.00	v						0	0			0
Board Member (13) Chris Lane	0.00	X						<u> </u>	0			
Board Member	5.00 0.00	x						0	0			0
(14) Laurie Laykis												
	5.00											^
Board Member (15) Abby Petkov	0.00	X						0	0			0
(15) ADDY FECKOV	5.00											
Board Member	0.00	x						0	0			0
(16) Chuck Wiseman												
	5.00											
Board Member	0.00	X						0	0			0
(17) Paul Zaffaori	5.00											
Vice Chairman	0.00	x		x				0	0			0
1b Subtotal							u	59,177				
c Total from continuation shee							u	59,177				
d Total (add lines 1b and 1c) Total number of individuals (in	cluding but not I	imite	d to	thos	e lis	ted a	u bove		\$100.000 of			
reportable compensation from											- 137	
3 Did the organization list any fo	rmer officer di	coto	r tru	ctoo	kov	, ami	nlov	ee or highest compensate	4		Ye	s No
employee on line 1a? If "Yes,"	complete Sche	dule	J for	suc	h in	dividi	ıal .				3	Х
4 For any individual listed on line organization and related organization and related organization.	nizations greater	thar	\$15	50,00	00? /	f "Ye	es," c	complete Schedule J for su			4	x
5 Did any person listed on line	1a receive or ac	crue	com	pens	atio	n fror	n ar	ny unrelated organization or	· individual		-	
for services rendered to the o		es,"	com	plete	Sc.	hedu	le J	for such person			5	<u> </u>
Section B. Independent Contractor1 Complete this table for your fire		enes	hate	inde	neno	ent d	contr	ractors that received more	than \$100,000 of			
compensation from the organization	zation. Report co							lar year ending with or with	in the organization's tax ye	ear.		
Name and	(A) business address							Descript	(B) tion of services		(C) Compen) Isation
2 Total number of independent of received more than \$100,000								se listed above) who	0			

Form 990 (2020) Hilton Head Island Foundation to 46-5117877 Page 9 Part VIII Statement of Revenue Check if Schedule O contains a response or note to any line in this Part VIII (C) (A) (B) Related or exempt (D) Revenue excluded Unrelated Total revenue function revenue from tax under husiness revenue sections 512-514 Gifts, Grants ilar Amounts 1a Federated campaigns 1a **b** Membership dues 1b c Fundraising events 1c **d** Related organizations 1d e Government grants (contributions) Contributions, and Other Simi 30,000 f All other contributions, gifts, grants, and similar amounts not included above 130,706 1f **g** Noncash contributions included in lines 1a-1f 1g |\$ 160,706 h Total. Add lines 1a-1f. u Business Code 30,625 30,625 2a Program Fees Program Service Revenue Scholarship Program Fees 19,688 19,688 14,823 14,823 Golf Range ... Pro Shop Sales 2,522 2,522 f All other program service revenue g Total. Add lines 2a-2f 67,658 u Investment income (including dividends, interest, and other similar amounts) 415 415 u Income from investment of tax-exempt bond proceeds u Royalties (i) Real (ii) Personal 6a Gross rents 6a **b** Less: rental expenses 6b c Rental inc. or (loss) d Net rental income or (loss) 7a Gross amount from (i) Securities (ii) Other sales of assets 7a other than inventory Other Revenue **b** Less: cost or other basis and sales exps. c Gain or (loss) 7с d Net gain or (loss) **8a** Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18 142,744 **b** Less: direct expenses 55,000 87,744 c Net income or (loss) from fundraising events 9a Gross income from gaming activities. See Part IV, line 19 **b** Less: direct expenses 9b c Net income or (loss) from gaming activities u 10a Gross sales of inventory, less returns and allowances 10a **b** Less: cost of goods sold 10b c Net income or (loss) from sales of inventory u **Business Code** 31,708 31,708 11a PPP Loan Forgiven d All other revenue

31,708

99,366

348,231

u

u

415

0

e Total. Add lines 11a-11d

Total revenue. See instructions ...

Part IX Statement of Functional Expenses Section 501(c)(3) and 501(c)(4) organizations must complete all

Secu	Check if Schedule O contains a response	•		пріете соійтіп (А).	X
Do r	not include amounts reported on lines 6b,	(A) Total expenses	(B) Program service	(C)	(D)
	Rb, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees	59,177	59,177		
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	82,030	82,030		
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)	21 222	21 222		
9	Other employee benefits	21,208	21,208		
10	Payroll taxes	11,214	11,214		
11	Fees for services (nonemployees):				
а	Management				
b	Legal	5 400		C 400	
С	Accounting	6,493		6,493	
d	, , , , , , , , , , , , , , , , , , , ,				
e	Professional fundraising services. See Part IV, line 17				
f	Investment management fees	+			
g	Other. (If line 11g amount exceeds 10% of line 25, column	E E2E	E E2E		
40	(A) amount, list line 11g expenses on Schedule O.)	5,525 33,944	5,525		33,944
	Advertising and promotion	33,344			33,344
13	Office expenses	+			
14	Information technology				
15 16	Royalties				
17	Occupancy				
18	Travel Payments of travel or entertainment expenses				
10	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20					
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	970	845	125	
23	Insurance				
24	Other expenses. Itemize expenses not covered				
•	above (List miscellaneous expenses on line 24e. If				
	line 24e amount exceeds 10% of line 25, column				
	(A) amount, list line 24e expenses on Schedule O.)				
а	BGC Rental	18,000		18,000	
b	Program Services	10,052	10,052		
С	Miscellaneous	8,671		8,671	
d	Chemicals	7,892	7,892		
е	All other expenses	38,907	15,536	23,371	
25	Total functional expenses. Add lines 1 through 24e	304,083	213,479	56,660	33,944
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here u if following SOP 98-2 (ASC 958-720)				

				(A) Beginning of year		(B) End of year		
1	Cash—non-interest-bearing			524,332	1	556,023		
2				2				
3	Pledges and grants receivable, net	Savings and temporary cash investments Pledges and grants receivable, net						
4	Accounts receivable, net				4			
5	Loans and other receivables from any current or form							
	trustee, key employee, creator or founder, substantia	35%						
	controlled entity or family member of any of these pe	ersons			5			
6	Loans and other receivables from other disqualified							
	under section 4958(f)(1)), and persons described in	B)(B)		6				
7	Notes and loans receivable, net	Notes and loans receivable, net						
8	Inventories for sale or use	nventories for sale or use						
9	Prepaid expenses and deferred charges				9			
10a	a Land, buildings, and equipment: cost or other							
	basis. Complete Part VI of Schedule D	10a	10,811					
b	Less: accumulated depreciation	10b	6,057	728	10c	4,75		
11	Investments—publicly traded securities			11				
12	Investments—other securities. See Part IV, line 11				12			
13	Investments—program-related. See Part IV, line 11				13			
14	Intangible assets				14			
15	Other assets. See Part IV, line 11		15					
16	Total assets. Add lines 1 through 15 (must equal lin	e 33)		529,379	16	560,777		
17	Accounts payable and accrued expenses			17				
18	Grants payable			18				
19	Deferred revenue			3,200	19			
20	Tax-exempt bond liabilities				20			
21	Escrow or custodial account liability. Complete Part				21			
22	Loans and other payables to any current or former of							
	trustee, key employee, creator or founder, substantia		35%					
	controlled entity or family member of any of these pe				22			
23		third parties			23			
24	Unsecured notes and loans payable to unrelated thin				24			
25	Other liabilities (including federal income tax, payable							
	parties, and other liabilities not included on lines 17-	24). Complete Pa	IT X	82,097	25	72,547		
26	of Schedule D			85,297		72,547		
26	Total liabilities. Add lines 17 through 25 Organizations that follow FASB ASC 958, check			65,297	26	12,31		
	and complete lines 27, 28, 32, and 33.	nere u 🔼						
27	Not see to without demander that			444,082	27	488,230		
27 28	Niet eeste wilde de ees eestidelieur			111,002	28	100/250		
20	Organizations that do not follow FASB ASC 958,				20			
	and complete lines 29 through 33.	CHECK HEIE C	ᆜ					
29	Capital stock or trust principal, or current funds				29			
30	Paid-in or capital surplus, or land, building, or equipr				30			
31	Retained earnings, endowment, accumulated income	e. or other funds			31			
32	Total not accord on fined belonged			444,082	32	488,230		
-	Total liabilities and net assets/fund balances			529,379	33	560,777		

Form **990** (2020)

Pa	rt XI Reconciliation of Net Assets					
	Check if Schedule O contains a response or note to any line in this Part XI	<u></u>	<u> </u>	<u></u>	oxed	
1	Total revenue (must equal Part VIII, column (A), line 12)	1		48,2		
2	Total expenses (must equal Part IX, column (A), line 25)	2		04,		
3	Revenue less expenses. Subtract line 2 from line 1	3		44,		
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	44,	082		
5	Net unrealized gains (losses) on investments	5				
6	Donated services and use of facilities	6				
7	Investment expenses	7				
8	Prior period adjustments	8				
9	Other changes in net assets or fund balances (explain on Schedule O)	9				
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line					
	32, column (B))	10	4	88,2	230	
Pa	rt XII Financial Statements and Reporting					
	Check if Schedule O contains a response or note to any line in this Part XII		<u> </u>	<u></u>	Ш.	
			_	Yes	No	
1	Accounting method used to prepare the Form 990:					
	If the organization changed its method of accounting from a prior year or checked "Other," explain in					
	Schedule O.					
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X	
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or					
	reviewed on a separate basis, consolidated basis, or both:					
	Separate basis Consolidated basis Both consolidated and separate basis					
b	Were the organization's financial statements audited by an independent accountant?		2b		X	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a					
	separate basis, consolidated basis, or both:					
	Separate basis Consolidated basis Both consolidated and separate basis					
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of					
the audit, review, or compilation of its financial statements and selection of an independent accountant?						
	If the organization changed either its oversight process or selection process during the tax year, explain on					
	Schedule O.					
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the					
	Single Audit Act and OMB Circular A-133?		3a			
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the					
	required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b			

Form **990** (2020)

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.

u Attach to Form 990 or Form 990-EZ.

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

Hilton Head Island Foundation to

2020

Open to Public Inspection

Employer identification number Name of the organization Support Youth Sports, Inc. 46-5117877 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.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 1 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, 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). X An organization that normally receives a substantial part of its support from a governmental unit or from the general public 7 described in section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) 8 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 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 331/3% 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). 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. 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. 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. 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. 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. Check this box if the organization received a written determination from the IRS that it is a Type I, Type III, Type III functionally integrated, or Type III non-functionally integrated supporting organization. Enter the number of supported organizations Provide the following information about the supported organization(s).

g i lovide tile i	g Flovide 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?		listed in your governing		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)		
			Yes	No						
(A)										
(B)										
(C)										
(D)										
(E)										
Total										

Page 2

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

Sec	tion A. Public Support						
Caler	dar year (or fiscal year beginning in) u	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	283,414	286,635	282,459	214,938	160,706	1,228,152
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4	Total. Add lines 1 through 3	283,414	286,635	282,459	214,938	160,706	1,228,152
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						122 609
6	Public support. Subtract line 5 from line 4						132,608 1,095,544
_	tion B. Total Support						1,095,544
	dar year (or fiscal year beginning in) u	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
7	Amounts from line 4	283,414	286,635	282,459	214,938	160,706	1,228,152
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	203,111	150	231	348	415	1,144
9	Net income from unrelated business activities, whether or not the business is regularly carried on						
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
11	Total support. Add lines 7 through 10						1,229,296
12	Gross receipts from related activities, etc.					12	835,726
13	First 5 years. If the Form 990 is for the or	•	econd, third, fourth	n, or fifth tax year a	as a section 501(c)	(3)	
	organization, check this box and stop here						
Sec	tion C. Computation of Public Su						
14	Public support percentage for 2020 (line 6,						89.12%
15	Public support percentage from 2019 Sche 33 1/3% support test—2020. If the organi	edule A, Part II, line	e 14			15	91.14%
16a					33 1/3% or more, o	check this	. =
	box and stop here. The organization quali						► <u>X</u>
b	33 1/3% support test—2019. If the organithis box and stop here. The organization of			nization		ore, check	▶ 🗆
17a	10%-facts-and-circumstances test—202	0. If the organization	on did not check a	box on line 13, 16	a, or 16b, and line	14 is	
	10% or more, and if the organization meet Part VI how the organization meets the "fa						
b	organization 10%-facts-and-circumstances test—201 15 is 10% or more, and if the organization in Part VI how the organization meets the	9. If the organization meets the "facts-a	on did not check a and-circumstances	box on line 13, 16 test, check this be	sa, 16b, or 17a, an ox and stop here.	d line Explain	▶□
18	Private foundation. If the organization did instructions	I not check a box o	on line 13, 16a, 16	b, 17a, or 17b, che	eck this box and se	ee	> [

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.)

Sec	tion A. Public Support	quality diluci ti	ne tests listed i	ociow, picase c	ompicie i ait i	1.)	
	ndar year (or fiscal year beginning in) u	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")				, ,		.,
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that are not an unrelated trade or business under section 513						
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons						
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
С	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from						
500	tion B. Total Support						
	ndar year (or fiscal year beginning in) u	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
9	Amounts from line 6	(a) 2010	(5) 2017	(6) 2010	(a) 2013	(6) 2020	(i) Total
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
С	Add lines 10a and 10b						
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)						
14	First 5 years. If the Form 990 is for the or	-	second, third, fourt	h, or fifth tax year	as a section 501(d	c)(3)	_
	organization, check this box and stop here						<u></u> ▶ ∟
	tion C. Computation of Public Su						
15	Public support percentage for 2020 (line 8						%
16	Public support percentage from 2019 Sche					16	%
	tion D. Computation of Investme			2		17	
17 10	Investment income percentage for 2020 (li		4-			1 40	<u>%</u>
18 19a	Investment income percentage from 2019 \$ 33 1/3% support tests—2020. If the organic						%
134	17 is not more than 33 1/3%, check this bo						▶ □
b	33 1/3% support tests—2019. If the organ		=				
~	line 18 is not more than 33 1/3%, check th						▶ □
20	Private foundation. If the organization did		=			=	. —

Part IV

Schedule A (Form 990 or 990-EZ) 2020

Supporting Organizations

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

Section A. All Supporting Organizations

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

		Yes	No
	1		
	2		
	3a		
	3b		
	0.0		
	3с		
	30		
	4a		
	4b		
	4c		
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	9b		
	35		
	0-		
	9с		
	10a		
	10b		
A (Fo	orm 99	0 or 990-	EZ) 2020
			•

_ Par	t IV Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in lines 11b and			
	11c below, the governing body of a supported organization?	11a		
b	A family member of a person described in line 11a above?	11b		
С	A 35% controlled entity of a person described in line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	detail in Part VI.	11c		
Secti	on B. Type I Supporting Organizations			
			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or			
	more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers,			
	directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s)			
	effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported			
	organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the			
	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part			
	VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Secti	on C. Type II Supporting Organizations			
		\longrightarrow	Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Secti	on D. All Type III Supporting Organizations			·
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in line 2, above, did the organization's supported organizations have			
	a significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
Socti	supported organizations played in this regard.	3		
	on E. Type III Functionally-Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).			
a	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below. The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instru	ctions	١	
C 2	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instru Activities Test. Answer lines 2a and 2b below.	Juoris) [Yes	No
2			162	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	22		
h	·	2a		
b	Did the activities described in line 2a, above, constitute activities that, but for the organization's involvement,			
	one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in			
	these activities but for the organization's involvement.	2h		
2	Parent of Supported Organizations. Answer lines 3a and 3b below.	2b		
3 a	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
а	trustees of each of the supported organizations? If "Yes" or "No," provide details in Part VI.	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each	Ja		
D	2.4 and organization oxoroide a dabotantial degree of uncombin ever the policies, programs, and activities of each			

of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.

