### 2024

### **Accommodations Tax Funds Request Application**

Organization Name: Hilton Head Concours d'Elegance, Inc

Project/Event Name: Hilton Head Concours d'Elegance & Motoring Festival

### **Executive Summary**

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

Coming out of its 20th annivesary in 2022 where we pulled out "all of the stops," including a Best of Show Hall of Fame and the Best of the Life (showcasing all of the past Life exhibit themes over the years), 2022 was going to be a hard act to follow. This November, as we celebrate our 21st anniversary, our Concours has cemented itself as one of the oldest and largest in the country, bringing in over 16,000 tourists/visitors to the Island. And this year we will present exciting new content never-before-seen in Hilton Head Island's 21-year history.

2023 has unofficially been titled by organizers as the "year of the firsts." Among the nearly 500 vehicles on display throughout the weekend's schedule will be, perhaps, for the first time ever together, the two cars that have "vide" for the title of "oldest production automobile in America" - the 1895 Duryea and the 1895 Haynes. Car enthusiasts for over a hundred years have argued over "which was first." While we cannot confirm which one was, indeed, the first, we do know that the winner will be here! And that's just the start! Attendees will have the opportunity to see the first Indianapolis 500 winner - the 1911 Marmon Wasp coming from the Indianapolis Motor Speedway Museum. And positioned close by, the oldest Indianapolis 500 Pace Car known to exist - the 1915 Packard originally owned by Carl Fisher known for founding the 500 race.

This year will also feature our first-ever "Velocity Collector." Over the last 10+ years, Hilton Head has become known for featuring top collectors with its Pinnacle and Honored Collector displays. This year, in addition to continuing those traditions with the Gilmore Car Museum as the Pinnacle Collector and Bobby Rahal as the Honored Collector, we've added a new feature. Ed Bolian, founder of VINwiki and Cannonball Run record-breaker with over 2 million social media followers, will join us on the grounds of the Port Royal Golf Club with four vehicles from his famed super car collection. Ed's collection will highly contrast those of our past and current Honored and Pinnacle Collectors.

Building on Ed as this year's Velocity Collector, we have secured a handful of enthusiast and lifestyle influencers that will help share the show with a new audience. With over 5 million followers between them, the Hilton Head Island Concours will be seen by new eyes. In addition to bringing new attention to the show and the Island, influencer involvement has been a critical component to continued sponsor support.

Another first, NASCAR as a feature. With Hilton Head Island sandwiched between two major NASCAR hubs (Daytona and Charlotte), this year's Life exhibit will showcase 75 years of NASCAR in the "Life on the Oval" display. The exhibit will showcase cars from both private collectors and museums and will take attendees back to the roots of NASCAR with moonshine cars on display. The Fabulous Hudson Hornet (a national register vehicle) will be headlining a well-rounded exhibit of racing history.

The support of the Town of Hilton Head has been crucial to the momentum the event has built over the last several years. Without the funding provided by the ATAX Committee, most of the above would not be possible. We look forward to hosting many "firsts" both for the industry and for the event and thank the committee and Town Council for the unwavering support.

### 2024

### **Accommodations Tax Funds Request Application**

Date Received: 08/25/2023 Time Received: 02:06 PM By: Online Submittal

Applications will not be accepted if submitted after 4 pm on September 1, 2023

#### A. SUMMARY OF GRANT REQUEST:

**ORGANIZATION NAME:** Hilton Head Concours d'Elegance, Inc

Project/Event Name: Hilton Head Concours d'Elegance & Motoring Festival

Contact Name: Bob Lee Title: Treasurer

Address: P.O. Box 21733, Hilton Head Island, SC 29925

**Email Address:** 

bob@beaconallied.com

Contact Phone: 843-290-2533

Event Date: November 1 - 3, 2024

Event Location: Port Royal Golf Club/Hilton Head Island

Airport General Aviation

**Total Budget:** \$1,544,000.00 **Grant Requested:** \$362,000.00

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

Funds will be used predominantly for creative development, PR and advertising to include increased digital advertising presence, all with a focus to attract out-of-town attendees (74%). We have allocated a small percentage of the budget to source vehicles of interest for special exhibits to build interest/participation (8%), a continued paid influencer program (12%) and a small portion of the request (6%) is to continue to offset expenses related to the events that showcase the HHI Airport.

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 Festival's marketing is predominantly focused on attracting out-of-town attendees and focuses on heavier digital presence to be able to better pin-point the targeted audience. While we will continue to invest limited dollars locally, the emphasis will be on bringing guests to the Island. In addition to paid impressions, the Festival continues to recruit coverage from national media/editors/influencers attracting interest from national trade and lifestyle/travel publications

and websites. Impact is measured by overall attendance, visitors to the website, digital advertising clicks, social media engagement and on-site surveys capturing length of stay/daily spend helping to calculate economic impact.

- A. Total Number of Physical Tourists Served: 12,920 2022 event

  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: 3,389 2022 event

  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: 4871 2022 event

  A Resident is considered any person who claims their property address within the limits of the Town of Hilton Head Island as their primary residence.
- D. Total Number of Physical Patrons Served (A+B+C=D): 21,180 2022 event

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

A zip code to track place of residence is collected for every attendee who purchases a ticket either online or at the gate as well as for every exhibitor that shows a vehicle, judge and volunteer who works the event. That zip code data is used to calculate the percentage of attendance that is considered tourists, visitors and residents..

#### B. DESCRIPTION OF OPERATIONS:

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

The Hilton Head Island Concours d'Elegance & Motoring Festival has become one of the premiere destination events on the East Coast. With well over 50 Concours nationally every year, not to mention countless other automotive events, Hilton Head Island is consistently ranked by industry insiders and collectors as one of the top events in the country and has cemented itself as the automotive designer's Concours. The Festival offers a formula unique to any other Concours event and consistently emphasizes its destination as a major component to be enjoyed during our guests' visit. The schedule is comprised of a handful of signature events - aviation events at the Hilton Head Island Airport, the Car Club Showcase, special exhibits, the Concours d'Elegance and the Pinnacle Society donor event - and is unlike any other on the East Coast. Hilton Head Island offers a distinct approach – a multi-day, multi-prong program incorporating other HHI entities (i.e. hotels, restaurants, etc.) paired with a world-class destination. This sets Hilton Head Island apart from the many other annual Concours and car show events on the East Coast, similar only to the Monterey Car Week format (which includes the Pebble

Beach Concours d'Elegance, the oldest Concours in the country). Funding assists in the promotion to target audiences (auto enthusiasts, destination travelers), to garner national media attention and to draw a demographically desirable visitor both for the national and regional level sponsors investing in the event and for Hilton Head Island during its shoulder season.

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

79% of the request would apply to the 2024 marketing including creative content, advertising and PR. 7% would apply to transportation of notable vehicles that would attract attendees and program expenses for the airport. A dedicated budget of nearly \$60,000 (14%) would be reserved for programs to include an influencer program and video creation for digital use.

Desired results include increased out-of-town attendance and length of stay and a desirable demographic for sponsors and the Island. 87% of advertising is allocated to outside of the local area, predominantly in trade publications and digital placements (based on geographic/demographic data).

In 2023, we continued targeted digital advertising designed to target out-of-market drive/fly markets. Content is based on research, mobility trends and results-based content that directs clicks to our website. In 2023, we focused on digital video content with an Over the Top campaign, yielding a 74% increase in digital views. We also targeted our ads to customer segments that created a higher click-through rate which was already higher than industry standards.

We continue to promote through social media channels and our network of followers has increased annually. Year-over-year, 2021 to 2022, our total reach was 321,000 (up 46%) and followers grew to 27,000+ (up 38%), with only 6% being local (HHI, Bluffton and Savannah). Paid campaign stand-outs include a "Best of 2022" Instagram Reel with 132,000+ views and 12,800 likes for a single video post; average reach every 4-6 days was 43,000, average clicks every 4-6 days was 4,000 at a cost of \$0.17/click.

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)

Our request is \$23,000 less than the 2023 grant award. Given that, we would reduce the budget for specialty vehicle transport. If full funding is received, Town funding would comprise 88% of the 2024 marketing budget. If partial funding is received, the event would have to further cut/eliminate transportation of noteworthy cars, cut/eliminate the influencer program and VIP attendance and, potentially, reduce the advertising spend. These impacts could result in a loss or decreased participation from sponsors who heavily

weigh marketing plans when considering support and/or possible cuts to the schedule. With the event on the national level, reducing marketing/changing

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

In 2022, the event attracted record crowds with over 21,000 attendees and nearly 13,000 tourists, generating over \$15 million in visitor expenditures. According to SCPRT's Duane Parrish, "the Concours has established itself as a premier event for automobile enthusiasts. Since the inception of the Concours, annual visitor spending in Beaufort County has grown by over 90%. I believe this event has certainly been – and will continue to be – a driving force for tourism."

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.	94	%
2 - Tourism-Related Events  Promotion of the arts and cultural events.	6	%
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)

Incorporating HHI businesses and organizations has been a key point of strategy in both the event's schedule and marketing and it's differentiated the HHI Concours from similar automotive events. The Concours has continually emphasized the destination including its historical landmarks and other amenities of the destination as part of its schedule including restaurant events, the Grand Motoring Film Festival at the Arts Center of Coastal Carolina, airport gala and donor event which continue to showcase iconic destinations and cultural personalities to attract out-of-town visitors and increase the average length of stay. The Concours' focus is on collaborating with partners to develop unique offerings as compared to competitive events including such organizations as the HHI Chamber/VCB, the Arts Center of Coastal Carolina, Coastal Discovery Museum, Beaufort County Schools, the Orchestra, Mitchelville and several restaurants and youth charities.

In addition to special events on the Festival's schedule, the 2023 event will feature local artists and crafts at the main Festival grounds and will be working with local artist Amiri Farris on the official Flights & Fancy poster artwork. Mitchelville will have a dispaly during the Festival and several community partners are featured on the "Visit" section of the Festival's website and are included in its "Plan Your Trip" email blast.

Incorporating Hilton Head businesses and organizations has been a key point of strategy in both the event's schedule and marketing and it's differentiated the HHI Concours from similar automotive events. The Concours has continually emphasized the destination.

### 7. Additional comments. (250 words or less)

Hilton Head must continue to build its brand and continue the current momentum to stay competitive in an oversaturated market place. With well over 50 Concours events throughout the US and events coming and going every year, it is imperative that we continue to differentiate ourselves to remain in the top 5. It's critical to continue to offer variety from year to year to stay relevant not only compared to other Concours events but to other nationally recognized events unrelated to the automotive industry to maintain interest from both attendees and sponsors.

In addition to competing with other Concours, sponsors are putting dollars into nationally and internationally recognized events (golf, tennis, equestrian). Automotive sponsors are moving away from traditional "car events" and are focused more heavily on lifestyle events and digital advertising. Sponsors are moving to smaller, salon-style events where all customers are potential buyers of their high-end products. It is imperative to maintain a strong presence and to continually change content to keep interest amongst our most critical target audiences and build our high-end, lifestyle, out-of-town visitor participation.

FUNDIN	G:	
1. Ple	ease describe how the organization is cur	rently funded. (100 words or less)
	help to offset the cost of staging the eventuarism/accommodations tax grants (and HHI, Beaufort County and SC PRT) covolimited program expenses for the events	merchandise sales, hospitality events, etc.) nt. Funding received through ticipated funds for 2024 to come from the Town of ers the full cost of the Festival's marketing and s at the HHI Airport. Last, specific fundraising al's charitable fund which has donated over
2. Pl	Covernment Sources	source of the organization's total annual funding.  Private Contributions, Donations
<u>-</u>	44 Corporate Support, Sponsors	5 and Grants Membership, Dues, Subscriptions
_	Ticket Sales, or Sales and Services	Other
or	as the organization requested other ATAX ganizations? ⁄es <u>X</u> No	or any other funding from other public sources or
lf s	so, please list top 3 sources and amounts.	
	Beaufort County ATAX	\$40,000.00
	SC Parks, Recreation & Tourism	\$6,000.00

### Financ

1. The <u>upcoming fiscal year's</u> **operating budget** for the organization.

Budget Provided: Yes

2. The <u>previous two fiscal years</u> and <u>current year-to-date</u> **profit and loss reports** for the organization.

Current fiscal year Profit Loss Report Provided: Yes

Previous fiscal year Profit Loss Reports Provided:

2021- Previous FY 1 2022- Previous FY 2

3. The <u>previous two fiscal years</u> and <u>current year-to-date</u> **balance sheets**.

Current fiscal year Balance Sheet Provided: Yes

Previous fiscal year Balanace Sheets Provided:

2021 - Previous FY 1

2022 - Previous FY 2

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

Current year IRS Form 990 or 990T Provided: Yes

Previous IRS Form 990 or 990T Years Provided:

2019 - Previous FY 1

2020 - Previous FY 2

### **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:

1. List any ATAX award amounts received in 2022 and/or 2023.

2021	\$88,000.00	Hilton Head Island Concours d'Elegance & Motoring Festival
2022	\$307,000.00	Hilton Head Island Concours d'Elegance & Motoring Festival
2023	\$385,000.00	Hilton Head Concours d'Elegance & Motoring Festival

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 funding has been used primarily for marketing and promotion including development of the creative campaign, implementation of national and regional advertising with a significant digital advertising presence and the continuation of a dedicated social media campaign. Additionally, the Event continues to partner with the Hilton Head Island/Bluffton Chamber of Commerce to enhance its advertising campaign and continues to bring in top-level executives through programs like Guest Judging. Limited funding is applied to off-set expenses associated with noteworthy display vehicles and operating expenses at the Hilton Head Island Airport General Aviation.

At the time of application the results of the 2023 Event are unknown, as the event occurs the first week in November. However, indicators are pointing towards a successful year. While national economic uncertainties have impacted some sponsor participation, we have attracted or are in discussion at time of application with a number of new sponsors/prospects. And ticket sales, as of the end of August, are on-trend with previous years.

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

With funding from the Town of HHI comprising 89% of the Festival's 2023 marketing budget, the Town's support has been instrumental to the Event's growth. With the marketing campaign in place, focusing primarily on out-of-town attendees, the Festival generated over \$15 million in total visitor expenditures for the HHI-specific events in 2022 and, based on website traffic and advanced ticket sales, the Event anticipates this figure to, at a minimum, match 2022's record attendance in 2023.

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

Attendance is the key measurement to the success of the Event and is tracked through scanned barcodes and established hotel blocks.

On-site surveys conducted by USCB's marketing research department to assist in identifying attendees as tourists and to determine what areas of the marketing campaign were successful. From that data, we are able to determine the regions we draw from, showcasing which areas we should be considering for additional/new marketing initiatives.

With shifting the majority of our advertising budget to digital/social media placements in the last few years, data, which can now be analyzed regularly as compared to print, is continually reviewed for performance as the advertising occurs and shifts are made within the campaign to maximize results (impressions and clicks through to website). At time of application, just in the months of May through July, we served over 3.1 million impressions with over 10,000 clicks through to our website.

#### G. **EXECUTIVE SUMMARY**

Provide an executive summary using the "ATAX Effectiveness Measurement" form provided via the link on the left, or by utilizing the text area provided below to report uses of the organization's prior ATAX grant, if applicable. If creating your own format, please refer to the "ATAX Effectiveness Measurement" form and use the criteria as a guideline in developing your executive summary below. (1300 words or less)

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Coming out of its 20th annivesary in 2022 where we pulled out "all of the stops," including a Best of Show Hall of Fame and the Best of the Life (showcasing all of the past Life exhibit themes over the years), 2022 was going to be a hard act to follow. This November, as we celebrate our 21st anniversary, our Concours has cemented itself as one of the oldest and largest in the country, bringing in over 16,000 tourists/visitors to the Island. And this year we will present exciting new content never-before-seen in Hilton Head Island's 21-year history.

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Signature: Bob Lee

Title/Position: Treasurer

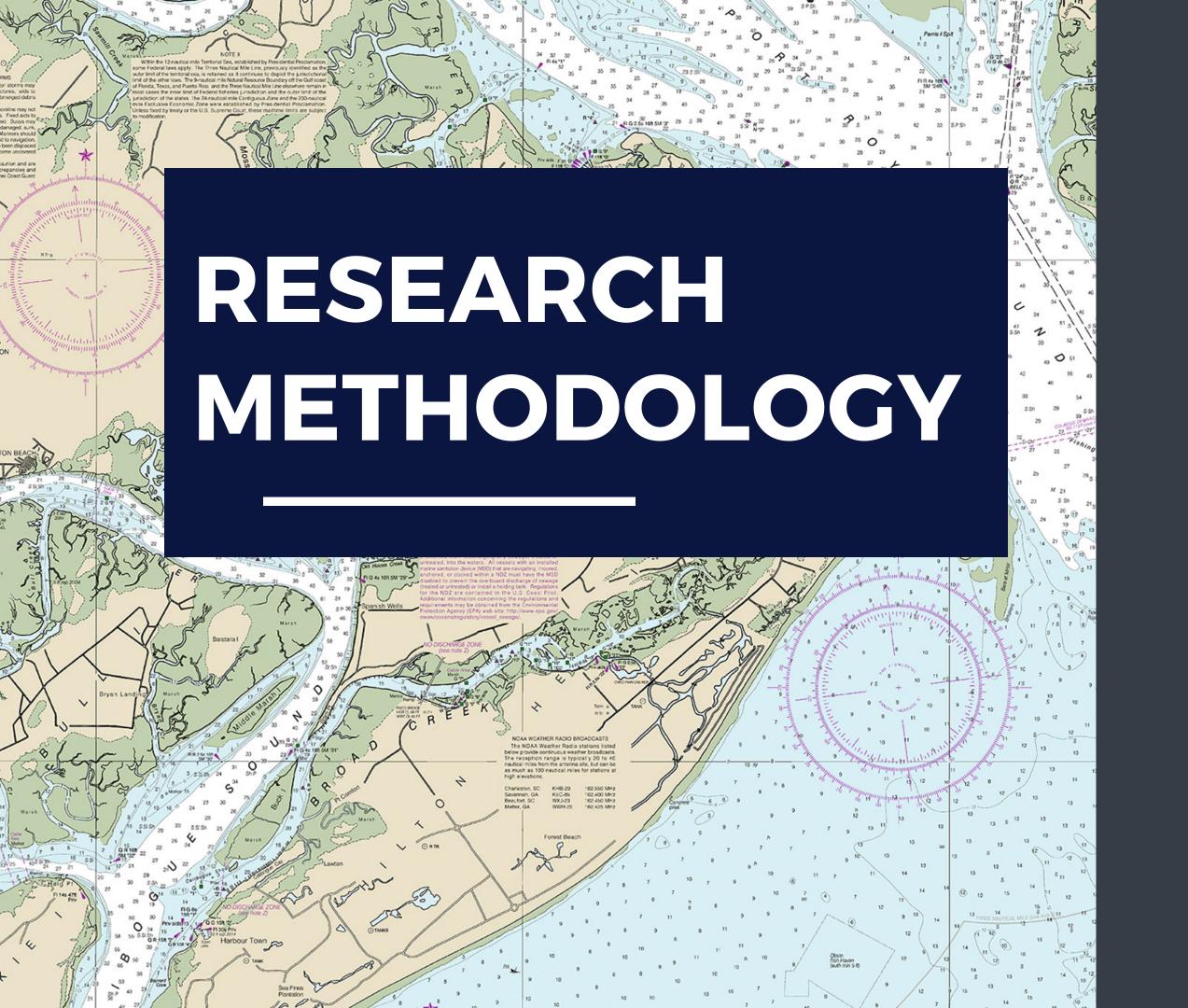
Mailing Address: P.O. Box 21733, Hilton Head Island, SC 29925

Email Address: bob.lee@beaconallied.com

Office Phone Number: 843-290-2533

Home Phone Number:





- Attendees completed a 37-question online survey
- QR Code directed respondents to survey
- iPads made available to respondents without mobile devices

## RESPONSES

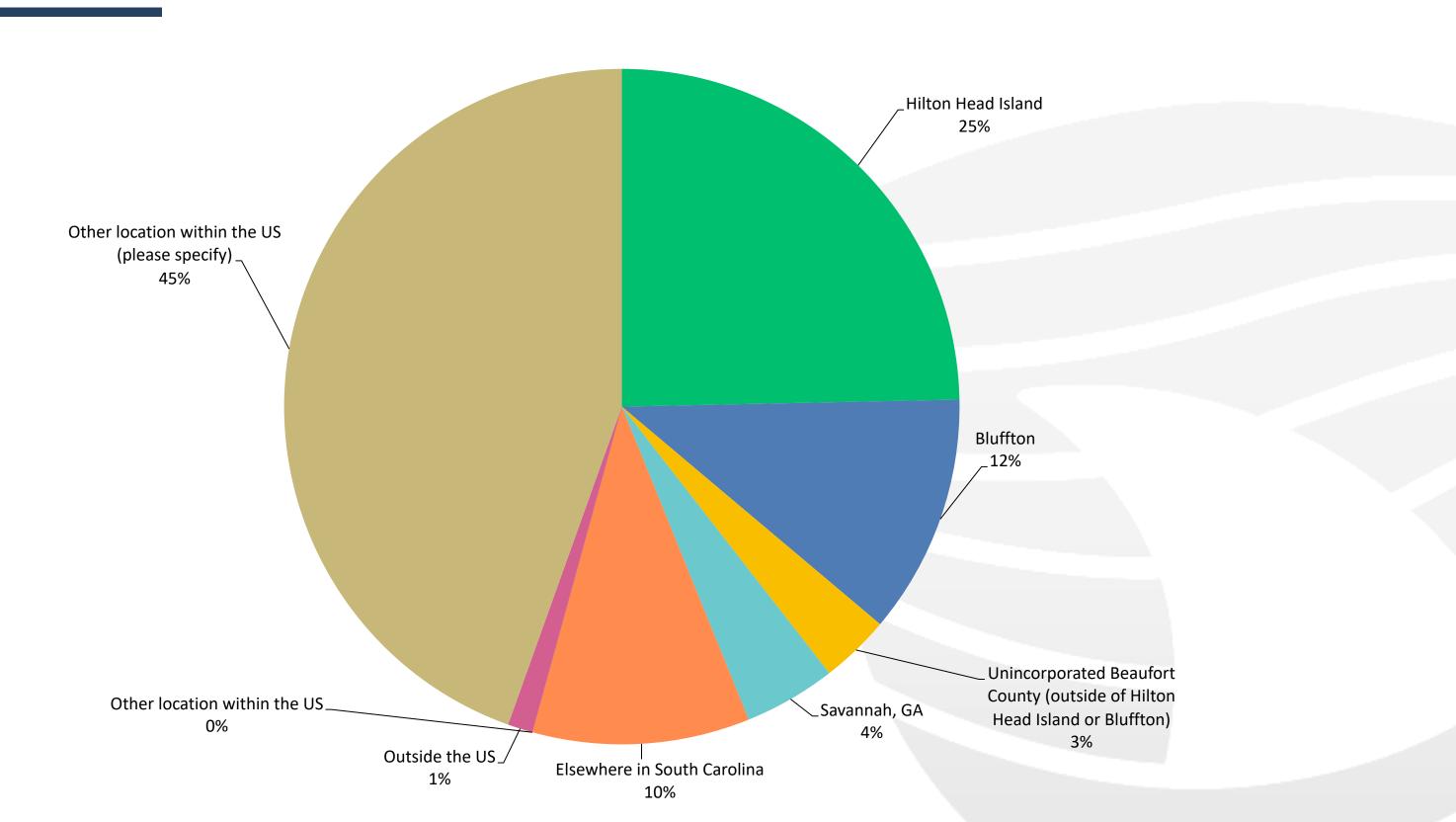
871





## Where is your primary residence?

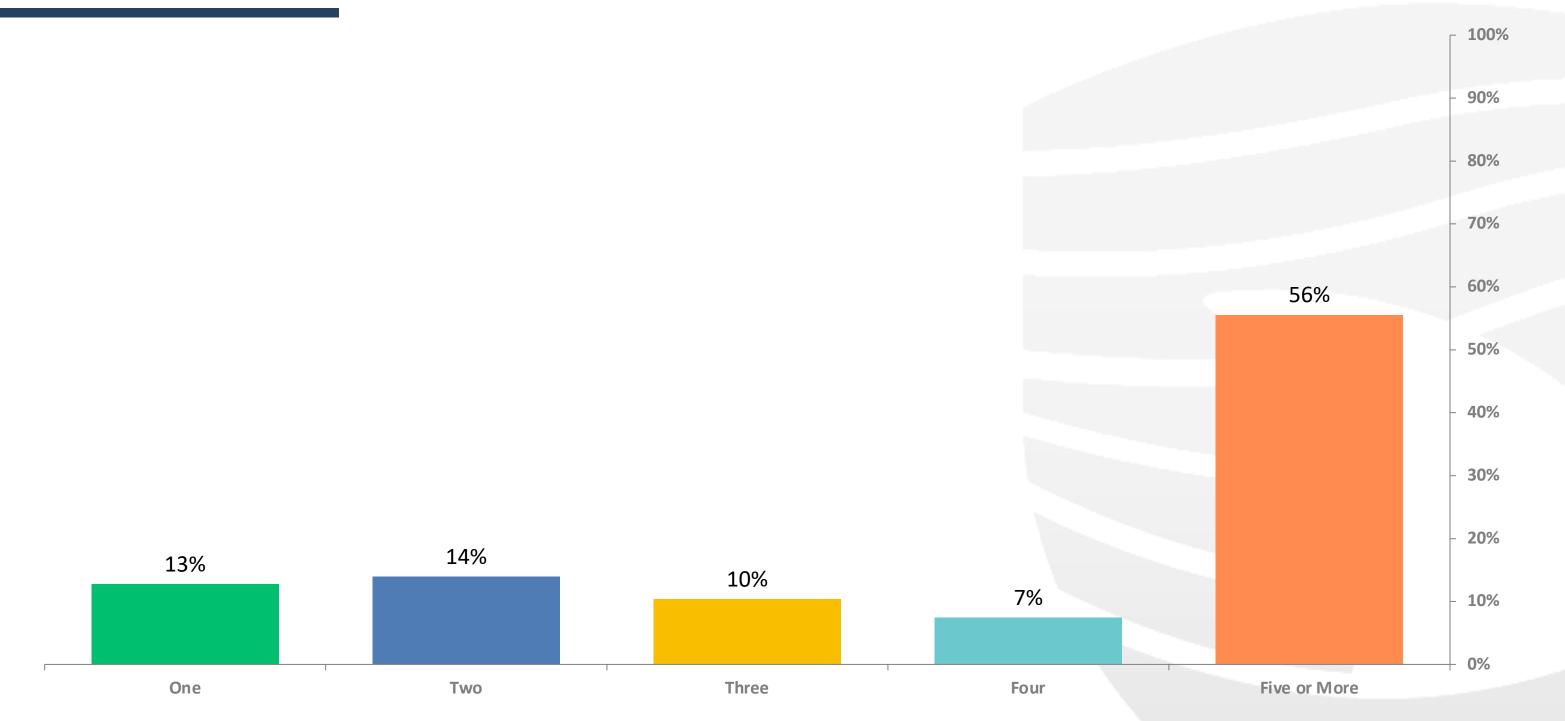
Answered: 750 Skipped: 121





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

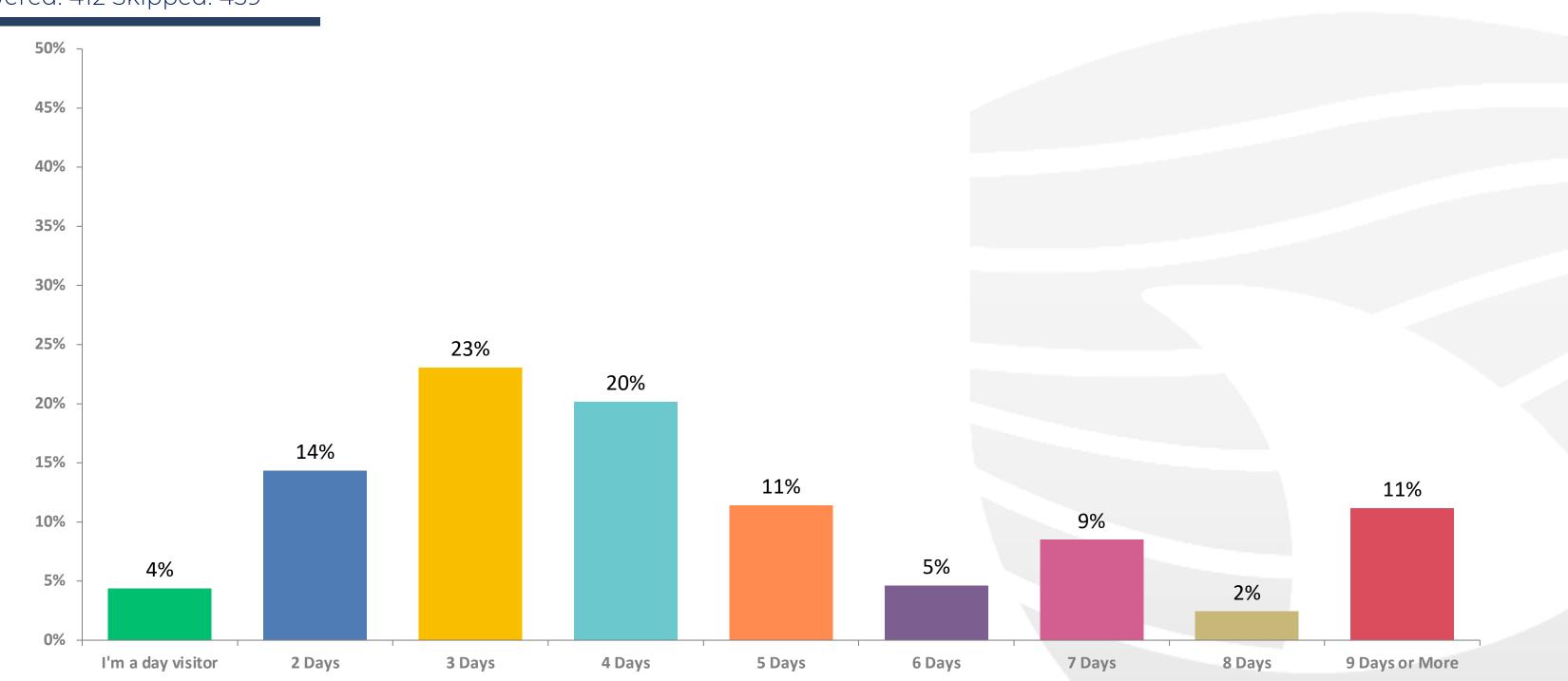
Answered: 416 Skipped: 2455





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

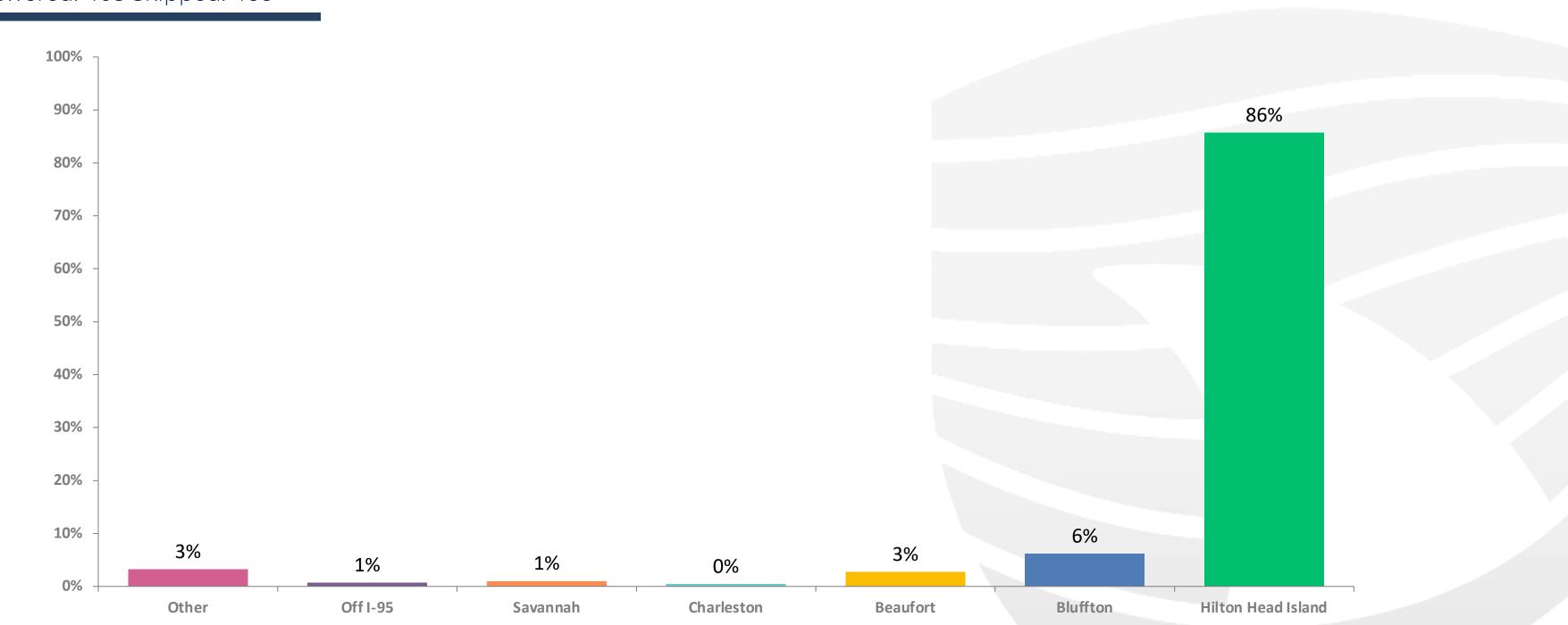
Answered: 412 Skipped: 459





# Where are you staying on this overnight trip?

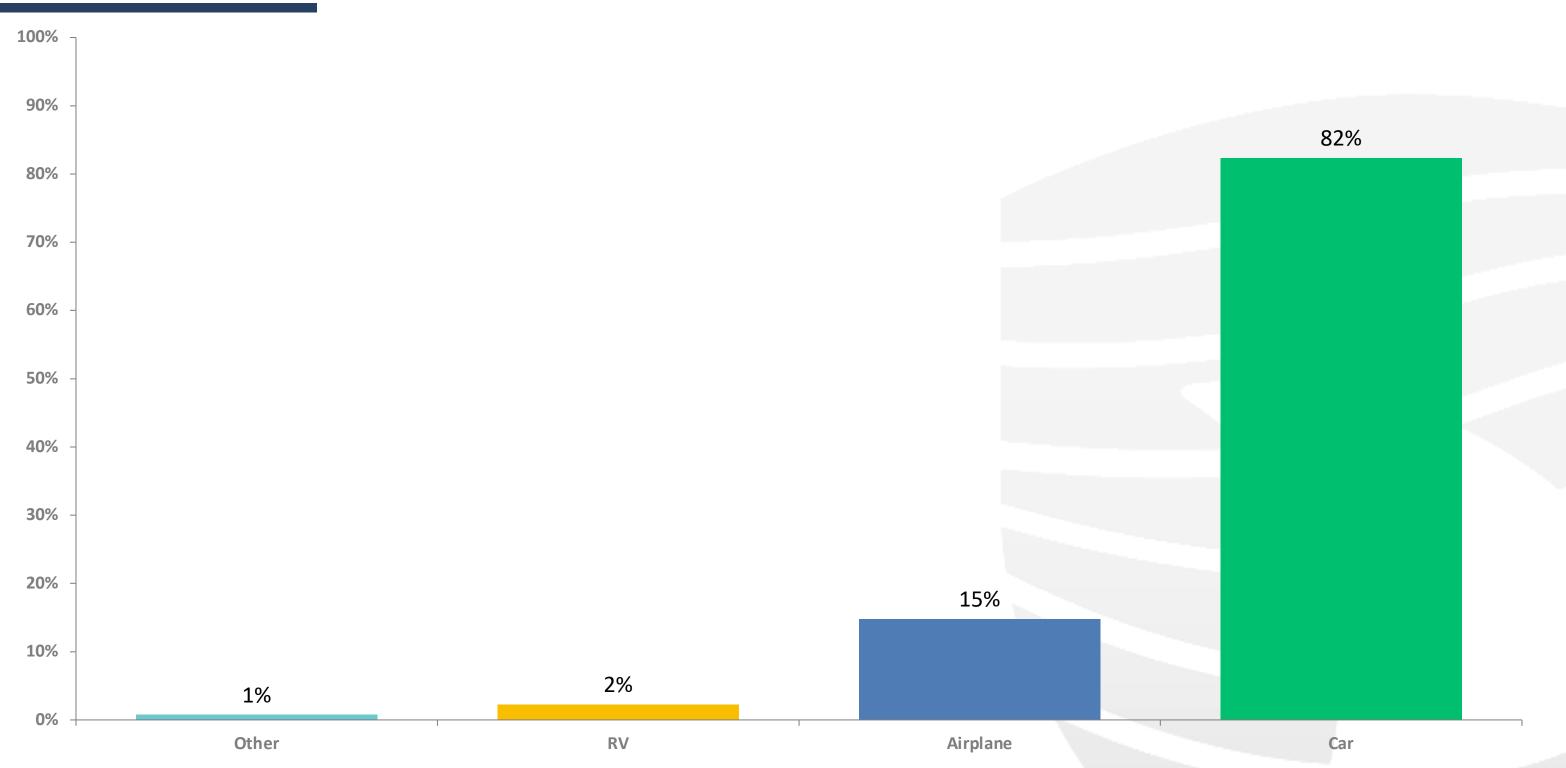
Answered: 405 Skipped: 466





### For this trip, how did you travel?

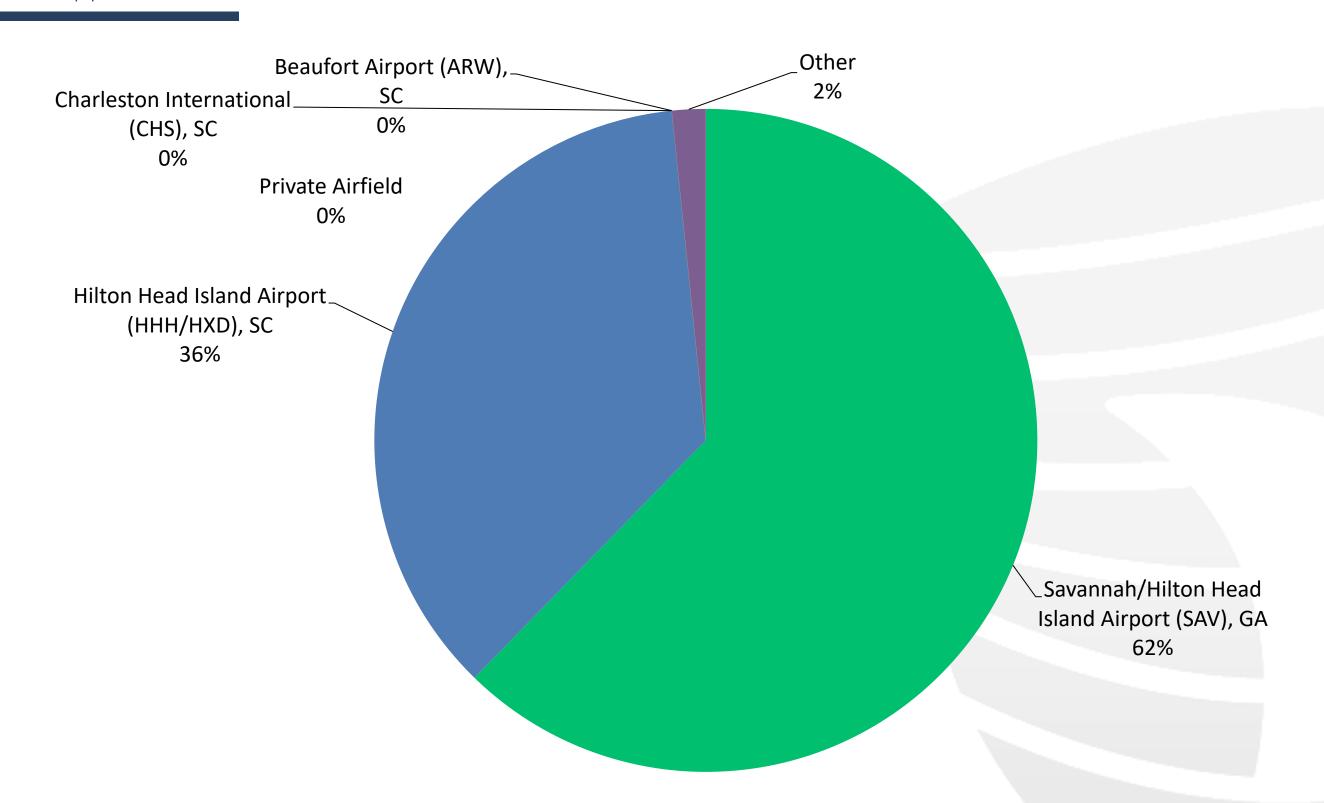
Answered: 407 Skipped: 464





### At which airport did you arrive?

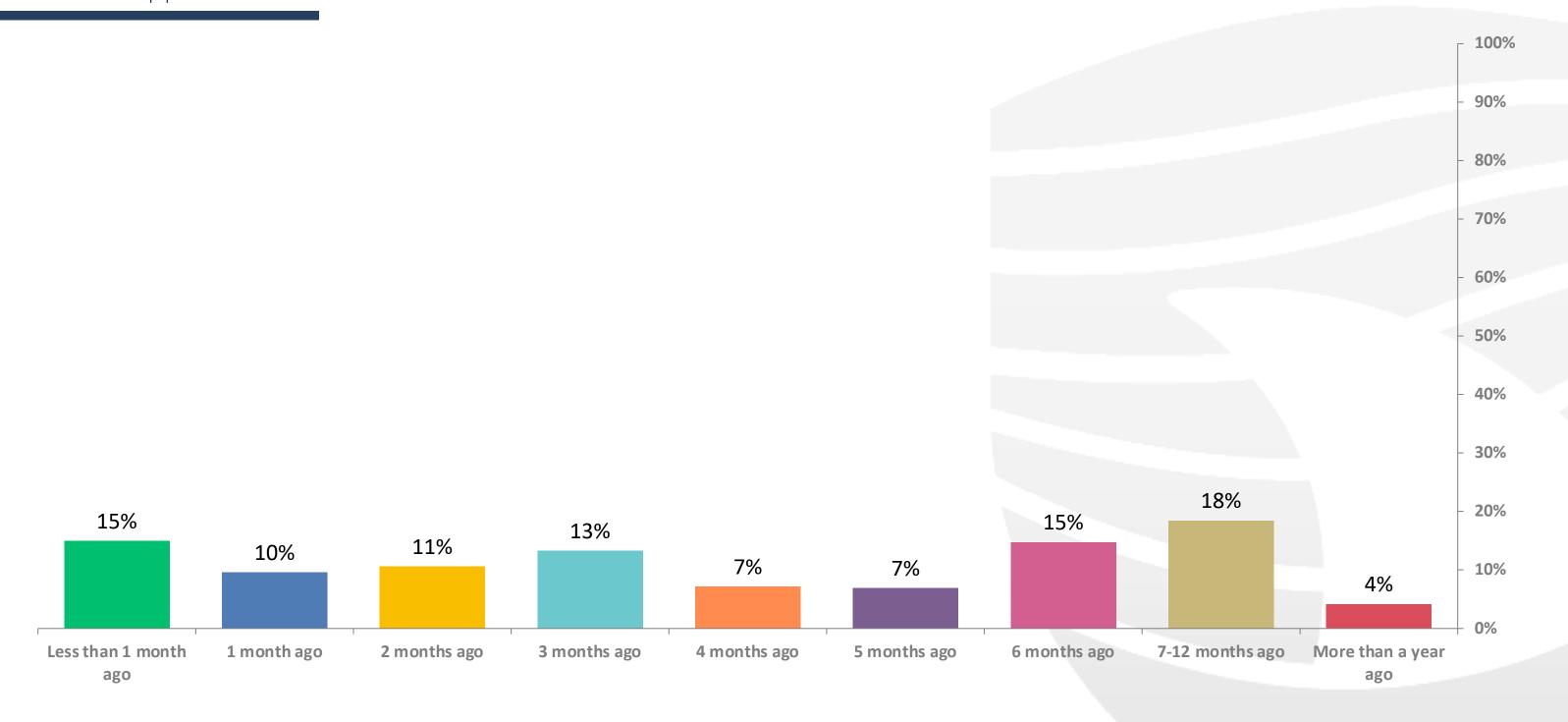
Answered: 61 Skipped: 810





# How many months in advance did you book this trip?

Answered: 406 Skipped:465





# How influential was the 2022 Hilton Head Island Concours d'Elegance and Motoring Festival when initially planning your trip to Hilton Head Island?

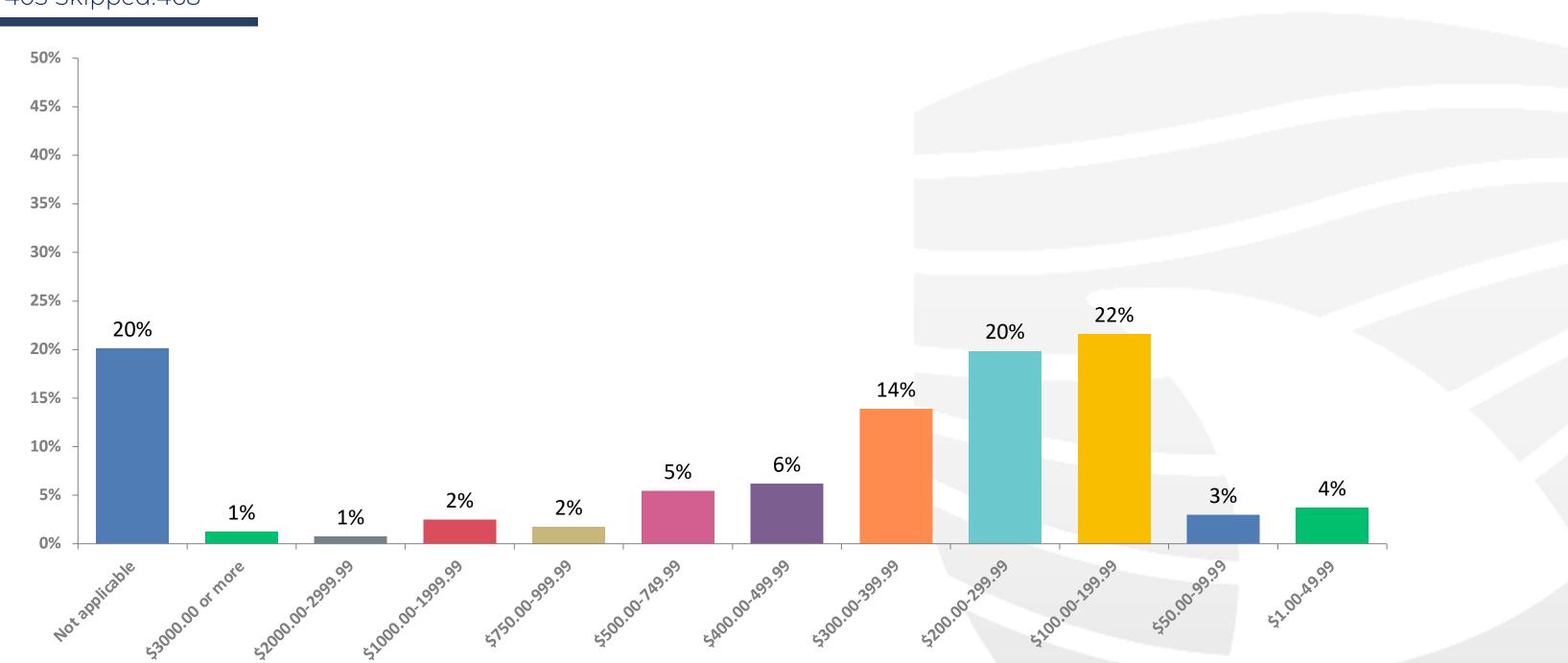
Answered: 403 Skipped: 468

EXTREMELY	VERY	MODERATE	VERY	EXTREMELY	WEIGHTED
UNINFLUENTIAL	UNINFLUENTIAL	WODEW !! E	INFLUENTIAL	INFLUENTIAL	AVERAGE
13.65%	9.68%	9.68%	16.87%	50.12%	3.80
					3.00
55	39	39	68	202	



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

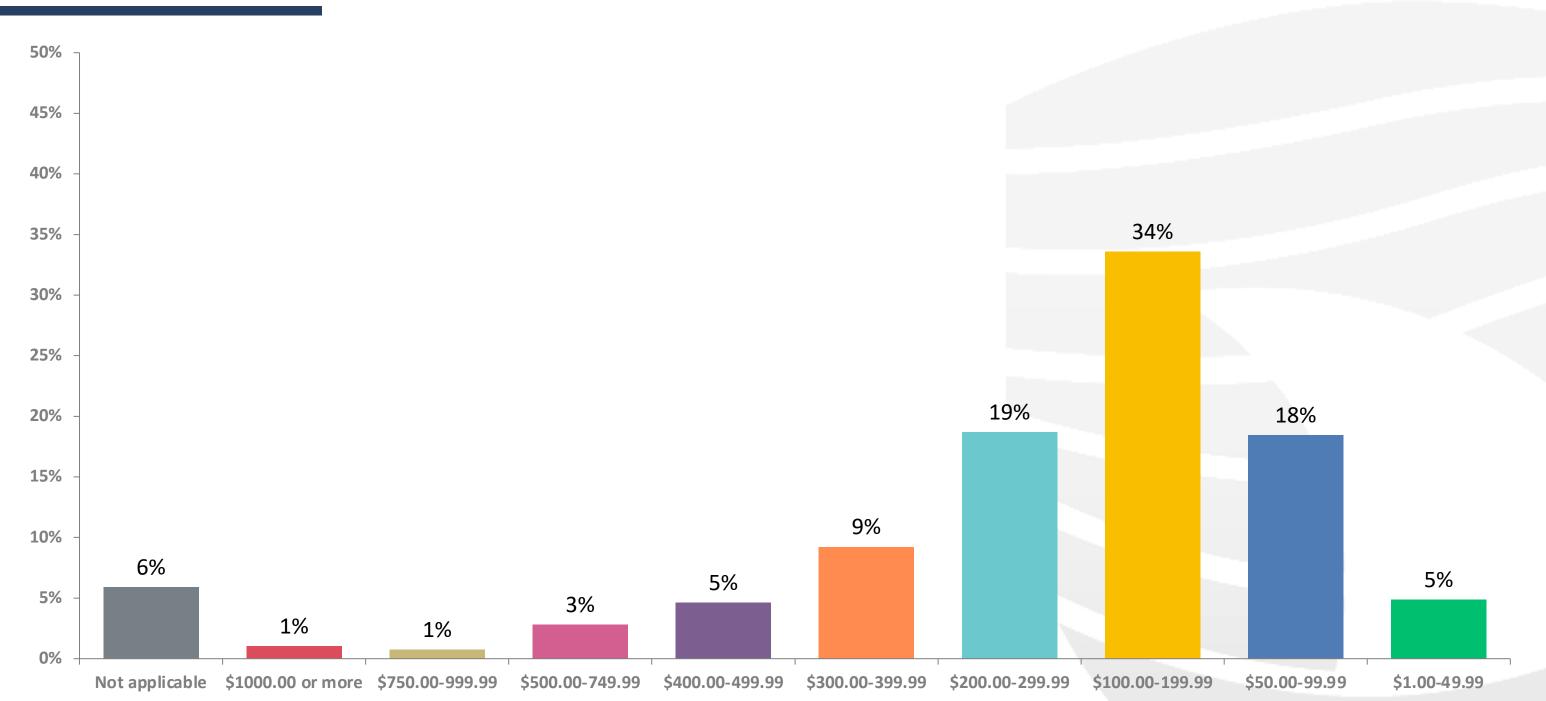
Answered: 403 Skipped:468





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

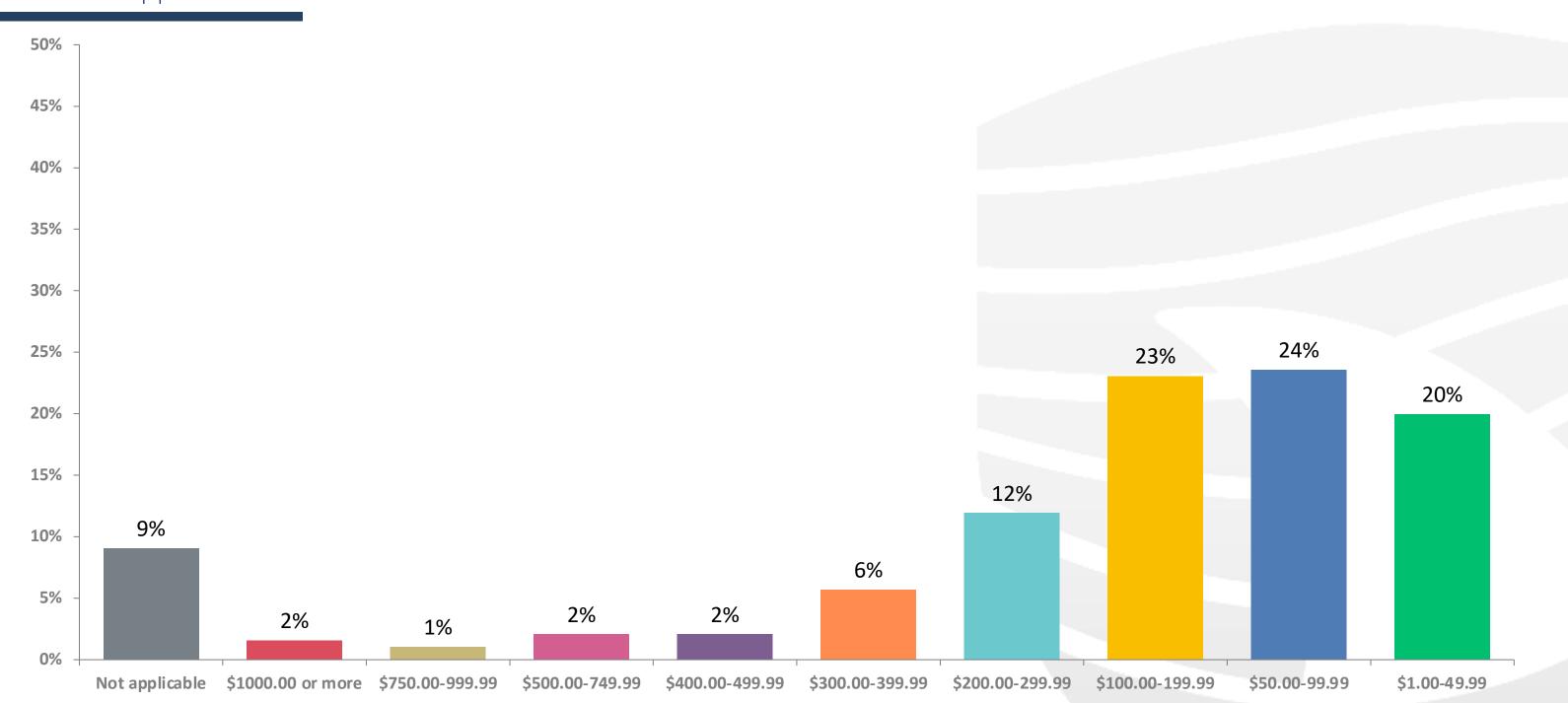
Answered: 390 Skipped: 481





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

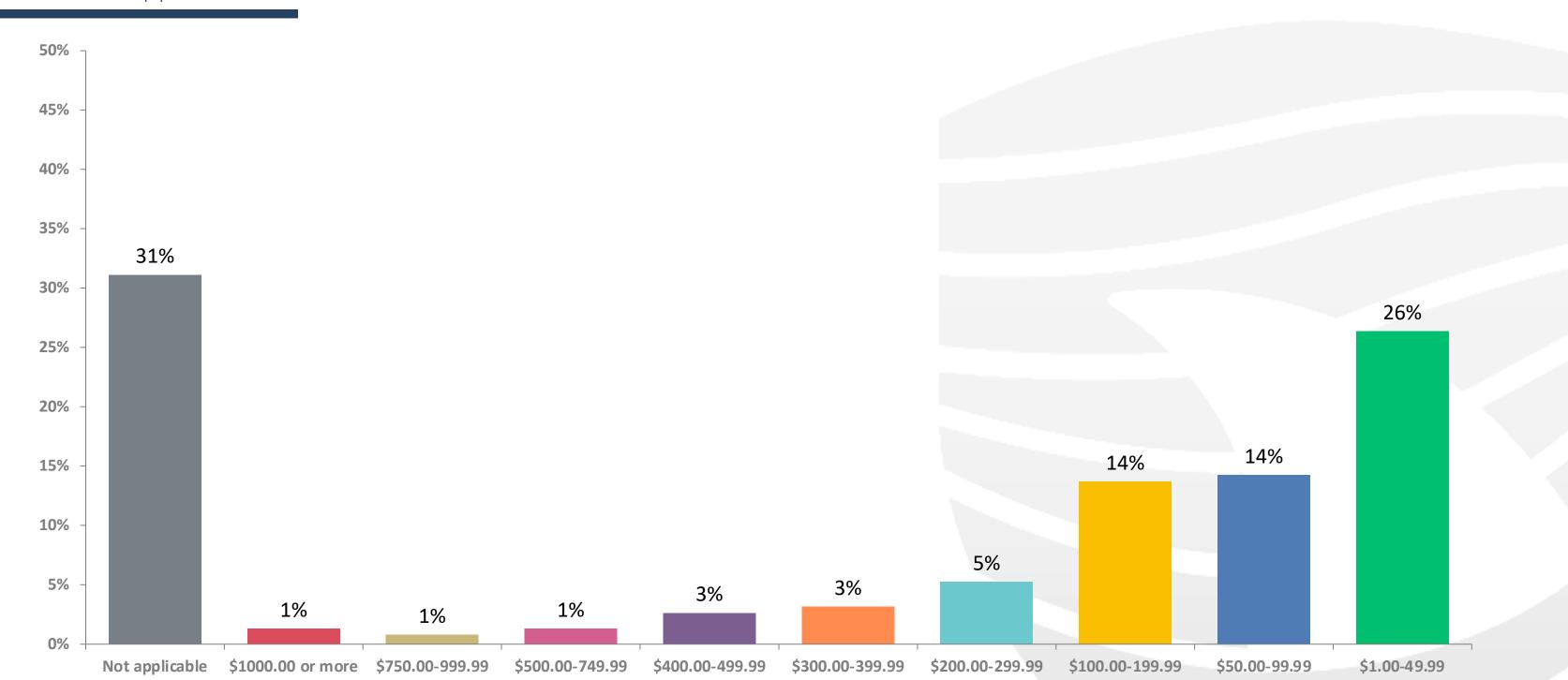
Answered: 386 Skipped: 485





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

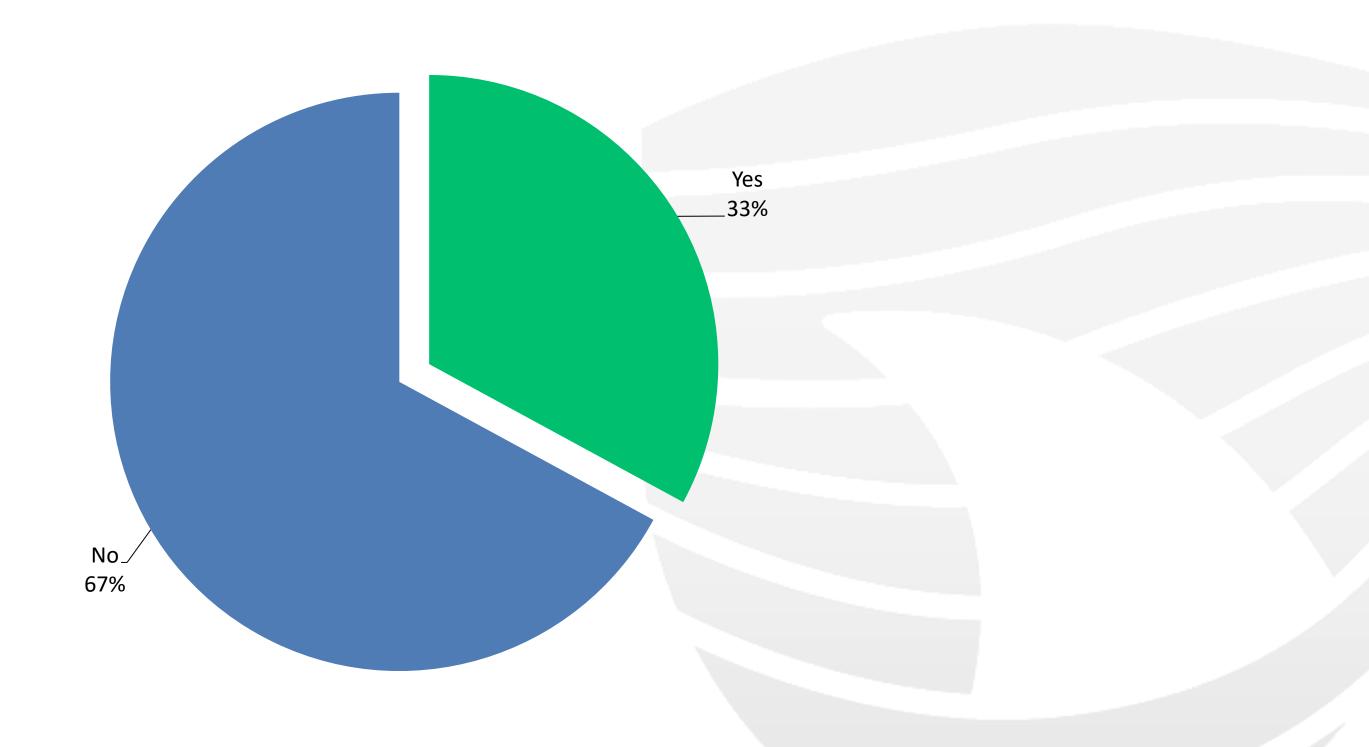
Answered: 379 Skipped: 492





## Do you currently own a residence on Hilton Head Island, whether you occupy it for full-time or part-time purposes?

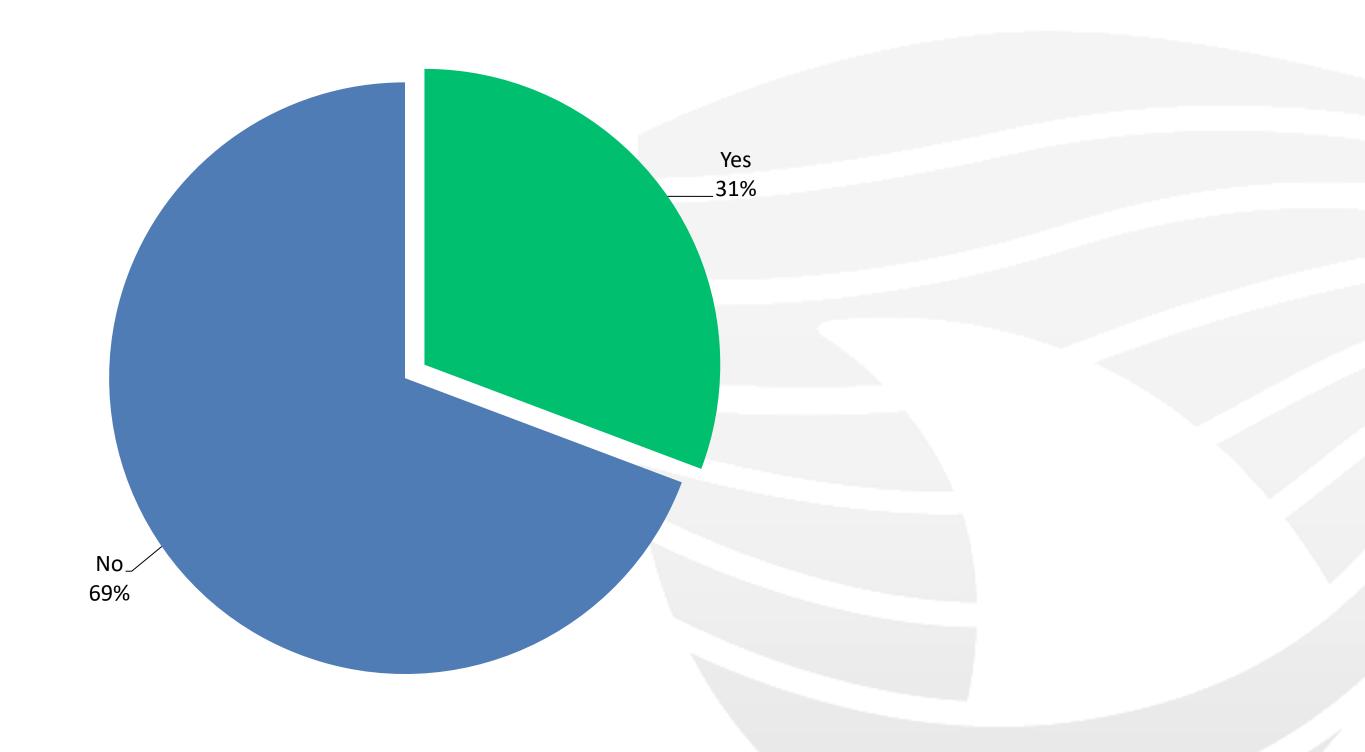
Answered: 650 Skipped: 221





## Has attending the Hilton Head Island Concourse d'Elegance & Motoring Festival increased any interest in purchasing residential real-estate in the Hilton Head Island area for either full-time or part-time purposes?