Schedu	le A (Form 990 or 990-EZ) 2020 Hilton Head Island Foundation	on t	to 46-5117	877 Page 6
Part	Type III Non-Functionally Integrated 509(a)(3) Supporting Organical	aniza	tions	
1	Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov	ı. 20, 1	1970 (explain in Part VI). \$	See
	instructions. All other Type III non-functionally integrated supporting organizations must	comp	lete Sections A through E	
Secti	on A – Adjusted Net Income		(A) Prior Year	(B) Current Year
			(, , , , , , , , , , , , , , , , , , ,	(optional)
1_	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3_	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
5_	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or collection of			
	gross income or for management, conservation, or maintenance of property			
	held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Secti	on B – Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
a	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
С	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other factors			
	(explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,			
	see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 0.035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Secti	Current Year			
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4	Enter greater of line 2 or line 3.	4		

7 Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).

5

Schedule A (Form 990 or 990-EZ) 2020

5 Income tax imposed in prior year

6 Distributable Amount. Subtract line 5 from line 4, unless subject to

emergency temporary reduction (see instructions).

Schedule A (Form 990 or 990-EZ) 2020 Hilton Head Island Foundation to 46-5117877 Page 7 Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued) Section D - Distributions **Current Year** Amounts paid to supported organizations to accomplish exempt purposes 2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity Administrative expenses paid to accomplish exempt purposes of supported organizations 3 Amounts paid to acquire exempt-use assets Qualified set-aside amounts (prior IRS approval required—provide details in Part VI) 5 Other distributions (describe in Part VI). See instructions. Total annual distributions. Add lines 1 through 6. Distributions to attentive supported organizations to which the organization is responsive 8 (provide details in Part VI). See instructions. Distributable amount for 2020 from Section C, line 6 9 10 Line 8 amount divided by line 9 amount (i) (ii) (iii) Section E - Distribution Allocations (see instructions) **Excess Distributions** Underdistributions Distributable Pre-2020 Amount for 2020 Distributable amount for 2020 from Section C, line 6 2 Underdistributions, if any, for years prior to 2020 (reasonable cause required-explain in Part VI). See instructions. 3 Excess distributions carryover, if any, to 2020 **a** From 2015 **b** From 2016 **c** From 2017_____ **d** From 2018 e From 2019 f Total of lines 3a through 3e **g** Applied to underdistributions of prior years h Applied to 2020 distributable amount i Carryover from 2015 not applied (see instructions) j Remainder. Subtract lines 3g, 3h, and 3i from line 3f. Distributions for 2020 from Section D, line 7: a Applied to underdistributions of prior years **b** Applied to 2020 distributable amount c Remainder. Subtract lines 4a and 4b from line 4. Remaining underdistributions for years prior to 2020, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions. Remaining underdistributions for 2020 Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions. Excess distributions carryover to 2021. Add lines 3j and 4c. Breakdown of line 7: a Excess from 2016

Schedule A (Form 990 or 990-EZ) 2020

b Excess from 2017 c Excess from 2018 **d** Excess from 2019 e Excess from 2020

Schedule A (For	m 990 or 990-EZ) 2020	<u> Hil</u> ton	<u>Hea</u> d	<u>Isla</u> nd	Foundat	ion	<u>to</u>	46-5117877	Page
Part VI	Supplemental III, line 12; Part	Information. Pr IV, Section A, lir	ovide the nes 1, 2, 3	explanation b, 3c, 4b,	ns required b 4c, 5a, 6, 9a	oy Part I a, 9b, 9d	II, line 10 c, 11a, 11	; Part II, line 17a o b, and 11c; Part IV IV, Section E, line:	r 17b; Part ′, Section
		V, line 1; Part \	V, Section	B, line 1e;	Part V, Sec	tion D, I	lines 5, 6,	and 8; and Part V	

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

or 990-PF)
Department of the Treasury
Internal Revenue Service

Schedule of Contributors

u Attach to Form 990, Form 990-EZ, or Form 990-PF. u Go to www.irs.gov/Form990 for the latest information. OMB No. 1545-0047

2020

Name of the organization

Hilton Head Island Foundation to Support Youth Sports, Inc.

Employer identification number

46-5117877

Organization type (check one):						
Filers of:	Section:					
Form 990 or 990-EZ	X 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					
	overed by the General Rule or a Special Rule . , (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See					
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.						
contributor, during the contributions totaled m during the year for an General Rule applies	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 990-EZ, or 990-PF), but it mus	isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, st 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 certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).					

For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF.

Schedule B (Form 990, 990-EZ, or 990-PF) (2020)

46-5117877

Name of organization

Hilton Head Island Foundation to

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			
. 1		\$ 25,000	Person X Payroll Noncash (Complete Part II for noncash contributions.)			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
. 2		\$ 5,000	Person X Payroll Noncash (Complete Part II for noncash contributions.)			
(a)	(b)	(c)	(d)			
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution			
3		\$ 9,000	Person X Payroll Noncash (Complete Part II for noncash contributions.)			
(a)	(b)	(c)	(d)			
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution			
4	·	\$ 25,000	Person X Payroll Noncash (Complete Part II for noncash contributions.)			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
5		\$ 5,750	Person X Payroll Noncash (Complete Part II for noncash contributions.)			
(a)	(b)	(c)	(d)			
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution			
6		\$ 5,884	Person X Payroll Noncash (Complete Part II for noncash contributions.)			

Name of organization

Hilton Head Island Foundation to

Employer identification number 46-5117877

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.					
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
7		\$ 5,000	Person X Payroll Noncash (Complete Part II for noncash contributions.)			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
8		\$ 20,000	Person X Payroll Noncash (Complete Part II for noncash contributions.)			
(a)	(b)	(c)	(d)			
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution			
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)			
(a)	(b)	(c)	(d)			
No.	Name, address, and ZIP + 4	Total contributions	Person Payroll Noncash (Complete Part II for noncash contributions.)			
(a)	(b)	(c)	(d)			
No.	Name, address, and ZIP + 4	Total contributions	Person Payroll Noncash (Complete Part II for noncash contributions.)			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)			

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

u Attach to Form 990.

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

OMB No. 1545-0047

2020

Open to Public Inspection

Name of the organization Employer identification number Hilton Head Island Foundation to Support Youth Sports, Inc. 46-5117877 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6. Total number at end of year Aggregate value of contributions to (during year) Aggregate value of grants from (during year) Aggregate value at end of year _____ | 4 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of land for public use (for example, recreation or education) Preservation of a historically important land area Protection of natural habitat Preservation of a certified historic structure Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year. Held at the End of the Tax Year a Total number of conservation easements 2a **b** Total acreage restricted by conservation easements c Number of conservation easements on a certified historic structure included in (a) 2c d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the Number of states where property subject to conservation easement is located ${f u}$ Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements. Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8. 1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items. b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenue included on Form 990, Part VIII, line 1 u \$ (ii) Assets included in Form 990, Part X u \$ 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items: a Revenue included on Form 990, Part VIII, line 1 Assets included in Form 990, Part X

Sche	edule D (Folfil 990) 2020 HIICOII H	DIELET DES	Foundacion	1 60	40-21	<u>- </u>	<i>, ,</i>			Pag	e z
Pa	art III Organizations Maintainin	g Collections of	Art, Historical 7	Treasures, o	or Other	Simil	lar As	ssets	(contin	ued)	
3	Using the organization's acquisition, access collection items (check all that apply):	sion, and other record	s, check any of the fo	ollowing that m	ake signific	cant use	e of its				
а	Public exhibition	d \square	Loan or exchange pr	rogram							
b	Scholarly research	е 🗆	Other	-							
С	H_{\bullet} $$										
4	Provide a description of the organization's	collections and explain	n how they further the	e organization's	exempt p	urpose	in Par	t			
	XIII.										
5	During the year, did the organization solicit	or receive donations	of art historical treas	ures or other	similar						
·	assets to be sold to raise funds rather than								Ye	· 🗌	No
Pa	art IV Escrow and Custodial A		part of the organization	orro conconorr.						<u>. П</u>	
	Complete if the organization 990, Part X, line 21.	_	" on Form 990, P	art IV, line 9), or repo	orted a	ın am	ount c	n Form	1	
1a	Is the organization an agent, trustee, custo	dian or other intermed	diary for contributions	or other asset	s not						
	included on Form 990, Part X?		•						☐ Ye	· 🗆	No
h	If "Yes," explain the arrangement in Part XI	II and complete the fo	ollowing table:						□ '•	° Ш	110
b	ii res, explain the analigement in Fatt Al	ii and complete the it	bilowing table.						Amount		_
_	Danimina halama						4.5		Amount		—
	Beginning balance						1c				_
a	Additions during the year						1d				_
е	Distributions during the year						1e				—
f	Ending balance						1f				_
	Did the organization include an amount on									_	No
	If "Yes," explain the arrangement in Part XI	II. Check here if the e	explanation has been	provided on Pa	art XIII		<u>.</u>	<u>.</u>	<u></u>		
Pa	art V Endowment Funds.	1.07	. F 000 B								
	Complete if the organizatio										
		(a) Current year	(b) Prior year	(c) Two yea	irs back	(d) Thr	ree years	back	(e) Four	years ba	ck
1a	Beginning of year balance										
	Contributions										
С	Net investment earnings, gains, and										
	losses										
d	Grants or scholarships										
е	Other expenditures for facilities and										
	programs										
f	Administrative expenses										
g											
2	Provide the estimated percentage of the cu		e (line 1g, column (a)) held as:							
а	Board designated or quasi-endowment u	%									
b	Permanent endowment u %										
С	Term endowment u %										
	The percentages on lines 2a, 2b, and 2c sh	nould equal 100%.									
3a	Are there endowment funds not in the poss	session of the organization	ation that are held an	d administered	for the						
	organization by:	, and the second							ſ	Yes	No
	(i) Unvalated annualizations								3a(i)		
	(II) Deleted appealed to a								3a(ii)		
b	If "Yes" on line 3a(ii), are the related organi								3b		
4	Describe in Part XIII the intended uses of t										
Pa	art VI Land, Buildings, and Eq		ownione rando.								
	Complete if the organization	-	on Form 990 P	art IV line 1	1a See	Form	990	Part X	line 1	0	
	Description of property	(a) Cost or other		r other basis		ccumulate		1	(d) Book		
	2000.page. or property	(investment)		ther)		reciation	-		(w) Dook		
1-	Land		- (0.	,							
ıa	Land										
b	Buildings							+			
	Leasehold improvements			+				+			
	Equipment							+			
	Other			10)				+			
ı ota	 Add lines 1a through 1e. (Column (d) musi 	r eguai ⊢orm 990. Pai	т х. column (В). line	1UC.)			11	• I			

(a) Description of security or category	(b) Book value	11b. See Form 990, Part X, line 12. (c) Method of valuation:
(including name of security)		Cost or end-of-year market value
1) Financial derivatives		
2) Closely held equity interests		
3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F) (G)		
(H)		
otal. (Column (b) must equal Form 990, Part X, col. (B) line		
Part VIII Investments – Program Related.	12.1y a	
Complete if the organization answere	ed "Yes" on Form 990. Part IV. line	11c. See Form 990. Part X. line 13.
(a) Description of investment	(b) Book value	(c) Method of valuation:
		Cost or end-of-year market value
(1)		
(2)		
3)		
(4)		
(5)		
(6)		
7)		
(8)		
(9)		
otal. (Column (b) must equal Form 990, Part X, col. (B) line	13.) u	
Part IX Other Assets.	- 1 (0/) F 000 - D4 IV/- I'	44 L O Francisco D. 4 V. Francisco
Complete if the organization answere	ed "Yes" on Form 990. Part IV. line	11d. See Form 990, Part X, line 15.
,		43.5
	a) Description	(b) Book value
1)		(b) Book value
(1) (2)		(b) Book value
(1) (2) (3)		(b) Book value
(1) (2) (3) (4)		(b) Book value
1) (2) (3) (4) (5)		(b) Book value
(1) (2) (3) (4) (5)		(b) Book value
1) (2) (3) (4) (5) (6) (7)		(b) Book value
1) 2) 3) 4) 5) 6) 7)		(b) Book value
1) 2) 3) 4) 5) 6) 7) 8)	a) Description	
1)	a) Description	
1) 2) 3) 4) 5) 6) 7) 8) 9) otal. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities.	a) Description	u
(1) (2) (3) (4) (5) (6) (7) (8) (9) Otal. (Column (b) must equal Form 990, Part X, col. (B) line	a) Description	u
1) 2) 3) 4) 5) 6) 7) 8) 9) btal. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answere line 25.	a) Description	u
1) 2) 3) 4) 5) 6) 7) 8) 9) btal. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answere line 25. (a) Description of liability	a) Description	11e or 11f. See Form 990, Part X,
(1) (2) (3) (4) (5) (6) (7) (8) (9) Otal. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answere line 25. (a) Description of liability	a) Description	11e or 11f. See Form 990, Part X,
1) 2) 3) 4) 5) 6) 77) 8) 9) btal. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answere line 25. (a) Description of liability 1) Federal income taxes	a) Description	11e or 11f. See Form 990, Part X,
1) 2) 3) 4) 5) 6) 7) 8) 9) btal. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answere line 25. (a) Description of liability 1) Federal income taxes 2) Scholarship Restricted Fund	a) Description	11e or 11f. See Form 990, Part X, (b) Book value 40, 24,
1) 2) 3) 4) 5) 6) 77) 88 9) btal. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answere line 25. (a) Description of liability 1) Federal income taxes 2) Scholarship Restricted Fund 3) Scholarship Ken Campbell 4) Payroll Liabilities	a) Description	11e or 11f. See Form 990, Part X, (b) Book value 40,
1) 2) 3) 4) 5) 6) 7) 88 9) btal. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answere line 25. (a) Description of liability 1) Federal income taxes 2) Scholarship Restricted Fund 3) Scholarship Ken Campbell 4) Payroll Liabilities 5) Health Insurance	a) Description	11e or 11f. See Form 990, Part X, (b) Book value 40, 24,
1) 2) 3) 4) 5) 6) 77 8) 9) btal. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answere line 25. (a) Description of liability 1) Federal income taxes 2) Scholarship Restricted Fund 3) Scholarship Ken Campbell 4) Payroll Liabilities	a) Description	11e or 11f. See Form 990, Part X, (b) Book value 40, 24,
1) 2) 3) 4) 5) 6) 77) 88) 99 btal. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answere line 25. (a) Description of liability 1) Federal income taxes 2) Scholarship Restricted Fund 3) Scholarship Ken Campbell 4) Payroll Liabilities 5) Health Insurance 6)	a) Description	11e or 11f. See Form 990, Part X, (b) Book value 40, 24,
1) 2) 3) 4) 5) 6) 7) 8) 9) btal. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities.	a) Description	11e or 11f. See Form 990, Part X, (b) Book value 40, 24,

Schedule D (Fo	orm 990) 2020	Hilton	Head	Island	Foundation	to	46-5117877	Page 5
Part XIII	Supplement	al Informa	ation (cor	ntinued)	Foundation			
	•		,	,				
• • • • • • • • • • • • • • • • • • • •								

SCHEDULE G (Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the

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

u Attach to Form 990 or Form 990-EZ.