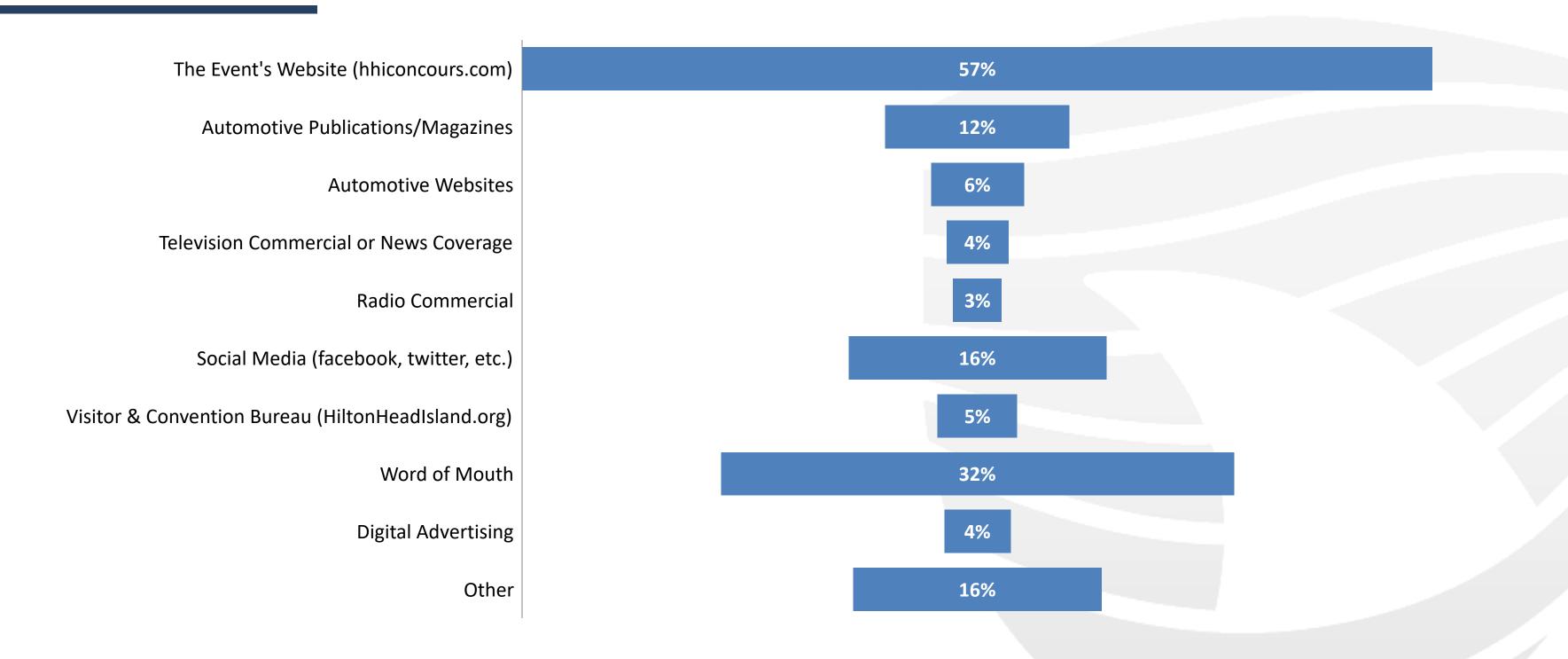
Answered: 716 Skipped: 155





### What sources did you use to obtain information about the 2022 Hilton Head Island Concours d'Elegance and Motoring Festival? (Check all that apply).

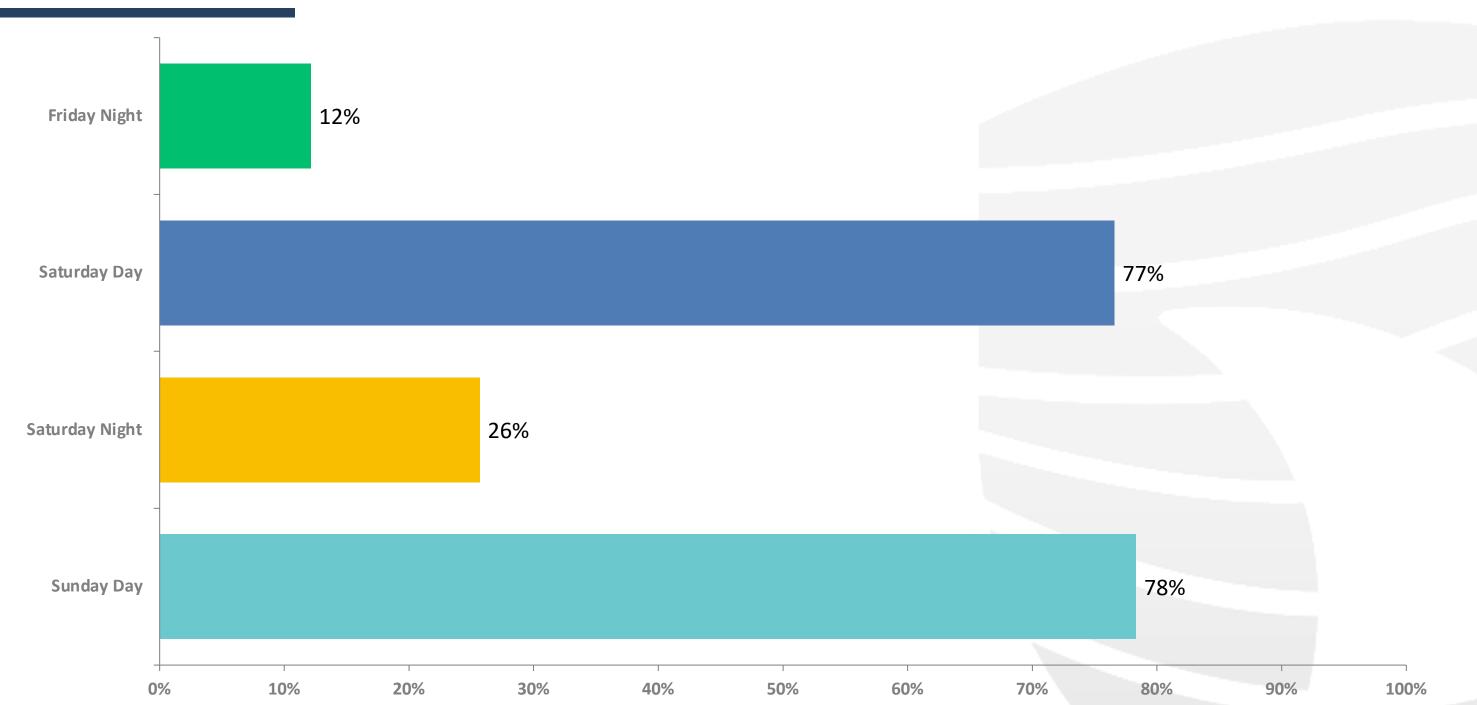
Answered: 718 Skipped: 153





## Will you be attending the show: (Check all that apply)

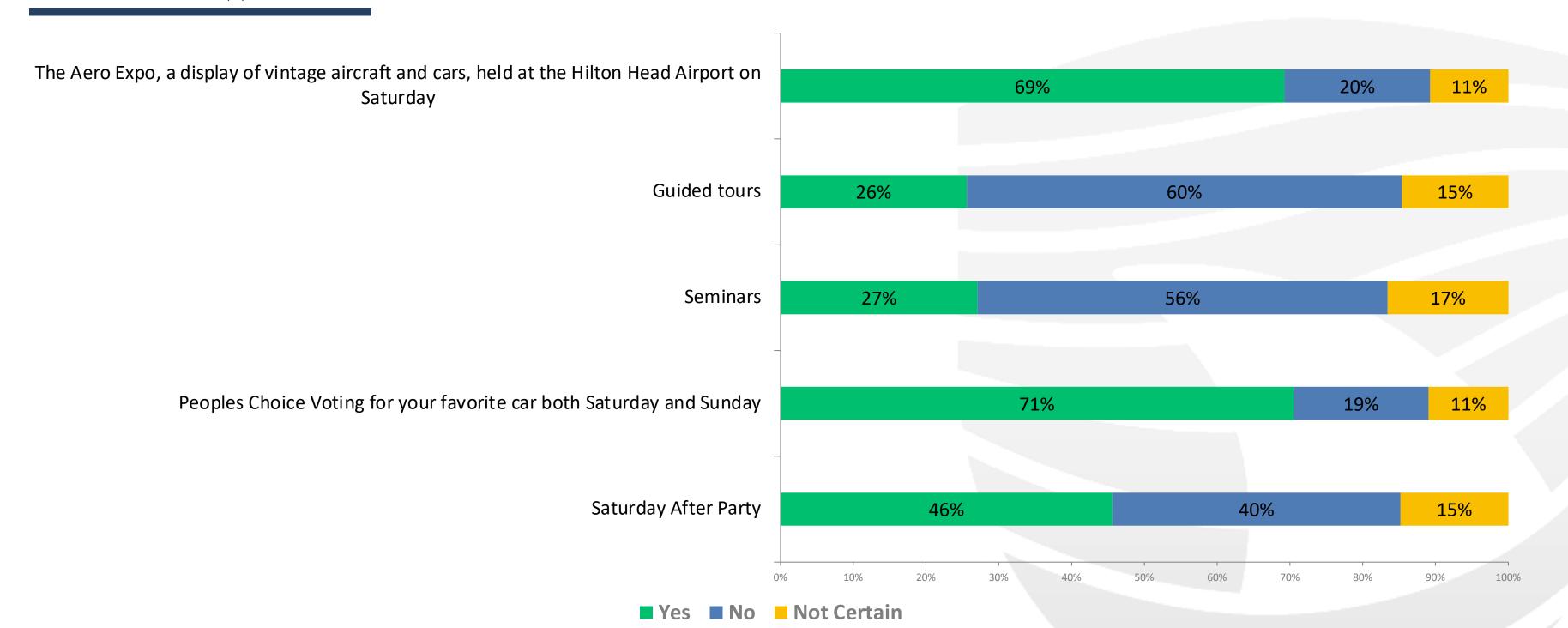
Answered: 701 Skipped: 170





## In addition to viewing displays of vintage cars, there are other things to do at the Hilton Head Island Concours d'Elegance and Motoring Festival. Which of the following events are you aware of?

Answered: 718 Skipped: 153





## Overall, considering everything, how satisfied are you with your experience here today?

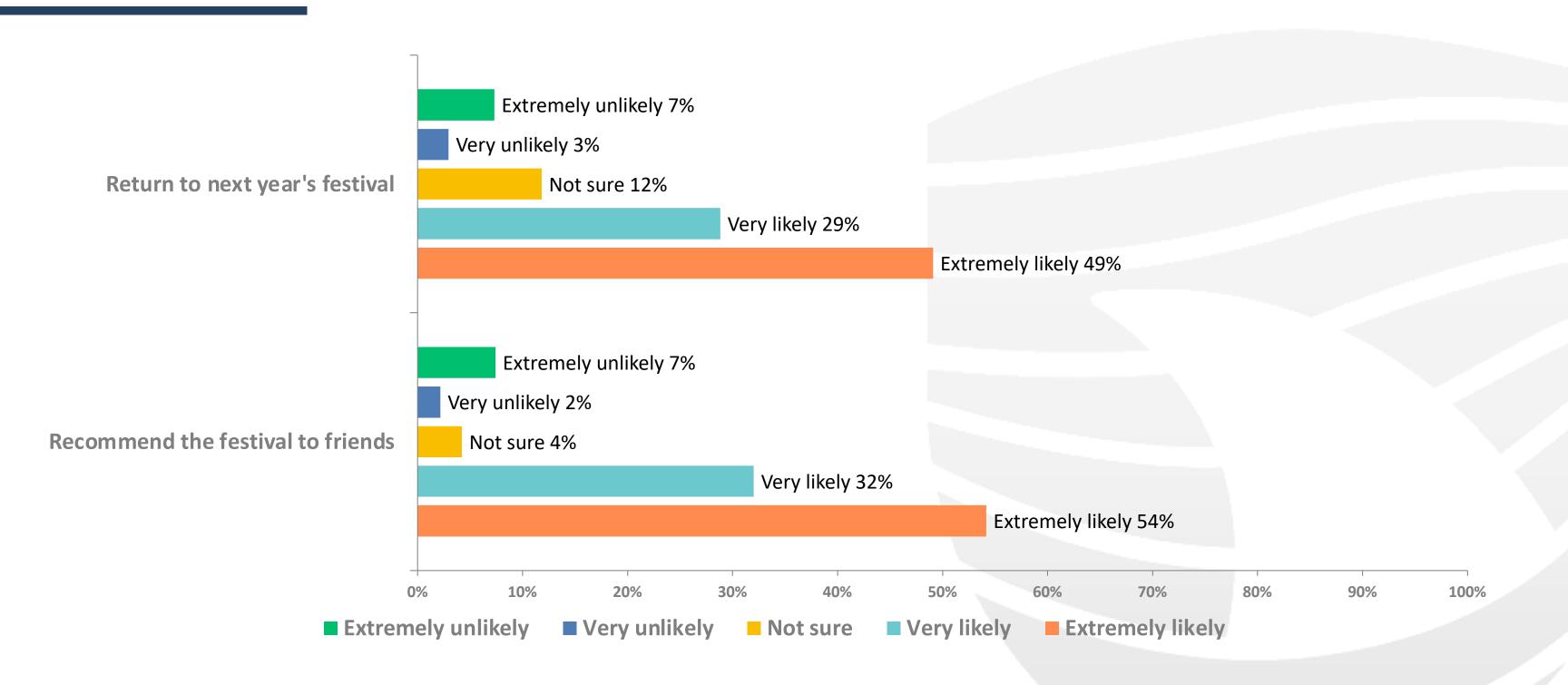
Answered: 711 Skipped: 160

VERY UNSATISFIED	UNSATISFIED	AVERAGE	SATISFIED	VERY SATISFIED	WEIGHTED AVERAGE
13.50% 96	0.42%	2.39% 17	21.38% 152	62.31% 443	4.19



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

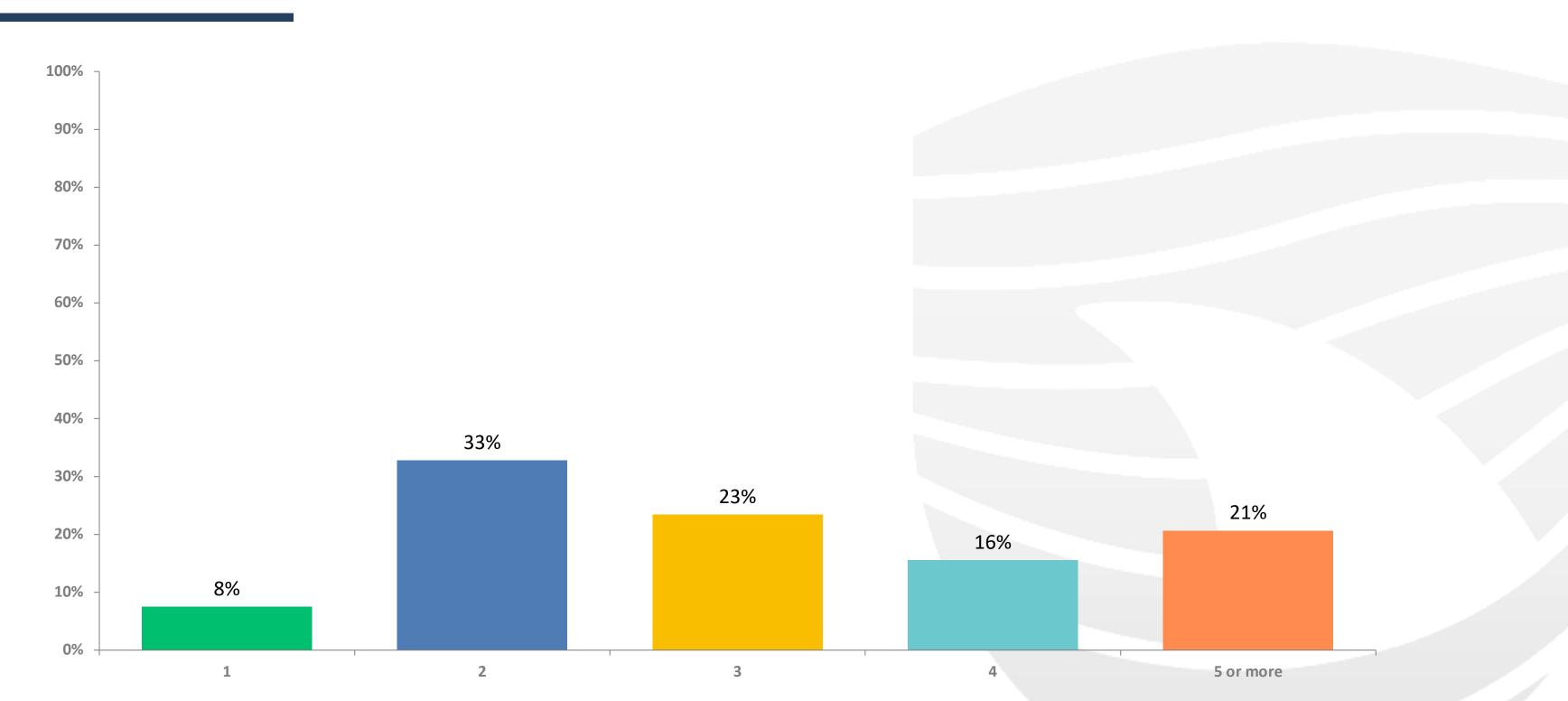
Answered: 718 Skipped: 153





## How many vehicles are in your household, not including any collector or specialty vehicles you may own?

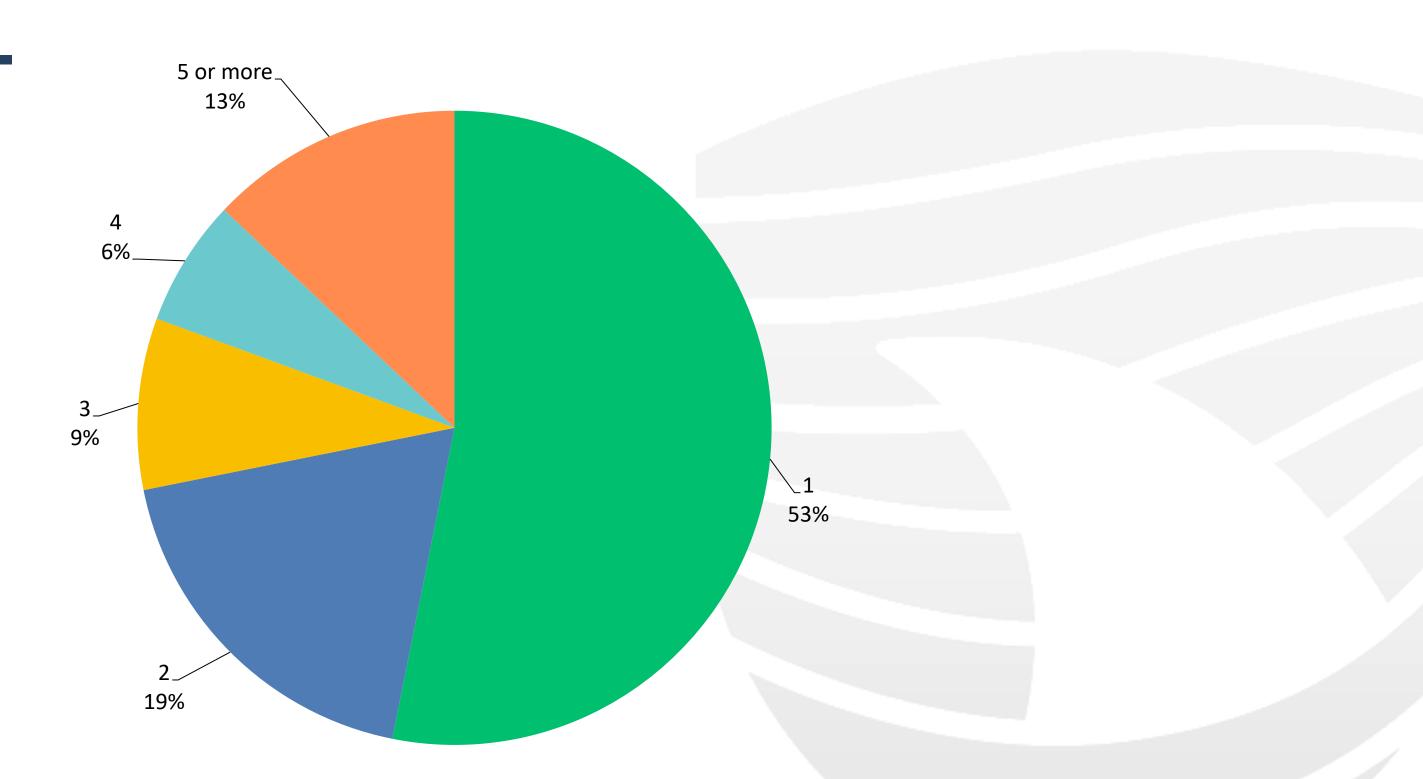
Answered: 707 Skipped: 164





## How many collector/specialty vehicles do you own?

Answered: 572 Skipped: 299





## Which brand of vehicle is your preference?

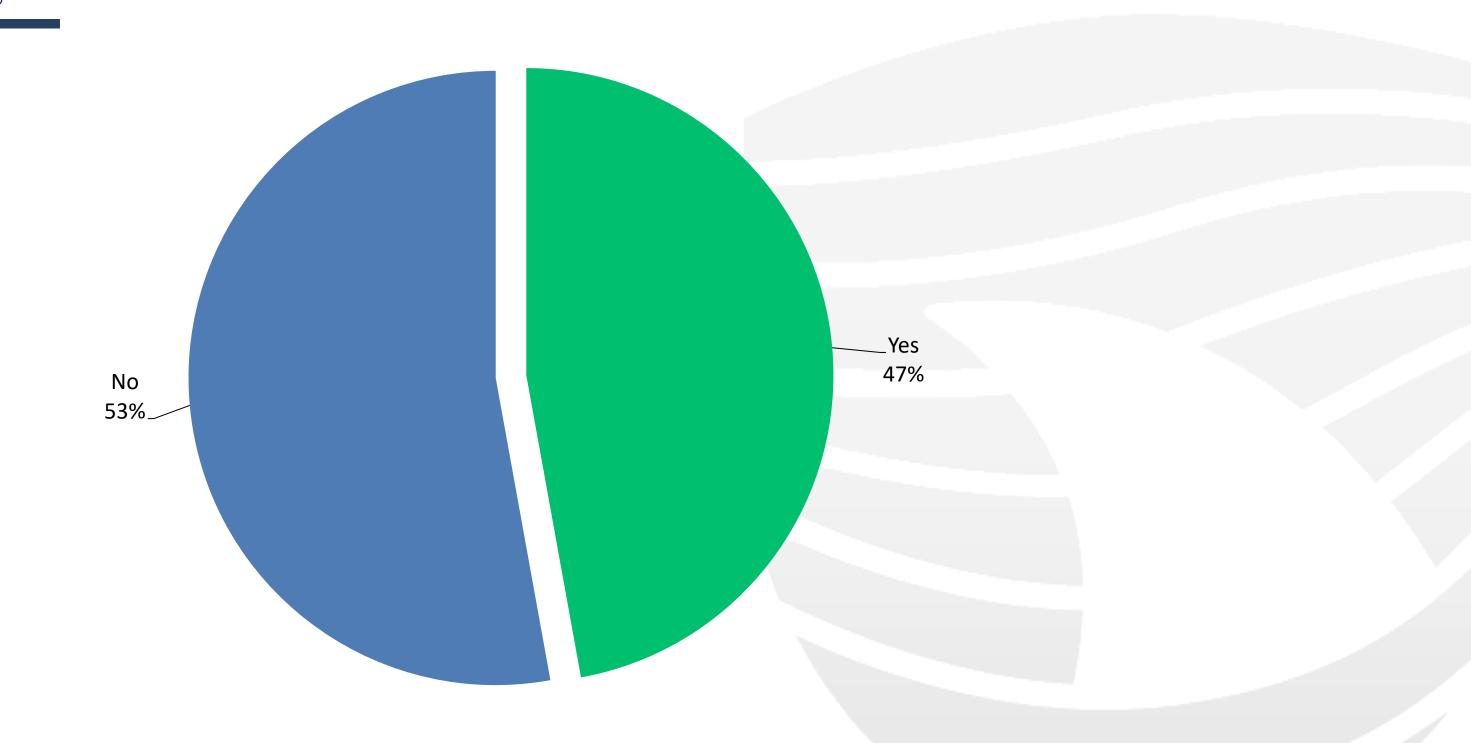
Answered: 611 Skipped: 260

Mercedes Benz Subaru Acura Porche Packard Lambo Chevrolet Jeep Austin Healey None Audi Ferrari Genesis Cadillac Toyota Porsche Chevy Volvo Mazda Dodge Corvette FordMercedes VW Mustang Honda Jaguar Volkswagen Aston Martin Nissan Mercedes-Benz



## Do you own a truck and/or off-road vehicle?

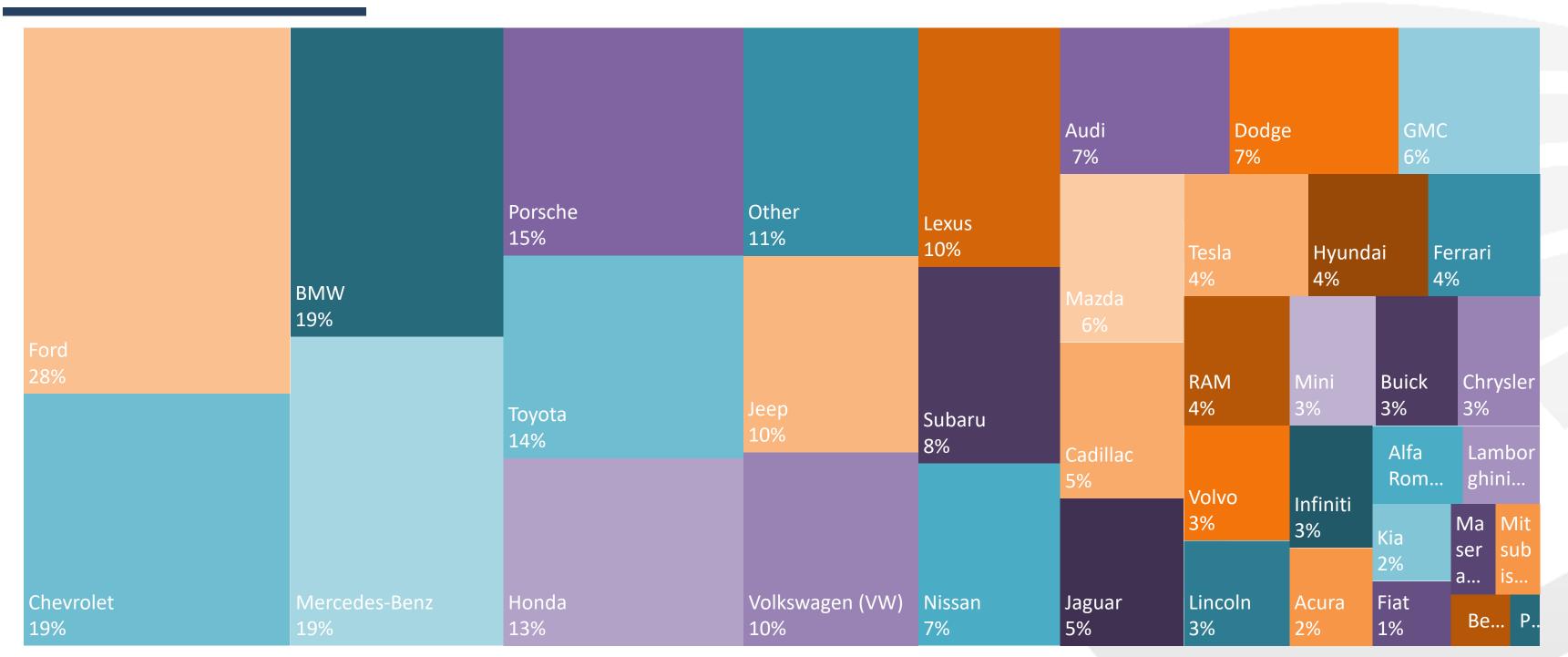
Answered: 702 Skipped: 169





## Which of these vehicle brands do you currently own? (select all that apply).

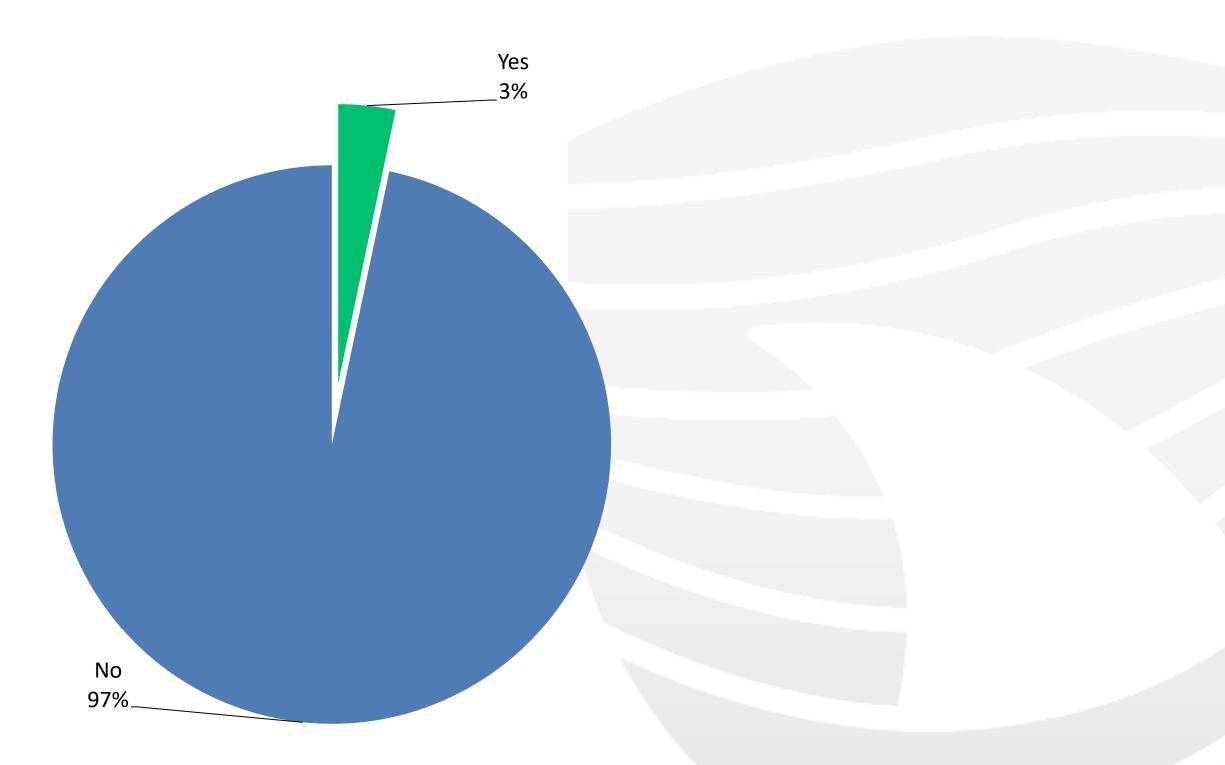
Answered: 700 Skipped: 171





## Do you currently own a corporate or private jet or have a fractional jet membership?

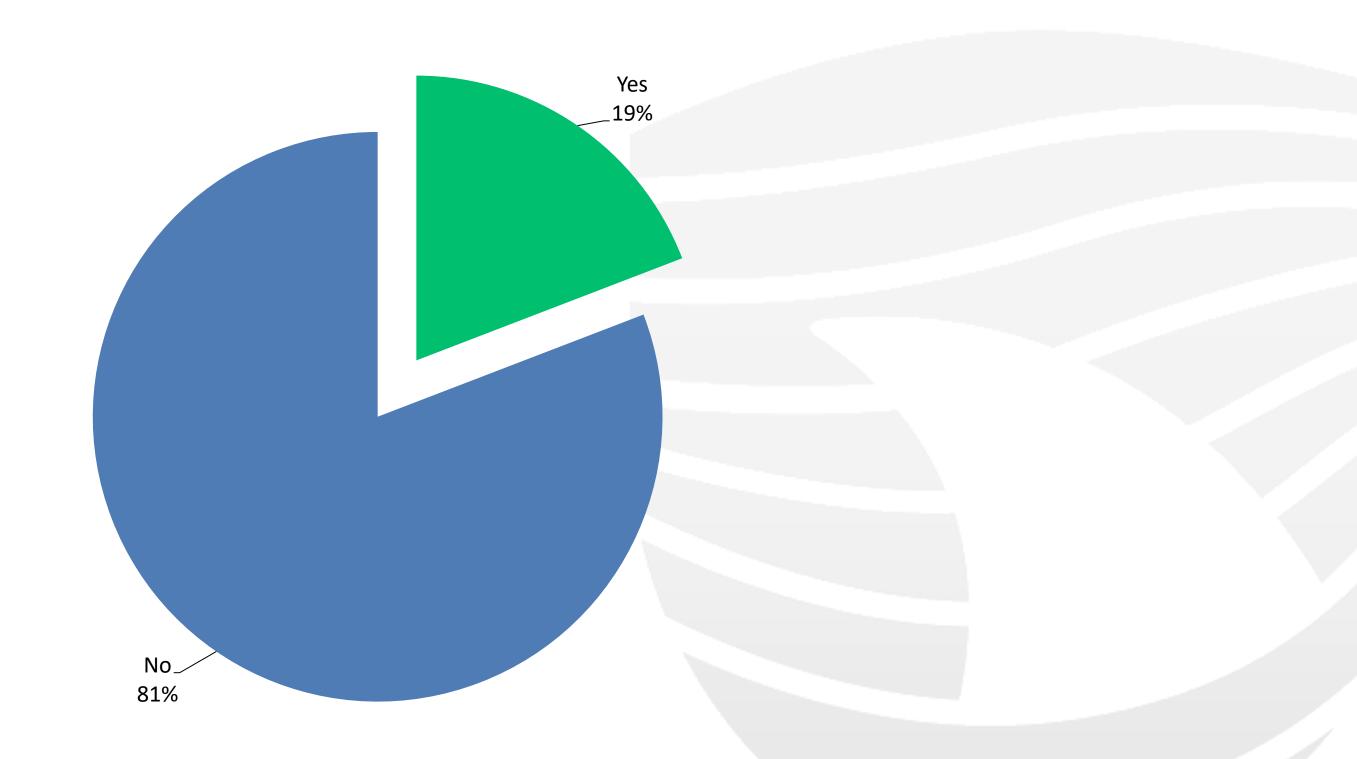
Answered: 698 Skipped: 173





## Do you currently own a boat (motorized or sail)?

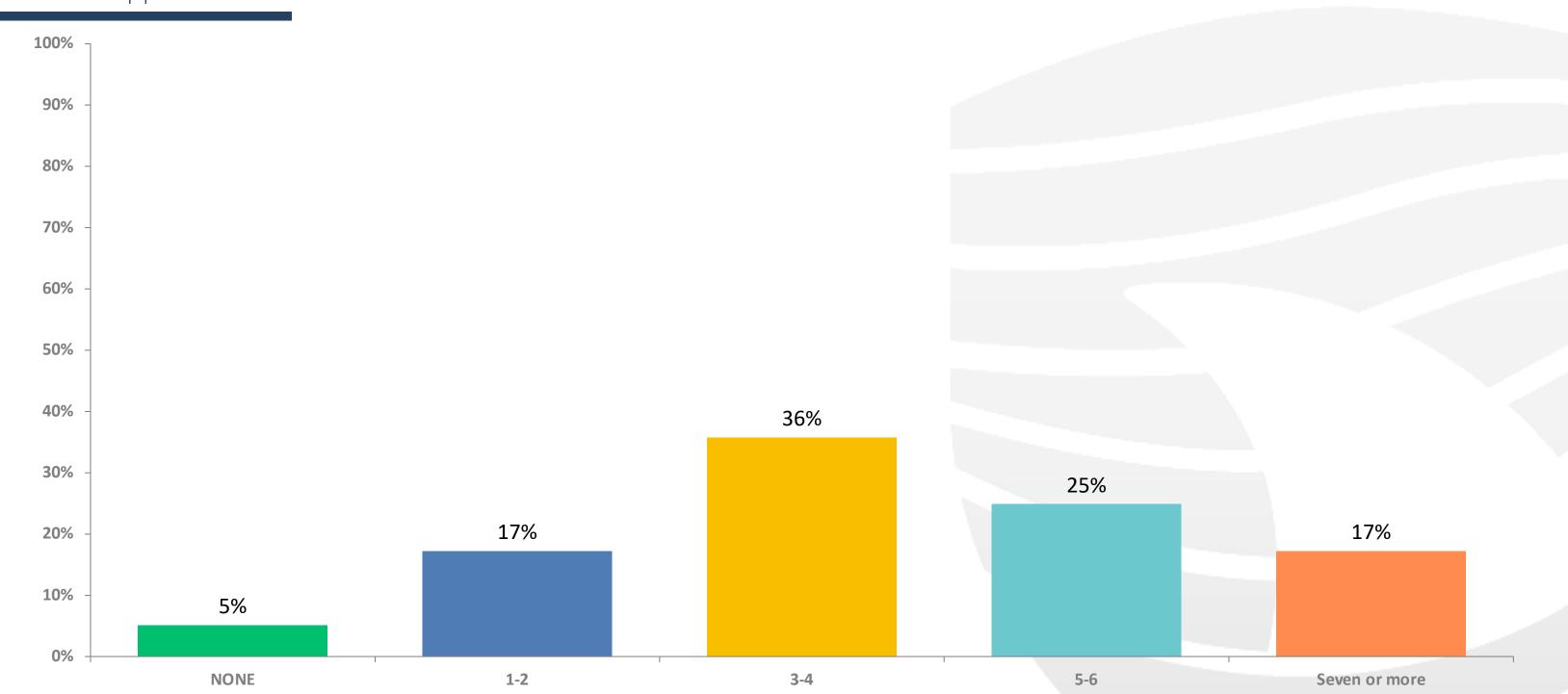
Answered: 694 Skipped: 177





## Not including business travel, how many trips, on average, do you take a year?

Answered: 692 Skipped: 179

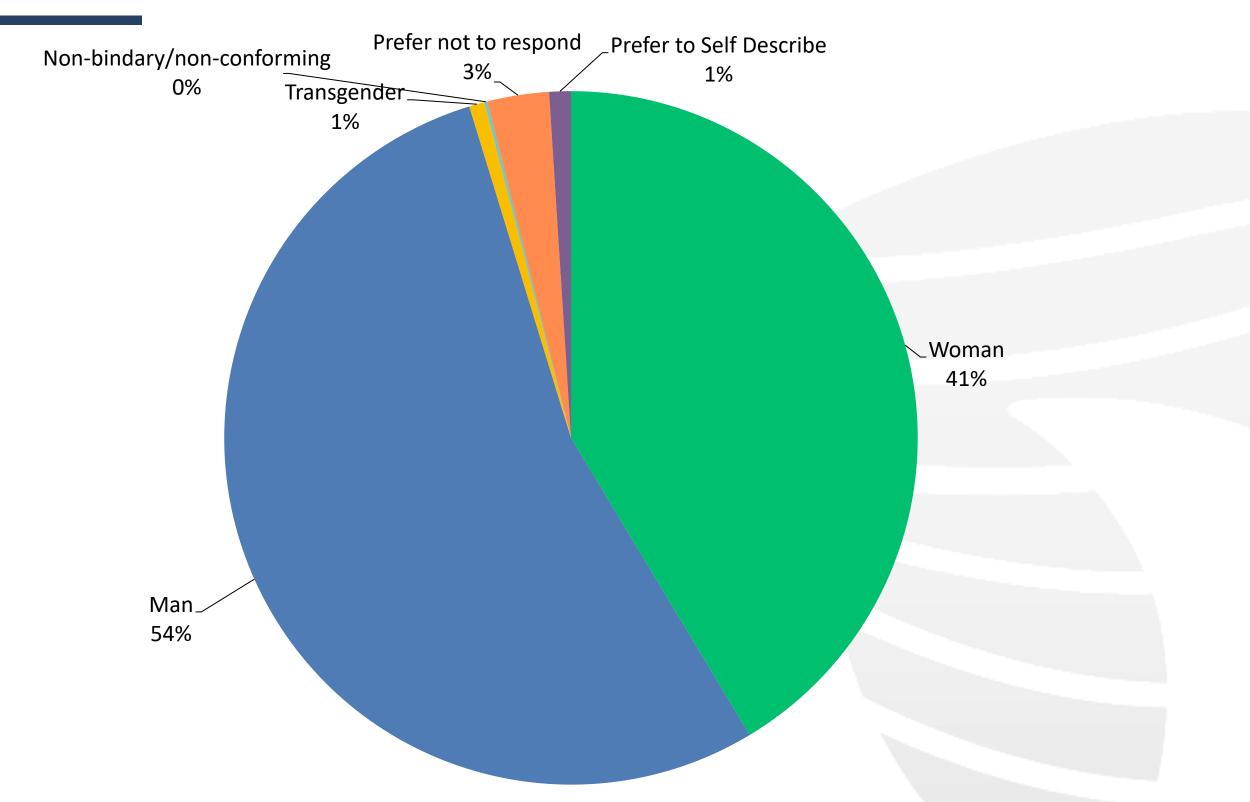






### How do you identify?

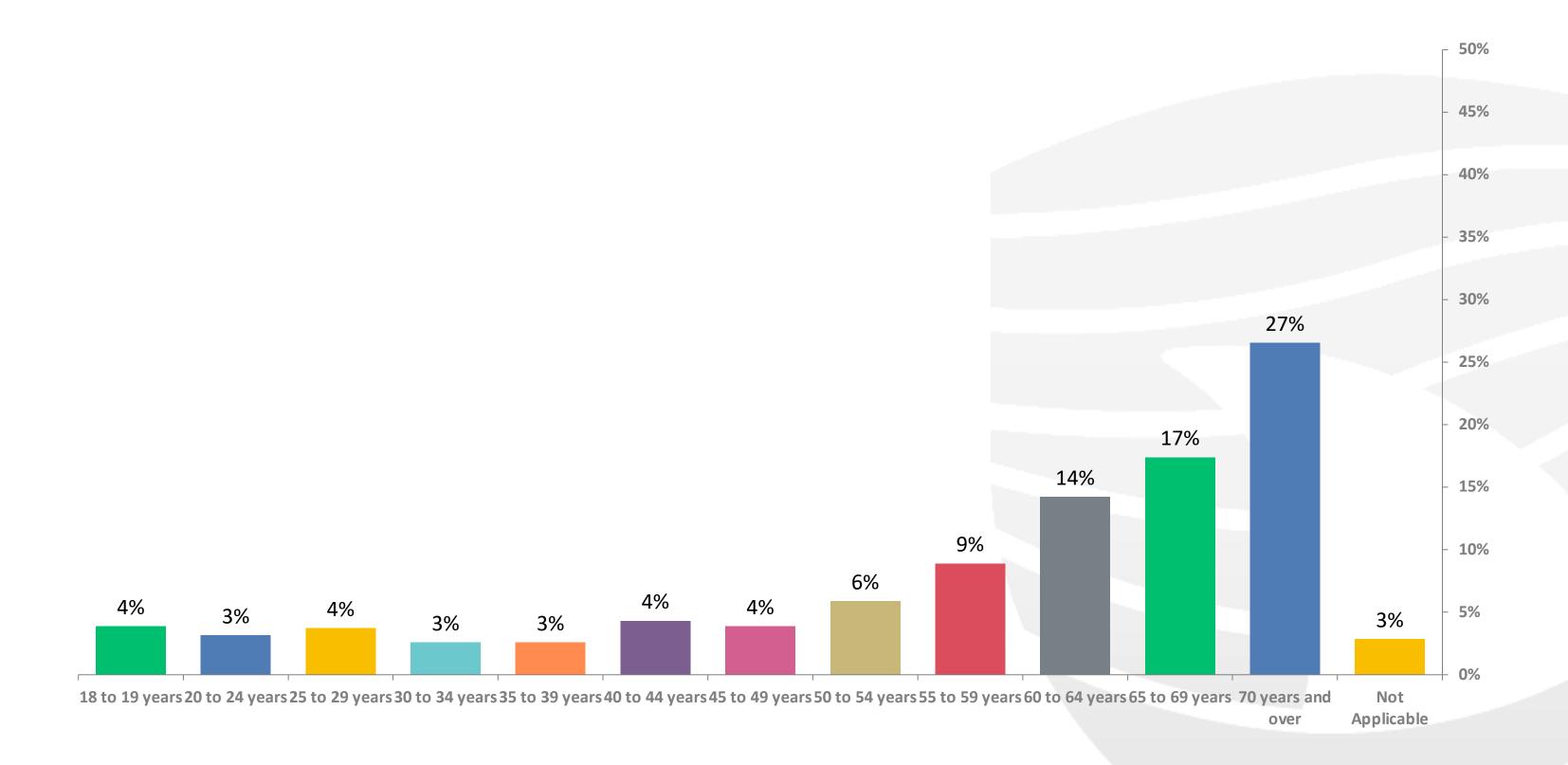
Answered: 696 Skipped: 175





### Indicate your age below.

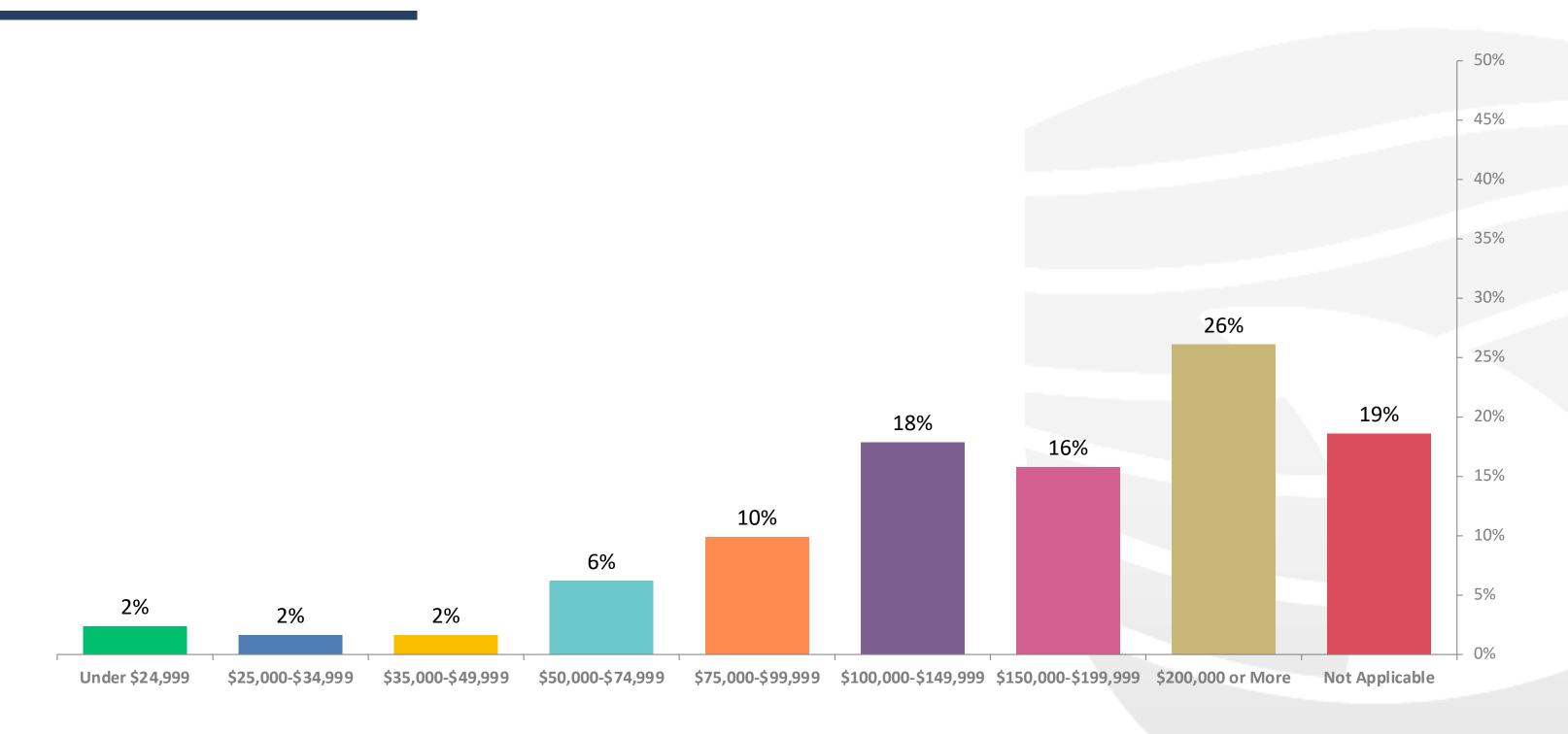
Answered: 696 Skipped: 175





## Which of the following ranges includes your household income?

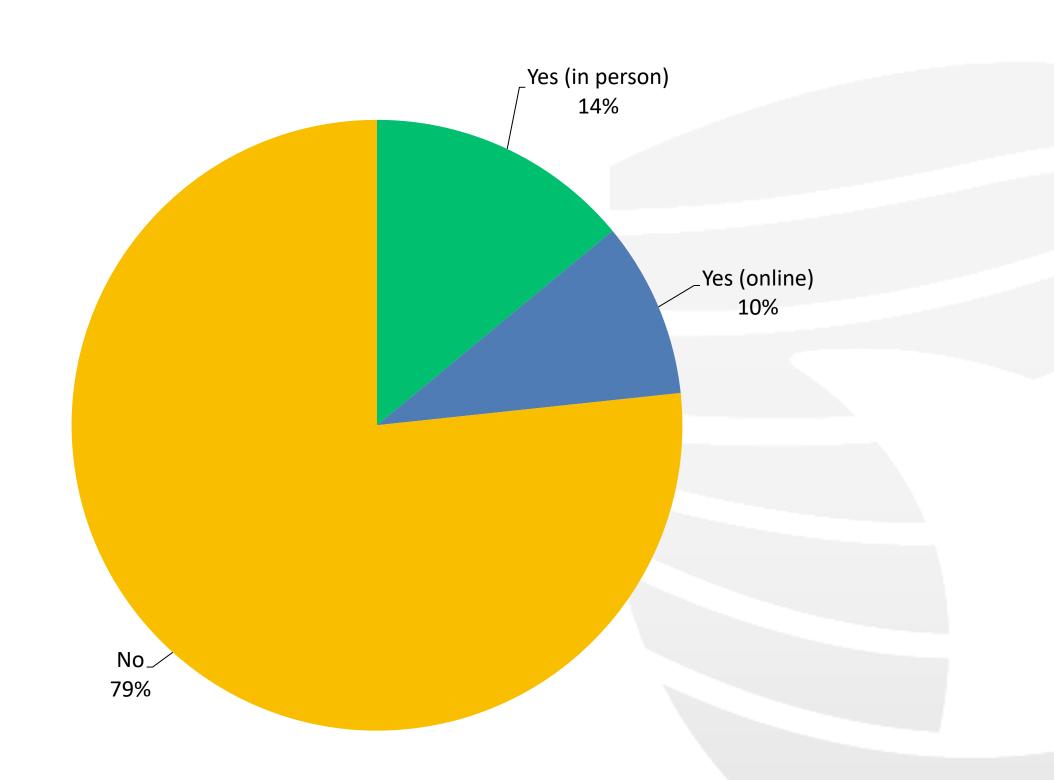
Answered: 678 Skipped: 193





## Have you ever sold, bid, or purchased a vehicle at a classic car auction?

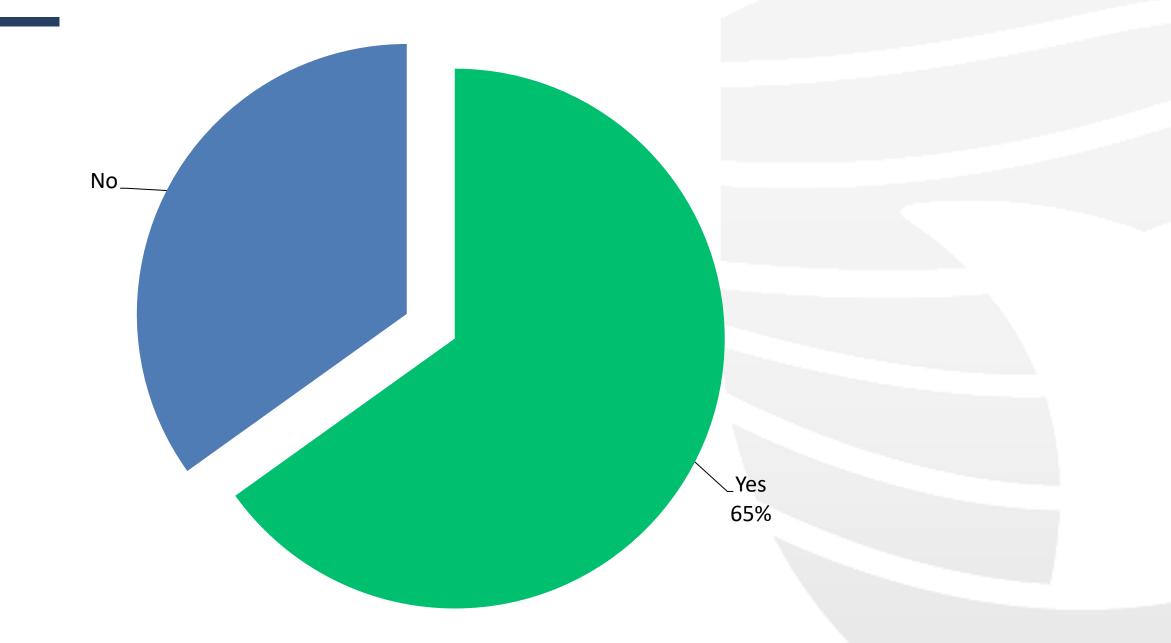
Answered: 679 Skipped: 192





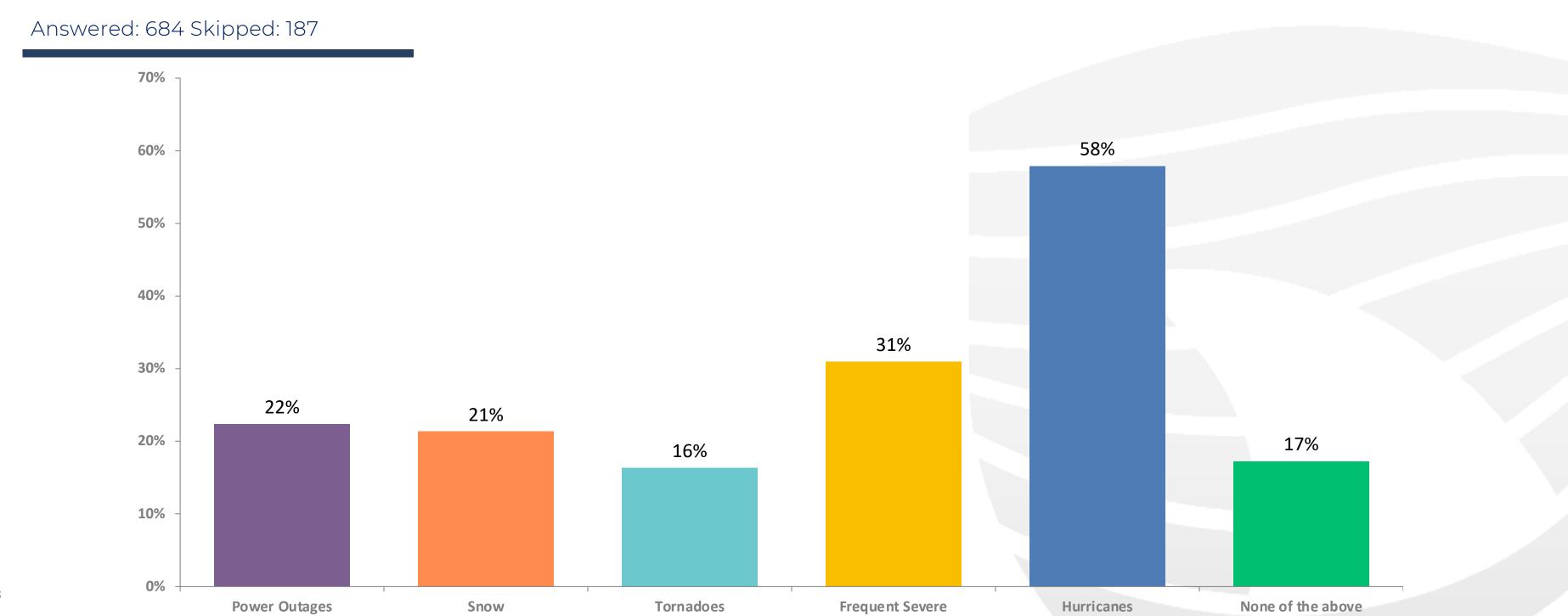
# Do you purchase any aftermarket products for your vehicles? (i.e., wheels, floor mats, etc).