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

2020

Open to Public

Department of the Treasury
Internal Revenue Service

Name of the organization

Hilton Head Island Foundation to

Employer identification number

Support Youth Sports, Inc. 46-5117877 Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Part I Form 990-EZ filers are not required to complete this part. Indicate whether the organization raised funds through any of the following activities. Check all that apply. Mail solicitations Solicitation of non-government grants Internet and email solicitations Solicitation of government grants b Phone solicitations Special fundraising events C In-person solicitations 2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. (iii) Did fund-(v) Amount paid to (vi) Amount paid to raiser have (i) Name and address of individual (iv) Gross receipts (or retained by) (or retained by) custody or (ii) Activity or entity (fundraiser) from activity fundraiser listed in organization control of contributions? col. (i) Yes No 1 3 6 10 Total List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

Schedule G (Form 990 or 990-EZ) 2020 Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

Revenue	2	Gross receipts Less: Contributions Gross income (line 1 minus line 2)	(a) Event #1 Champions for C (event type) 134,533	(b) Event #2 Spring Event (event type) 8,211	(c) Other events None (total number)	(d) Total events (add col. (a) through col. (c)) 142,744
Direct Expenses	5 6 7 8 9	Cash prizes Noncash prizes Rent/facility costs Food and beverages Entertainment Other direct expenses Direct expense summary.	53,110 Add lines 4 through 9 in column (or parent line 3, column (or	1,273 d)		54,383 54,383 88,361
P	art	III Gaming. Comp	plete if the organization answ	wered "Yes" on Form 990, P		
Revenue	1	\$15,000 on For	rm 990-EZ, line 6a. (a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Direct Expenses	3	Cash prizes Noncash prizes Rent/facility costs				
	6 7			Yes % No		
а	Ent	er the state(s) in which the	e organization conducts gaming ac	ctivities: of these states?		Yes No
		re any of the organization's Yes," explain:	s gaming licenses revoked, susper	nded, or terminated during the tax	year?	Yes No

Sche	edule G (Form 990 or 990-EZ) 2020 Hilton Head Island Foundation to 46-511	<u>.78</u> 7	7	Page 3
11	Does the organization conduct gaming activities with nonmembers?		Y	es No
12	Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity			_
	formed to administer charitable gaming?		☐ Ye	es No
13	Indicate the percentage of gaming activity conducted in:		_	_
а	The organization's facility	13a		%
b	An outside facility	13b		%
14	Enter the name and address of the person who prepares the organization's gaming/special events books and			
	records:			
	Name u			
	Address u			
15a	Does the organization have a contract with a third party from whom the organization receives gaming			
	revenue?		☐ Ye	es No
b	If "Yes," enter the amount of gaming revenue received by the organization u \$ and the		_	
	amount of gaming revenue retained by the third party u \$			
С	If "Yes," enter name and address of the third party:			
	Name u			
	Address u			
16	Gaming manager information:			
	Name u			
	Gaming manager compensation u \$			
	Description of services provided u			
		-		
	Director/officer Employee Independent contractor			
17	Mandatory distributions:			
а	Is the organization required under state law to make charitable distributions from the gaming proceeds to			
	retain the state gaming license?			es 🗌 No
b	Enter the amount of distributions required under state law to be distributed to other exempt organizations or			
	spent in the organization's own exempt activities during the tax year u \$			
Pa	Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) a	• •		
	Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional infor	matior	١.	
	See instructions.			

SCHEDULE O (Form 990 or 990-EZ)

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.

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service u Attach to Form 990 or 990-EZ. u Go to www.irs.gov/Form990 for the latest information. Open to Public Inspection

Name of the organization Employer identification number Hilton Head Island Foundation to Support Youth Sports, Inc. 46-5117877 Form 990, Part VI, Line 11b - Organization's Process to Review Form 990 No review was or will be conducted. Form 990, Part VI, Line 12c - Enforcement of Conflicts Policy All board members are required to review the Conflict of Interest Policy annually and reveal any conflicts and provide their signature as appropriate. Form 990, Part VI, Line 19 - Governing Documents Disclosure Explanation No documents available to the public Form 990, Part IX, Line 24e - Other Expenses Description Mgt & General Tot/Prog Service Equipment Repairs 7,043 General & Liability Insur 0 4,815 Background Checks 2,173 Office Suplies 2,142 Website 2,120

Credit Card Processing

chedule O (Form 990 or make of the organization					Employer identification	Page n number
Hilton Head	Island	Foundation to			46-5117877	
	\$	2,017	\$	0	\$	0
Subscription	s					
	\$	0	\$	1,861	\$	0
G			T		.	
Conferences		3				
	\$	0	\$	1,814	\$	0
Telephone						
	\$	0	\$	1,800	\$	0
Sand & Top I	ressin	a				
	\$	1,777	\$	0	\$	0
		÷1.1.1.1		U		
Fertilizer						
	\$	1,622	\$	0	\$	0
Other mainte	enance					
	\$	1,513	\$	0	\$	0
Postage						
	\$	0	\$	1,481	\$	0
	.۲	v	Y	1,401		
Printing						
	\$	0	\$	1,403	\$	0
Meals/Entert	ainment					
	\$	0	\$	1,379	\$	0
Electric & G	as					
	\$	0	\$	1,195	\$	0
				1,195	?	
Fuel, Gas, C)11					
	\$	1,067	\$	0	\$	0
Directors &	Officer	rs				
	\$	0	\$	850	\$	0
Database						
	\$	Λ	<u>خ</u>	A O A	ė	•••••
	Þ	0	\$	484	\$	0

Internal Revenue Service

Depreciation and Amortization

(Including Information on Listed Property)

u Attach to your tax return.

u Go to www.irs.gov/Form4562 for instructions and the latest information.

OMB No. 1545-0172
2020

ttachment 17

Name(s) shown on return

Hilton Head Island Foundation to Support Youth Sports, Inc.

Identifying number 46-5117877

Business or activity to which this form relates Indirect Depreciation Part I Election To Expense Certain Property Under Section 179 **Note:** If you have any listed property, complete Part V before you complete Part I. 1,040,000 Maximum amount (see instructions) Total cost of section 179 property placed in service (see instructions) 2 2 Threshold cost of section 179 property before reduction in limitation (see instructions) 2,590,000 3 3 Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-4 4 Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0. If married filing separately, see instructions 5 (a) Description of property (b) Cost (business use only) Listed property. Enter the amount from line 29 7 Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7 8 9 Tentative deduction. Enter the **smaller** of line 5 or line 8 9 Carryover of disallowed deduction from line 13 of your 2019 Form 4562 10 Business income limitation. Enter the smaller of business income (not less than zero) or line 5. See instructions 11 11 Section 179 expense deduction. Add lines 9 and 10, but don't enter more than line 11 Carryover of disallowed deduction to 2021. Add lines 9 and 10, less line 12 Note: Don't use Part II or Part III below for listed property. Instead, use Part V. Special Depreciation Allowance and Other Depreciation (Don't include listed property. See instructions.) 14 Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year. See instructions Property subject to section 168(f)(1) election 15 15 125 Other depreciation (including ACRS) MACRS Depreciation (Don't include listed property. See instructions.) Section A 131 MACRS deductions for assets placed in service in tax years beginning before 2020 17 If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here Section B-Assets Placed in Service During 2020 Tax Year Using the General Depreciation System (b) Month and year (c) Basis for depreciation (d) Recovery (a) Classification of property (business/investment use (e) Convention (a) Depreciation deduction service only-see instructions) 19a 3-year property b 5-year property 4,997 200DB 7.0 C 7-year property HY 714 10-year property е 15-year property 20-year property 25-year property 25 yrs. Residential rental 27.5 yrs. MM S/L property 27.5 yrs. MM S/L MM 39 yrs. S/L i Nonresidential real property MM S/L Section C-Assets Placed in Service During 2020 Tax Year Using the Alternative Depreciation System 20a Class life S/L 12-year S/L 12 yrs. 30-year MM S/L 30 yrs. 40-year MM S/L Part IV **Summary** (See instructions.) Listed property. Enter amount from line 28 21 21 Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter 970 here and on the appropriate lines of your return. Partnerships and S corporations—see instructions For assets shown above and placed in service during the current year, enter the

Event Income and Deduction Worksheet

Description Champions for Charity

2020

Name

Hilton Head Island Foundation to

Taxpayer Identification Number 46-5117877

income & Expense Summary:		Expense Details - Indirect Expense:
1. Gross receipts or sales1	134,533	Advertising and promotion
2. Advertising income 2.		Office
3. Circulation income 3.		Printing/publication/postage
4. Other income 4.		Info technology/Maintenance
5. Returns and allowances 5.		Royalties & License Fees
6. Contributions received 6.		Occupancy/Real Estate Taxes
7. Total revenue. Add lines 1 through 6 7.	134,533	Travel & Repairs
8. Cost of Goods Sold 8.		Travel/entertainment (officials)
9. Employment Expense 9.		Conferences/meetings
10. Fees for services 10.		Interest
11. Indirect Expense 11.		Insurance
12. Depreciation Expense 12.		Total Indirect Expense
13. Exempt Activity Expense 13.		
14. Fundraising Expense 14.		Expense Details - Depreciation Expense:
15. Total expenses. Add lines 8 through 1415.	53,110	On investment property
16. Net Income/Loss. Line 7 minus Line 15 16.	81,423	On non-investment property
—		Amortization
		Depletion
Expense Details - Cost of Goods Sold:		Total Depreciation Expense
Beginning inventory		
Purchases		Expense Details - Exempt Activity Expense:
Labor		Repairs and Maintenance
Section 263A costs		Bad debts
Other costs		Taxes/licenses
Ending inventory		Charitable contributions
Total Cost of Goods Sold	53,110	Dividend recd deductions
	_	Readership costs
Expense Details - Employment Expense:		Other expenses
Compensation of officers		Total Exempt Activity Expense
Other salaries and wages		
Pension plan contributions		Expense Details - Fundraising Expense:
Other employee benefits		Cash prizes
Payroll taxes		Non-cash prizes
Total Employment Expense		Rent and facility costs
		Food & beverages (Part II only)
Expense Details - Fees for Services:		Entertainment (Part II only)
Management		Other direct expenses
Legal		Total Fundraising Expense
Accounting		
Lobbying		
Professional fundraising		
Investment management		
Other		
Total Fees for Services		
Information is indicated for use on Form 990-T,	Schedule A:	Allocation of Expense to Program Service Accomplishments:
Part V, Debt Financing		First
Part VI, Controlled Org Income		Second
Part VII, Investments for C(7)(9)(17)		Third
Part VIII, Exploited Activities		All other
Part IX, Advertising Income		

Name

Event Income and Deduction Worksheet

Description Jim Ferguson Memorial

Hilton Head Island Foundation to

Taxpayer Identification Number

46-5117877

2020

Income & Expense Summary:		Expense Details - Indirect Expense:
1. Gross receipts or sales1.		Advertising and promotion
2. Advertising income 2.		Office
3. Circulation income 3.		Printing/publication/postage
4. Other income 4.		Info technology/Maintenance
5. Returns and allowances 5.		Royalties & License Fees
6. Contributions received 6.		Occupancy/Real Estate Taxes
7. Total revenue. Add lines 1 through 6 7.		Travel & Repairs
8. Cost of Goods Sold 8.		Travel/entertainment (officials)
9. Employment Expense 9.		Conferences/meetings
10. Fees for services 10.		Interest
11. Indirect Expense 11.		Insurance
12. Depreciation Expense 12.		Total Indirect Expense
13. Exempt Activity Expense 13.		•
14. Fundraising Expense 14.		Expense Details - Depreciation Expense:
15. Total expenses. Add lines 8 through 1415.	400	On investment property
16. Net Income/Loss. Line 7 minus Line 1516.	-400	On non-investment property
		Amortization
		Amortization
Expense Details - Cost of Goods Sold:		Depletion Total Depreciation Expense
		Total Depression Expense
Beginning inventory		Expense Details - Exempt Activity Expense:
Purchases		Repairs and Maintenance
Labor Section 263A costs		Rad debts
Section 263A costs	400	Bad debts
Other costs		Taxes/licenses
Ending inventory	400	Charitable contributions
Total Cost of Goods Sold		Dividend recd deductions
Funance Details - Fundament Funance		Readership costs
Expense Details - Employment Expense:		Other expenses
Compensation of officers		Total Exempt Activity Expense
Other salaries and wages		Emany Batalla Emphaising Emany
Pension plan contributions		Expense Details - Fundraising Expense:
Other employee benefits		Cash prizes
Payroll taxes		Non-cash prizes
Total Employment Expense		Rent and facility costs
		Food & beverages (Part II only)
Expense Details - Fees for Services:		Entertainment (Part II only)
Management		Other direct expenses
Legal		Total Fundraising Expense
Accounting		
Lobbying		
Professional fundraising		
Investment management		
Other		
Total Fees for Services		
Information is indicated for use on Form 990-T, Schedu	le A:	Allocation of Expense to Program Service Accomplishments:
Part V, Debt Financing		First
Part VI, Controlled Org Income		Second
Part VII, Investments for C(7)(9)(17)		Third
Part VIII, Exploited Activities		All other
Part IX, Advertising Income		

Name

Event Income and Deduction Worksheet

Description Spring Event

Hilton Head Island Foundation to

2020

Taxpayer Identification Number 46-5117877

Income & Expense Summary:		Expense Details - Indirect Expense:
1. Gross receipts or sales 1.	8,211	Advertising and promotion
2. Advertising income 2.		Office
3. Circulation income 3.		Printing/publication/postage
4. Other income 4.		Info technology/Maintenance
5. Returns and allowances 5.		Royalties & License Fees
6. Contributions received 6.		Occupancy/Real Estate Taxes
7. Total revenue. Add lines 1 through 6 7.		Travel & Repairs
8. Cost of Goods Sold 8.		Travel/entertainment (officials)
9. Employment Expense 9.		Conferences/meetings
10. Fees for services 10.		Interest
11. Indirect Expense 11.		Insurance
12. Depreciation Expense 12.		Total Indirect Expense
13. Exempt Activity Expense 13.		• • • • • • • • • • • • • • • • • • • •
14. Fundraising Expense 14.		Expense Details - Depreciation Expense:
15. Total expenses. Add lines 8 through 14 15.		On investment property
16. Net Income/Loss. Line 7 minus Line 1516.		On non-investment property
	, <u>-</u>	Amortization
		Depletion
Expense Details - Cost of Goods Sold:		Total Depreciation Expense
Beginning inventory		
Purchases		Expense Details - Exempt Activity Expense:
Labor		Repairs and Maintenance
Labor Section 263A costs		Rad debts
Other costs	1,273	Bad debts
Other costs		Taxes/licenses
Ending inventory Total Cost of Goods Sold	1,273	Charitable contributions
Total cost of goods sold	1/2/3	Dividend recd deductions
Expense Details - Employment Expense:		Readership costs
		Other expenses Total Exempt Activity Expense
Compensation of officers		Total Exempt Activity Expense
Other salaries and wages		Expense Details - Fundraising Expense:
Pension plan contributions Other ampleves benefits		
Other employee benefits		Cash prizes
Payroll taxes		Non-cash prizes
Total Employment Expense		Rent and facility costs
Evnence Details - Feed for Comisses		Food & beverages (Part II only)
Expense Details - Fees for Services:		Entertainment (Part II only)
Management		Other direct expenses
Legal		Total Fundraising Expense
Accounting		
Lobbying		
Professional fundraising		
Investment management		
Other		
Total Fees for Services		
Information is indicated for use on Form 990-T, \$	Schedule A:	Allocation of Expense to Program Service Accomplishments:
Part V, Debt Financing		First
Part VI, Controlled Org Income		Second
Part VII, Investments for C(7)(9)(17)		Third
Part VIII, Exploited Activities		All other
Part IX, Advertising Income		

Event Income and Deduction Worksheet

Description Other Events

2020

Name

Hilton Head Island Foundation to

Taxpayer Identification Number 46-5117877

ments:
ments:
ments:
ments:

2790 Hilton Head Island Foundation to

Federal Statements

5/13/2021 10:48 AM

FYE: 12/31/2020

46-5117877

Taxable Interest on Investments

LIACCE	ntion
Descri	ווטווטו
	J- 1

Description					
		Amount	Unrelated Exclusion Business Code	Postal A	US Obs (\$ or %)
Interest Earned	Ġ	137	1.4		
Interest Earned	Ÿ	278			
	_	2/8	14		
Total	\$_	415			

2790 Hilton Head Island Foundation to

46-5117877

Federal Statements

5/13/2021 10:48 AM

FYE: 12/31/2020

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

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

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

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

2790 Hilton Head Island Foundation to

46-5117877

FYE: 12/31/2020

Federal Statements

5/13/2021 10:48 AM

Schedule A, Part II, Line 1(e)

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

5/13/2021 10:48 AM

2790 Hilton Head Island Foundation to

46-5117877 FYE: 12/31/2020

Federal Statements

Schedule A, Part II, Line 5 - Excess Gifts

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

2790 Hilton Head Island Foundation to 46-5117877

Federal Statements

5/13/2021 10:48 AM

FYE: 12/31/2020

Schedule A, Part II, Line 8(e)

Description	A	mount
Interest Earned	\$	137
Interest Earned		278
Total	\$	415

Schedule A, Part II, Line 12 - Current year

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

Form **33U** (Rev. January 2020) Department of the Treasury Internal Revenue Service

Return of Organization Exempt From Income Tax

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

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

OMB No. 1545-0047 **2019**Open to Public

Open to Public Inspection

<u>A</u>	For the	e 2019 calendar year, or tax year beginning , and ending								
В	Check if ap	oplicable: C Name of organization Hilton Head Island Foundation to		D Employer	identification number					
	Address ch	hange Support Youth Sports, Inc.								
同	Name cha	Doing business as The First Tee of the LowCountry			117877					
H		Number and street (or P.O. box if mail is not delivered to street address)	Number and street (or P.O. box if mail is not delivered to street address) Room/suite E Telephone number							
닏	Initial retur			043-	304-1731					
	Final return terminated				416 416					
	Amended	Hilton Head Island SC 29925		G Gross rec	eipts\$ 416,416					
H		r Name and address of principal officer.	H(a) Is this a	group return for s	ubordinates? Yes X No					
Ш	Application	onder hiberty	(4)	,.oup .o.ao. o						
		PO Box 23334	H(b) Are all s	ubordinates incl	uded? Yes No					
		Hilton Head Island SC 29926	If "No	o," attach a list.	(see instructions)					
1	Tax-exem									
J	Website:	http://www.thefirstteelowcountry.org/	H(c) Group ex	emption numbe						
K	Form of o	rganization: X Corporation Trust Association Other ▶ L	Year of formation: 2 ()14	M State of legal domicile: SC					
F	Part I	Summary								
	1 E	Briefly describe the organization's mission or most significant activities:								
a		The First Tee helps shape the lives of kids and teens	from all	walks o	f					
ũ		life by introducing them to values inherent in the gar	me of golf	. Value	S					
& Governance		like integrity, respect and perseverance								
o Ve	2 (Check this box ▶ ☐ if the organization discontinued its operations or disposed of more than	25% of its net as	sets.						
Ŏ	3 Ni	umber of voting members of the governing body (Part VI, line 1a)			16					
		Number of independent voting members of the governing body (Part VI, line 1b)		4	16					
ij	5 T	Total number of individuals employed in calendar year 2019 (Part V, line 2a)			5					
Activities	6 7	T 1		_	100					
ĕ	72 T	Total number of volunteers (estimate if necessary) Total unrelated business revenue from Part VIII, column (C), line 12			100					
		Net unrelated business taxable income from Form 990-T, line 39			0					
		tet uniciated business taxable moonie nom rom ood 1, mile 00	Prior Y	,	Current Year					
	8 (Contributions and grants (Part VIII, line 1h)		32,459	214,938					
ne		Drawners comities revenue (Dert.) (III. line On)		4,537	48,950					
Revenue	9 F	Program service revenue (Part VIII, line 2g)		231	348					
Re	10 11	nvestment income (Part VIII, column (A), lines 3, 4, and 7d)		31,705	96,610					
		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) Total revenue – add lines 8 through 11 (must equal Part VIII, column (A), line 12)		8,932	360,846					
	+		40	00,932						
		Grants and similar amounts paid (Part IX, column (A), lines 1–3)			0					
		Benefits paid to or for members (Part IX, column (A), line 4)		0 446	120 405					
es	15 8	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	11	.9,446	130,405					
Expenses	16a P	Professional fundraising fees (Part IX, column (A), line 11e)			<u>_</u>					
Š	. b T	Total fundraising expenses (Part IX, column (D), line 25) ► 33,976			100 505					
ш	`	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		7,830	133,567					
		Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)		17,276	263,972					
		evenue less expenses. Subtract line 18 from line 12		1,656	96,874					
Net Assets or			Beginning of C		End of Year					
sset	20	Total assets (Part X, line 16)		2,731	529,379					
¥.	21	Total liabilities (Part X, line 26)		15,523	85,297					
		Net assets or fund balances. Subtract line 21 from line 20	34	7,208	444,082					
F	Part II	Signature Block								
		alties of perjury, I declare that I have examined this return, including accompanying schedules and statem		•	wledge and belief, it is					
tr	ue, corre	ct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer	has any knowledge	e						
		<u> </u>								
Sig	gn	Signature of officer		Date						
	ere	Chuck Elberly Trea	surer							
		Type or print name and title		-						
		Print/Type preparer's name Preparer's signature	Date	Check	if PTIN					
Pa	id	Patrick P. Carey, Jr., CPA Patrick P. Carey, Jr., CPA		self-em						
Pre	eparer	Firm's name ▶ Carey & Company P.A.	<u> </u>	Firm's EIN ▶	57-0927046					
Us	e Only	70 Main Street, Suite 100								
	-	Firm's address Hilton Head Island, SC 29926		Phone no.	843-681-4430					
Ma	v the IR	S discuss this return with the preparer shown above? (see instructions)	L		X Yes No					
····u	.,	- allegade and letain that the property energy above; (occiliotidealle),			100 140					

Form 990 (2019) Hilton H				<u>46-5117877</u>		Page 2
		rvice Accomplis				
Check if Scheo	dule O contai	ns a response or	note to any I	ne in this Part III		
1 Briefly describe the organizati	ion's mission:					
The First Tee h	elps sha	pe the live	s of kid	ds and teens	from all wa	lks of
life by introduc						
like integrity,						
Tike Integrity,	respect	and perse	verance			
2 Did the organization undertal	ke any significan	ıt program services dı	ring the year wh	ich were not listed on the		
prior Form 990 or 990-EZ?						Yes X No
If "Yes," describe these new						
3 Did the organization cease c			s in how it conc	ucts any program		
services?	oriduoting, or mi					Yes X No
						res _A No
If "Yes," describe these char	-					
4 Describe the organization's p	program service	accomplishments for	each of its thre	e largest program services	s, as measured by	
expenses. Section 501(c)(3)	and 501(c)(4) o	rganizations are requ	red to report the	amount of grants and all	ocations to others,	
the total expenses, and reve	nue. if anv. for e	each program service	reported.			
μ	, , , , , , , , , , , , , , , , , , ,					
4a (Code:) (Expense	es \$	165,434 includ	ing grants of \$) (Revenue \$	1
4a (Code:) (Expense Operating driving	ng range	for use i	n object	ives outlined	in mission	,
	ig range	TOT USE T	. ODJECC	ives outilied	111 1111331011	
statement.						
• • • • • • • • • • • • • • • • • • • •						
4b (Code:) (Expense	es \$	inclu	ding grants of \$) (Revenue \$)
N/A						
• • • • • • • • • • • • • • • • • • • •						
4c (Code:) (Expense	es \$	includ	ing grants of \$) (Revenue \$	
N/A						
*						
• • • • • • • • • • • • • • • • • • • •						
• • • • • • • • • • • • • • • • • • • •						
•						
•						
4d Other program services (Des	cribe on Schedu	ıle O.)				
(Expenses \$		cluding grants of \$) (Revenue \$		1
		165,434) (i toveriue φ		/
4e Total program service expens	ses 🟲	100,434				

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"			
	complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to	_		
	candidates for public office? If "Yes," complete Schedule C, Part I	3		Х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)			
_	election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		Х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,	_		37
_	assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		Х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors			
	have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If	_		v
7	"Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	_		v
8	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"	7		Х
0	complete Schedule D, Part III			х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a	8		Λ
9	custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or			
	debt negotiation services? If "Yes," complete Schedule D, Part IV	_		х
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments	9		Λ
10	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		х
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,	10		Λ
••	VII, VIII, IX, or X as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"			
-	complete Schedule D, Part VI	11a	х	
b	Did the organization report an amount for investments—other securities in Part X, line 12, that is 5% or more	114		
_	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		х
С	Did the organization report an amount for investments—program related in Part X, line 13, that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		х
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets			
	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		х
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		Х
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a		Х
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If			
	"Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,			
	fundraising, business, investment, and program service activities outside the United States, or aggregate			
	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or			
	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other			
47	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on			
18	Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I</i> (see instructions) Did the organization report more than \$15,000 total of fundraising event gross income and contributions on	17		X
10				
19	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?	18	Х	
13	If "Yes," complete Schedule G, Part III			
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	19		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20a		X
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	20b		
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II			
		21		X

	one of the quite o			
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on		Yes	No
22	Part IV column (A) line 22 If "Voe" complete Schodule I. Parte I and III	22		х
23	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the			
23	organization's current and former officers, directors, trustees, key employees, and highest compensated			
	employees? If "Yes," complete Schedule J	23		х
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than			
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b			
	through 24d and complete Schodule K. If "No." go to line 25c	24a		Х
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year			
	to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		Х
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior			
	year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?			l
	If "Yes," complete Schedule L, Part I	25b		Х
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		Х
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key			
	employee, creator or founder, substantial contributor or employee thereof, a grant selection committee			l
	member, or to a 35% controlled entity (including an employee thereof) or family member of any of these			
	persons? If "Yes," complete Schedule L, Part III	27		Х
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part			
	IV instructions, for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV	28a		X
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		Х
С	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If			
	"Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
	conservation contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"			
	complete Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III,			l
	or IV, and Part V, line 1	34		Х
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
D	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a			l
36	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable	35b		<u> </u>
30	related arganization? If "Vee " complete Schodule B. Bort V. line ?			l
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	36		Х
31	and that is breated as a material in factor density of the factor of the			l
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and	37		Х
00	19? Note: All Form 990 filers are required to complete Schedule O.			7.5
_		38		Х
Pa	art V Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V			
_			Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 0	-		
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b 0			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and		17	
	reportable gaming (gambling) winnings to prize winners?	1 1c	X	i

Form 990 (2019) Hilton Head Island Foundation to 46-5117877

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

					Yes	No
2a l	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax					
	Statements, filed for the calendar year ending with or within the year covered by this return	2a	5			
b l	If at least one is reported on line 2a, did the organization file all required federal employment tax returns	?		2b		X
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)				
	Did the organization have unrelated business gross income of \$1,000 or more during the year?			3a		X
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule			3b		
4a /	At any time during the calendar year, did the organization have an interest in, or a signature or other au	-				
	a financial account in a foreign country (such as a bank account, securities account, or other financial	accou	nt)?	4a		X
b	If "Yes," enter the name of the foreign country					
- -	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial A					
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transact			5a		X
b	If "Vos" to line 52 or 5b, did the organization file Form 8886 T2			5b		X
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			5c		
· ·	organization solicit any contributions that were not tax deductible as charitable contributions?					x
b I	If "Yes," did the organization include with every solicitation an express statement that such contributions			6a		
	gifts were not tay deductible?			6b		
7	Organizations that may receive deductible contributions under section 170(c).			90		
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for g	oods				
	and services provided to the payor?			7a	х	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?			7b	X	
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			10		
	required to file Form 8282?			7c		х
d	If "Yes," indicate the number of Forms 8282 filed during the year					
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit co		?	7e		х
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract			7f		Х
g	If the organization received a contribution of qualified intellectual property, did the organization file Forr			7g		X
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organizat	on file	a Form 1098-C?	7h		X
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by					
	sponsoring organization have excess business holdings at any time during the year?			8		
9	Sponsoring organizations maintaining donor advised funds.					
а	Did the sponsoring organization make any taxable distributions under section 4966?			1		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?			9b		
10	Section 501(c)(7) organizations. Enter:	40-				
a	Initiation fees and capital contributions included on Part VIII, line 12	10a		_		
b 11	Gross receipts, included on Form 990, Part VIII, line 12, for public use of clubfacilities	10b		_		
	Cross income from members or shareholders	110				
	Gross income from other sources (Do not net amounts due or paid to other sources	11a		_		
~	and the construction of th	11b				
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form)	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year		·			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			_		
а	Is the organization licensed to issue qualified health plans in more than one state?			13a		
	Note: See the instructions for additional information the organization must report on Schedule O.					
b	Enter the amount of reserves the organization is required to maintain by the states in which					
	the organization is licensed to issue qualified health plans					
С	Enter the amount of reserves on hand					
	Did the organization receive any payments for indoor tanning services during the tax year?			14a		X
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule			14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuner excess parachute payment(s) during the year?			15		х
	If "Yes," see instructions and file Form 4720, Schedule N.					
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment	incom	e?	16		Х
	If "Yes," complete Form 4720, Schedule O.					
				For	m 99 0	(2019)

Form 990 (2019) Hilton Head Island Foundation to 46-5117877 Page 6 Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions. $|\mathbf{x}|$ Check if Schedule O contains a response or note to any line in this Part VI **Section A. Governing Body and Management** Yes No 1a Enter the number of voting members of the governing body at the end of the tax year 16 If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O. **b** Enter the number of voting members included on line 1a, above, who are independent 16 1b Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? 2 X Did the organization delegate control over management duties customarily performed by or under the direct 3 X supervision of officers, directors, trustees, or key employees to a management company or other person? X 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? X 5 Did the organization become aware during the year of a significant diversion of the organization's assets? Did the organization nave members or stockholders? X 6 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint X one or more members of the governing body? 7a Are any governance decisions of the organization reserved to (or subject to approval by) members, X stockholders, or persons other than the governing body? 7b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: X a The governing body? 8a **b** Each committee with authority to act on benait of the governing body? X 8b Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O X Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) No 10a Did the organization have local chapters, branches, or affiliates? X 10a **b** If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? 10b 11a X Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? **b** Describe in Schedule O the process, if any, used by the organization to review this Form 990. 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 X 12a X b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12b c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done 12c X Did the organization have a written whistleblower policy? 13 X 13 Did the organization have a written document retention and destruction policy? X Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? a The organization's CEO, Executive Director, or top management official 15a X Other officers or key employees of the organization X 15h If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? X b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed ▶ SC Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c) (3)s only) available for public inspection. Indicate how you made these available. Check all that apply. Own website Another's website X Upon request Other (explain on Schedule O) Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year. State the name, address, and telephone number of the person who possesses the organization's books and records ▶

PO Box 23334

Form **990** (2019)

SC 29925

Dale M Planicka

Hilton Head Island

Form 990 (20	019) Hilton	Head	Island	Foundation	to	46-5117877	Page 7
Part VII	Compensation	on of Of	ficers, Dire	ctors, Trustees, I	Key E	mployees, Highest Compensate	d Employees, and
	Independent	Contra	ctors				

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

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. See instructions for the order in which to list the persons above.