Answered: 679 Skipped: 192





## Do you live in an area that is subject to: (select all that apply).

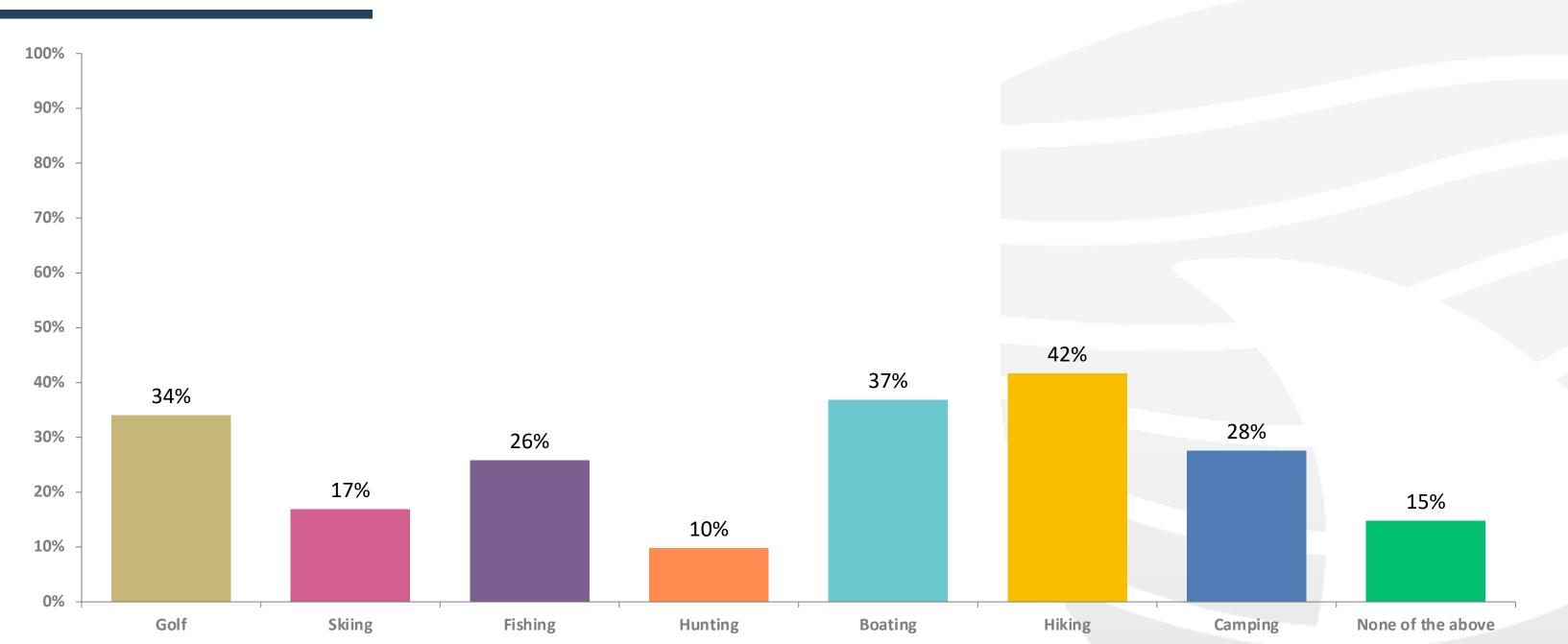


**Thunderstorms** 



## What outdoor activities/sports do you enjoy? (select all that apply).

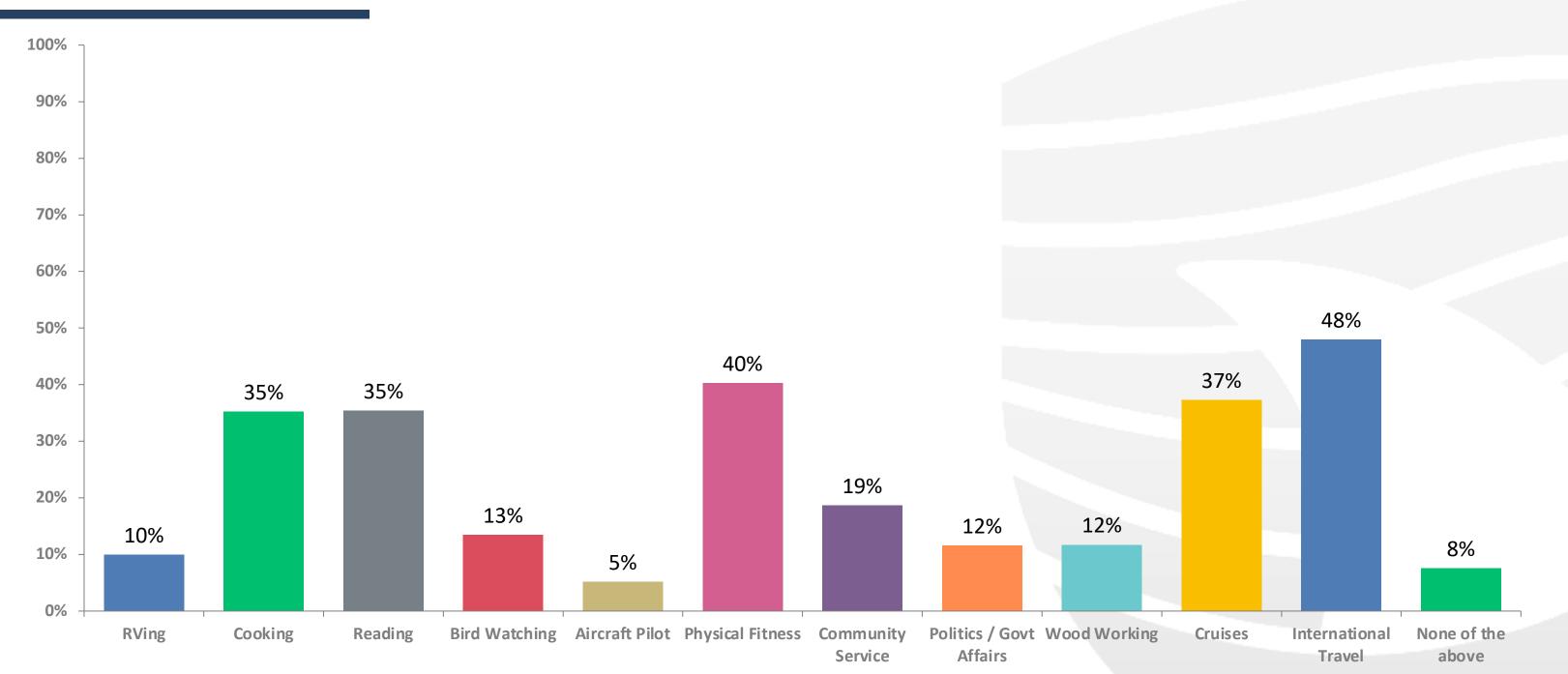
Answered: 682 Skipped: 189





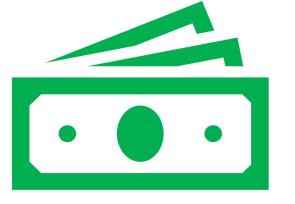
## What hobbies/interests do you or a family member enjoy? (select all that apply).

Answered: 675 Skipped: 1896



### Infographic





Income >\$150,000







**Enjoy multiple outdoor activities** 

Age **55+** 



CENTER FOR EVENT MANAGEMENT AND HOSPITALITY TRAINING

Hilton Head Island Concours d'Elegance & Motoring Festival				
2024 PRELIMINARY	2024 PRELIMINARY OPERATING BUDGET			
EXPENSES				
Admin	\$	375,000.00		
Concours Charitable Fund	\$	10,000.00		
Event Production	\$	210,000.00		
Facilities	\$	235,000.00		
Hospitality	\$	80,000.00		
Marketing	\$ \$	386,000.00		
Merchandise		20,000.00		
Services	\$	50,000.00		
Sponsor Solicitation	\$ \$	135,000.00		
Tickets		20,000.00		
Volunteers	\$	14,000.00		
TOTAL	\$	1,535,000.00		
REVENUE				
Concours	\$	716,000.00		
Sponsors	\$	560,000.00		
Exhibitors	\$	23,000.00		
Concours Charitable Fund	\$	70,000.00		
Airport	\$	190,000.00		
TOTAL	\$	1,559,000.00		
PROFIT	\$	24,000.00		
PROFII	Þ	24,000.00		

### Hilton Head Island Concours d'Elegance, Inc. **Profit & Loss**

January through July 2023

	Jan - Jul 23
Ordinary Income/Expense	
Income Award Sponsors Banner Sales Business Expo Tents Concours Charitable Fund (DYA)	4,000 500 3,700 48,470
Driving Tour Tickets	4,283
Exhibitor Registration Fees	9,025
Hospitality Other - Airport	18,188
Merchandise Sales	95
Parking Fees - VIP Patrons	1,300 58,870
Program Advertising Public Funding	23,350 154,475
Retail Vendor Space Sponsors	9,000 270,102
Ticket Sales	32,259
Total Income	637,616
Gross Profit	637,616
Expense Administration	54,957
Charitable Fund	735
Event Production	4,663
Facilities	4,098
Hospitality	250
Marketing	96,946
Merchandise	-161
Payroll Expenses	150,582
Reconciliation Discrepancies Sponsor Solicitation	0 43,220
void Volunteers	0 4,825
Total Expense	360,116
Net Ordinary Income	277,500
Other Income/Expense Other Expense CONTRIBUTIONS	42,100
InterestExpense	2,257
Total Other Expense	44,357
Net Other Income	-44,357
Net Income	233,144

### Hilton Head Island Concours d'Elegance, Inc. **Profit & Loss**

January through December 2022

	Jan - Dec 22
Ordinary Income/Expense	
Income Award Sponsors Banner Sales Beverage Sales Concours Charitable Fund (DYA)	2,000 500 7,874 66,575
Driving Tour Tickets	7,570
Exhibitor Registration Fees	7,050
Hospitality Events	16,094
Hospitality Other - Airport	132,771
Merchandise Sales	13,117
Misc Income	0
Patrons	110,908
Program Advertising Public Funding	27,450 347,340
Retail Vendor Space Sponsors	12,550 355,700
Ticket Sales	247,426
Total Income	1,354,924
Gross Profit	1,354,924
Expense Administration	135,053
Charitable Fund	4,459
Event Production	201,520
Facilities	315,011
Hospitality	86,690
Marketing	313,912
Merchandise	12,339
Payroll Expenses	243,285
Savannah Events Sponsor Solicitation	2,864 79,461
Ticketing	22,138
void Volunteers	0 13,477
Total Expense	1,430,209
Net Ordinary Income	-75,285
Other Income/Expense Other Expense CONTRIBUTIONS	78,201
InterestExpense	3,016
Total Other Expense	81,217
Net Other Income	-81,217
Net Income	-156,503

### Hilton Head Island Concours d'Elegance, Inc. Profit & Loss

**January through December 2021** 

	Jan - Dec 21
Ordinary Income/Expense	
Income Award Sponsors Beverage Sales Business Expo Tents Concours Charitable Fund (DYA)	4,100 3,464 5,025 99,622
Concours General Fundraising Driving Tour Tickets	3,000 10,851
Exhibitor Registration Fees	6,560
Hospitality Events	21,320
Hospitality Other - Airport	129,538
Merchandise Sales	6,628
Misc Income	28,919
Patrons	99,344
Program Advertising Public Funding	29,550 417,915
RACE TRACK	1,534
Retail Vendor Space Sponsors	11,300 309,275
Ticket Sales	216,254
Total Income	1,404,199
Gross Profit	1,404,199
Expense Administration	118,336
Charitable Fund	9,292
Event Production	217,667
Facilities	262,476
Hospitality	68,667
Marketing	300,824
Merchandise	12,284
Payroll Expenses	224,260
Sponsor Solicitation	63,135
Ticketing	25,673
TRACK DAY	98
void Volunteers	0 16,939
Total Expense	1,319,649
Net Ordinary Income	84,550
Other Income/Expense Other Expense CONTRIBUTIONS	27,449

8:47 AM 08/17/23 Accrual Basis

### Hilton Head Island Concours d'Elegance, Inc. **Profit & Loss**

**January through December 2021** 

	Jan - Dec 21
InterestExpense	6,219
Total Other Expense	33,669
Net Other Income	-33,669
Net Income	50,882

### Hilton Head Island Concours d'Elegance, Inc. Balance Sheet

As of July 31, 2023

	Jul 31, 23
ASSETS	
Current Assets Checking/Savings	
Cash On Hand	1,501.58
SC Unemployment Reserve Synovus Bank Checking	-252.93 324,677.21
Total Checking/Savings	325,925.86
	323,923.00
Accounts Receivable Accounts Receivable	105,773.18
Total Accounts Receivable	105,773.18
Other Current Assets Deposits - Current	5,958.00
Undeposited Funds	1,000.00
Total Other Current Assets	6,958.00
Total Current Assets	438,657.04
TOTAL ASSETS	438,657.04
LIABILITIES & EQUITY Liabilities Current Liabilities Accounts Payable	
Accounts Payable	-296.01
Total Accounts Payable	-296.01
Other Current Liabilities Cafeteria Plan	0.00
Payroll Liabilities	3,515.61
Total Other Current Liabilities	3,515.61
Total Current Liabilities	3,219.60
Long Term Liabilities SBA - EIDL	138,507.02
Total Long Term Liabilities	138,507.02
Total Liabilities	141,726.62
Equity Opening Bal Equity Retained Earnings Net Income	15,975.45 47,811.47 233,143.50
Total Equity	296,930.42
TOTAL LIABILITIES & EQUITY	438,657.04

### Hilton Head Island Concours d'Elegance, Inc. Balance Sheet

As of December 31, 2022

	Dec 31, 22
ASSETS	
Current Assets	
Checking/Savings Cash On Hand	531.87
SC Unemployment Reserve	-903.52
Synovus Bank Checking	175,466.34
Total Checking/Savings	175,094.69
Accounts Receivable Accounts Receivable	43,075.18
Total Accounts Receivable	43,075.18
Other Current Assets Deposits - Current	5,958.00
Undeposited Funds	4,204.50
Total Other Current Assets	10,162.50
Total Current Assets	228,332.37
TOTAL ASSETS	228,332.37
LIABILITIES & EQUITY Liabilities Current Liabilities Accounts Payable	
Accounts Payable  Accounts Payable	23,427.08
Total Accounts Payable	23,427.08
Other Current Liabilities Cafeteria Plan	0.00
Payroll Liabilities	495.42
Total Other Current Liabilities	495.42
Total Current Liabilities	23,922.50
Long Term Liabilities SBA - EIDL	140,622.95
Total Long Term Liabilities	140,622.95
Total Liabilities	164,545.45
Equity Opening Bal Equity Retained Earnings Net Income	15,975.45 204,314.12 -156,502.65
Total Equity	63,786.92
TOTAL LIABILITIES & EQUITY	228,332.37

### Hilton Head Island Concours d'Elegance, Inc. Balance Sheet

As of December 31, 2021

	Dec 31, 21
ASSETS Current Assets	
Checking/Savings Cash On Hand	502.20
Community Foundation Of The LC	592.39 492.08
SC Unemployment Reserve Synovus Bank Checking	-743.51 303,932.17
Total Checking/Savings	304,273.13
Accounts Receivable Accounts Receivable	76,533.57
Total Accounts Receivable	76,533.57
Other Current Assets Deposits - Current	5,958.00
Total Other Current Assets	5,958.00
Total Current Assets	386,764.70
TOTAL ASSETS	386,764.70
LIABILITIES & EQUITY Liabilities Current Liabilities Accounts Payable Accounts Payable	18,022.84
Total Accounts Payable	18,022.84
Other Current Liabilities Cafeteria Plan	0.00
Payroll Liabilities	3,382.64
Total Other Current Liabilities	3,382.64
Total Current Liabilities	21,405.48
Long Term Liabilities SBA - EIDL	145,069.65
Total Long Term Liabilities	145,069.65
Total Liabilities	166,475.13
Equity Opening Bal Equity Retained Earnings Net Income	15,975.45 153,432.57 50,881.55
Total Equity	220,289.57
TOTAL LIABILITIES & EQUITY	386,764.70

#### PUBLIC INSPECTION COPY

Form **991** 

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

OMB No. 1545-0047

Inspection

Department of the Treasury Internal Revenue Service

A For the 2021 calendar year, or tax year beginning

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

and ending

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

Open to Public

В	Check if applicable	C Name of organization	D Employer identifi	cation number			
	Addres	HILTON HEAD ISLAND CONCOURS D'ELEGANCE,					
F	]change □]Name	INC.	— 02 05477	02-0547759			
F	change  Initial						
H	return Final	Number and street (or P.0. box if mail is not delivered to street address)  1 CARDINAL ROAD  Room/si	uite E Telephone numbe 843-785-				
			G Gross receipts \$	1,404,199.			
	ated Amend	City or town, state or province, country, and ZIP or foreign postal code HILTON HEAD ISLAND, SC 29926					
	lreturn Applica tion		H(a) Is this a group re				
	pendin	SAME AS C ABOVE	H(b) Are all subordinates in	····· — —			
$\overline{\Gamma}$	Tax-exe			list. See instructions			
		HTTP://WWW.HHICONCOURS.COM/	H(c) Group exemptio				
K	Form of	organization: X Corporation Trust Association Other ► L Y	ear of formation: 2002				
	art I	Summary	•				
-	1	Briefly describe the organization's mission or most significant activities: ${ t ANNUAL \ \ A}$	UTO SHOW & MO	TORING			
Governance		FESTIVAL LOCATED ON HILTON HEAD ISLAND, SC.					
ern	2 (	Check this box $lacktriangle$ if the organization discontinued its operations or disposed of n	nore than 25% of its net as				
Š	1	Number of voting members of the governing body (Part VI, line 1a)		15			
		Number of independent voting members of the governing body (Part VI, line 1b)		15			
ies		Total number of individuals employed in calendar year 2021 (Part V, line 2a)		5			
Activities &		Total number of volunteers (estimate if necessary)		400			
Ac		Fotal unrelated business revenue from Part VIII, column (C), line 12		29,550.			
	b l	Net unrelated business taxable income from Form 990-T, Part I, line 11		0.			
		Destributions and supply (Dest VIII line 41)	Prior Year 323,066.	Current Year 420,915.			
Revenue		Contributions and grants (Part VIII, line 1h)	7,450.	647,918.			
Ver		Program service revenue (Part VIII, line 2g)	7,430.	047,510.			
Be		nvestment income (Part VIII, column (A), lines 3, 4, and 7d)  Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	20,802.	314,290.			
		Fotal revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	351,323.	1,383,123.			
		Grants and similar amounts paid (Part IX, column (A), lines 1-3)	37,200.	27,949.			
		Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.			
G	I	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	182,788.	223,983.			
JSe	16a F	Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.			
Expenses	b -	Fotal fundraising expenses (Part IX, column (D), line 25)					
ũ	17 (	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	149,659.	1,080,809.			
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	369,647.	1,332,741.			
	19	Revenue less expenses. Subtract line 18 from line 12	-18,324.	50,382.			
Net Assets or Fund Balances			Beginning of Current Year	End of Year			
sets	20	Fotal assets (Part X, line 16)	321,177.	386,265.			
t As	21	Total liabilities (Part X, line 26)	151,519.	166,476.			
	22	Net assets or fund balances. Subtract line 21 from line 20	169,658.	219,789.			
	art II	Signature Block					
		ties of perjury, I declare that I have examined this return, including accompanying schedules and sta		y knowledge and belief, it is			
true	, correct	, and complete. Declaration of preparer (other than officer) is based on all information of which prep	arer nas any knowledge.				
ei.		Signature of officer	Date				
Sig He		ROBERT LEE, TREASURER					
110		Type or print name and title					
		Print/Type preparer's name Preparer's signature	Date Check	PTIN			
Pai		MICHAEL R. PUTICH, CPA	11/11/22 self-employ	P00853466			
	- +	Firm's name ROBINSON GRANT & CO., P.A.	Firm's EIN 🛌	57-0735924			
Use		Firm's address P.O. DRAWER 22959					
		HILTON HEAD ISLAND, SC 29925	Phone no. 84	3-815-6161			
Ма	y the IR	S discuss this return with the preparer shown above? See instructions		X Yes No			

HILTON HEAD ISLAND CONCOURS D'ELEGANCE, 02-0547759 Form 990 (2021) Page 2 Part III Statement of Program Service Accomplishments Check if Schedule O contains a response or note to any line in this Part III Briefly describe the organization's mission: THE CONCOURS EVENT IS HELD ANNUALLY ON HILTON HEAD ISLAND, SC AND DISPLAYS HISTORICAL AND SIGNIFICANT AUTOMOBILES FOR THE PURPOSE OF EDUCATING THE PUBLIC ON THE AUTOMOTIVE INDUSTRY ORIGIN, DEVELOPMENT AND CONTRIBUTION TO HISTORY Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? If "Yes," describe these new services on Schedule O. 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. 1,198,256. including grants of \$ ) (Expenses \$ ) (Revenue \$ PRODUCTION OF A WEEK-LONG FESTIVAL MOTOR SHOW THAT FOCUSES UPON AUTOMOBILES AND OTHER VARIOUS METHODS OF TRANSPORTATION AND WHICH IS OPEN AND AVAILABLE TO THE GENERAL PUBLIC. 25,449. including grants of \$ 25,449.) (Revenue \$ 4b (Code: ) (Expenses \$ PAYMENT OF GRANTS TO LOCAL NOT-FOR-PROFIT ORGANIZATIONS 

1d	d Other program services (Describe on Schedule O.)			
	(Expenses \$	including grants of \$	) (Revenue \$	)
<del>l</del> e	Total program service expenses	1,223,705.		

### Form 990 (2021) INC . 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	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			v
	public office? If "Yes," complete Schedule C, Part I	3		X
4	<b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If</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		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 "Yes," complete Schedule D, Part I	6		х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			37
	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		Х
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		Х
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		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	X	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		X
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		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	1/lb		х
15	or more? If "Yes," complete Schedule F, Parts I and IV  Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any	14b		<del></del>
13	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		Х
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		х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18	Х	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"	10		Х
20-	complete Schedule G, Part III	19		X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		<u> </u>
	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		х
	democracy government on that it, column (hy, line 1: " 100, complete conceder, that of and it			

Page 3

Page 4

Form 990 (2021) INC .

Part IV Checklist of Required Schedules (continued)

			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on		163	NO
	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	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	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		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25 a	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			3,7
	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%			х
07	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		
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		х
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV,	21		
20	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	х	
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		Х
	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b?/f			
	"Yes," complete Schedule L, Part IV	28c		Х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		Х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		Х
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		Х
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, or IV, and	<b>.</b> .		x
05 -	Part V, line 1	34		X
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?  If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	35a		
b	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 related organization?	335		
00	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?			
		38	Х	
Pai	Note: All Form 990 filers are required to complete Schedule O tt 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
	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a 4			
	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming		37	
	(gambling) winnings to prize winners?	1c	X	

HILTON HEAD ISLAND CONCOURS D'ELEGANCE, INC. 02-0547759 Page 5 Form 990 (2021) Part V Statements Regarding Other IRS Filings and Tax Compliance (continued) No Yes 2a Enter the number of employees reported on Form W-3. Transmittal of Wage and Tax Statements. filed for the calendar year ending with or within the year covered by this return **b** If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Х 2b Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. See instructions. X 3a Did the organization have unrelated business gross income of \$1,000 or more during the year? За X b If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O 4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a Х financial account in a foreign country (such as a bank account, securities account, or other financial account)? 4a **b** If "Yes," enter the name of the foreign country See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). X 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? c If "Yes" to line 5a or 5b, did the organization file Form 8886-T? 6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit Х any contributions that were not tax deductible as charitable contributions? 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). X a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?

b	<b>b</b> If "Yes," did the organization notify the donor of the value of the goods or services provided?							
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was 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 contract?	7e						
f	f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?							
g	g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?							
h	h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?							
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the							
	sponsoring organization have excess business holdings at any time during the year?							
9	Sponsoring organizations maintaining donor advised funds.							
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							

11	Section 501(c)(12) organizations. Enter:	1				
а	Gross income from members or shareholders					
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	12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?					
b	b If "Yes," enter the amount of tax-exempt interest received or accrued during the year					
13	13 Section 501(c)(29) qualified nonprofit health insurance issuers.					
а	a Is the organization licensed to issue qualified health plans in more than one state?					
	Note: See the instructions for additional information the organization must report on Schedule O.					
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	13c				

14a Did the organization receive any payments for indoor tanning services during the tax year?

15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or

If "Yes," see the instructions and file Form 4720, Schedule N.

If "Yes," complete Form 6069.

**b** If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O

excess parachute payment(s) during the year?

b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities

Is the organization an educational institution subject to the section 4968 excise tax on net investment income?
 If "Yes," complete Form 4720, Schedule O.
 Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in any activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953?
 17

X

Х

14a

14b

15

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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					X
Sec	tion A. Governing Body and Management					
		1 1	4 <b>-</b> F		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	15			
	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.		اء ۽			
b	Enter the number of voting members included on line 1a, above, who are independent	1b	15			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationsh	ip with any other				
	officer, director, trustee, or key employee?		L	2		Х
3	Did the organization delegate control over management duties customarily performed by or under the					
	of officers, directors, trustees, or key employees to a management company or other person?			3		X
4	Did the organization make any significant changes to its governing documents since the prior Form	990 was filed?	L	4		Х
5	Did the organization become aware during the year of a significant diversion of the organization's as	ssets?		5		Х
6	Did the organization have members or stockholders?			6		Х
7a	Did the organization have members, stockholders, or other persons who had the power to elect or a					
	more members of the governing body?			7a		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,	stockholders, or				
	persons other than the governing body?		L	7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year	ear by the following:				
а	The governing body?		L	8a	Х	
b	Each committee with authority to act on behalf of the governing body?		L	8b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be re					
_	organization's mailing address? If "Yes," provide the names and addresses on Schedule O			9		X
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal F	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 of					
	and branches to ensure their operations are consistent with the organization's exempt purposes?			10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing boo	dy before filing the for	n?	11a		X
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.					
12a				12a		X
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give ris			12b		
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "					
	on Schedule O how this was done			12c		
13	Did the organization have a written whistleblower policy?			13		X
14	Did the organization have a written document retention and destruction policy?		L	14		Х
15	Did the process for determining compensation of the following persons include a review and approve					
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?				37	
	The organization's CEO, Executive Director, or top management official			15a	X	37
b	Other officers or key employees of the organization			15b		X
	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 arrange			40		Х
	taxable entity during the year?			16a		Δ
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluation to evaluation to evaluation of the organization of the organization to evaluation of the organization of the organization to evaluation of the organization o					
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization of the control of					
<u> </u>	exempt status with respect to such arrangements?			16b		
	tion C. Disclosure					
17	List the states with which a copy of this Form 990 is required to be filed SC		1/->/0>			-1-1-
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, a	and 990-1 (section 501	(C)(3)s	only	availa	able
	for public inspection. Indicate how you made these available. Check all that apply.	Oak! !- O'				
40		n on Schedule O)				
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, or	conflict of interest police	cy, and	tınar	icial	
00	statements available to the public during the tax year.					
20	State the name, address, and telephone number of the person who possesses the organization's be BOB LEE $-843-785-5747$	ooks and records  _				
	1 CARDINAL ROAD, SUITE #16, HILTON HEAD ISLAND, SO	29926				
	T CTT TITLE TOTAL DOTTE "TO, HITHOU HEAD TOTAIN, DO	J 22 J 24 U				

### INC.

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	1
Check it Schedule O contains a response or note to any line in this Part VII.	

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#### 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 the 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.

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

See the instructions for the order in which to list the persons above.

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(A)	(B)	(C)					iloui	(D)	(E)	(F)	
Name and title	Average hours per hours per hours per							Reportable	Reportable	Estimated	
				box, unless person is both an officer and a director/trustee)			is bot	h an	compensation	compensation	amount of
	week (list any	$\vdash$					<u> </u>	from the	from related organizations	other compensation	
	hours for	Individual trustee or director				Đ		organization	(W-2/1099-MISC/	from the	
	related	ee or	stee			nsate		(W-2/1099-MISC/	1099-NEC)	organization	
	organizations	trust	nal tru		oyee	ompe		1099-NEC)		and related	
	below	vidua	Institutional trustee	Ser	Key employee	Highest compensated employee	Former			organizations	
	line)	Indi	Inst	Officer	Key	Hig	For				
(1) LINDSEY HARRELL	40.00	١		l				101 000	•	•	
EXECUTIVE DIRECTOR	F 00	Х		Х				101,888.	0.	0.	
(2) STEWART BROWN	5.00	١		l					•	•	
CHAIR EMERITUS		Х		Х				0.	0.	0.	
(3) MEREDITH HARLACHER	5.00	l		l							
CHAIRMAN		Х		Х				0.	0.	0.	
(4) BOB LEE	5.00	١		l						•	
TREASURER	F 00	Х		Х				0.	0.	0.	
(5) TRUITT RABUN	5.00	١		l					•	•	
SECRETARY	F 00	Х		Х				0.	0.	0.	
(6) MIKE MCCLELLAND	5.00			l							
VICE CHAIRMAN	F 00			Х				0.	0.	0.	
(7) LAWRENCE KOCH	5.00	١								•	
BOARD MEMBER	F 00	Х						0.	0.	0.	
(8) JOYCE CARLTON	5.00	١							•		
BOARD MEMBER	F 00	Х						0.	0.	0.	
(9) PAUL IANUARIO	5.00	١							•		
BOARD MEMBER		Х						0.	0.	0.	
(10) WALTER NESTER	5.00	١							•		
BOARD MEMBER		Х						0.	0.	0.	
(11) LEE NINER	5.00	l									
BOARD MEMBER	F 00	Х						0.	0.	0.	
(12) DENNIS WRIGHT	5.00	١							•		
BOARD MEMBER	F 00	Х						0.	0.	0.	
(13) ELKE MARTIN	5.00	١							•		
BOARD MEMBER	F 00	Х						0.	0.	0.	
(14) ERIC DOERRING	5.00	١							•		
BOARD MEMBER	F 00	Х						0.	0.	0.	
(15) PAUL BOES	5.00	١							•		
BOARD MEMBER		Х						0.	0.	0.	
		1									
		_			_	_					
		-									
	<u> </u>									- 000	

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(A)	(B)	, ,						(D)	(E)			(F)	
Name and title	Average	Position (do not check more than one box, unless person is both an officer and a director/trustee)					one	Reportable	Reportable		Es <sup>.</sup>	timate	d
	hours per						h an	compensation	compensation	1	am	ount o	of
	week	$\vdash$	Cer ai	iu a u	recit	)/ ii us	iee)	from	from related			other	
	(list any hours for	director				L		the organization	organizations (W-2/1099-MIS			oensatom the	
	related	e or d	stee			sated		(W-2/1099-MISC/	1099-NEC)	اد		anizati	
	organizations	truste	al trus		yee	mper		1099-NEC)	,			l relate	
	below	Individual trustee or	Institutional trustee	-e	Key employee	Highest compensated employee	ıer	,			orga	nizatio	ากร
	line)	lndi	Insti	Officer	Key	High	Former						
		-											
													•
1b Subtotal							<b>▶</b>	101,888.		0.			0.
c Total from continuation sheets to Par	rt VII, Section A						<b>&gt;</b>	0.		0.			0.
d Total (add lines 1b and 1c)							<u> </u>	101,888.		0.			0.
2 Total number of individuals (including b compensation from the organization		ose	liste	ed al	bove	e) wł	no re	eceived more than \$100	0,000 of reportable	<b>;</b>			1
												Yes	No
3 Did the organization list any <b>former</b> offi		,	кеу е	emp	loye	e, o	hig	hest compensated emp	oloyee on				v
line 1a? If "Yes," complete Schedule J t								h			3		X
4 For any individual listed on line 1a, is the and related organizations greater than \$\frac{1}{2}\$	•							•	•		4		Х
5 Did any person listed on line 1a receive	or accrue compe	nsat	ion f	from	any	/ unr	elat	ed organization or indivi	idual for services				
rendered to the organization? If "Yes," or	complete Schedul	e J f	or s	uch	pers	son .					5		X
Section B. Independent Contractors									*				
<ol> <li>Complete this table for your five highes the organization. Report compensation</li> </ol>		-								oens	ation f	rom	
(A)								(B)			(C		
Name and busin	ess address	NC	INC	<u> </u>			+	Description of s	services		omper	sation	1
2 Total number of independent contractor		ot li	mite	d to		se li:	sted	d above) who received m	nore than				
\$100,000 of compensation from the org	yanızanını 🚩												

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		Check if Schedule O contains a response	or note to any lin	oo in this Part VIII			
		Check if Schedule O contains a response	or note to arry iii	(A)	(B)	(C)	(D)
				Total revenue	Related or exempt		Revenue excluded
				Total Tovolido		business revenue	
40 1							sections 512 - 514
nts	1 a	Federated campaigns 1a					
<u> </u>	b	Membership dues1b					
An An	С	Fundraising events1c					
Contributions, Gifts, Grants and Other Similar Amounts	d	Related organizations 1d					
	е	Government grants (contributions) 1e	417,915.				
i si	f	All other contributions, gifts, grants, and					
		similar amounts not included above <b>1f</b>	3,000.				
달의	g	Noncash contributions included in lines 1a-1f 1g \$					
a S	h	Total. Add lines 1a-1f	<b></b>	420,915.			
			Business Code				
e l	2 a	SPONSORSHIP INCOME	990099	313,375.	313,375.		
اہ جَ	b	EVENT TICKET SALES	990099	216,254.	216,254.		
Program Service Revenue	С	PATRON INCOME	900099	99,344.	99,344.		
eve	d	DRIVING TOUR TICKETS	990099	10,851.	10,851.		
Pg	е	EXHIBITOR REGISTRATION	990099	6,560.	6,560.		
Ŗ	f	All other program service revenue	990099	1,534.	1,534.		
	q	Total. Add lines 2a-2f	<b></b>	647,918.			
	3	Investment income (including dividends, intere		-			
		other similar amounts)					
	4	Income from investment of tax-exempt bond p					
	5	Royalties					
		(i) Real	(ii) Personal				
	6 a	Gross rents 6a					
	c	D 111 (1 )					
		Net rental income or (loss)	<u> </u>				
		Gross amount from sales of (i) Securities	(ii) Other				
	. u	assets other than inventory 7a	( )				
	h	Less: cost or other basis					
e l	D	and sales expenses 7b					
en	•	Gain or (loss) 7c					
Revenue		Net gain or (loss)					
ther		Gross income from fundraising events (not					
됩	o u	including \$ of					
		contributions reported on line 1c). See					
		Part IV, line 18 8a	59,584.				
	h	Less: direct expenses 8b					
		Net income or (loss) from fundraising events	•	50,792.			50,792.
		Gross income from gaming activities. See		55,,524			
	Ju	Part IV, line 19 9a					
	h	Less: direct expenses 9b	<u>†                                      </u>				
		Net income or (loss) from gaming activities	<b>&gt;</b>				
		Gross sales of inventory, less returns					
	io a	and allowances 10a	6,628.				
	h	Less: cost of goods sold 10k					
				-5,656.	-5,656.		
$\dashv$	C	Net income or (loss) from sales of inventory	Business Code	3,030.	3,030.		
Snc	11 ^	HOSPITALITY EVENTS/INC	990099	154,322.	154,322.		
nec Tue	II a	DDITITATO MOUNTO AMEDICA	990099	40,038.	40,038.		
Miscellaneous Revenue	D C	DDOODAM ADVEDMENTO IN	541800	29,550.	20,000	29,550.	
Re	_	A.II	990099	45,244.	45,244.		
Σ		Total. Add lines 11a-11d		269,154.	-0,244		
	12	Total revenue See instructions		1.383.123.	881.866.	29.550.	50.792.

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#### Part IX | Statement of Functional Expenses

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

Check if Schedule O contains a response or note to any line in this Part IX									
		nse or note to any line in (A)	this Part IX(B)	(C)	(D)				
	not include amounts reported on lines 6b, 8b, 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	05 440	05 440						
	and domestic governments. See Part IV, line 21	25,449.	25,449.						
2	Grants and other assistance to domestic	0 500	0 500						
	individuals. See Part IV, line 22	2,500.	2,500.						
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,	101 000	76 416	25 472					
	trustees, and key employees	101,888.	76,416.	25,472.					
6	Compensation not included above to disqualified								
	persons (as defined under section 4958(f)(1)) and								
	persons described in section 4958(c)(3)(B)	105 220	04 271	21 060					
7	Other salaries and wages	105,339.	84,271.	21,068.					
8	Pension plan accruals and contributions (include								
_	section 401(k) and 403(b) employer contributions)								
9	Other employee benefits	16,756.	12,567.	4,189.					
10	Payroll taxes	10,750.	14,507.	7,109.					
11	Fees for services (nonemployees):								
	Management								
	Legal	25,308.	12,654.	12,654.					
	Accounting	23,300	12,034.	12,034.					
	Lobbying Professional fundraising services. See Part IV, line 17								
f	Investment management fees								
	Other. (If line 11g amount exceeds 10% of line 25,								
9	column (A), amount, list line 11g expenses on Sch 0.)								
12	Advertising and promotion	300,820.	300,820.						
13	Office expenses	,	,						
14	Information technology	20,676.	10,338.	10,338.					
15	Royalties	-	-	-					
16	Occupancy	16,211.	9,727.	6,484.					
17	Travel								
18	Payments of travel or entertainment expenses								
	for any federal, state, or local public officials								
19	Conferences, conventions, and meetings								
20	Interest	6,219.		6,219.					
21	Payments to affiliates								
22	Depreciation, depletion, and amortization	22 25	1.6.0.61						
23	Insurance	20,076.	16,061.	4,015.					
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 0.)	262 476	262 476						
a	FACILITY EXPENSES/RENTA EVENT PRODUCTION COSTS	262,476.	262,476.						
b	HOSPITALITY TENT COSTS	217,667. 68,667.	217,667. 68,667.						
C	SPONSOR SOLICITATION EX	63,135.	63,135.						
d		79,554.	60,957.	18,597.					
	·	1,332,741.	1,223,705.	109,036.	0.				
<u>25</u> 26	<b>Total functional expenses.</b> Add lines 1 through 24e <b>Joint costs.</b> Complete this line only if the organization	1,334,1410	1,223,103.	100,000	<u> </u>				
20	reported in column (B) joint costs from a combined								
	educational campaign and fundraising solicitation.								
	Check here if following SOP 98-2 (ASC 958-720)								
	0. 10.00.01				Form <b>990</b> (2021)				

Form 990 (2021)
Part X | Balance Sheet

Pa	rt X	Balance Sheet			
		Check if Schedule O contains a response or note to any line in this Part X			
			(A) Beginning of year		<b>(B)</b> End of year
	1	Cash - non-interest-bearing	139.	1	341.
	2	Savings and temporary cash investments		2	303,432.
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net	3,483.	4	76,534.
	5	Loans and other receivables from any current or former officer, director,			
		trustee, key employee, creator or founder, substantial contributor, or 35%			
		controlled entity or family member of any of these persons		5	
	6	Loans and other receivables from other disqualified persons (as defined			
		under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
ţ	7	Notes and loans receivable, net		7	
Assets	8	Inventories for sale or use		8	
⋖	9	Prepaid expenses and deferred charges		9	
	10a	Land, buildings, and equipment: cost or other			
		basis. Complete Part VI of Schedule D 10a			
	b	Less: accumulated depreciation		10c	
	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	5,958.	15	5,958.
	16	Total assets. Add lines 1 through 15 (must equal line 33)		16	386,265.
	17	Accounts payable and accrued expenses	1,000.	17	18,023.
	18	Grants payable		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
es	22	Loans and other payables to any current or former officer, director,			
≣		trustee, key employee, creator or founder, substantial contributor, or 35%			
Liabilities		controlled entity or family member of any of these persons		22	
_	23	Secured mortgages and notes payable to unrelated third parties	140 040	23	145 050
	24	Unsecured notes and loans payable to unrelated third parties	149,747.	24	145,070.
	25	Other liabilities (including federal income tax, payables to related third			
		parties, and other liabilities not included on lines 17-24). Complete Part X	770		2 202
		of Schedule D	1 = 1 = 1 0	25	3,383.
	26	Total liabilities. Add lines 17 through 25	151,519.	26	166,476.
S		Organizations that follow FASB ASC 958, check here ▶ X			
nce		and complete lines 27, 28, 32, and 33.	160 659		219,789.
ala	27	Net assets without donor restrictions		27	219,709.
В	28	Net assets with donor restrictions		28	
핕		Organizations that do not follow FASB ASC 958, check here			
ō		and complete lines 29 through 33.			
Net Assets or Fund Balances	29	Capital stock or trust principal, or current funds		29	
1886	30	Paid-in or capital surplus, or land, building, or equipment fund		30	
₹A	31	Retained earnings, endowment, accumulated income, or other funds		31	210 700
ž	32	Total net assets or fund balances	1 201 100	32	219,789.
	33	Total liabilities and net assets/fund balances	321,177.	33	386,265.

02-0547759 INC. Page **12** Form 990 (2021) Part XI Reconciliation of Net Assets Check if Schedule O contains a response or note to any line in this Part XI 1,383,123. 1 Total revenue (must equal Part VIII, column (A), line 12) 1 1,332,741. Total expenses (must equal Part IX, column (A), line 25) 2 2 50,382. 3 Revenue less expenses. Subtract line 2 from line 1 3 169,658. Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) 4 4 Net unrealized gains (losses) on investments 5 5 Donated services and use of facilities 6 6 7 7 Investment expenses -251. 8 Prior period adjustments 8 Other changes in net assets or fund balances (explain on Schedule O) 9 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, 10 219,789. column (B)) Part XII Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII Yes No X Accrual Accounting method used to prepare the Form 990: Lash \_\_ 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? Х 2a 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: Both consolidated and separate basis Separate basis Consolidated basis Х **b** Were the organization's financial statements audited by an independent accountant? 2b 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:

Both consolidated and separate basis

Form **990** (2021)

Х

2c

Separate basis

Consolidated basis

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

c 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?

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

### **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.

► Attach to Form 990 or Form 990-EZ.

► Go to www.irs.gov/Form990 for instructions and the latest information.
HILTON HEAD ISLAND CONCOURS D'ELEGANCE.

OMB No. 1545-0047

Open to Public Inspection

Employer identification number

INC. 02-0547759 Reason for Public Charity Status. (All organizations must complete this part.) See instructions. Part I The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). 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: 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). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: 10 X An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) 11 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. 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. f Enter the number of supported organizations Provide the following information about the supported organization(s). (iv) Is the organization listed (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of other ì your governing document? (described on lines 1-10 organization support (see instructions) support (see instructions) Yes No above (see instructions)) Total

INC.

02-0547759 Page 2

	(Complete only if you checke fails to qualify under the tests	d the box on line	5, 7, or 8 of Part I	or if the organization		under Part III. If the	-
Sec	ction A. Public Support	noted polott, plot	acc complete r are	,			
	ndar year (or fiscal year beginning in)	(a) 2017	<b>(b)</b> 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
	Gifts, grants, contributions, and	(a) 2017	(5) 2010	(6) 2013	(d) 2020	(6) 2021	(i) rotai
-	membership fees received. (Do not						
	include any "unusual grants.")						
2	Tax revenues levied for the organ-						
	ization'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						
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)						
	Public support. Subtract line 5 from line 4.						
	ndar year (or fiscal year beginning in)	(a) 2017	<b>(b)</b> 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
	Amounts from line 4	(a) 2017	(b) 2010	(6) 2019	(u) 2020	(e) 2021	(i) iotai
8	Gross income from interest,						
Ü	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources						
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI.)						
11	<b>Total support.</b> Add lines 7 through 10						
12	Gross receipts from related activities,	etc. (see instruct	ions)			12	
13	First 5 years. If the Form 990 is for the	e organization's f	irst, second, third,	fourth, or fifth tax	year as a section	501(c)(3)	
_	organization, check this box and stop						<b>&gt;</b> L
	ction C. Computation of Publ					1 1	
	Public support percentage for 2021 (					14	9
	Public support percentage from 2020						9
16a	33 1/3% support test - 2021. If the control is						
	<b>stop here.</b> The organization qualifies						
t	33 1/3% support test - 2020. If the condition have						
4-	and <b>stop here.</b> The organization qual						
1/8	10% -facts-and-circumstances tes						
	and if the organization meets the fact						
L	meets the facts-and-circumstances to 10% -facts-and-circumstances tes					17a and line 15 is	
	more, and if the organization meets the						10/0 01

Schedule A (Form 990) 2021

02-0547759 Page 3 INC. Schedule A (Form 990) 2021

### 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 b	elow, please comp	olete Part II.)				
Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	<b>(a)</b> 2017	<b>(b)</b> 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	220,448.	251,166.	332,790.	323,066.	420,915.	1,548,385.
2	Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose	1,044,492.	937,389.	971,844.	20,802.	962,208.	3,936,735.
3	Gross receipts from activities that	, ,	, , , , , , ,	, ,	, , ,	, ,	, , ,
Ū	are not an unrelated trade or bus-						
	iness under section 513						
4	Tax revenues levied for the organ- ization'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	1,264,940.	1,188,555.	1,304,634.	343,868.	1,383,123.	5,485,120.
7 <i>a</i>	Amounts included on lines 1, 2, and						
	3 received from disqualified persons						0.
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						0.
_	amount on line 13 for the year  Add lines 7a and 7b						0.
							5,485,120.
Sec	Public support. (Subtract line 7c from line 6.)						3,403,120.
	ndar year (or fiscal year beginning in)	(a) 2017	<b>(b)</b> 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
	Amounts from line 6	1,264,940.	1,188,555.	1,304,634.	343,868.	1,383,123.	5,485,120.
	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	228.	190.	144.	5.	2,000,220.	567.
b	Unrelated business taxable income						
	(less section 511 taxes) from businesses acquired after June 30, 1975						
c	Add lines 10a and 10b	228.	190.	144.	5.		567.
	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, and 12.)	1,265,168.	1,188,745.	1,304,778.	343,873.	1,383,123.	5,485,687.
14	First 5 years. If the Form 990 is for the	ne organization's fi	rst, second, third,	fourth, or fifth tax	year as a section 5	501(c)(3) organizati	ion,
	check this box and stop here						<u></u> ▶□
Sec	ction C. Computation of Publ	ic Support Pe	rcentage				
15	Public support percentage for 2021 (	line 8, column (f), d	livided by line 13,	column (f))		15	99.99 %
	Public support percentage from 2020					16	99.98 %
Sec	ction D. Computation of Inves	stment Incom	e Percentage				
17	Investment income percentage for 20	<b>21</b> (line 10c, colun	nn (f), divided by li	ne 13, column (f))		17	.01 %
18	Investment income percentage from 2	<b>2020</b> Schedule A,	Part III, line 17			18	.02 %
19a	33 1/3% support tests - 2021. If the	organization did n	ot check the box	on line 14, and line	e 15 is more than 3	33 1/3%, and line 1	
h	more than 33 1/3%, check this box a 33 1/3% support tests - 2020. If the	•					▶ X
	line 18 is not more than 33 1/3%, che	•			•	•	
					~~~~~~~ ~~~~		

### 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**

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

1		Yes	No
	1		
	2		
	_		
	3a		
	3b		
	3с		
	30		
	4a		
	4b		
	4c		
	_		
	5a		
	5b		
	5c		
	6		
	7		
	8		
	O		
	9a		
	9b		
	9с		
	90		
	10a		
	10b		
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auit	, ~ (i Oil	330	

Schedule A	Form 990	2021
Concadio , t	1 01111 000	,

	dule A (Form 990) 2021 INC. 02-05	4//5	J Pa	age <b>5</b>
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 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		
С	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		
Sec	tion B. Type I Supporting Organizations			
	<i>y</i> , 11 0 0		Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or		103	140
•	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	4		
•	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,			
0	supervised, or controlled the supporting organization.	2		
Sec	tion C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Sec	tion 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 on line 2, above, did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		
Sec	tion 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 yea(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.			
С	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see in	nstructio	ns).	
2	Activities Test. Answer lines 2a and 2b below.	ļ	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,			
D	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			
		26		
2	these activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer lines 3a and 3b below.			
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? If "Yes" or "No" provide details in <b>Part VI.</b>	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each	01		
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		

INC.

02-0547759 Page 6

Pa	t V Type III Non-Functionally Integrated 509(a)(3) Supporti	ng Orgar	nizations				
1	1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). See instructions.						
	All other Type III non-functionally integrated supporting organizations must complete Sections A through E.						
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 <b>Part VI</b> ):						
2	Acquisition indebtedness applicable to non-exempt-use assets	2					
3	Subtract line 2 from line 1d.	3					
4	Cash deemed held for exempt use. Enter 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-functional	ally integrate	ed Type III supporting org	anization (see			
	instructions).						

Schedule A (Form 990) 2021

Schedule A (Form 990) 2021 INC. Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued) Section D - Distributions **Current Year** 1 Amounts paid to supported organizations to accomplish exempt purposes 1 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity 2 3 Administrative expenses paid to accomplish exempt purposes of supported organizations 4 Amounts paid to acquire exempt-use assets 4 5 Qualified set-aside amounts (prior IRS approval required - provide details in Part VI) Other distributions (describe in Part VI). See instructions. 6 6 7 Total annual distributions. Add lines 1 through 6. Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions. 8 9 Distributable amount for 2021 from Section C, line 6 10 Line 8 amount divided by line 9 amount 10

Sect	ion E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2021	(iii) Distributable Amount for 2021
1	Distributable amount for 2021 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2021 (reason-			
	able cause required - explain in Part VI). See instructions.			
3	Excess distributions carryover, if any, to 2021			
а	From 2016			
b	From 2017			
c	From 2018			
d	From 2019			
е	From 2020			
f	Total of lines 3a through 3e			
g	Applied to underdistributions of prior years			
h	Applied to 2021 distributable amount			
i_	Carryover from 2016 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4	Distributions for 2021 from Section D,			
	line 7: \$			
a	Applied to underdistributions of prior years			
b	Applied to 2021 distributable amount			
c	Remainder. Subtract lines 4a and 4b from line 4.			
5	Remaining underdistributions for years prior to 2021, if			
	any. Subtract lines 3g and 4a from line 2. For result greater			
	than zero, explain in Part VI. See instructions.			
6	Remaining underdistributions for 2021. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
7	Excess distributions carryover to 2022. Add lines 3j			
	and 4c.			
8	Breakdown of line 7:			
a	Excess from 2017			
b	Excess from 2018			
С	Excess from 2019			
d	Excess from 2020			
е	Excess from 2021			

Schedule A (Form 990) 2021

HILTON HEAD ISLAND CONCOURS D'ELEGANCE, 02-0547759 Page 8 INC. Schedule A (Form 990) 2021 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 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 B, line 1e; Part V, Section B, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, S Part VI 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.)

132028 01-04-22 Schedule A (Form 990) 2021

#### **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

HILTON HEAD ISLAND CONCOURS D'ELEGANCE, Name of the organization INC.

Employer identification number 02-0547759

Pa	t I Organizations Maintaining Donor Advise organization answered "Yes" on Form 990, Part IV, lin		s or Accounts. Complete if the
	organization answered Tes Off Official 350, Fartiv, in	(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 that the assets held in donor advi	sed funds
	are the organization's property, subject to the organization's	-	
6	Did the organization inform all grantees, donors, and donor a		
	for charitable purposes and not for the benefit of the donor of		
	impermissible private benefit?		
Pa			
1	Purpose(s) of conservation easements held by the organizati	on (check all that apply).	
	Preservation of land for public use (for example, recrea	ition or education) Preservation o	f a historically important land area
	Protection of natural habitat	Preservation o	f a certified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualif	fied 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
а	Total number of conservation easements		2a
b	Total acreage restricted by conservation easements		2b
С	Number of conservation easements on a certified historic str	ucture included in (a)	2c
d	Number of conservation easements included in (c) acquired a	after 7/25/06, and not on a historic struc	ture
	listed in the National Register		2d
3	Number of conservation easements modified, transferred, rel	leased, extinguished, or terminated by th	e organization during the tax
	year ▶		
4	Number of states where property subject to conservation eas	sement is located	
5	Does the organization have a written policy regarding the per	riodic monitoring, inspection, handling of	
	violations, and enforcement of the conservation easements it		
6	Staff and volunteer hours devoted to monitoring, inspecting,	handling of violations, and enforcing cor	servation easements during the year
	<b></b>		
7	Amount of expenses incurred in monitoring, inspecting, hand	dling of violations, and enforcing conserva	ation easements during the year
	<b>▶</b> \$		
8	Does each conservation easement reported on line 2(d) above		
	and section 170(h)(4)(B)(ii)?		
9	In Part XIII, describe how the organization reports conservati	·	
	balance sheet, and include, if applicable, the text of the footr	note to the organization's financial staten	nents that describes the
Do	organization's accounting for conservation easements.  t III Organizations Maintaining Collections or	f Art Historical Tracquires or C	Other Similar Assets
Ра	till Organizations Maintaining Collections or Complete if the organization answered "Yes" on Form		Other Sillinar Assets.
10			and balance sheet works
ıa	If the organization elected, as permitted under FASB ASC 95 of art, historical treasures, or other similar assets held for put	•	
	,	,	'
	service, provide in Part XIII the text of the footnote to its finar		
D	If the organization elected, as permitted under FASB ASC 95		
	art, historical treasures, or other similar assets held for public	e exhibition, education, or research in turn	therance of public service,
	provide the following amounts relating to these items:		<b>•</b>
	(i) Revenue included on Form 990, Part VIII, line 1		<b>L</b>
•			
2	If the organization received or held works of art, historical tre		ai gairi, provide
_	the following amounts required to be reported under FASB A	-	<b>•</b>
a	Revenue included on Form 990, Part VIII, line 1		
D	Assets included in Form 990, Part X		🖊 🔻

Schedule D (Form 990) 2021 INC. 02-0547759 Page 2

Pai	t III Organizations Maintaining Co	llections of A	rt, Hist	torical Tr	easures, o	or Other	Similar <i>F</i>	Assets(continu	red)
3	Using the organization's acquisition, accession	, and other record	ds, check	any of the	following tha	t make sigr	nificant use	of its	
	collection items (check all that apply):								
а	Public exhibition	c	ı 🔲 ı	Loan or exc	hange progra	am			
b	Scholarly research	е	, 🔲	Other					
С	Preservation for future generations								
4	Provide a description of the organization's colle	ections and explai	in how th	ey further t	the organizati	on's exemp	t purpose i	n Part XIII.	
5	During the year, did the organization solicit or re								
	to be sold to raise funds rather than to be main	tained as part of	the organ	nization's c	ollection?			Yes	☐ No
Pai	t IV Escrow and Custodial Arrange							ırt IV, line 9, or	
	reported an amount on Form 990, Part >	ζ, line 21.							
1a	Is the organization an agent, trustee, custodian	or other intermed	diary for	contribution	ns or other as	sets not inc	cluded		
	on Form 990, Part X?							Yes	☐ No
b	If "Yes," explain the arrangement in Part XIII an								
								Amount	
С	Beginning balance						1c		
	Additions during the year						1d		
	Distributions during the year						1e		
f	Ending balance						1f		
2a	Did the organization include an amount on Forr						?	Yes	□ No
	If "Yes," explain the arrangement in Part XIII. C								
Pai									
	·	a) Current year		rior year				back (e) Four y	ears back
1a	Beginning of year balance			-					
	Contributions								
	Net investment earnings, gains, and losses								
	Grants or scholarships								
	Other expenditures for facilities								
C	·								
	and programs								
	Administrative expenses  End of year balance								
_	Provide the estimated percentage of the currer	at year and balance	l (line 1	a column (	a)) bold as:				
2	Board designated or quasi-endowment	it year end baland	% %	g, coluitii (	ajj rielu as.				
	<u> </u>	%							
	Permanent endowment ►  Term endowment ► %								
С		d a sural 1000/							
0-	The percentages on lines 2a, 2b, and 2c should	•	45 41						
3a	Are there endowment funds not in the possess	ion of the organiz	ation tha	it are neid a	and administe	erea for the	organizatio		'es No
	by:							- I	es No
	(i) Unrelated organizations								<del></del>
	(ii) Related organizations							3a(ii)	
	If "Yes" on line 3a(ii), are the related organization				,			3b	
4	Describe in Part XIII the intended uses of the or		owment 1	runds.					
Pai	t VI Land, Buildings, and Equipme		0 D-4 N	/ line dd = . (	C F 000	Doub V. Ba	- 10		
	Complete if the organization answered "	1			1				
	Description of property	(a) Cost or c		٠,	t or other		ımulated	(d) Book	value
		basis (investr	ment)	basis	(other)	depre	ciation	-	
	Land								
	Buildings							1	
	Leasehold improvements							1	
	Equipment							1	
	Other							1	
Total	. Add lines 1a through 1e. (Column (d) must equ	al Form 990, Part	X, colun	nn (B), line	10c.)			Ī	0.

Schedule D (Form 990) 2021

Schedule D (Form 990) 2021 INC.

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Part VII Investments - Other Securities.			
Complete if the organization answered "Yes"  (a) Description of security or category (including name of security)	on Form 990, Part IV, line (b) Book value	e 11b. See Form 990, Part X, line 12.  (c) Method of valuation: Cost or end-	of year market value
	(b) Book value	(c) Metriod of Valuation. Cost of end-	or-year market value
(1) Financial derivatives (2) Closely held equity interests			
(3) Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)			
Part VIII Investments - Program Related.			
Complete if the organization answered "Yes"			
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-	of-year market value
(1)			
(2)			
(3)			
(4)			
(5)			
<u>(6)</u>			
(7) (8)			
(9)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)			
Part IX Other Assets.			
Complete if the organization answered "Yes"	on Form 990, Part IV, line	e 11d. See Form 990, Part X, line 15.	
(a) I	Description		(b) Book value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9) Total. (Column (b) must equal Form 990, Part X, col. (B) line	1		
Part X Other Liabilities.	<i>:</i> 15.)		
Complete if the organization answered "Yes"	on Form 990 Part IV line	2 11e or 11f See Form 990 Part X line 25	
1. (a) Description of liability	orr orri ooo, r are rv, iire	2 110 di 111. dec 1 di 110 dec, 1 di 12, mile 20.	(b) Book value
(1) Federal income taxes			(-,
(2) PAYROLL LIABILITIES			3,383.
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) line	e 25.)	<b>&gt;</b>	3,383.
2. Liability for uncertain tax positions. In Part XIII, provide		_	

Schedule D (Form 990) 2021

INC. 02-0547759 Page 4

	rt XI Reconciliation of Revenue per Audited Financi			
	Complete if the organization answered "Yes" on Form 990, Pa			
1	Total revenue, gains, and other support per audited financial stateme	nts	1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:	1 1		
а	<b>3</b>			
b				
С	1 , 0			
d	Other (Describe in Part XIII.)	2d		
е				
3	Subtract line 2e from line 1		3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	1 1		
а	, , , , , , , , , , , , , , , , , , , ,			
b	, , , , , , , , , , , , , , , , , , , ,	4b		
С	Add lines 4a and 4b			
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I,			
Pai	rt XII Reconciliation of Expenses per Audited Finance	-	s per Return.	
	Complete if the organization answered "Yes" on Form 990, Pa			
1	Total expenses and losses per audited financial statements		1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	1 1		
а	***************************************			
b	• • • • • • • • • • • • • • • • • • • •			
С				
d	7			
е				
3	Subtract line 2e from line 1		3	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	1.1		
а	, , ,			
b	, , , , , , , , , , , , , , , , , , , ,	' <del>'</del>		
	Add lines 4a and 4b			
	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part Int XIII Supplemental Information.	, line 18.)	5	
	Tt Am Supplemental information.			
	vide the descriptions required for Part II, lines 2, 5, and 0: Part III, lines 1	la and 4: Dort IV lines 1h and 2h: Dort	V line 4: Port V line 2: Port	<b>/</b> Ι
	ride the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1		V, line 4; Part X, line 2; Part	ΧI,
ıı ıes	ride the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1 s 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to pro		V, line 4; Part X, line 2; Part I	KI,
ıı ies			V, line 4; Part X, line 2; Part X	KI,
ii ies			V, line 4; Part X, line 2; Part i	ΚI,
ii ies			V, line 4; Part X, line 2; Part i	KI,
ii ies			V, line 4; Part X, line 2; Part ː	ΧI,
ii ies			V, line 4; Part X, line 2; Part à	KI,
ii ies			V, line 4; Part X, line 2; Part	ΚI,
ii ies			V, line 4; Part X, line 2; Part	ΚI,
ii les			V, line 4; Part X, line 2; Part i	KI,
ii les			V, line 4; Part X, line 2; Part à	KI,
			V, line 4; Part X, line 2; Part	KI,
ii leS			V, line 4; Part X, line 2; Part	KI,
ii leS			V, line 4; Part X, line 2; Part	KI,
ii leS			V, line 4; Part X, line 2; Part	KI,
iles			V, line 4; Part X, line 2; Part	KI,
ii leS			V, line 4; Part X, line 2; Part	KI,
ii leS			V, line 4; Part X, line 2; Part	KI,
illeS			V, line 4; Part X, line 2; Part	KI,
iles			V, line 4; Part X, line 2; Part	KI,
ileS			V, line 4; Part X, line 2; Part	KI,
iles			V, line 4; Part X, line 2; Part	KI,
iii les			V, line 4; Part X, line 2; Part	KI,
iles			V, line 4; Part X, line 2; Part	KI,

## SCHEDULE G (Form 990)

Department of the Treasury

#### **Supplemental Information Regarding Fundraising or Gaming Activities**

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

► Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Open to Public

Name of the organization

HILTON HEAD ISLAND CONCOURS D'ELEGANCE,

Inspection
Employer identification number
0.2-0.547759

INC.					02-0547	759
Part I Fundraising Activities. required to complete this part	Complete if the organization answe	red "Y	es" o	n Form 990, Part IV,	line 17. Form 990-EZ	I filers are not
Indicate whether the organization rais	sed funds through any of the following and solicitate and solicitate and solicitate art VII) or entity in connection with puriduals or entities (fundraisers) pursuant	ion of ion of fundra (includ	non-g gover lising ding o ional f	overnment grants nment grants events fficers, directors, true fundraising services?	stees, or Yes	
(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) fundr have co or con contribu	ustody trol of	(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
- Total			<b>—</b>			
List all states in which the organizatio or licensing.	n is registered or licensed to solicit o			s or has been notified	d it is exempt from re	egistration
						-

HILTON HEAD ISLAND CONCOURS D'ELEGANCE, 02-0547759 Page 2 Schedule G (Form 990) 2021 Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 Part II 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 SILENT NONE (add col. (a) through AUCTION - DY col. (c)) (event type) (event type) (total number) Revenue 59,584 59,584. 1 Gross receipts 2 Less: Contributions 59,584. 59,584. **3** Gross income (line 1 minus line 2) 4 Cash prizes 5,809. 5,809. 5 Noncash prizes Direct Expenses 2,983. 2,983. 6 Rent/facility costs 7 Food and beverages 8 Entertainment 9 Other direct expenses 8,792. 10 Direct expense summary. Add lines 4 through 9 in column (d) 50,792 11 Net income summary. Subtract line 10 from line 3, column (d) Part III Gaming. Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a. (b) Pull tabs/instant (d) Total gaming (add (a) Bingo (c) Other gaming Revenue bingo/progressive bingo col. (a) through col. (c)) Gross revenue ..... 2 Cash prizes Direct Expenses 3 Noncash prizes 4 Rent/facility costs 5 Other direct expenses Yes Yes Yes 6 Volunteer labor No 7 Direct expense summary. Add lines 2 through 5 in column (d) 8 Net gaming income summary. Subtract line 7 from line 1, column (d) **9** Enter the state(s) in which the organization conducts gaming activities: a Is the organization licensed to conduct gaming activities in each of these states? **b** If "No," explain:

10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? \_\_\_\_\_\_ Yes

**b** If "Yes," explain:

Sch	edule G (Form 990) 2021 INC • 02	2-05477	/59	Page 3
11	Does the organization conduct gaming activities with nonmembers?	Y	'es	□ No
	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?		'es	☐ No
13	Indicate the percentage of gaming activity conducted in:			
		13a		%
	The organization's facility			<del></del>
	An outside facility			90
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records:			
	Name			
	Address			
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?	🗆 Ү	'es	☐ No
b	olf "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:			
_				
	Name			
	Address ►			
16	Gaming manager information:			
	Name			
	Gaming manager compensation ▶ \$			
	Description of continuous annual dead N			
	Description of services provided			
	☐ Director/officer ☐ Employee ☐ Independent contractor			
	Mandatory distributions:			
а	Is the organization required under state law to make charitable distributions from the gaming proceeds to			
	retain the state gaming license?	L	'es	└── No
b	Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the	he		
	organization's own exempt activities during the tax year 🕨 \$			
Pa	TT IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); an	d Part III, line	es 9,	9b, 10b,
	15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.			

132083 10-21-21 Schedule G (Form 990) 2021

Schedule G	G (Form 990) INC.	02-0547759 Page 4
Part IV	(Form 990) INC . Supplemental Information (continued)	

#### **SCHEDULE L**

Department of the Treasury

Internal Revenue Service

(Form 990)

#### **Transactions With Interested Persons**

Complete if the organization answered "Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.

► Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2021

Open To Public Inspection

HILTON HEAD ISLAND CONCOURS D'ELEGANCE, Employer identification number Name of the organization INC. 02-0547759 Excess Benefit Transactions (section 501(c)(3), section 501(c)(4), and section 501(c)(29) organizations only). Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b. (b) Relationship between disqualified (d) Corrected? (a) Name of disqualified person (c) Description of transaction person and organization Yes No 2 Enter the amount of tax incurred by the organization managers or disqualified persons during the year under section 4958 3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization Loans to and/or From Interested Persons. Part II Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a or Form 990, Part IV, line 26; or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22 (d) Loan to or (i) Written (b) Relationship (c) Purpose (a) Name of (e) Original (f) Balance due (g) In by board or from the interested person with organization of loan principal amount default? agreement? committee? organization? To From Yes No Yes No Yes No Total **>** \$ **Grants or Assistance Benefiting Interested Persons.** Part III Complete if the organization answered "Yes" on Form 990, Part IV, line 27. (c) Amount of (a) Name of interested person (d) Type of (e) Purpose of (b) Relationship between assistance assistance assistance interested person and the organization

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule L (Form 990) 2021

HILTON HEAD ISLAND CONCOURS D'ELEGANCE, 02-0547759 Page 2 INC. Schedule L (Form 990) 2021 Part IV Business Transactions Involving Interested Persons. Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c. (e) Sharing of (b) Relationship between interested (d) Description of (a) Name of interested person (c) Amount of òrganization's person and the organization transaction transaction revenues? Yes No BEACON ALLIED RESOURCES, ITREASURER/COMPTROLL 23,640.PROVIDES AC X TRUITT RABURN ASSOC., INC/SECRETARY 7,701.PROVIDES X Supplemental Information. Provide additional information for responses to questions on Schedule L (see instructions). SCH L, PART IV, BUSINESS TRANSACTIONS INVOLVING INTERESTED PERSONS: (A) NAME OF PERSON: BEACON ALLIED RESOURCES, INC./ROBERT LEE (B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION: TREASURER/COMPTROLLER (D) DESCRIPTION OF TRANSACTION: PROVIDES ACCOUNTING, TECHNOLOGY AND OTHER CONSULTING SERVICES TO THE ORGANIZATION VIA BEACON ALLIED RESOURCES, INC. (A) NAME OF PERSON: TRUITT RABURN ASSOC., INC/TRUITT RABURN DESCRIPTION OF TRANSACTION: PROVIDES LAND PLANNING SERVICES THROUGH TRUITT RAYBUN ASSOCIATES, INC.

#### **SCHEDULE 0** (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

► Attach to Form 990 or Form 990-EZ.

Open to Public Inspection

OMB No. 1545-0047

Name of the organization

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

HILTON HEAD ISLAND CONCOURS D'ELEGANCE,

Employer identification number 02-0547759

FORM 990, PART VI, SECTION B, LINE 11B:	
THE TAX RETURN IS GIVEN TO THE COMPTROLLER/TREASURER OF THE	
FOR REVIEW BEFORE THE TAX RETURN IS FILED.	
FORM 990, PART VI, SECTION B, LINE 15A:	
THE EXCECUTIVE DIRECTOR UNDERGOES AN ANNUAL PERFORMANCE RE	
SALARY IS BASED ON COMPARABLE POSITIONS.	
FORM 990, PART VI, SECTION C, LINE 19:	
DOCUMENTATION IS AVAILABLE TO THE PUBLIC UPON REQUEST	
FORM 990, PART IX, LINE 24E, ALL OTHER FUNCTIONAL EXPENSES	
TICKETING:	
PROGRAM SERVICE EXPENSES	05 650
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	
VOLUNTEER EXPENSE:	
PROGRAM SERVICE EXPENSES	16,939.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	16,939.
BANK AND CREDIT CARD FEES:	
PROGRAM SERVICE EXPENSES	7,038.
LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.	Schedule O (Form 990) 2021

Schedule O (Form 990) 2021 Page 2

Schedule O (Form 990) 2021	Page 2
Name of the organization HILTON HEAD ISLAND CONCOURS D'ELEGANCE, INC.	Employer identification number 02-0547759
MANAGEMENT AND GENERAL EXPENSES	7,038.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	14,076.
SUPPLIES:	
PROGRAM SERVICE EXPENSES	3,958.
MANAGEMENT AND GENERAL EXPENSES	3,958.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	7,916.
DUES AND SUBSCRIPTIONS:	
PROGRAM SERVICE EXPENSES	3,205.
MANAGEMENT AND GENERAL EXPENSES	3,205.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	6,410.
TELEPHONE:	
PROGRAM SERVICE EXPENSES	1,411.
MANAGEMENT AND GENERAL EXPENSES	1,411.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	2,822.
POSTAGE:	
PROGRAM SERVICE EXPENSES	1,116.
MANAGEMENT AND GENERAL EXPENSES	1,674.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	2,790.

Schedule O (Form 990) 2021  Name of the organization	Page 2 Employer identification number 02-0547759
MISCELLANEOUS EXPENSE:	
PROGRAM SERVICE EXPENSES	988.
MANAGEMENT AND GENERAL EXPENSES	988.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	1,976.
DRIVING YOUNG AMERICA COSTS:	
PROGRAM SERVICE EXPENSES	500.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	500.
PAYROLL ADMIN. FEES:	
PROGRAM SERVICE EXPENSES	0.
MANAGEMENT AND GENERAL EXPENSES	277.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	277.
TRACK DAY EXPENSES:	
PROGRAM SERVICE EXPENSES	98.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	98.
LICENSES AND FEES:	
PROGRAM SERVICE EXPENSES	31.
MANAGEMENT AND GENERAL EXPENSES	46.
FUNDRAISING EXPENSES	90) 2021

#### PUBLIC INSPECTION COPY

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

OMB No. 1545-0047

Inspection

Department of the Treasury Internal Revenue Service

A For the 2020 calendar year, or tax year beginning

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

and ending

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

Open to Public

<b>B</b> c	heck if	C Name of organization HILTON HEAD ISLAND CONCOURS D'ELEGANCE,	D Employer identific	cation number	
	Addre chang	ss I TNO			
	Name chang	Doing business as	02-05477	59	
	Initial return Final return	Number and street (or P.O. box if mail is not delivered to street address)  1 CARDINAL ROAD  Room/su 16	te E Telephone number 843-785-		
	termir ated	' I	G Gross receipts \$	351,323.	
	Amen		H(a) Is this a group re		
	Application		for subordinates		
	pendi	SAME AS C ABOVE	H(b) Are all subordinates in	····· — —	
T	ax-ex		<del></del>	list. See instructions	
		te: > HTTP: //WWW.HHICONCOURS.COM/	H(c) Group exemption		
				State of legal domicile: SC	
	rt I	Summary		• • • • • • • • • • • • • • • • • • •	
	1	Briefly describe the organization's mission or most significant activities: ANNUAL AU	TO SHOW & MO	TORING	
Governance		FESTIVAL LOCATED ON HILTON HEAD ISLAND, SC.			
rua	2	Check this box if the organization discontinued its operations or disposed of me	ore than 25% of its net as	sets.	
ove	3	Number of voting members of the governing body (Part VI, line 1a)	3	17	
	4	Number of independent voting members of the governing body (Part VI, line 1b)	4	17	
es 2	5	Total number of individuals employed in calendar year 2020 (Part V, line 2a)	5	5	
Ζţ	6	Total number of volunteers (estimate if necessary)	6	400	
Activities &		Total unrelated business revenue from Part VIII, column (C), line 12		0.	
_	b	Net unrelated business taxable income from Form 990-T, Part I, line 11	7b	0.	
			Prior Year	Current Year	
Revenue	8	Contributions and grants (Part VIII, line 1h)	332,790.	323,066.	
	9	Program service revenue (Part VIII, line 2g)	733,580.	7,450.	
ě		Investment income (Part VIII, column (A), lines 3, 4, and 7d)	144.	5.	
_	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	256,036.	20,802.	
		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	1,322,550.	351,323.	
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	66,250.	37,200.	
	14	Benefits paid to or for members (Part IX, column (A), line 4)	0.		
es		Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	250,078.	-	
Expenses		Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.	
Ϋ́		Total fundraising expenses (Part IX, column (D), line 25) ►	074 704	140 (50	
		Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	974,724.	149,659.	
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	1,291,052. 31,498.	369,647. -18,324.	
_ s	19	Revenue less expenses. Subtract line 18 from line 12			
Net Assets or Fund Balances		<del></del>	Beginning of Current Year 218,908.	End of Year 321,177.	
Sse		Total assets (Part X, line 16)	30,927.	151,519.	
let /		Total liabilities (Part X, line 26)	187,981.	169,658.	
Pa	rt II	Net assets or fund balances. Subtract line 21 from line 20	107,501	100,0001	
		lities of perjury, I declare that I have examined this return, including accompanying schedules and stat	ements, and to the best of my	knowledge and belief it is	
	•	et, and complete. Declaration of preparer (other than officer) is based on all information of which prepa		, Kilowioago alla bollol, it lo	
,		<b>\</b>			
Sign	1	Signature of officer	Date		
Her		ROBERT LEE, TREASURER			
		Type or print name and title			
		Print/Type preparer's name Preparer's signature	Date Check	PTIN	
Paid			$\lfloor 11/11/21  vert_{self-employe}^{if}$	□ ₽00853466	
Prep	arer	Firm's name ROBINSON GRANT & CO., P.A.		57-0735924	
Use	Only	Firm's address P.O. DRAWER 22959			
		HILTON HEAD ISLAND, SC 29925	Phone no. 84	3-815-6161	
May	the I	RS discuss this return with the preparer shown above? See instructions		X Ves No	

HILTON HEAD ISLAND CONCOURS D'ELEGANCE, 02-0547759 Form 990 (2020) INC. Page 2 Part III Statement of Program Service Accomplishments Check if Schedule O contains a response or note to any line in this Part III Briefly describe the organization's mission: THE CONCOURS EVENT IS HELD ANNUALLY ON HILTON HEAD ISLAND, SC AND DISPLAYS HISTORICAL AND SIGNIFICANT AUTOMOBILES FOR THE PURPOSE OF EDUCATING THE PUBLIC ON THE AUTOMOTIVE INDUSTRY ORIGIN, DEVELOPMENT AND CONTRIBUTION TO HISTORY Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? If "Yes," describe these new services on Schedule O. 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. 264,741. including grants of \$ 4a ) (Expenses \$ ) (Revenue \$ PRODUCTION OF A WEEK-LONG FESTIVAL MOTOR SHOW THAT FOCUSES UPON AUTOMOBILES AND OTHER VARIOUS METHODS OF TRANSPORTATION AND WHICH IS OPEN AND AVAILABLE TO THE GENERAL PUBLIC. NOTE: AS A RESULT OF THE COVID-19 VIRUS PANDEMIC, THE EVENT DID NOT OCCUR DURING THE 2020 YEAR. 28,200 • including grants of \$ 28,200.) (Revenue \$ 4b (Code: ) (Expenses \$ PAYMENT OF GRANTS TO LOCAL NOT-FOR-PROFIT ORGANIZATIONS ) (Revenue \$ (Code: ) (Expenses \$ including grants of \$

<u> </u>				
<b>d</b> Other pro	ogram services (Describe on	Schedule O.)		

) (Revenue \$

**4e** Total program service expenses ▶

292,941.

including grants of \$

### 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	х	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Х	
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
_	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
5	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 "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		х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		х
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		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 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  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	11c		Х
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	37	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			, v
40	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		X
	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?			7.7
	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		X
14a	, 1 , , ,	14a		
D	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		Х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		х
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	17		х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	10		х
10	1c and 8a? If "Yes," complete Schedule G, Part II	18		
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	19		х
<b>20</b> a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	<b>20</b> a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	<b>20</b> b		
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

Page **3** 

Part IV Checklist of Required Schedules (continued)

			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	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			۱
	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	<b> </b>		X
	Schedule K. If "No," go to line 25a	24a		
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		<u> </u>
C	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease	24c		
А	any tax-exempt bonds?  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	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? 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%			l
	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 member, or to a 35% controlled			37
	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 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? <i>If</i>			
а	"Yes," complete Schedule L, Part IV	28a	х	
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		Х
	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		Х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		Х
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		Х
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			₩.
24	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, or IV, and Part V, line 1	34		x
35 a	Part V, line 1  Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	554		<del></del>
-	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 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		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?		\ <sub>37</sub>	1
Pai	Note: All Form 990 filers are required to complete Schedule O  **T V   Statements Regarding Other IRS Filings and Tax Compliance	38	Х	
rai	Check if Schedule O contains a response or note to any line in this Part V			
	Chook is Constitute O contains a response of note to any line in this Fart v		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a			
	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b 0			
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c	Х	

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

			Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,			
	filed for the calendar year ending with or within the year covered by this return 2a			
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)			
За	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 O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X
b	If "Yes," enter the name of the foreign country			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			37
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
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
ьа	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit	<b>C</b> -		X
h	any contributions that were not tax deductible as charitable contributions?  If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts	6a		
D		6b		
7	were not tax deductible?  Organizations that may receive deductible contributions under section 170(c).	OD		
и 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		Х
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required			
_	to file Form 8282?	7c		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 contract?	7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? $\dots$	7g		
h	h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?			
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
	sponsoring organization have excess business holdings at any time during the year?			
9	Sponsoring organizations maintaining donor advised funds.			
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			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
11	Section 501(c)(12) organizations. Enter:  Gross income from members or shareholders 11a			
	Gross income from members or shareholders			
D	amounts due or received from them.)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	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			
	Enter the amount of reserves on hand 13c			
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.			v
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.			

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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			X
Sec	tion A. Governing Body and Management			
	<u> </u>		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year   1a   17			
	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 17			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			
	officer, director, trustee, or key employee?	2		х
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?	3		х
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		Х
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		Х
6	Did the organization have members or stockholders?	6		Х
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?	7a		Х
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			
	persons other than the governing body?	7b		Х
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?	8a	Х	
b	Each committee with authority to act on behalf of the governing body?	8b	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			
	organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9		х
Sec	tion 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
	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,			
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a		Х
	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	12a		Х
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b		
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			
	in Schedule O how this was done	12c		
13	Did the organization have a written whistleblower policy?	13		Х
14	Did the organization have a written document retention and destruction policy?	14		Х
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?			
а	The organization's CEO, Executive Director, or top management official	15a	Х	
	Other officers or key employees of the organization	15b		Х
	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?	16a		Х
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's			
	exempt status with respect to such arrangements?	16b		
Sec	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed ▶SC			
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c)(3	s only	) avail	able
	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)			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, ar	d finar	ncial	
	statements available to the public during the tax year.			
20	State the name, address, and telephone number of the person who possesses the organization's books and records			
	BOB LEE - 843-785-5747			
	1 CARDINAL ROAD, SUITE #16, HILTON HEAD ISLAND, SC 29926			

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#### Form 990 (2020) 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.

(A)	(B)	(C)			(D)	(E)	(F)			
Name and title	Average	(do	Position (do not check more than one box, unless person is both an officer and a director/trustee)		Reportable	Reportable	Estimated			
	hours per				compensation	compensation from related	amount of other			
	week (list any	.to:						from the	organizations	compensation
	hours for	r direc				pa		organization	(W-2/1099-MISC)	from the
	related	stee o	ustee			ensat		(W-2/1099-MISC)		organization
	organizations	al tru	onal tı		oloyee	comb				and related
	below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			organizations
(1) LINDSEY HARRELL	40.00	드	드	0	호	工旨	꼰			
EXECUTIVE DIRECTOR		X		x				91,662.	0.	0.
(2) STEWART BROWN	5.00							, , , ,		
CHAIR EMERITUS		Х		х				0.	0.	0.
(3) MERRY HARLACHER	5.00									
CHAIRMAN		Х		Х				0.	0.	0.
(4) BOB LEE	5.00									
TREASURER		Х		Х				0.	0.	0.
(5) TRUITT RABUN	5.00									
SECRETARY		Х		Х				0.	0.	0.
(6) LAWRENCE KOCH	5.00	l								
BOARD MEMBER		Х						0.	0.	0.
(7) JOYCE CARLTON	5.00	ļ								
BOARD MEMBER		Х						0.	0.	0.
(8) VICKI HEAD	5.00	١								•
BOARD MEMBER		Х						0.	0.	0.
(9) PRES HENNE	5.00	ļ ,,							0	0
BOARD MEMBER	5.00	Х						0.	0.	0.
(10) ELKE MARTIN	3.00	x						0.	0.	0.
BOARD MEMBER (11) PAUL IANUARIO	5.00	^						0.	0.	0.
BOARD MEMBER	3.00	X						0.	0.	0.
(12) WALTER NESTER	5.00	122						0.	0.	•
BOARD MEMBER	3.00	x						0.	0.	0.
(13) LEE NINER	5.00	<del></del>								
BOARD MEMBER		X						0.	0.	0.
(14) DENNIS WRIGHT	5.00							-		-
BOARD MEMBER		X						0.	0.	0.
(15) MIKE MCCLELLAND	5.00									
BOARD MEMBER		Х		L	<u> </u>	L		0.	0.	0.
(16) PAUL BOES	5.00									
BOARD MEMBER		Х						0.	0.	0.
(17) ERIC DOERRING	5.00									
BOARD MEMBER		Х		L	L_	L	L	0.	0.	0.

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	<b>(A)</b> Name and title	(B) (C) Average Position							<b>(D)</b> Reportable	<b>(E)</b> Reportable		Fst	<b>(F)</b> timate	d
	warie and the	hours per week (list any	box offi	(do not check more than one box, unless person is both an officer and a director/trustee)				h an	compensation from the	compensation from related organizations		am	nount on other oensat	of
		hours for related	stee or director	rustee			pensated		organization (W-2/1099-MISC)	(W-2/1099-MIS		fro orga	om the anizati	e on
		organizations below line)	Individual trustee or	Institutional trustee	Officer	Key employee	Highest compensated employee	Former					d relate nizatio	
			_											
			_											
			_											
			_											
			_											
									01 ((2)					
С	Subtotal Total from continuation sheets to Part V	II, Section A						<b>&gt;</b>	91,662.		0.			0.
2	Total (add lines 1b and 1c)  Total number of individuals (including but r								91,662. eceived more than \$100	),000 of reportabl	0. e			0.
	compensation from the organization									_			Yes	No
	Did the organization list any <b>former</b> officer line 1a? If "Yes," complete Schedule J for s	such individual										3		Х
	For any individual listed on line 1a, is the si and related organizations greater than \$15	•							•	•		4		Х
	Did any person listed on line 1a receive or rendered to the organization? If "Yes," con					-			ed organization or indivi			5		Х
	ion B. Independent Contractors  Complete this table for your five highest co	ompensated in	dene	ende	ent c	ont	racto	ors t	that received more than	\$100,000 of com	nens	ation f	rom	
	the organization. Report compensation for								n the organization's tax					
	(A) Name and business	address	N	INC	E				(B) Description of s	services	С	(C comper		1
								_						
2	Total number of independent contractors (	including but n	ot li	mite	d to	tho	se li	stec	d above) who received m	nore than				
	\$100,000 of compensation from the organ						0							

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Part VIII Statement of Revenue 02-0547759 Page 9

		Check if Schedule O	contains	a response	or note to any lin	e in this Part VIII			
				•		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	( <b>D</b> ) Revenue excluded from tax under sections 512 - 514
Contributions, Gifts, Grants and Other Similar Amounts	k c c f	Membership dues Fundraising events Related organizations Government grants (contr	ributions) grants, an above	1b	255,206. 67,860.	323,066.			
Program Service Revenue	2 a k	SPONSORSHIP I	NCOM Y RE	E VENUE	990099 990099	7,000.	7,000.		
	3	Total. Add lines 2a-2f Investment income (include	ding divid	dends, intere	est, and	7,450. 5.			5.
	4 5	other similar amounts) Income from investment of Royalties	of tax-exe	empt bond p	proceeds >	J.			J.
	k c	Rental income or (loss)	6a 6b 6c	(i) Real	(ii) Personal				
Ð	7 a	Net rental income or (loss Gross amount from sales of assets other than inventory Less: cost or other basis	7a (i)	Securities	(ii) Other				
Other Revenue	c	and sales expenses Gain or (loss) Net gain or (loss) Gross income from fundraisii including \$ contributions reported on Part IV, line 18	line 1c).	(not of See					
	c	Less: direct expenses  Net income or (loss) from Gross income from gamin Part IV, line 19	fundraisi g activiti	ng events es. See	<b>&gt;</b>				
	10 a	Less: direct expenses  Net income or (loss) from Gross sales of inventory, and allowances Less: cost of goods sold	gaming a	rns 10a	<b>&gt;</b>				
Miscellaneous Revenue	11 a	RETAIL VENDOR MISCELLANEOUS	NUE SPA OTH	- DRI CE IN ER RE	Business Code 990099 990099 990099	19,425. 750. 627.	19,425. 750. 627.		
Ξ		All other revenue  Total. Add lines 11a-11d  Total revenue. See instruction			<b>&gt;</b>	20,802. 351,323.	28,252.	0.	5.

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### Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4)	organizations must come	olete all columns. All other	r organizations must con	polete column (A)