Check this box if neither the orga	anization nor any	y rela	ted (orga	nizat	tion com	pensated any current office	er, director, or trustee.	
(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	bo	x, unle	Pos check ess pe	more rson i	than one is both an intrustee) Former Highest compensated	(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
(1) Patrick M Zuk	40.00								
Executive Director	0.00			X			50,343	0	0
(2) Brady Boyd	40.00								
Executive Director	0.00			X			9,957	0	0
(3) Paul Caruso	5.00								
Chairman	0.00	X		X			0	0	0
(4) Mike Cerrati	5.00								
Secretary	0.00	X		X			0	0	0
(5) Grace Chu	5.00								
Board Member	0.00	X					0	0	0
(6) Joe Datillo	5.00								
Board Member	0.00	X					0	0	0
(7) Mike Davis	5.00								
Board member	0.00	X					0	0	0
(8) Chuck Elberly	5.00								
Treasurer	0.00	X		X			0	0	0
(9) Dick Farmer	5.00								
Board Member	0.00	X					0	0	0
(10) John Farrell	5.00								
Board member	0.00	X					0	0	0
(11) Ken Groff	5.00								
Board Member	0.00	X					0	0	0

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)													
(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	bo	x, unle	Pos check ess pe	rson irecto	than of the state	an ee)	(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	orę	(F) timated ar of other compensa from the ganizatior ed organi	r tion e n and	
(12) Don Krahnke	5.00												
Board Member	0.00	X						0	0				0
(13) Chris Lane	5.00												
Board Member	0.00	X						0	0				0
(14) Laurie Laykis	5.00												
Board Member	0.00	x						0	0				0
(15) Abby Petkov	5.00												
Board Member	0.00	x						0	0				0
(16) Chuck Wiseman	5.00												
Board Member	0.00	Х						0	0				0
(17) Paul Zaffaor:	1												
Vice Chairman	0.00	X		x				0	0				0
1b Subtotal							>	60,300					
c Total from continuation she								60,300					
d Total (add lines 1b and 1c) Total number of individuals (increportable compensation from	cluding but not lir	mited	l to t				ove)	,	100,000 of				
3 Did the organization list any for employee on line 1a? If "Yes,"								or highest compensated			3		X
For any individual listed on line organization and related organi individual	zations greater th	ian \$	150,	000?	lf "\	es,"	on a	and other compensation fron splete Schedule J for such	n the		4		x
5 Did any person listed on line 1	1a receive or acc	rue	comp	oensa	ation	from	any	y unrelated organization or	individual				
for services rendered to the or Section B. Independent Contractor		es,	com	piete	SCI	neaui	e J i	for sucn person			5		<u>X</u>
1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.													
(A) Name and business address (B) Description of services											Com	(C) pensation	
													—
2 Total number of independent of	contractors (include	ding	but r	not li	mite	d to t	hose	e listed above) who					
received more than \$100,000	of compensation	fror	n the	orga	aniza	ation	▶	,	0				

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

Sect	ion 501(c)(3) and 501(c)(4) organizations must c			nplete column (A).	
	Check if Schedule O contains a resp				
	not include amounts reported on lines 6b, Bb, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21				
2 (Grants and other assistance to domestic				
	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5 (Compensation of current officers, directors,				
	trustees, and key employees				
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and	61 260	61 260		
	persons described in section 4958(c)(3)(B)	61,369	61,369		
7	Other salaries and wages	60,479	60,479		
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes	8,557	8,557		
	Fees for services (nonemployees):				
	Management				
	Legal	0.500		0.540	
С	Accounting	8,568		8,568	
	Lobbying				
е	Professional fundraising services. See Part IV, line 17				
f					
g	, ,	4 055	4 055		
	(A) amount, list line 11g expenses on Schedule O.)	4,855	4,855		
12	Advertising and promotion	33,976			33,976
13	Office expenses				
14	Information technology				
15	Royalties				
16	Occupancy				
17	ı ravel				
	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates	222	0.60	100	
22	Depreciation, depletion, and amortization	389	263	126	
23	ınsurance				
24	Other expenses. Itemize expenses not covered				
	above (List miscellaneous expenses on line 24e. If				
	line 24e amount exceeds 10% of line 25, column				
_	(A) amount, list line 24e expenses on Schedule O.)	18,000		18,000	
a	BGC Rental Program Services	9,889	9,889	10,000	
D -	· · · · · · · · · · · · · · · · · · ·	8,229	9,009	8,229	
۲ C	General & Liability Insur	7,306		7,306	
d	All other expenses	42,355	20,022	22,333	
e 25	Total functional expenses. Add lines 1 through 24e	263,972	165,434	64,562	33,976
26	Joint costs. Complete this line only if the	200,012	100,404	0±,30Z	33,370
_0	organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ► if				

Page **11** Part X **Balance Sheet** Check if Schedule O contains a response or note to any line in this Part X

					(A)		(B)
					Beginning of year	4	End of year
	1	Cash—non-interest-bearing			427,098	1	524,332
	2	Savings and temporary cash investments		CA 517	2	4 210	
	3	Pledges and grants receivable, net		64,517	3	4,319	
	4	Accounts receivable, net			4		
	5	Loans and other receivables from any current or former					
		trustee, key employee, creator or founder, substantial c controlled entity or family member of any of these person			5		
	6	Loans and other receivables from other disqualified per			3		
	0				6		
Assets	_	under section 4958(f)(1)), and persons described in sec			7		
٨ss	7	Notes and loans receivable, net				8	
1	8	Inventories for sale or use				9	
	40-					9	
	10a	Land, buildings, and equipment: cost or other	100	5,814			
	h	basis. Complete Part VI of Schedule D Less: accumulated depreciation		5,086	1,116	10c	728
					1,110	11	720
	11 12	Investments—publicly traded securities				12	
		Investments—other securities. See Part IV, line 11			13		
	13	Investments—program-related. See Part IV, line 11			14		
	14	Intangible assets			15		
	15 16	Utner assets. See Part IV, line 11		492,731	16	529,379	
		Total assets. Add lines 1 through 15 (must equal line 3		492,731	17	329,319	
	17	Accounts payable and accrued expenses			18		
	18	Grants payable		64,517	19	3,200	
	19	Deterred revenue		04,317	20	3,200	
	20 21	ı ax-exempt pond ilabilities		21			
	22	Escrow or custodial account liability. Complete Part IV c Loans and other payables to any current or former office					
ties	22	trustee, key employee, creator or founder, substantial c					
Liabilities		controlled entity or family member of any of these person		22			
Lia	23	Secured mortgages and notes payable to unrelated thir		23			
	24	Unsecured notes and loans payable to unrelated third p		24			
	25	Other liabilities (including federal income tax, payables					
		parties, and other liabilities not included on lines 17-24)					
		of Schedule D		81,006	25	82,097	
	26	Total liabilities. Add lines 17 through 25	-	145,523	26	85,297	
		Organizations that follow FASB ASC 958, check her			·		·
es		and complete lines 27, 28, 32, and 33.					
anc	27	Net assets without donor restrictions		347,208	27	444,082	
Bal	28				28		
l pu		Organizations that do not follow FASB ASC 958, che					
Fu		and complete lines 29 through 33.					
ō	29	Capital stock or trust principal, or current funds				29	
ets	30	Paid-in or capital surplus, or land, building, or equipmer	nt fund			30	
Ass	31	Retained earnings, endowment, accumulated income, or	or other funds .			31	
Net Assets or Fund Balances	32			347,208	32	444,082	
Z	33	Total liabilities and net assets/fund balances			492,731	33	529,379

Form **990** (2019)

Schedule O.

3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the

b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the

Single Audit Act and OMB Circular A-133?

required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits

Form **990** (2019)

3a

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

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

▶ Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Employer identification number

Open to Public Inspection

Name of the organization Hilton Head Island Foundation to

Support Youth Sports, Inc. 46-5117877

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

The	orga	nization is not	a private foundation becaus	e it is: (For lines 1 through 12, o	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	Ш	A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).										
7	X	An organization that normally receives a substantial part of its support from a governmental unit or from the general public										
			section 170(b)(1)(A)(vi). (Con	• /								
8	Щ			70(b)(1)(A)(vi). (Complete Part II.								
9	Ш	-	_	cribed in section 170(b)(1)(A)(i		-		!				
				of agriculture (see instructions). E			y, and state of the college or					
40		university:		more than 22 1/20/ of its support			mambarahin face, and grace					
10	Ш	-		more than 33 1/3% of its support tunctions—subject to certain exc								
		•	-	unrelated business taxable incor		. ,						
		acquired by t	he organization after June 3	0, 1975. See section 509(a)(2).	(Complet	e Part III.)					
11		An organizati	on organized and operated	exclusively to test for public safe	ety. See s	ection 50	9(a)(4).					
12		•	•	exclusively for the benefit of, to								
				ations described in section 509								
			=	hat describes the type of suppor				d 12g.				
	а	ш		ated, supervised, or controlled by		_	.,					
			• ,, ,	er to regularly appoint or elect a complete Part IV, Sections A an		or trie dire	ectors of trustees of the					
	b		•	ervised or controlled in connection		unnorted	organization(s) by having					
	D			ng organization vested in the san								
			on(s). You must complete I	-			and a manage and cappenda					
	С	Type III	functionally integrated. A s	supporting organization operated	in connec	ion with, a	and functionally integrated with,					
		its suppor	ted organization(s) (see instru	uctions). You must complete Pa	ırt IV, Sec	tions A,	D, and E.					
	d	ш		A supporting organization operate)				
				organization generally must satisf								
				ust complete Part IV, Sections								
	е			ived a written determination from functionally integrated supporting			Type I, Type II, Type III					
	f		nber of supported organization									
	g F	Provide the foll	owing information about the	supported organization(s).								
(i) Nam	e of supported	(ii) EIN	(iii) Type of organization	(iv) Is the	organization	(v) Amount of monetary	(vi) Amount of				
	orç	ganization		(described on lines 1–10		ur governing	support (see	other support (see				
				above (see instructions))		ment?	instructions)	instructions)				
					Yes	No						
(A)												
(B)												
<u>(0)</u>												
(C)												
(D)												
(D)												
/E \												
(E)												
Tota												
. 5.0							l	l				

Page 2

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.) Section A. Public Support Calendar year (or fiscal year beginning in) (a) 2015 **(b)** 2016 (c) 2017 (d) 2018 (e) 2019 (f) Total Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") 640,386 283,414 286,635 282,459 214,938 1,707,832 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf The value of services or facilities furnished by a governmental unit to the organization without charge Total. Add lines 1 through 3 640,386 283,414 286,635 282,459 214,938 1,707,832 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) 150.682 Public support. Subtract line 5 from line 4. 1,557,150 Section B. Total Support Calendar year (or fiscal year beginning in) (a) 2015 **(b)** 2016 (c) 2017 (d) 2018 (e) 2019 (f) Total 282,459 214,938 1,707,832 Amounts from line 4 640,386 283,414 286,635 Gross income from interest, dividends. payments received on securities loans, rents, royalties, and income from 150 231 348 729 similar sources Net income from unrelated business activities, whether or not the business is regularly carried on Other income. Do not include gain or 10 loss from the sale of capital assets 11 Total support. Add lines 7 through 10 1,708,561 Gross receipts from related activities, etc. (see instructions) 12 12 593,616 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here Section C. Computation of Public Support Percentage Public support percentage for 2019 (line 6, column (f) divided by line 11, column (f)) 91.14% 14 Public support percentage from 2018 Schedule A, Part II, line 14 97.13% 16a 33 1/3% support test—2019. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization b 33 1/3% support test—2018. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here**. The organization qualifies as a publicly supported organization 10%-facts-and-circumstances test—2019. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported 10%-facts-and-circumstances test—2018. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization gualifies as a publicly

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

Schedule A (Form 990 or 990-EZ) 2019

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.)

Sec	tion A. Public Support						_
Cale	ndar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that are not an unrelated trade or business under section 513						
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5						
7a .	Amounts included on lines 1, 2, and 3 received from disqualified persons						
b /	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
8	Add lines 7a and 7b Public support. (Subtract line 7c from line 6.)						
Sec	tion B. Total Support						
	ndar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
9	Amounts from line 6						
10a (Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
С	Add lines 10a and 10b						
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)						
14	First five years. If the Form 990 is for the o organization, check this box and stop here	_	second, third, fourth	•	, , ,	•	> 🔲
Sec	tion C. Computation of Public Su	• •					
15	Public support percentage for 2019 (line 8,						
16	Public support percentage from 2018 Sche					16	8 %
	tion D. Computation of Investme					T	
17 40	Investment income percentage for 2019 (li Investment income percentage from 2018	ine 10c, column (f), divided by line 1:				
18 10-					then 22 4/20		8 %
19a	33 1/3% support tests—2019. If the organ						▶ □
h '	17 is not more than 33 1/3%, check this box 33 1/3% support tests—2018. If the organiz		=				□
۵.	line 18 is not more than 33 1/3%, check t						▶ □
20			_			_	

Supporting Organizations

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

Se

Sect	ion A. All Supporting Organizations			
			Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing			
	documents? If "No," describe in Part VI how the supported organizations are designated. If designated by			
	class or purpose, describe the designation. If historic and continuing relationship, explain.	1		
2	Did the organization have any supported organization that does not have an IRS determination of status			
	under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported			
	organization was described in section 509(a)(1) or (2).	2		
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer			
	(b) and (c) below.	3a		
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and			
	satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the			
	organization made the determination.	3b		
С	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B)			
	purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.	3с		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If			
	"Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign			
	supported organization? If "Yes," describe in Part VI how the organization had such control and discretion			
	despite being controlled or supervised by or in connection with its supported organizations.	4b		
С	Did the organization support any foreign supported organization that does not have an IRS determination			
	under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used			
	to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B)			
	purposes.	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes,"			
	answer (b) and (c) below (if applicable). Also, provide detail in Part VI , including (i) the names and EIN			
	numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action;			
	(iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action			
	was accomplished (such as by amendment to the organizing document).	5a		
b	Type I or Type II only. Was any added or substituted supported organization part of a class already			
	designated in the organization's organizing document?	5b		
С	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to			
-	anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited			
	by one or more of its supported organizations, or (iii) other supporting organizations that also support or			
	benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in Part VI.</i>	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor			
•	(as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity			
	with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7?			
	If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).	8		
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more			
	disqualified persons as defined in section 4946 (other than foundation managers and organizations described			
	in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.	9a		
b	Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which			
	the supporting organization had an interest? If "Yes," provide detail in Part VI.	9b		
С	Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit			
C	from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.	9с		
10a	Was the organization subject to the excess business holdings rules of section 4943 because of section	30		
ıva	4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated			
	supporting organizations)? If "Yes," answer 10b below.	10a		
	Supporting organizations; in 100, answer 100 bolow.			

Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to

determine whether the organization had excess business holdings.)

Par	t IV Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
	below, the governing body of a supported organization?	11a		
b	A family member of a person described in (a) above?	11b		
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI .	11c		
Secti	on B. Type I Supporting Organizations			
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to			
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or			
	controlled the organization's activities. If the organization had more than one supported organization,			
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported			
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
_	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part			
	VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Secti	on C. Type II Supporting Organizations		Į.	
	on or type it eapperting organizations		Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
•	or trustees of each of the organization's supported organization(s)? <i>If "No," describe in Part VI how control</i>			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Sacti	on D. All Type III Supporting Organizations			
0000	on B. All Type in Supporting Significations		Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			-110
•	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported	•		
2	organization(s) or (ii) serving on the governing body of a supported organization? <i>If "No," explain in Part VI how</i>			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a	_		
3	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		
Secti	on E. Type III Functionally-Integrated Supporting Organizations		ļ	
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).			
	The organization satisfied the Activities Test. Complete line 2 below.			
a b	The organization is the parent of each of its supported organizations. <i>Complete line 3 below.</i>			
c	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).			
	The digatileader supported a geronimental entity. December in Fair Friendly of supported a geroniment entity (ede manuscrip).			
2 Ac	tivities Test. Answer (a) and (b) below.	Ī	Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more			
-	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the			
	reasons for the organization's position that its supported organization(s) would have engaged in these			
	activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. <i>Answer (a) and (b) below.</i>			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
	trustees of each of the supported organizations? <i>Provide details in Part VI</i> .	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		

Schedule A (Form 990 or 990-EZ) 2019 Hilton Head Island Foundation	to	<u> 46-51178</u>	77 Page
Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Orga	niza	tions	
1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20			
instructions. All other Type III non-functionally integrated supporting organizations must	comple	ete Sections A through E.	
Section A - Adjusted Net Income	·	(A) Prior Year	(B) Current Year (optional)
1 Net short-term capital gain	1		
2 Recoveries of prior-year distributions	2		
3 Other gross income (see instructions)	3		
4 Add lines 1 through 3.	4		
5 Depreciation and depletion	5		
6 Portion of operating expenses paid or incurred for production or			
collection of gross income or for management, conservation, or			
maintenance of property held for production of income (see instructions)	6		
7 Other expenses (see instructions)	7		
8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1 Aggregate fair market value of all non-exempt-use assets (see			
instructions for short tax year or assets held for part of year):			
a Average monthly value of securities	1a		
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d		
e Discount claimed for blockage or other			
factors (explain in detail in Part VI):			
2 Acquisition indebtedness applicable to non-exempt-use assets	2		
3 Subtract line 2 from line 1d.	3		
4 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount,			
see instructions).	4		
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6 Multiply line 5 by .035.	6		
7 Recoveries of prior-year distributions	7		
8 Minimum Asset Amount (add line 7 to line 6)	8		
Section C - Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2 Enter 85% of line 1.	2		
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4 Enter greater of line 2 or line 3.	4		
5 Income tax imposed in prior year	5		
6 Distributable Amount. Subtract line 5 from line 4, unless subject to			
emergency temporary reduction (see instructions).	6		

7 Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see

Schedule A (Form 990 or 990-EZ) 2019

instructions).

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)							
Sec	tion D - Distributions			Current Year			
1	Amounts paid to supported organizations to accomplish exempt purported	oses					
2							
3	Administrative expenses paid to accomplish exempt purposes of sup	ported organizations					
4	Amounts paid to acquire exempt-use assets						
5	Qualified set-aside amounts (prior IRS approval required)						
6	Other distributions (describe in Part VI). See instructions.						
7	Total annual distributions. Add lines 1 through 6.						
8	Distributions to attentive supported organizations to which the organizati	on is responsive					
	(provide details in Part VI). See instructions.						
9	Distributable amount for 2019 from Section C, line 6						
10	Line 8 amount divided by line 9 amount						
		(i)	(ii)	(iii)			
	Section E - Distribution Allocations (see instructions)	Excess Distributions	Underdistributions Pre-2019	Distributable Amount for 2019			
1	Distributable amount for 2019 from Section C, line 6						
2	Underdistributions, if any, for years prior to 2019						
	(reasonable cause required-explain in Part VI). See						
	instructions.						
3	Excess distributions carryover, if any, to 2019						
	a From 2014						
	From 2015						
	From 2016						
	From 2017						
	From 2018						
	Total of lines 3a through e						
	Applied to underdistributions of prior years						
	Applied to 2019 distributable amount						
	Carryover from 2014 not applied (see instructions)						
<u>j</u>	Remainder. Subtract lines 3g, 3h, and 3i from 3f.						
4	Distributions for 2019 from						
	Section D, line 7: \$						
	Applied to underdistributions of prior years						
	Applied to 2019 distributable amount						
	Remainder. Subtract lines 4a and 4b from 4.						
5	Remaining underdistributions for years prior to 2019, if						
	any. Subtract lines 3g and 4a from line 2. For result						
	greater than zero, explain in Part VI. See instructions.						
6	Remaining underdistributions for 2019. Subtract lines 3h						
	and 4b from line 1. For result greater than zero, explain in						
	Part VI. See instructions.						
7	Excess distributions carryover to 2020. Add lines 3j						
	and 4c.						
8	Breakdown of line 7:						
í	Excess from 2015						
ı	Excess from 2016						
	Excess from 2017						
	1 Excess from 2018						
-	Excess from 2019						

Schedule A (Form 990 or 990-EZ) 2019

	m 990 or 990-EZ) 2019 Hilton Head Island Foundation to 46-511/8// Page 8
Part VI	Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)
•	
•	
• • • • • • • • • • • • • • • • • • • •	
•	
•	

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 for the latest information. OMB No. 1545-0047

2019

Name of the organization

Hilton Head Island Foundation to Support Youth Sports, Inc.

Employer identification number

46-5117877

Organization type (check one):							
Filers of:	Section:						
Form 990 or 990-EZ	X 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						
Note: Only a section 501(c)(7 instructions.	covered by the General Rule or a Special Rule .), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See						
General Rule							
	ng Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 property) from any one contributor. Complete Parts I and II. See instructions for determining a libutions.						
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.							
contributor, during the contributions totaled m during the year for an General Rule applies	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 990-EZ, or 990-PF), but it must	isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, st 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 certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).						

For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF.

Schedule B (Form 990, 990-EZ, or 990-PF) (2019)

Name of organization

Employer identification number

<u>Hilton Head Island Foundation to</u> <u>46-5117877</u> Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed. (a) (d) Name, address, and ZIP + 4 **Total contributions** Type of contribution No. 1 Person **Payroll** 25,000 Noncash (Complete Part II for noncash contributions.) (a) (b) (c) (d) **Total contributions** Type of contribution Name, address, and ZIP + 4 No. **2**.... Person **Payroll** 10,000 Noncash (Complete Part II for noncash contributions.) (b) (c) (d) (a) **Total contributions** Name, address, and ZIP + 4 Type of contribution No. 3 Person **Payroll** 5,000 Noncash (Complete Part II for noncash contributions.) (b) (c) (d) (a) **Total contributions** Type of contribution Name, address, and ZIP + 4 No. Person X **Payroll** 29,000 Noncash (Complete Part II for noncash contributions.) (d) (a) (b) (c) Name, address, and ZIP + 4 **Total contributions** Type of contribution No. 5 Person **Payroll** 25,000 Noncash (Complete Part II for noncash contributions.) (c) (d) (b) (a) **Total contributions** Type of contribution Name, address, and ZIP + 4 No. 6 Person **Payroll** 12,500 Noncash (Complete Part II for noncash contributions.)

Name of organization

Employer identification number

46-5117877 <u>Hilton Head Island Foundation to</u> Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed. (a) (d) Name, address, and ZIP + 4 **Total contributions** Type of contribution No. 7 Person **Payroll** 12,000 Noncash (Complete Part II for noncash contributions.) (a) (b) (c) (d) Name, address, and ZIP + 4 **Total contributions** Type of contribution No. 8 Person **Payroll** 5,750 Noncash (Complete Part II for noncash contributions.) (a) (b) (c) (d) **Total contributions** Name, address, and ZIP + 4 Type of contribution No. 9... Person **Payroll** 12,000 Noncash (Complete Part II for noncash contributions.) (b) (c) (d) (a) **Total contributions** Type of contribution Name, address, and ZIP + 4 No. 10 Person **Payroll** 6,000 Noncash (Complete Part II for noncash contributions.) (d) (a) (b) (c) Name, address, and ZIP + 4 **Total contributions** Type of contribution No. Person **Payroll** Noncash (Complete Part II for noncash contributions.) (c) (d) (b) (a) **Total contributions** Type of contribution Name, address, and ZIP + 4 No. Person **Payroll** Noncash (Complete Part II for noncash contributions.)

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

► Attach to Form 990.

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

OMB No. 1545-0047

Open to Public Inspection

	of the organization ilton Head Island Foundation to		Employer	identification number
	upport Youth Sports, Inc.			117877
Pa	Organizations Maintaining Donor Advised Function Complete if the organization answered "Yes" or		Accoun	ts.
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year			
2	Aggregate value of contributions to (during year)			
3	Aggregate value of grants from (during year)			
4	Aggregate value at end of year			
5	Did the organization inform all donors and donor advisors in writing th	at the assets held in donor advised		
	funds are the organization's property, subject to the organization's ex	clusive legal control?		Yes No
6	Did the organization inform all grantees, donors, and donor advisors in v	writing that grant funds can be used		
	only for charitable purposes and not for the benefit of the donor or do	onor advisor, or for any other purpose		
	conferring impermissible private benefit?			Yes No
Pa	art II Conservation Easements.			
	Complete if the organization answered "Yes" or			
1	Purpose(s) of conservation easements held by the organization (chec	<u> </u>		
	Preservation of land for public use (for example, recreation or education)		•	
	Protection of natural habitat	Preservation of a certified h	istoric stru	cture
	Preservation of open space			
2	Complete lines 2a through 2d if the organization held a qualified conser-	vation contribution in the form of a conserva	tion	I
	easement on the last day of the tax year.			Held at the End of the Tax Year
a	Total number of conservation easements		2a	
b	Total acreage restricted by conservation easements		2b	
C	Number of conservation easements on a certified historic structure inc		2c	
d	Number of conservation easements included in (c) acquired after 7/25.	706, and not on a	2d	
2	historic structure listed in the National Register Number of conservation easements modified, transferred, released, exti	inquished, or terminated by the organization		ho
3	tax year ▶	inguished, or terminated by the organization	ii duiliig t	ne -
		leasted N		
5	Number of states where property subject to conservation easement is Does the organization have a written policy regarding the periodic mo			
J	violations, and enforcement of the conservation easements it holds?			Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting, handling			·····
·	b	or violations, and emotoring sometivation et	20011101110	during the year
7	Amount of expenses incurred in monitoring, inspecting, handling of vio	olations and enforcing conservation easem	ents during	g the year
•	► \$	olations, and oliveroling contest taken cases.		ge ,ea
8	Does each conservation easement reported on line 2(d) above satisfy	the requirements of section 170(h)(4)(B)(i)	
	and a attack 470/b)/4//D)/ii)0			Yes No
9	In Part XIII, describe how the organization reports conservation easeme			·····
	balance sheet, and include, if applicable, the text of the footnote to the	organization's financial statements that desc	ribes the	
	organization's accounting for conservation easements.			
P	art III Organizations Maintaining Collections of Ar		[.] Similar	Assets.
	Complete if the organization answered "Yes" or	n Form 990, Part IV, line 8.		
1a	If the organization elected, as permitted under FASB ASC 958, not to re-	•		3
	of art, historical treasures, or other similar assets held for public exhibiti		of public	
	service, provide in Part XIII the text of the footnote to its financial stat			
b	If the organization elected, as permitted under FASB ASC 958, to repol			
	art, historical treasures, or other similar assets held for public exhibition,	education, or research in furtherance of pub	DIIC SERVICE,	
	provide the following amounts relating to these items:			¢
	(i) Revenue included on Form 990, Part VIII, line 1			\$
•		other similar assets for financial gain, provide	,	\$
2	If the organization received or held works of art, historical treasures, or or		e u ie	
2	following amounts required to be reported under FASB ASC 958 relat Revenue included on Form 990, Part VIII, line 1		▶ \$	
<u> </u>	Assets included in Form 990, Part X		<u>P</u>	Schodulo D (Form 990) 201

Schedule D (Form 990) 2019 Hilton H				6-51178		-1- /		age 2	
Part III Organizations Maintainii 3 Using the organization's acquisition, accessi						ets (contir	iuea,)	
3 Using the organization's acquisition, accessi collection items (check all that apply):	on, and other records, o	check any or the follow	ing that make sign	illicant use of	its				
a Public exhibition		Loan or exchange pro							
b Scholarly research									
c Preservation for future generations									
· · · · · · · · · · · · · · · · · · ·	4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part								
XIII. 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar									
3 7 7		•	*			\Box ,		٦	
Part IV Escrow and Custodial A		art of the organization	's collection?			Ye	es _	No	
Complete if the organization	•	" on Form 990 P:	art IV line 0 c	r renorted	an amo	unt on Fori	m		
990, Part X, line 21.	on anowered Tee		urt iv, iiio 0, c	л торопсо	an amo				
1a Is the organization an agent, trustee, custoo		•						_	
included on Form 990, Part X?						L	s	No	
b If "Yes," explain the arrangement in Part XII	I and complete the foll	owing table:							
B						Amoun	t		
c Beginning balance					1c				
d Additions during the year					1d				
e Distributions during the year					1e 1f				
f Ending balance2a Did the organization include an amount on	Form 990 Part X line	21 for escrow or cus	stodial account liab	nility2		Ye	· -	No	
b If "Yes," explain the arrangement in Part XII							_	┧ '**	
Part V Endowment Funds.		<u> </u>							
Complete if the organization	on answered "Yes	" on Form 990, Pa	art IV, line 10.						
	(a) Current year	(b) Prior year	(c) Two years ba	ck (d) T	hree years ba	ck (e) Fou	r years	back	
1a Beginning of year balance									
b Contributions									
c Net investment earnings, gains, and losses									
d Grants or scholarships									
e Other expenditures for facilities and									
programs									
f Administrative expenses									
g End of year balance									
2 Provide the estimated percentage of the curr	-	(line 1g, column (a)) he	eld as:						
a Board designated or quasi-endowment ▶									
b Permanent endowment ►)								
c Term endowment ►% The percentages on lines 2a, 2b, and 2c sl	aculd agual 100%								
3a Are there endowment funds not in the posse		tion that are held and :	administered for t	he					
organization by:	occion of the organization						Yes	No	
(i) Unrelated organizations						3a(i)			
(ii) Related organizations									
b If "Yes" on line 3a(ii), are the related organize	ations listed as requir	ed on Schedule R?				3b			
4 Describe in Part XIII the intended uses of the		ment funds.							
Part VI Land, Buildings, and Eq	•	" = 000 5							
Complete if the organization									
Description of property	(a) Cost or other (investment)	' '		(c) Accumula depreciatio		(d) Book	value		
12 Land	` '	(Oti	10.7	uchieciall0					
1a Land b Buildings									
c Leasehold improvements									
d Equipment									
e Other									
Total. Add lines 1a through 1e. (Column (d) mus	t equal Form 990, Par	t X, column (B), line 1	0c.)						

Part VII	Investments – Other Securities. Complete if the organization answered "Yes" on F		ne 11b. See Form 990, Part 2	Page 3 X, line 12.
	(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valua Cost or end-of-year mar	
(1) Financial d	erivatives			
	ld equity interests			
(⊨)				
(.F _.)				
(G)				
Total. (Column	n (b) must equal Form 990, Part X, col. (B) line 12.)			
Part VIII	Investments – Program Related.		•	
	Complete if the organization answered "Yes" on I	Form 990, Part IV, lii	ne 11c. See Form 990, Part 2	X, line 13.
	(a) Description of investment	(b) Book value	(c) Method of valua Cost or end-of-year mar	
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
	n (b) must equal Form 990, Part X, col. (B) line 13.)			
Part IX	Other Assets.	- 000 B (B (B	441.0 5 000.5 (V II 45
	Complete if the organization answered "Yes" on I	-orm 990, Part IV, III	ne 11d. See Form 990, Part .	
(4)	(a) Description			(b) Book value
(1)				
(2)				
(3)				
(4) (5)				
(6)				
(7)				
(8)				
(9)				
	n (b) must equal Form 990, Part X, col. (B) line 15.)			
Part X	Other Liabilities. Complete if the organization answered "Yes" on F	orm 990, Part IV, line	e 11e or 11f. See Form 990, F	Part X,
1.	line 25. (a) Description of liability			(b) Book value
(1) Federal in				
_ ` '	arship Restricted Fund			52,443
` '	rship Ken Campbell			24,963
	l Liabilities			4,387
	Insurance			304
(6)				
(7)				
(8)				
(9)	n (h) must asual Farm 000 Part V and (D) line 05)			82,097
	n (b) must equal Form 990, Part X, col. (B) line 25.)			•
∠. Liability for t	uncertain tax positions. In Part XIII, provide the text of the footnote	ne to the organization's	imanciai statements that reports th	IC .

organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII

Schedule D (Form 990) 2019 Hilton Head Island Foundation to DAA

46-5117877

Page **4**Schedule D (Form 990) 2019

Schedule D (Form 990) 2019 Hilton Head Island Foundat		5117877	Page 4
Part XI Reconciliation of Revenue per Audited Financial S		ue per Return.	
Complete if the organization answered "Yes" on Form		141	
1 Total revenue, gains, and other support per audited financial statements 2 Amounts included on line 1 but not on Form 990, Part VIII, line 12:		1	
a Net unrealized gains (losses) on investments	2a		
b Donated services and use of facilities			
c Recoveries of prior year grants	2c		
d Other (Describe in Part XIII.)	2d		
e Add lines 2a through 2d		2e	
3 Subtract line 2e from line 1		3	
4 Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
a Investment expenses not included on Form 990, Part VIII, line 7b			
b Other (Describe in Part XIII.)	4b		
 c Add lines 4a and 4b Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) 		4c	
Part XII Reconciliation of Expenses per Audited Financial S Complete if the organization answered "Yes" on Form		nses per Keturn.	
	990, 1 art IV, line 12a.	1	
2 Amounts included on line 1 but not on Form 990, Part IX, line 25:	• • • • • • • • • • • • • • • • • • • •		
a Donated services and use of facilities	2a		
b Prior year adjustments			
c Other losses			
d Other (Describe in Part XIII.)			
e Add lines 2a through 2d		2e	
3 Subtract line 2e from line 1		3	
4 4 4 1 1 1 1 5 000 5 (1)/ 11 05 1 1 1 1 4			
4 Amounts included on Form 990, Part IX, line 25, but not on line 1:			
a Investment expenses not included on Form 990, Part VIII, line 7b			
a Investment expenses not included on Form 990, Part VIII, line 7bb Other (Describe in Part XIII.)			
 a Investment expenses not included on Form 990, Part VIII, line 7b b Other (Describe in Part XIII.) c Add lines 4a and 4b 	4b	4c	
 a Investment expenses not included on Form 990, Part VIII, line 7b b Other (Describe in Part XIII.) c Add lines 4a and 4b 5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18 	4b		
 a Investment expenses not included on Form 990, Part VIII, line 7b b Other (Describe in Part XIII.) c Add lines 4a and 4b 5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18 Part XIII Supplemental Information. 	4b	5	
 a Investment expenses not included on Form 990, Part VIII, line 7b	4b Part IV, lines 1b and 2b; Part	/, line 4; Part X, line	
a Investment expenses not included on Form 990, Part VIII, line 7b b Other (Describe in Part XIII.) c Add lines 4a and 4b 5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18 Part XIII Supplemental Information. Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to part XI, lines 2d and 4b; and Part XII, lines 2d and 4b.	Part IV, lines 1b and 2b; Part Vorovide any additional information	/, line 4; Part X, line tion.	
 a Investment expenses not included on Form 990, Part VIII, line 7b b Other (Describe in Part XIII.) c Add lines 4a and 4b 5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18 Part XIII Supplemental Information. Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; F 	Part IV, lines 1b and 2b; Part Vorovide any additional information	/, line 4; Part X, line tion.	
a Investment expenses not included on Form 990, Part VIII, line 7b b Other (Describe in Part XIII.) c Add lines 4a and 4b 5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18 Part XIII Supplemental Information. Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to part XII, lines 2d and 4b.	Part IV, lines 1b and 2b; Part vorovide any additional information	/, line 4; Part X, line cion.	
a Investment expenses not included on Form 990, Part VIII, line 7b b Other (Describe in Part XIII.) c Add lines 4a and 4b 5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18 Part XIII Supplemental Information. Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Fig. (Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to part XII, lines 2d and 4b.	Part IV, lines 1b and 2b; Part vorovide any additional information	/, line 4; Part X, line cion.	
a Investment expenses not included on Form 990, Part VIII, line 7b b Other (Describe in Part XIII.) c Add lines 4a and 4b 5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18 Part XIII Supplemental Information. Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Fig. (Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to part XII, lines 2d and 4b.	Part IV, lines 1b and 2b; Part vorovide any additional information	/, line 4; Part X, line cion.	
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Schedule D (Fo	orm 990) 2019	Hilton Hea	ad Island	Foundation	to	46-5117877	Page 5
Part XIII	Supplemen	Hilton Hea ntal Information	(continued)				
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• • • • • • • • • • • • • • • • • • • •							
•						• • • • • • • • • • • • • • • • • • • •	• • • • • • • • • • • • • • • • • • • •

SCHEDULE G (Form 990 or 990-EZ)

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

► Attach to Form 990 or Form 990-EZ.

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

▶ Go to www.irs.gov/Form990 for instructions and the latest information. Hilton Head Island Foundation to Support Youth Sports, Inc.

Employer identification number 46-5117877

Part I Fundraising Activities. Complete in					red "Yes" on Form	990, Part IV, line	e 17.
Form 990-EZ filers are not required		•	_		and all that analy		
1 Indicate whether the organization raised funds through ar	· —	_					
a Mail solicitations				-	rnment grants		
b Internet and email solicitations		Solicitation	-		_		
c Phone solicitations	g∟	Special fund	draisin	ig eve	ents		
d In-person solicitations	41 !	alledate at 75a	-115	cc	dint tt	_	
2a Did the organization have a written or oral agreement wi or key employees listed in Form 990, Part VII) or entity	tn any ir / in coni	ndividual (in nection with	cluair profe:	ng offic ssiona	cers, directors, trustee al fundraising services?	S,	Yes No
b If "Yes," list the 10 highest paid individuals or entities (fu	ndraiser	s) pursuant	to ag	reem	ents under which the fo	undraiser is to be	
compensated at least \$5,000 by the organization.				id fund-		(v) Amount paid to	(vi) Amount paid to
(i) Name and address of individual	(iii) Activity	custo	r have ody or	(iv) Gross receipts	(or retained by)	(or retained by)
or entity (fundraiser)	(, r.carity		rol of utions?	from activity	fundraiser listed in col. (i)	organization
			Yes	No			
1							
2							
2							
3							
4							
5							
6							-
7							
•							
8							
9							
10							
Total				•			
3 List all states in which the organization is registered or lice registration or licensing.	ensed to	solicit con	tributi	ons or	has been notified it is	exempt from	
. 25.34 data i a notionig.							

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

	gross receipts gr	reater than \$5,000.						
		(a) Event #1	(b) Event #2	(c) Other events	(d) Total avents			
Ð		Champions for C (event type)	Spring Event (event type)	1 (total number)	(d) Total events (add col. (a) through col. (c))			
Revenue	1 Gross receipts	112,738	28,000	11,192	151,930			
	2 Less: Contributions							
	3 Gross income (line 1 minus line 2)	112,738	28,000	11,192	151,930			
	4 Cash prizes	,						
	5 Noncash prizes							
enses	6 Rent/facility costs							
Direct Expenses	7 Food and beverages							
Dire	8 Entertainment							
	9 Other direct expenses	34,115	18,442	2,733	55,290			
		Direct expense summary. Add lines 4 through 9 in column (d)						
_		btract line 10 from line 3, column (c			96,640			
Р		plete if the organization ansv rm 990-EZ, line 6a.	wered "Yes" on Form 990, F	art IV, line 19, or repor	ted more than			
Revenue	\$10,000 01110	(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))			
Reve	1 Gross revenue							
ses	2 Cash prizes							
Expenses	3 Noncash prizes							
Direct	4 Rent/facility costs							
	5 Other direct expenses							
	6 Volunteer labor	Yes% No	Yes% No	Yes% No				
	7 Direct expense summary.	Add lines 2 through 5 in column (d)	·	>				
	8 Net gaming income summa	ary. Subtract line 7 from line 1, colun	nn (d)	▶				
а		organization conducts gaming activities in each	of these states?					
	Were any of the organization's	s gaming licenses revoked, suspen			Yes No			
~	If "Yes," explain:							

Sche	dule G (Form 990 or 990-EZ) 2019 Hilton Head Island Foundation to 46-51	<u>.1787</u>	7	Page 3
11	Does the organization conduct gaming activities with nonmembers?		Y	es No
12	Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity			
	formed to administer charitable gaming?		Y	es No
13	Indicate the percentage of gaming activity conducted in:		_	
а	The organization's facility	13a		%
b	An outside facility	13b		%
14	Enter the name and address of the person who prepares the organization's gaming/special events books and	11		
	records:			
	Namo N			
	Name ►			
	Addross N			
	Address ►			
152	Does the organization have a contract with a third party from whom the organization receives gaming			
ısa	roughus?		\Box v	oo □ No
	revenue?		☐ T	es No
b	If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ and the			
	amount of gaming revenue retained by the third party ▶ \$			
С	If "Yes," enter name and address of the third party:			
	No			
	Name ►			
	Address ►			
	Address ►			
16	Gaming manager information:			
. •	Calling Harleger Information.			
	Name ►			
	Gaming manager compensation ► \$			
	Description of services provided ▶			
	_			
	Director/officer			
17	Mandatory distributions:			
а	Is the organization required under state law to make charitable distributions from the gaming proceeds to		_	_
	retain the state gaming license?		Y₀	es 🔲 No
b	Enter the amount of distributions required under state law to be distributed to other exempt organizations or			
	spent in the organization's own exempt activities during the tax year ▶ \$			
Pa	rt IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (ii	i) and (\	/); and	
	Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional inf	ormatio	n.	
	See instructions.			

SCHEDULE O (Form 990 or 990-EZ)

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.

OMB No. 1545-0047
2019

Open to Public Inspection

Department of the Treasury Internal Revenue Service

► Attach to Form 990 or 990-EZ.

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

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

Name of the organization Hilton Head Island Foundation to Support Youth Sports, Inc.

Employer identification number 46-5117877

No review was or will be conducted.											
Form 990, Pa	Form 990, Part VI, Line 12c - Enforcement of Conflicts Policy										
All board me	mbers ar	e required	to review	the Conflict	of Interest	Policy					
annually and	reveal	any conflic	ts and prov	vide their si	gnature as						
appropriate.											
Form 990, Pa	rt VI, I	ine 19 - Go	overning Do	cuments Discl	osure Explai	nation					
No documents	availab	le to the p	ublic								
Form 990, Pa	rt IX, L	ine 24e - C	ther Expens	ses							
Description											
	Tot/Prog	Service	Mgt	& General	Fundi	raising					
Printing											
	\$	0	\$	4,549	\$	0					
Coach Traini	ng										
	\$	4,547	\$	0	\$	0					
Website											
	\$	0	\$	4,241	\$	0					
Chemicals											
	\$	3,398	\$	0	\$	0					
	.										
Plant Seed S											
Plant Seed S		3,000	\$	0	\$	0					

ame of the organization Hilton Head Island	l Foundation to	1		Employer identifica	
\$	0	\$	2,649	\$	0
Postage					
\$	0	\$	1,940	\$	0
Other maintenance					
\$	1,869	\$	0	\$	0
Electric & Gas					
\$	0	\$	1,866	\$	0
Telephone		.		.	
\$	0	\$	1,820	\$	0
Credit Card Proce			,.		.
\$	1,808	\$	0	\$	0
Office Suplies		.	······································	.	
\$	0	\$	1,559	\$	0
Equipment Repairs		X	1,333	Y	.
\$	1,283	\$	0	\$	0
Fertilizer	±,,200	X	X	Y	.
Ś	1.250	.	0	s	0
Workers Comp	1,230	Y		.	.
\$	0	s	1,233	\$	0
Course labor			1,233		.
\$	1,118	\$	0	\$	0
Sand & Top Dressi			.	······································	.
\$	915	\$	0	\$	0
Directors & Offic			······································	Y	.
\$	ers 0	\$	850	\$	0
Fuel, Gas, Oil	o	.		.	
s \$	834	\$	0	\$	0
Y		Y	v	Page 1 o	

Department of the Treasury Internal Revenue Service

Depreciation and Amortization

(Including Information on Listed Property)

► Attach to your tax return.

▶ Go to www.irs.gov/Form4562 for instructions and the latest information.

OMB No. 1545-0172

2019

Attachment

tachment equence No. 179

Name(s) shown on return Hilton Head Island Foundation to Identifying number Support Youth Sports, Inc. 46-5117877 Business or activity to which this form relates Indirect Depreciation **Election To Expense Certain Property Under Section 179** Note: If you have any listed property, complete Part V before you complete Part I. Maximum amount (see instructions) 1,020,000 1 Total cost of section 179 property placed in service (see instructions) 2 2 Threshold cost of section 179 property before reduction in limitation (see instructions) 2,550,000 3 3 Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-4 4 5 (a) Description of property (b) Cost (business use only) Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7 8 Tentative deduction. Enter the **smaller** of line 5 or line 8 9 9 Carryover of disallowed deduction from line 13 of your 2018 Form 4562 10 10 11 11 Business income limitation. Enter the smaller of business income (not less than zero) or line 5. See instructions Section 179 expense deduction. Add lines 9 and 10, but don't enter more than line 11 12 Carryover of disallowed deduction to 2020. Add lines 9 and 10, less line 12 Note: Don't use Part II or Part III below for listed property. Instead, use Part V. Part II Special Depreciation Allowance and Other Depreciation (Don't include listed property. See instructions.) Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year. See instructions 14 Property subject to section 168(1)(1) election 15 15 126 Other depreciation (including ACRS) 16 MACRS Depreciation (Don't include listed property. See instructions.) Section A 263 17 MACRS deductions for assets placed in service in tax years beginning before 2019 If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here Section B-Assets Placed in Service During 2019 Tax Year Using the General Depreciation System (b) Month and year (c) Basis for depreciation (e) Convention (a) Classification of property (business/investment use (f) Method (a) Depreciation deduction placed in only-see instructions) period service 19a 3-year property 5-year property 7-year property С 10-year property 15-year property 20-year property 25-year property S/I 25 yrs. S/L 27.5 yrs. MM Residential rental property MMS/L 27.5 yrs. 39 yrs. MM S/L Nonresidential real property MM S/L Section C—Assets Placed in Service During 2019 Tax Year Using the Alternative Depreciation System 20a Class life S/I **b** 12-year S/L 12 yrs. **c** 30-year 30 yrs. MM S/L d 40-year 40 yrs. S/I Part IV **Summary** (See instructions.) Listed property. Enter amount from line 28 21 21 Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter 389 here and on the appropriate lines of your return. Partnerships and S corporations—see instructions For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs

Name

Hilton Head Island Foundation to 2019

Taxpayer Identification Number 46-5117877

Use this worksheet to verify data entered for a specific activity on your form 990/990EZ

Income & Expense Summary:		Expense Details - Indirect Expense:
1. Gross receipts or sales1.	112,738	Advertising and promotion
2. Advertising income 2.		Office
3. Circulation income 3.		Printing/publication/postage
4. Other income 4.		Info technology/Maintenance
5. Returns and allowances 5.		Royalties & License Fees
6. Contributions received 6.		Occupancy/Real Estate Taxes
7. Total revenue. Add lines 1 through 67	112,738	Travel & Repairs
8. Cost of Goods Sold 8		Travel/entertainment (officials)
9. Employment Expense 9.		Conferences/meetings
10. Fees for services 10.		Interest
11. Indirect Expense 11.		Insurance
12. Depreciation Expense 12.		Total Indirect Expense
13. Exempt Activity Expense 13.		•
14. Fundraising Expense 14.		Expense Details - Depreciation Expense:
15. Total expenses. Add lines 8 through 14 15	34,115	On investment property
16. Net Income/Loss. Line 7 minus Line 1516	78,623	On non-investment property
• ——		Amortization
		Depletion
Expense Details - Cost of Goods Sold:		Total Depreciation Expense
Beginning inventory		
Purchases		Expense Details - Exempt Activity Expense:
Labor		Repairs and Maintenance
Section 263A costs		Bad debts
Other costs		
Ending inventory		Taxes/licenses Charitable contributions
Total Cost of Goods Sold	34,115	Dividend road deductions
	<u> </u>	Dividend recd deductions
Expense Details - Employment Expense:		Readership costs
Compensation of officers		Other expenses
Other salaries and wages		Total Exempt Activity Expense
Pension plan contributions		Expense Details - Fundraising Expense:
Other employee benefits		• •
Payroll taxes		Cash prizes
Total Employment Expense		Non-cash prizes
		Rent and facility costs
Expense Details - Fees for Services:		Food & beverages (Part II only)
Management		Entertainment (Part II only)
Legal		Other direct expenses
•	<u> </u>	Total Fundraising Expense
Accounting		
Lobbying		
Professional fundraising		
Investment management		
Other		
Total Fees for Services		
Information is indicated for use on Form 990-T scl	nedule:	Allocation of Expense to Program Service Accomplishments:
Schedule E		First
Schedule F		Second
Schedule G		Third
Schedule I		All other
Schedule J		

Name

Hilton Head Island Foundation to

Taxpayer Identification Number 46-5117877

2019

Use this worksheet to verify data entered for a specific activity on your form 990/990EZ

Income & Expense Summary:	Expense Details - Indirect Expense:
1. Gross receipts or sales11.	Advertising and promotion
2. Advertising income 2.	Office
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4. Other income 4	Info technology/Maintenance
5. Returns and allowances 5.	Royalties & License Fees
6. Contributions received 6.	Occupancy/Real Estate Taxes
7. Total revenue . Add lines 1 through 6 7 11,192	Travel & Repairs
8. Cost of Goods Sold 8 2,733	Travel/entertainment (officials)
9. Employment Expense 9.	Conferences/meetings
10. Fees for services	Interest
11. Indirect Expense 11.	Insurance
12. Depreciation Expense 12.	Total Indirect Expense
13. Exempt Activity Expense 13.	•
14. Fundraising Expense 14.	Expense Details - Depreciation Expense:
15. Total expenses. Add lines 8 through 14 15. . 2 , 733	On investment property
16. Net Income/Loss. Line 7 minus Line 15 16. 8,459	On non-investment property
· 	Amortization
	Depletion
Expense Details - Cost of Goods Sold:	Total Depreciation Expense
Beginning inventory	
Purchases	Expense Details - Exempt Activity Expense:
Labor	Repairs and Maintenance
Section 263A costs	Bad debts
Other costs	Taxes/licenses
Ending inventory	Charitable contributions
Total Cost of Goods Sold	Dividend reed deductions
	Dividend recd deductions
Expense Details - Employment Expense:	Readership costs
Compensation of officers	Other expenses
Other salaries and wages	Total Exempt Activity Expense
Pension plan contributions	Evnence Details Eundraining Evnences
Other employee benefits	Expense Details - Fundraising Expense:
Payroll taxes	Cash prizes
Total Employment Expense	Non-cash prizes
	Rent and facility costs
Expense Details - Fees for Services:	Food & beverages (Part II only)
Management	Entertainment (Part II only)
l egal	Other direct expenses
Legal	Total Fundraising Expense
Accounting	
Lobbying	
Professional fundraising	
Investment management	
Other	
Total Fees for Services	
Information is indicated for use on Form 990-T schedule:	Allocation of Expense to Program Service Accomplishments:
Schedule E	First
Schedule F	Second
Schedule G	Third
Schedule I	All other
Schedule J	

Event Income and Deduction Worksheet

Use this worksheet to verify data entered for a specific activity on your form 990/990EZ

Description Spring Event

Taxpayer Identification Number 46-5117877

2019

Name

Hilton Head Island Foundation to

Income & Expense Summary:		Expense Details - Indirect Expense:
1. Gross receipts or sales1.	28,000	Advertising and promotion
2. Advertising income 2.		Office
3. Circulation income 3.		Printing/publication/postage
4. Other income 4.		Info technology/Maintenance
5. Returns and allowances 5.		Royalties & License Fees
6. Contributions received 6.		Occupancy/Real Estate Taxes
7. Total revenue. Add lines 1 through 6 7		Travel & Repairs
8. Cost of Goods Sold 8		Travel/entertainment (officials)
9. Employment Expense 9.		Conferences/meetings
10. Fees for services 10.		Interest
11. Indirect Expense 11.		Insurance
12. Depreciation Expense 12.		Total Indirect Expense
13. Exempt Activity Expense 13.		
14. Fundraising Expense 14.		Expense Details - Depreciation Expense:
15. Total expenses. Add lines 8 through 1415		
16. Net Income/Loss. Line 7 minus Line 1516		On investment property
To: Not modifications: Elife 7 milital Elife 10 juli	2,000	On non-investment property
		Amortization
Expense Details - Cost of Goods Sold:		Depletion
Beginning inventory		Total Depreciation Expense
Purchases		
Labor		Expense Details - Exempt Activity Expense:
Section 263A costs		Repairs and Maintenance
		Bad debts
Other costs		Taxes/licenses
Ending inventory		Charitable contributions
Total Cost of Goods Sold	18,442	Dividend recd deductions
Evnance Dataile Employment Evnance		Readership costs
Expense Details - Employment Expense:		Other expenses
Compensation of officers		Total Exempt Activity Expense
Other salaries and wages		
Pension plan contributions		Expense Details - Fundraising Expense:
Other employee benefits		Cash prizes
Payroll taxes		Non-cash prizes
Total Employment Expense		Rent and facility costs
		Food & beverages (Part II only)
Expense Details - Fees for Services:		Entertainment (Part II only)
Management		Other direct expenses
Legal		Total Fundraising Expense
Accounting		
Lobbying		
D 6 1 16 1 1		
Investment management		
Total Fees for Services		
Information is indicated for use on Form 990-T s	schedule.	Allocation of Expense to Program Service Accomplishments:
Schedule E		
Schedule F		First
Schedule G		Second
Schedule I		Third
Ħ		All other

Event Income and Deduction WorksheetDescription Other Events

Use this worksheet to verify data entered for a specific activity on your form 990/990EZ

Taxpayer Identification Number 46-5117877

2019

Name

Hilton Head Island Foundation to

Income & Expense Summary:		Expense Details - Indirect Expense:
1. Gross receipts or sales1.	250	Advertising and promotion
2. Advertising income 2.		Office
3. Circulation income 3.		Printing/publication/postage
4. Other income 4.		Info technology/Maintenance
5. Returns and allowances 5.		Royalties & License Fees
6. Contributions received 6.		Occupancy/Real Estate Taxes
7. Total revenue. Add lines 1 through 6 7	250	Travel & Repairs
8. Cost of Goods Sold 8		Travel/entertainment (officials)
9. Employment Expense 9.		Conferences/meetings
10. Fees for services 10.		Interest
11. Indirect Expense 11.		Insurance
12. Depreciation Expense 12.		Total Indirect Expense
13. Exempt Activity Expense 13.		Total muliect Expense
14. Fundraising Expense 14.		Evnence Details Degree intion Evnence
15. Total expenses. Add lines 8 through 1415	~~~	Expense Details - Depreciation Expense:
16. Net Income/Loss. Line 7 minus Line 1516.		On investment property
16. Net income/Loss. Line / minus Line 15 10	<u>50</u>	On non-investment property
		Amortization
Francis Dataila Cont of Condo Cold		Depletion
Expense Details - Cost of Goods Sold:		Total Depreciation Expense
Beginning inventory		
Purchases		Expense Details - Exempt Activity Expense:
Labor		Repairs and Maintenance
Section 263A costs		Bad debts
Other costs	280	Taxes/licenses
Ending inventory		Charitable contributions
Total Cost of Goods Sold	280	Dividend recd deductions
		Readership costs
Expense Details - Employment Expense:		Other expenses
Compensation of officers		Total Exempt Activity Expense
Other salaries and wages		· · · · · · · · · · · · · · · · · · ·
Pension plan contributions		Expense Details - Fundraising Expense:
Other employee benefits		Cash prizes
Payroll taxes		Non-cash prizes
Total Employment Expense		Rent and facility costs
		Food & beverages (Part II only)
Expense Details - Fees for Services:		Entertainment (Part II only)
Management		Other direct expenses
Legal		Total Fundraising Expense
		<u></u>
Accounting Lobbying		
Duefo esian el finaduciais e		
Professional fundraising		
Investment management		
Other		
Total Fees for Services		
Information is indicated for use on Form 990-T schedu	ule:	Allocation of Expense to Program Service Accomplishments:
Schedule E		First
Schedule F		Second
Schedule G		Third
Schedule I		All other
Schedule J		· ··· · · · · · · · · · · · · · · · ·

S	CHEDULE G		undraising Other Ev	rents		2019	
(Form 990 or 990-EZ)		For calendar year 2019, or tax ye	For calendar year 2019, or tax year beginning , and ending				
Nar		Island Foundation	to		Employer Id	entification Number	
		th Sports, Inc.			46-511	7877	
		(a) Other event Jim Ferguson Me	(b) Other event	(c) Other event		(d) Total other events (add col. (a) through	
ē		(event type)	(event type)	(event type)		col. (c))	
Revenue	Gross receipts Less: Charitable contributions	11,192				11,192	
	3 Gross income (line 1 minus line 2	2) 11,192				11,192	
	4 Cash prizes						
	5 Noncash prizes						
ses	6 Rent/facility cost	s					
Direct Expenses	7 Food/beverages						
Direct	8 Entertainment						
	9 Other expenses	2,733				2,733	

2790 Hilton Head Island Foundation to

46-5117877

Federal Statements

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FYE: 12/31/2019

Taxable Interest on Investments

<u>Description</u>						
	_	Amount		Exclusion Postal Code Code	•	er US <u>Obs (\$ or %)</u>
Interest Earned	Ġ	11:	3	1.4		
Miscellaneous Income	۲	11.	5	14		
		23	<u>5</u>	14		
Total	\$	348	3			

2790 Hilton Head Island Foundation to

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Federal Statements

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

	Total Expenses		Program <u>Service</u>		Management & <u>General</u>		Fund <u>Raising</u>	
Instructor Payments	\$	4,855	\$	4,855	\$		\$	
Total	\$	4,855	\$	4,855	\$	0	\$	0

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

Description	Total Expenses	Program <u>Service</u>	Management & <u>General</u>		Fund aising
Printing	4,549	\$	\$ 4,549	\$	
Coach Training	4,547	4,547			
Website	4,241		4,241		
Chemicals	3,398	3 , 398			
Plant Seed Sod	3,000	3,000			
Subscriptions	2,649		2,649		
Postage	1,940		1,940		
Other maintenance	1,869	1,869			
Electric & Gas	1,866		1,866		
Telephone	1,820		1,820		
Credit Card Processing	1,808	1,808			
Office Suplies	1 , 559		1 , 559		
Equipment Repairs	1,283	1,283			
Fertilizer	1,250	1 , 250			
Workers Comp	1,233		1,233		
Course labor	1,118	1,118			
Sand & Top Dressing	915	915			
Directors & Officers	850		850		
Fuel, Gas, Oil	834	834			
Mileage Reimbursement	680		680		
Conferences Expense	522		522		
Meals/Entertainment	424		424		
Total	\$ 42,355	\$ 20,022	\$ 22,333	\$	0

2790 Hilton Head Island Foundation to 46-5117877

FYE: 12/31/2019

Federal Statements

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Schedule A, Part II, Line 1(e)

Description	Amount		
Local Government - ATAX	\$ 26,500		
General Donations	42,493		
Memorials Donations	1,800		
Golf Clubs	11,120		
Donations End of Year Appeal	4,150		
Local Grant	35,400		
Other Grants	53 , 707		
Capital Campaign Donations	34,768		
PGA Tour donations	5,000		
Total	\$ <u>214,938</u>		

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2790 Hilton Head Island Foundation to 46-5117877

Federal Statements

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Schedule A, Part II, Line 5 - Excess Gifts

Donor Name	Total			Excess
Town of Hilton Head Island ATAX	\$	66,366	\$	32,195
Wadsworth Golf Charities Foundation		60,000		25 , 829
Ken Campbell		10,000		
The Devlin Foundation		20,000		
PGA Tour Players Prize Escrow Fund		10,000		
Zach Van Landingham Scholarship Fund		100,000		65 , 829
Paul Zaffaroni		16 , 625		
Purvis Ferree		17,000		
Keith Wandell		10,000		0.6.000
Breedlove Foundation		61,000		26,829
Ferg Vacation Rentals		15,450		
World Golf Foundation		25 , 000		
American Seniors Golf Association		5 , 000		
Davis Love III Foundation, Inc.		5 , 000		
World Golf Foundation, Inc. Palmetto Electric Trust		5 , 000		
Jim Ferree		12,000 5,750		
First Nonprofit Organization		12,000		
Marion Moss Dutcher Memorial Fund		•		
		6,000	. —	
Total	\$_ <u></u>	462,191	\$	150 , 682

2790 Hilton Head Island Foundation to 46-5117877

Federal Statements

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FYE: 12/31/2019

Schedule A, Part II, Line 8(e)

Description		Amount	
Interest Earned	\$	113	
Miscellaneous Income		235	
Total	\$	348	

Schedule A. Part II. Line 12 - Current year

Description	<u>Amount</u>
Program Fees	\$ 29,913
Golf Range	17,420
Pro Shop Sales	1,617
Champions for Charity	112,738
Jim Ferguson Memorial	11,192
Spring Event	28,000
Other Events	250
Total	\$ 201,130

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

SEP 15 2014

Date

HILTON HEAD ISLAND FOUNDATION TO SUPPORT YOUTH SPORTS INC C/O JOHN M JOLLEY POST OFFICE DRAWER 3 HILTON HEAD ISLAND, SC 29938 Employer Identification Number: 46-5117877 DLN: 17053127323034 Contact Person: ID# 31954 CUSTOMER SERVICE Contact Telephone Number: (877) 829-5500 Accounting Period Ending: December 31 Public Charity Status: 509(a)(2) Form 990 Required: Yes Effective Date of Exemption: February 21, 2014 Contribution Deductibility: Yes Addendum Applies: No

Dear Applicant:

We are pleased to inform you that upon review of your application for tax exempt status we have determined that you are exempt from Federal income tax under section 501(c)(3) of the Internal Revenue Code. Contributions to you are deductible under section 170 of the Code. You are also qualified to receive tax deductible bequests, devises, transfers or gifts under section 2055, 2106 or 2522 of the Code. Because this letter could help resolve any questions regarding your exempt status, you should keep it in your permanent records.

Organizations exempt under section 501(c)(3) of the Code are further classified as either public charities or private foundations. We determined that you are a public charity under the Code section(s) listed in the heading of this letter.

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

HILTON HEAD ISLAND FOUNDATION TO

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

Sincerely,

emera Kinggerle)

Director, Exempt Organizations