Do not included amounts reprorted on lines 6b, 70 (a)		Check if Schedule O contains a respon	•		<u> </u>	X
Total expenses   Tota	Do		(A)	(B)	(C)	(D)
Comparison of the content of the c			Total expenses			
2 Grants and other assistance to domestic individuals. See Part IV, line 22	1	Grants and other assistance to domestic organizations		олроново	gonoral onpones	омронноос
2 Grants and other assistance to domestic individuosis. See Part IV, line 22			28,200.	28,200.		
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 Compensation of current officers, directors, trustees, and key employees Compensation of included daubee to disqualified persons described in section 4958(r)(1) and persons described in section 4958(r)(1) and persons described in section 4958(r)(3)(8)  7 Other satalres and wages 8 Pension plan accrusis and contributions (include section 401) and 40(9) employer contributions) 9 Other employee benefits 10 Payroll taxes 11 Fees for services (nonemployees): a Management b Legal C Accounting 4 C Accounting 6 Professional fundialising services. See Part IV, line 17 6 Investment management fees 9 Other, (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch 0.)  22 Advertising and promotion 13 Office expenses 11 Information technology 12 Advertising and promotion 13 Office expenses 14, 324. 15 Royalties 16 Cocupanny 17 Travel 18 Payments of travel or entertainment expenses for any federal, state, or local public officials 19 Corporation, depletion, and amortization languages 10 Interest 11 Interest on, depletion, and amortization languages 11 Interest on, depletion, and amortization languages 12 Payments of travel or entertainment expenses for any federal, state, or local public officials 10 Cocupanny 11 Interest on, depletion, and amortization languages 12 Payments of travel or entertainment expenses for any federal, state, or local public officials 16 Corporation, depletion, and amortization languages 17 Interest (10 line 25, column (A) amount, list line 24e engoines on Schools (B) (Interest (Interest Schools (B)	2	· · · · · · · · · · · · · · · · · · ·				
3 Garts 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 Compensation of current officers, directors, trustees, and key employees Tocompensation of current officers, directors, trustees, and key employees Tocompensation of current officers, directors, trustees, and key employees Tocompensation of current officers, directors, trustees, and key employees Tocompensation of current officers, directors, trustees, and key employees Tocompensation and trustees of seed		individuals. See Part IV, line 22	9,000.	9,000.		
Individuals   See Part IV, lines 15 and 16   Benefits paid to or for members   Compensation of current officers, directors, trustees, and key employees   Compensation on trincluded above to disqualified persons (as defined under section 4950(f(1)) and persons of described in section 4950(f(1)) and persons (as defined under section 4950(f(1)) and persons described in section 4950(f(1)) and 495(f(1)) and 49	3	F				
## Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees Compensation not included above to disqualified persons (as defined under section 4958(r(1)) and persons described in section 4958(r(1		organizations, foreign governments, and foreign				
Security   Compensation of Current officers, directors, trustees, and key employees   91,663.   68,747.   22,916.		individuals. See Part IV, lines 15 and 16				
trustese, and key employees (Compensation not included above to disqualified persons (as defined under section 4958(r)(1)) and persons described in section 4958(r)(1)) and persons described in section 4958(r)(1)) and persons described in section 4958(r)(3)(8) (Proposed Section 401) and analysis include section 401(r) and 403(r) employer contributions) (Proposed Section 401(r)) and 403(r) employer contributions (Proposed Section 401(r)) and 403(r) and 403(r) employer contributions (Proposed Section 401(r)) and 403(r) and 403(r) employer contributions (Proposed Section 401(r)) and 403(r) and 403(r	4	Benefits paid to or for members				
6 Compensation not included above to disqualified persons (as defined under section 4958(c)(3)(8) 7 Other salaries and wages 8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) 9 Other employee benefits 10 Payroll taxes 11 Fees for services (nonemployees): a Management b Legal c Accounting e Professional fundraising services. See Part IV, line 17 f Investment management ribes. g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.) 12 Advertising and promotion 13 Office expenses 11 Inferest in Cocupancy 14 Information technology 15 Royalties 16 Occupancy 17 Travel 18 Payments of travel or entertainment expenses for any federal, state, or local public officials 19 Conferences, conventions, and meetings 10 Interest 11 Payments to affiliates 20 Epercelation, depletion, and amortization 1 Insurance 2 Depreciation, depletion, and amortization 2 Insurance 3 Other expenses itemize expenses not covered file line 24e amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.) 3 FACTILITY EXPENSES/RENTA 6, 232, 6, 232, 5 PONSOS SOLICITATION EX 4, 531, 1, 591, 1, 591, 1, 591, 1, 591, 1, 591, 1, 591, 1, 591, 1, 591, 1, 591, 1, 591, 1, 591, 1, 591, 1, 591, 1, 591, 1, 591, 1, 591, 1, 591, 1, 591, 1, 591, 1, 591, 1, 591, 1, 591, 1, 591, 1, 591, 1, 591, 1, 591, 1, 591, 1, 591, 1, 591, 1, 591, 1, 591, 1, 591, 1, 591, 1, 591, 1, 591, 1, 591, 1, 591, 1, 591, 1, 591, 1, 591, 1, 591, 1, 591, 1, 591, 1, 591, 1, 591, 1, 591, 1, 591, 1, 591, 1, 591, 1, 591, 1, 591, 1, 591, 1, 591, 1, 591, 1, 591, 1, 591, 1, 591, 1, 591, 1, 591, 1, 591, 1, 591, 1, 591, 1, 591, 1, 591, 1, 591, 1, 591, 1, 591, 1, 591, 1, 591, 1, 591, 1, 591, 1, 591, 1, 591, 1, 591, 1, 591, 1, 591, 1, 591, 1, 591, 1, 591, 1, 591, 1, 591, 1, 591, 1, 591, 1, 591, 1, 591, 1, 591, 1, 591, 1, 591, 1, 591, 1, 591, 1, 591, 1, 591, 1, 591, 1, 591, 1, 591, 1, 591, 1, 591, 1, 591, 1, 591, 1, 591, 1, 591, 1, 591, 1, 591, 1, 591, 1, 591, 1, 591, 1, 591, 1, 591, 1	5	Compensation of current officers, directors,				_
persons (as defined under section 4958(r)(1) and persons described in section 4958(r)(2)(8) 7 Other salaries and wages		trustees, and key employees	91,663.	68,747.	22,916.	
persons described in section 4958(c)(3)(B) 7 Other salaries and wages Penson plan accruals and contributions (include section 401(K) and 403(b) employer contributions) Other employee benefits 10 Payroll taxes 11 Fees for services (nonemployees): a Management b Legal c Accounting e Professional fundraising services. See Part IV, line 17 finvestment management research g Other, (Iline 11) amount secess of 58,442. 58,442. 58,442. 58,442. 58,442. 58,442. 58,442. 58,442. 58,442. 58,442. 58,442. 58,442. 58,442. 58,442. 58,442. 58,442. 58,442. 58,442. 58,442. 58,442. 58,442. 58,442. 58,442. 58,442. 58,442. 58,442. 58,442. 58,442. 58,442. 58,442. 58,442. 58,442. 58,442. 58,442. 58,442. 58,442. 58,442. 58,442. 58,442. 58,442. 58,442. 58,442. 58,442. 58,442. 58,442. 58,442. 58,442. 58,442. 58,442. 58,442. 58,442. 58,442. 58,442. 58,442. 58,442. 58,442. 58,442. 58,442. 58,442. 58,442. 58,442. 58,442. 58,442. 58,442. 58,442. 58,442. 58,442. 58,442. 58,442. 58,442. 58,442. 58,442. 58,442. 58,442. 58,442. 58,442. 58,442. 58,442. 58,442. 58,442. 58,442. 58,442. 58,442. 58,442. 58,442. 58,442. 58,442. 58,442. 58,442. 58,442. 58,442. 58,442. 58,442. 58,442. 58,442. 58,442. 58,442. 58,442. 58,442. 58,442. 58,442. 58,442. 58,442. 58,442. 58,442. 58,442. 58,442. 58,442. 58,442. 58,442. 58,442. 58,442. 58,442. 58,442. 58,442. 58,442. 58,442. 58,442. 58,442. 58,442. 58,442. 58,442. 58,442. 58,442. 58,442. 58,442. 58,442. 58,442. 58,442. 58,442. 58,442. 58,442. 58,442. 58,442. 58,442. 58,442. 58,442. 58,442. 58,442. 58,442. 58,442. 58,442. 58,442. 58,442. 58,442. 58,442. 58,442. 58,442. 58,442. 58,442. 58,442. 58,442. 58,442. 58,442. 58,442. 58,442. 58,442. 58,442. 58,442. 58,442. 58,442. 58,442. 58,442. 58,442. 58,442. 58,442. 58,442. 58,442. 58,442. 58,442. 58,442. 58,442. 58,442. 58,442. 58,442. 58,442. 58,442. 58,442. 58,442. 58,442. 58,442. 58,442. 58,442. 58,442. 58,442. 58,442. 58,442. 58,442. 58,442. 58,442. 58,442. 58,442. 58,442. 58,442. 58,442. 58,442. 58,442. 58,442. 58,442. 58,442. 58,442. 58,442. 58,442. 58,442. 58,442.	6	Compensation not included above to disqualified				
7 Other salaries and wages		persons (as defined under section 4958(f)(1)) and				
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)  Other employee benefits  10 Payroll taxes  11 Fees for services (nonemployees):  a Management  b Legal  c Accounting  d Lobbying  e Professional fundraising services. See Part IV, line 17  Investment management fees  g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedulo,  12 Advertising and promotion  3 Office expenses  16 Occupancy  17 Travel  18 Payments of travel or entertainment expenses for any federal, state, or local public officials.  19 Conferences, conventions, and meetings  10 Interest  10 Insurance  11,412.  11,130.  282.  11,412.  11,130.  282.  12 Payments to affiliates  Depreciation, depletion, and amortization  Insurance  1,412.  1,130.  282.  15 PAYMEN SOLICITATION EX  4,531.  4,531.  4,531.  5 PONNOR SOLICITATION EX  6 EVENT PRODUCTION COSTS  3,749.  3,182.  1,591.  1,76,706.  0.  Joint costs. Complete this line only if the organization reported in column (8) joint costs from a combined		persons described in section 4958(c)(3)(B)				
section 401(k) and 403(b) employer contributions) 9 Other employee benefits 10 Payroll taxes 11 Fees for services (nonemployees): a Management b Legal c Accounting d Lobbying e Professional fundraising services. See Part IV, line 17 f Investment management fees g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch 0.) 22 Advertising and promotion 31 Office expenses 16 Occupancy 17 Travel 18 Payments of travel or entertainment expenses for any federal, state, or local public officials 19 Conferences, conventions, and meetings 20 Interest 21 Payments of depletion, and amortization 22 Insurance 23 Insurance 24 Other expenses, lientize expenses on line 24e. If line 24e expenses on Schedule 0.) a FACTLITY EXPENSES / RENTYA 5PONSOR SOLICITATION EX 4,531. 4,531. 5PONSOR SOLICITATION EX 5VENT PRODUCTION COSTS 4,740. 5 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined reported in column (B) joint costs from a combined reported in column (B) joint costs from a combined reported in column (B) joint costs from a combined reported in column (B) joint costs from a combined reported in column (B) joint costs from a combined reported in column (B) joint costs from a combined reported in column (B) joint costs from a combined reported in column (B) joint costs from a combined reported in column (B) joint costs from a combined reported in column (B) joint costs from a combined reported in column (B) joint costs from a combined reported in column (B) joint costs from a combined reported in column (B) joint costs from a combined reported in column (B) joint costs from a combined reported in column (B) joint costs from a combined reported in column (B) joint costs from a combined reported in co	7		76,801.	61,441.	15,360.	
9 Other employee benefits 10 Payroll taxes 11 Fees for services (nonemployees): a Management b Legal c Accounting 21,686. 10,843. 10,843. d Lobbying Professional fundraising services. See Part IV, line 17 Investment management fees 9 Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch 0.) 12 Advertising and promotion 13 Office expenses 14 Information technology 15 Royaltes 16 Occupancy 18,546. 11,128. 7,418. 17 Travel 18 Payments of travel or entertainment expenses for any federal, state, or local public officials. 19 Conferences, conventions, and meetings 10 Interest 11 Payments to affiliates 12 Payments to affiliates 13 Depreciation, depletion, and amortization 15 Insurance 17 Payments of travel or entertainment expenses of above (Ls timiscellaments) expenses on line 24s. (I amount, list line 24e expenses on line 24s. (I amount, list line 24e expenses on line 24s. (I amount, list line 24e expenses on line 24s. (I amount, list line 24e expenses on line 24s. (I amount, list line 24e expenses on line 24s. (I amount, list line 24e expenses on line 24s. (I amount, list line 24e expenses on line 24s. (I amount, list line 24e expenses on line 24s. (I amount, list line 24e expenses on line 24s. (I amount, list line 24e expenses on Schedule 0.) 18 FACILITY EXPENSES/RENTA 6, 232. 6, 232. 5 SPONSOR SOLICITATION EX 6 EVENT PRODUCTION COSTS 3, 749. 3, 749. 3, 749. 3, 749. 3, 749. 3, 749. 3, 749. 3, 749. 3, 749. 3, 749. 3, 749. 3, 749. 3, 749. 3, 749. 3, 749. 3, 749. 3, 749. 3, 749. 3, 749. 3, 749. 3, 749. 3, 749. 3, 749. 3, 749. 3, 749. 3, 749. 3, 749. 3, 749. 3, 749. 3, 749. 3, 749. 3, 749. 3, 749. 3, 749. 3, 749. 3, 749. 3, 749. 3, 749. 3, 749. 3, 749. 3, 749. 3, 749. 3, 749. 3, 749. 3, 749. 3, 749. 3, 749. 3, 749. 3, 749. 3, 749. 3, 749. 3, 749. 3, 749. 3, 749. 3, 749. 3, 749. 3, 749. 3, 749. 3, 749. 3, 749. 3, 749. 3, 749. 3, 749. 3, 749. 3, 749. 3, 749. 3, 749. 3, 749. 3, 749. 3, 749. 3, 749. 3, 749. 3, 749. 3, 749. 3, 749. 3, 749. 3, 749. 3, 749. 3, 749. 3, 749. 3, 749	8	Pension plan accruals and contributions (include				
10		section 401(k) and 403(b) employer contributions)				_
11 Fees for services (nonemployees): a Management b Legal c Accounting	9		44.55	10 = 10	2 - 2 - 2	
a Management b Legal c Accounting d Lobbying e Professional fundraising services. See Part IV, line 17 f Investment management fees g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.)  12 Advertising and promotion 13 Office expenses 14 Information technology 16 , 088. 8 , 044. 8 , 044. 17 Travel 18 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 22 Depreciation, depletion, and amortization 23 Insurance 24 Other expenses Itemize expenses on line 24e, if line 24e amount exceeds 10% of line 25e, column (A) amount, list line 24e expenses on line 24e, if line 24e amount exceeds 10% of line 25e, column (A) amount, list line 24e expenses on Schedule 0.)  a FACILITY EXPENSES / RENTA 6 , 232. 6 , 232. b SPONSOR SOLICITATION EX 4 , 531. 4 , 531. c EVENT PRODUCTION COSTS 3 , 7449. 3 , 7749. d Other expenses SEE SCH O 15, 403. 9 , 120. 6 , 283. Total functional expenses. Add lines 1 through 24e 369 , 647. 292 , 941. 76 , 706. 0 .  4 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined	10	Payroll taxes	14,324.	10,743.	3,581.	
b Legal	11	Fees for services (nonemployees):				
C   Accounting   21,686.   10,843.   10,843.   10,843.   10,843.   10,843.   10,843.   10,843.   10,843.   10,843.   10,843.   10,843.   10,843.   10,843.   10,843.   10,843.   10,843.   10,843.   10,843.   10,843.   10,843.   10,843.   10,843.   10,843.   10,843.   10,843.   10,843.   10,843.   10,843.   10,843.   10,843.   10,843.   10,843.   10,843.   10,843.   10,843.   10,843.   10,843.   10,843.   10,843.   10,843.   10,843.   10,843.   10,843.   10,843.   10,843.   10,843.   10,843.   10,843.   10,843.   10,843.   10,843.   10,843.   10,843.   10,843.   10,843.   10,843.   10,843.   10,843.   10,843.   10,843.   10,843.   10,843.   10,843.   10,843.   10,843.   10,843.   10,843.   10,843.   10,843.   10,843.   10,843.   10,843.   10,843.   10,843.   10,843.   10,843.   10,843.   10,843.   10,843.   10,843.   10,843.   10,843.   10,843.   10,843.   10,843.   10,843.   10,843.   10,843.   10,843.   10,843.   10,843.   10,843.   10,843.   10,843.   10,843.   10,843.   10,843.   10,843.   10,843.   10,843.   10,843.   10,844.   10,844.   10,844.   10,844.   10,844.   10,844.   10,844.   10,844.   10,844.   10,844.   10,844.   10,844.   10,844.   10,844.   10,844.   10,844.   10,844.   10,844.   10,844.   10,844.   10,844.   10,844.   10,844.   10,844.   10,844.   10,844.   10,844.   10,844.   10,844.   10,844.   10,844.   10,844.   10,844.   10,844.   10,844.   10,844.   10,844.   10,844.   10,844.   10,844.   10,844.   10,844.   10,844.   10,844.   10,844.   10,844.   10,844.   10,844.   10,844.   10,844.   10,844.   10,844.   10,844.   10,844.   10,844.   10,844.   10,844.   10,844.   10,844.   10,844.   10,844.   10,844.   10,844.   10,844.   10,844.   10,844.   10,844.   10,844.   10,844.   10,844.   10,844.   10,844.   10,844.   10,844.   10,844.   10,844.   10,844.   10,844.   10,844.   10,844.   10,844.   10,844.   10,844.   10,844.   10,844.   10,844.   10,844.   10,844.   10,844.   10,844.   10,844.   10,844.   10,844.   10,844.   10,844.   10,844.   10,844.   10,844.   10,844.   10,844.   10,844.	а	Management				
d Lobbying e Professional fundraising services. See Part IV, line 17 f Investment management fees g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch 0.)  42 Advertising and promotion 58,442. 58,442.  13 Office expenses 14 Information technology 16,088. 8,044. 8,044. 15 Royalties 16 Occupancy 18,546. 11,128. 7,418. 17 Travel 18 Payments of travel or entertainment expenses for any federal, state, or local public officials of any federal, state, or local public officials of above (List miscellaneous expenses on line 24e, If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.) a FACILITY EXPENSES/RENTA 6,232. 6,232. b FONSOR SOLICITATION EX 4,531. 4,531. c EVENT PRODUCTION COSTS 3,749. 3,749. d SUPPLIES 3,182. 1,591. 1,591. e All other expenses SEE SCH O 15,403. 9,120. 6,283. Total functional expenses and column (B) joint costs from a combined	b	Legal	01 606	10 012	10 010	
e Professional fundraising services. See Part IV, line 17 f Investment management fees g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.)  12 Advertising and promotion			21,686.	10,843.	10,843.	
The street management fees   Gother. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch 0.)						
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch 0.)  2 Advertising and promotion  3 Office expenses  4 Information technology  16 (0.088. 8 (0.044. 8 (0.044. 8 (0.044. 8 (0.044. 8 (0.044. 8 (0.044. 8 (0.044. 8 (0.044. 8 (0.044. 8 (0.044. 8 (0.044. 8 (0.044. 8 (0.044. 8 (0.044. 8 (0.044. 8 (0.044. 8 (0.044. 8 (0.044. 8 (0.044. 8 (0.044. 8 (0.044. 8 (0.044. 8 (0.044. 8 (0.044. 8 (0.044. 8 (0.044. 8 (0.044. 8 (0.044. 8 (0.044. 8 (0.044. 8 (0.044. 8 (0.044. 8 (0.044. 8 (0.044. 8 (0.044. 8 (0.044. 8 (0.044. 8 (0.044. 8 (0.044. 8 (0.044. 8 (0.044. 8 (0.044. 8 (0.044. 8 (0.044. 8 (0.044. 8 (0.044. 8 (0.044. 8 (0.044. 8 (0.044. 8 (0.044. 8 (0.044. 8 (0.044. 8 (0.044. 8 (0.044. 8 (0.044. 8 (0.044. 8 (0.044. 8 (0.044. 8 (0.044. 8 (0.044. 8 (0.044. 8 (0.044. 8 (0.044. 8 (0.044. 8 (0.044. 8 (0.044. 8 (0.044. 8 (0.044. 8 (0.044. 8 (0.044. 8 (0.044. 8 (0.044. 8 (0.044. 8 (0.044. 8 (0.044. 8 (0.044. 8 (0.044. 8 (0.044. 8 (0.044. 8 (0.044. 8 (0.044. 8 (0.044. 8 (0.044. 9 (0.044. 9 (0.044. 9 (0.044. 9 (0.044. 9 (0.044. 9 (0.044. 9 (0.044. 9 (0.044. 9 (0.044. 9 (0.044. 9 (0.044. 9 (0.044. 9 (0.044. 9 (0.044. 9 (0.044. 9 (0.044. 9 (0.044. 9 (0.044. 9 (0.044. 9 (0.044. 9 (0.044. 9 (0.044. 9 (0.044. 9 (0.044. 9 (0.044. 9 (0.044. 9 (0.044. 9 (0.044. 9 (0.044. 9 (0.044. 9 (0.044. 9 (0.044. 9 (0.044. 9 (0.044. 9 (0.044. 9 (0.044. 9 (0.044. 9 (0.044. 9 (0.044. 9 (0.044. 9 (0.044. 9 (0.044. 9 (0.044. 9 (0.044. 9 (0.044. 9 (0.044. 9 (0.044. 9 (0.044. 9 (0.044. 9 (0.044. 9 (0.044. 9 (0.044. 9 (0.044. 9 (0.044. 9 (0.044. 9 (0.044. 9 (0.044. 9 (0.044. 9 (0.044. 9 (0.044. 9 (0.044. 9 (0.044. 9 (0.044. 9 (0.044. 9 (0.044. 9 (0.044. 9 (0.044. 9 (0.044. 9 (0.044. 9 (0.044. 9 (0.044. 9 (0.044. 9 (0.044. 9 (0.044. 9 (0.044. 9 (0.044. 9 (0.044. 9 (0.044. 9 (0.044. 9 (0.044. 9 (0.044. 9 (0.044. 9 (0.044. 9 (0.044. 9 (0.044. 9 (0.044. 9 (0.044. 9 (0.044. 9 (0.044. 9 (0.044. 9 (0.044. 9 (0.044. 9 (0.044. 9 (0.044. 9 (0.044. 9 (0.044. 9 (0.044. 9 (0.044. 9 (0.044. 9 (0.044. 9 (0.044. 9 (0.044. 9 (0						
Column (A) amount, list line 11g expenses on Sch 0.)		F				
12   Advertising and promotion	g					
13		· • • • • • • • • • • • • • • • • • • •	50 112	50 112		
14         Information technology         16,088.         8,044.         8,044.           15         Royalties		<del>-</del>	30,442.	30,442.		
15   Royalties			16 088	8 044	8 044	
16 Occupancy       18,546.       11,128.       7,418.         17 Travel       18 Payments of travel or entertainment expenses for any federal, state, or local public officials       388.         19 Conferences, conventions, and meetings       388.         20 Interest       388.         21 Payments to affiliates       22 Depreciation, depletion, and amortization         23 Insurance       1,412.         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 0.)         a FACILITY EXPENSES/RENTA b SPONSOR SOLICITATION EX CEVENT PRODUCTION COSTS d SUPPLIES       4,531.         a SUPPLIES       3,749.       3,749.         b SUPPLIES       3,182.       1,591.         c All other expenses       SEE SCH O       15,403.       9,120.       6,283.         25 Total functional expenses. Add lines 1 through 24e       369,647.       292,941.       76,706.       0.         26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined       369,647.       292,941.       76,706.       0.			10,000.	0,044.	0,044.	
17 Travel 18 Payments of travel or entertainment expenses for any federal, state, or local public officials.  19 Conferences, conventions, and meetings 10 Interest 11 Payments to affiliates 12 Depreciation, depletion, and amortization 13 Insurance 14 Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.)  a FACILITY EXPENSES/RENTA b SPONSOR SOLICITATION EX c EVENT PRODUCTION COSTS d SUPPLIES 4 All other expenses SEE SCH O 15,403. 9,120. 6,283.  25 Total functional expenses. Add lines 1 through 24e  26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined			18 546	11 128	7 418	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials.  19 Conferences, conventions, and meetings			10,510.	11,120.	7,4100	
for any federal, state, or local public officials  19						
19	10					
20   Interest   388	10	· · · · · · · · · · · · · · · · · · ·				
Payments to affiliates   Depreciation, depletion, and amortization   1,412.			388.		388.	
22   Depreciation, depletion, and amortization						
1,412.		· ·				
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 0.)  a FACILITY EXPENSES/RENTA b SPONSOR SOLICITATION EX c EVENT PRODUCTION COSTS d SUPPLIES All other expenses SEE SCH O 25 Total functional expenses. Add lines 1 through 24e  All other column (B) joint costs from a combined		Incurance	1,412.	1,130.	282.	
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 0.)  a FACILITY EXPENSES/RENTA b SPONSOR SOLICITATION EX c EVENT PRODUCTION COSTS d SUPPLIES All other expenses SEE SCH O 25 Total functional expenses. Add lines 1 through 24e  26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined		Other expenses. Itemize expenses not covered				
amount, list line 24e expenses on Schedule 0.)  a FACILITY EXPENSES/RENTA b SPONSOR SOLICITATION EX c EVENT PRODUCTION COSTS d SUPPLIES e All other expenses SEE SCH O  25 Total functional expenses. Add lines 1 through 24e  26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined		above (List miscellaneous expenses on line 24e. If				
FACILITY EXPENSES/RENTA   6,232.   6,232.						
c         EVENT PRODUCTION COSTS         3,749.         3,749.           d         SUPPLIES         3,182.         1,591.         1,591.           e         All other expenses         SEE SCH O         15,403.         9,120.         6,283.           25         Total functional expenses. Add lines 1 through 24e         369,647.         292,941.         76,706.         0.           26         Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined         369,647.         292,941.         76,706.         0.	а					
SUPPLIES   3,182. 1,591. 1,591.	b	SPONSOR SOLICITATION EX				
All other expenses SEE SCH O  Total functional expenses. Add lines 1 through 24e  369,647. 292,941. 76,706. 0.  Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined	С					
25 Total functional expenses. Add lines 1 through 24e 369,647. 292,941. 76,706. 0.  26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined	d					
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined	е	All other expenses SEE SCH O				
reported in column (B) joint costs from a combined	25	Total functional expenses. Add lines 1 through 24e	369,647.	292,941.	76,706.	0.
	26	Joint costs. Complete this line only if the organization				
adventional annualism and five ductions activities		reported in column (B) joint costs from a combined				
		educational campaign and fundraising solicitation.				
Check here if following SOP 98-2 (ASC 958-720)		Check here if following SOP 98-2 (ASC 958-720)				

Form 990 (2020)
Part X Balance Sheet

га	πλ	Balance Sheet		
		Check if Schedule O contains a response or note to any line in this	Part X	
			(A) Beginning of year	<b>(B)</b> End of year
	1	Cash - non-interest-bearing	1,210. 1	139
	2	Savings and temporary cash investments		311,597
	3	Pledges and grants receivable, net	3	
	4	Accounts receivable, net		3,483
	5	Loans and other receivables from any current or former officer, dire		
		trustee, key employee, creator or founder, substantial contributor, or	or 35%	
		controlled entity or family member of any of these persons		
	6	Loans and other receivables from other disqualified persons (as de		
		under section 4958(f)(1)), and persons described in section 4958(c)	(3)(B) 6	
S	7	Notes and loans receivable, net		
Assets	8	Inventories for sale or use		
ĕ	9	Prepaid expenses and deferred charges		
	10a	Land, buildings, and equipment: cost or other		
		basis. Complete Part VI of Schedule D 10a		
	b	Less: accumulated depreciation 10b	10c	
	11	Investments - publicly traded securities	11	
	12	Investments - other securities. See Part IV, line 11		
	13	Investments - program-related. See Part IV, line 11		
	14	Intangible assets		
	15	Other assets. See Part IV, line 11	40,972. 15	5,958
	16	Total assets. Add lines 1 through 15 (must equal line 33)	218,908. <sub>16</sub>	321,177
	17	Accounts payable and accrued expenses	00 010	1,000
	18	Grants payable		
	19	Deferred revenue		
	20	Tax-exempt bond liabilities		
	21	Escrow or custodial account liability. Complete Part IV of Schedule		
S	22	Loans and other payables to any current or former officer, director,		
≝		trustee, key employee, creator or founder, substantial contributor, of	or 35%	
Liabilities		controlled entity or family member of any of these persons	22	
5	23	Secured mortgages and notes payable to unrelated third parties		
	24	Unsecured notes and loans payable to unrelated third parties	24	149,747
	25	Other liabilities (including federal income tax, payables to related th	ird	
		parties, and other liabilities not included on lines 17-24). Complete F		
		of Schedule D	1,709. 25	772
	26	Total liabilities. Add lines 17 through 25	30,927. 26	151,519
"		Organizations that follow FASB ASC 958, check here		
ĕ		and complete lines 27, 28, 32, and 33.		
ᄪ	27	Net assets without donor restrictions	187,981. 27	169,658
<u>B</u>	28	Net assets with donor restrictions	28	
Net Assets or Fund Balances		Organizations that do not follow FASB ASC 958, check here		
		and complete lines 29 through 33.		
	29	Capital stock or trust principal, or current funds	29	
se.	30	Paid-in or capital surplus, or land, building, or equipment fund		
ξ¥	31	Retained earnings, endowment, accumulated income, or other fund		
Š	32	Total net assets or fund balances	187,981. 32	169,658
	33	Total liabilities and net assets/fund balances		321,177

Form 990 (2020) INC. 02-0547759 Page 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	35	1,3	23.		
2	Total expenses (must equal Part IX, column (A), line 25)	2		9,6			
3	Revenue less expenses. Subtract line 2 from line 1						
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))  4						
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			1.		
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,						
	column (B))	10	16	9,6	58.		
Pa	rt XII Financial Statements and Reporting						
	Check if Schedule O contains a response or note to any line in this Part XII						
				Yes	No		
1	Accounting method used to prepare the Form 990: Cash X Accrual Other						
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.						
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?						
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a						
	separate basis, consolidated basis, or both:						
	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 separat	e 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	e 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 Sch	nedule O.					
3а	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si	ngle Audit					
	Act and OMB Circular A-133?		За		<u> </u>		
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	ired 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

Total

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.

► Attach to Form 990 or Form 990-EZ.

► Go to www.irs.gov/Form990 for instructions and the latest information.
HILTON HEAD ISLAND CONCOURS D'ELEGANCE,

OMB No. 1545-0047

Open to Public Inspection

Employer identification number

INC. 02-0547759 Reason for Public Charity Status. (All organizations must complete this part.) See instructions. Part I The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). 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: 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). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: 10 X An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) 11 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. 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. 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. f Enter the number of supported organizations Provide the following information about the supported organization(s). (iv) Is the organization listed (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of other ì your governing document? (described on lines 1-10 organization support (see instructions) support (see instructions) Yes No above (see instructions))

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## 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	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🖊	(a) 2016	<b>(b)</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	Tax revenues levied for the organ-						
	ization'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						
	The portion of total contributions						
J	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,						
	Public support. Subtract line 5 from line 4.						
	ndar year (or fiscal year beginning in)	(=) 0010	(b) 0017	(-) 0010	(4) 0010	(=) 0000	(f) Tatal
	· · · · · · · · · · · · · · · · · · ·	<b>(a)</b> 2016	<b>(b)</b> 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
	Amounts from line 4						
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
_	and income from similar sources						
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						
	Gross receipts from related activities,	•	,			12	
13	First 5 years. If the Form 990 is for the	-			-		
	organization, check this box and stop						<u></u>
	ction C. Computation of Publi						
	Public support percentage for 2020 (li					14	<u>%</u>
	Public support percentage from 2019					15	%
16a	33 1/3% support test - 2020. If the o						
	stop here. The organization qualifies a						
b	33 1/3% support test - 2019. If the o						
	and <b>stop here.</b> The organization quali						
17a	10% -facts-and-circumstances test						
	and if the organization meets the facts		•	-	•	VI how the organiz	ation
	meets the facts-and-circumstances te	-		* * * * * * * * * * * * * * * * * * * *	-		
b	10% -facts-and-circumstances test	_					10% or
	more, and if the organization meets th				-		. —
	organization meets the facts-and-circu	ımstances test. T	he organization q	ualifies as a publicl	y supported orgar	nization	▶∐
18	Private foundation. If the organization	n did not check a	box on line 13, 16	6a, 16b, 17a, or 17	b, check this box a	and see instruction	s ▶Ш

## 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.)

_	qualify under the tests listed b	elow, please comp	olete Part II.)				
Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2016	<b>(b)</b> 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	255,805.	220,448.	251,166.	332,790.	323,066.	1,383,275.
2	Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in any activity that is related to the						
	organization's tax-exempt purpose	840,403.	1,044,492.	937,389.	971,844.	20,802.	3,814,930.
3	Gross receipts from activities that						
	are not an unrelated trade or bus-						
	iness under section 513						
4	Tax revenues levied for the organ-						
	ization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities						
Ū	furnished by a governmental unit to						
	the organization without charge						
6	Total. Add lines 1 through 5	1,096,208.	1,264,940.	1,188,555.	1,304,634.	343,868.	5,198,205.
	Amounts included on lines 1, 2, and	, ,	, ,	, ,	, ,	·	
	3 received from disqualified persons						0.
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						0.
c	Add lines 7a and 7b						0.
	Public support. (Subtract line 7c from line 6.)						5,198,205.
Sec	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2016	<b>(b)</b> 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
9	Amounts from line 6	1,096,208.	1,264,940.	1,188,555.	1,304,634.	343,868.	5,198,205.
	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	238.	228.	190.	144.	5.	805.
b	Unrelated business taxable income						
	(less section 511 taxes) from businesses acquired after June 30, 1975						
,	Add lines 10a and 10b	238.	228.	190.	144.	5.	805.
	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.)	1,096,446.	1,265,168.	1,188,745.	1,304,778.	343,873.	5,199,010.
14	First 5 years. If the Form 990 is for the	ne organization's fi	rst, second, third,	fourth, or fifth tax	year as a section 5	501(c)(3) organizat	ion,
	check this box and stop here						<b>&gt;</b>
Sec	ction C. Computation of Publ	ic Support Pe	rcentage				
15	Public support percentage for 2020 (	line 8, column (f), d	livided by line 13,	column (f))		15	99.98 %
	Public support percentage from 2019					16	99.98 %
Sec	ction D. Computation of Inves	stment Incom	e Percentage				
17	Investment income percentage for 20	<b>20</b> (line 10c, colun	nn (f), divided by li	ne 13, column (f))		17	.02 %
	Investment income percentage from					18	.02 %
19a	33 1/3% support tests - 2020. If the	organization did n	ot check the box	on line 14, and line	e 15 is more than 3	3 1/3%, and line 1	
	more than 33 1/3%, check this box a	•			•		<b>▶</b> X
b	33 1/3% support tests - 2019. If the	•			•	•	
	line 18 is not more than 33 1/3%, che	eck this box and <b>st</b>	op here. The orga	nization qualifies a	s a publicly suppo	rted organization	▶∐
20	Private foundation. If the organization	n did not check a	box on line 14, 19	a, or 19b, check th	nis box and see ins	structions	▶Ш

## 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

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

		Yes	No
	_		
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	2		
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	Ja		
	3b		
	3с		
	4a		
	4b		
	4c		
	5a		
	5b		
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	10a		
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	10b		
m 9	90 or 99	90-EZ)	2020

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	rt IV   Supporting Organizations (continued)	1113	<u> </u>	age <b>3</b>
Га	Supporting Organizations (continued)		Vac	Na
11	Has the organization accepted a gift or contribution from any of the following persons?		Yes	No
а	A person who directly or indirectly controls, either alone or together with persons described in lines 11b and	11a		
h	11c below, the governing body of a supported organization?  A family member of a person described in line 11a above?	11b		<u> </u>
	A 35% controlled entity of a person described in line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide	TID		
C	detail in Part VI.	11c		
Sec	etion B. Type I Supporting Organizations	110		
	action 2. Type i capper and cigaminations		Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or		163	140
•	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		
Sec	tion C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Sec	tion 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			
	supported organizations played in this regard.	3		<u> </u>
Sec	tion 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 yea(see instructions)	)-		
а	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.			
С	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see in	structio	ns).	
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	, , ,			
	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. Answer lines 3a and 3b below.			
а				
	trustees of each of the supported organizations? If "Yes" or "No" provide details in Part VI.	3a		
h	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.

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Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supporting	ng Orga	anizations							
1	Check here if the organization satisfied the Integral Part Test as a qualifyin	ng trust o	n Nov. 20, 1970 (explain in <b>I</b>	Part VI). See instructions.						
	All other Type III non-functionally integrated supporting organizations mus	t comple	te Sections A through 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):									
а	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 <b>Part VI</b> ):									
2	Acquisition indebtedness applicable to non-exempt-use assets	2								
3	Subtract line 2 from line 1d.	3								
4	Cash deemed held for exempt use. Enter 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										

Schedule A (Form 990 or 990-EZ) 2020

instructions).

Da	t V Type III Non Eupotionally Integrated 500	(a)(2) Cupporting Org	onizations		
	t V Type III Non-Functionally Integrated 509	(a)(3) Supporting Org	anizations (continu	ıed)	
	on D - Distributions				Current Year
_1_	Amounts paid to supported organizations to accomplish exe			1	
2	Amounts paid to perform activity that directly furthers exempt	ot purposes of supported			
	organizations, in excess of income from activity		2		
_3_	Administrative expenses paid to accomplish exempt purpose	3			
_4	Amounts paid to acquire exempt-use assets		4		
_5_	Qualified set-aside amounts (prior IRS approval required - pro	ovide details in <b>Part VI</b> )		5	
6	Other distributions (describe in Part VI). See instructions.			6	
7_	<b>Total annual distributions.</b> Add lines 1 through 6.			7	
8	Distributions to attentive supported organizations to which the	ne organization is responsive	e		
	(provide details in Part VI). See instructions.			8	
9	Distributable amount for 2020 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount		1	10	
Secti	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributior Pre-2020	าร	(iii) Distributable Amount for 2020
1	Distributable amount for 2020 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2020 (reason-				
	able cause required - explain in Part VI). See instructions.				
3	Excess distributions carryover, if any, to 2020				
а	From 2015				
b	From 2016				
С	From 2017				
d	From 2018				
е	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.				
4	Distributions for 2020 from Section D,				
	line 7: \$				
а	Applied to underdistributions of prior years				
b	Applied to 2020 distributable amount				
С	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2020, if				
	any. Subtract lines 3g and 4a from line 2. For result greater				
	than zero, explain in Part VI. See instructions.				
6	Remaining underdistributions for 2020. Subtract lines 3h				
	and 4b from line 1. For result greater than zero, explain in				
	Part VI. See instructions.				
7	Excess distributions carryover to 2021. Add lines 3j				
	and 4c.				
8	Breakdown of line 7:				
а	Excess from 2016				
	Excess from 2017				
С	Excess from 2018				
d	Excess from 2019				
е	Excess from 2020				

Schedule A (Form 990 or 990-EZ) 2020

02-0547759 Page 8 Schedule A (Form 990 or 990-EZ) 2020 INC. 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, Part VI 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 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

Name of the organization

HILTON HEAD ISLAND CONCOURS D'ELEGANCE, INC.

**Employer identification number** 02-0547759

Par	t I Organizations Maintaining Donor Advise	ed Funds or Other Similar Fund	s or Accounts. Complete if the
	organization answered "Yes" on Form 990, Part IV, lin	e 6.	
		(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 that the assets held in donor advi	sed funds
	are the organization's property, subject to the organization's	exclusive legal control?	Yes
6	Did the organization inform all grantees, donors, and donor a	dvisors in writing that grant funds can be	e used only
	for charitable purposes and not for the benefit of the donor of	or donor advisor, or for any other purpose	e conferring
	impermissible private benefit?		Yes No
Par	t II Conservation Easements. Complete if the org	ganization answered "Yes" on Form 990,	Part IV, line 7.
1	Purpose(s) of conservation easements held by the organization		
	Preservation of land for public use (for example, recrea	ation or education) Preservation o	f a historically important land area
	Protection of natural habitat	Preservation o	f a certified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualit	fied conservation contribution in the form	
	day of the tax year.		Held at the End of the Tax Year
а	Total number of conservation easements		
b	Total acreage restricted by conservation easements		
С	Number of conservation easements on a certified historic str		
d	Number of conservation easements included in (c) acquired		ture
	listed in the National Register		2d
3	Number of conservation easements modified, transferred, re	leased, extinguished, or terminated by the	ne organization during the tax
	year ▶		
4	Number of states where property subject to conservation ear		
5	Does the organization have a written policy regarding the per		
_	violations, and enforcement of the conservation easements i		
6	Staff and volunteer hours devoted to monitoring, inspecting,	handling of violations, and enforcing cor	nservation easements during the year
_			
7	Amount of expenses incurred in monitoring, inspecting, hand	dling of violations, and enforcing conserv	ation easements during the year
•			0(1-)(4)(D)(2)
8	Does each conservation easement reported on line 2(d) above	•	
^	and section 170(h)(4)(B)(ii)?		
9	In Part XIII, describe how the organization reports conservati	•	
	balance sheet, and include, if applicable, the text of the footr	lote to the organization's linaridial stater	nents that describes the
Par	organization's accounting for conservation easements.  † III Organizations Maintaining Collections or	f Δrt Historical Treasures or (	Other Similar Assets
· ui	Complete if the organization answered "Yes" on Form		other emmar 7,000to.
12	If the organization elected, as permitted under FASB ASC 95		and halance sheet works
ıu	of art, historical treasures, or other similar assets held for put	•	
	service, provide in Part XIII the text of the footnote to its final	, ,	•
h	If the organization elected, as permitted under FASB ASC 95		
-	art, historical treasures, or other similar assets held for public		
	provide the following amounts relating to these items:	o oximplicity, cadeation, or recognitivities	anoranoe or pasite service,
	(i) Revenue included on Form 990, Part VIII, line 1		<b>&gt;</b> \$
			<b>L</b> .
2	If the organization received or held works of art, historical tre		
_	the following amounts required to be reported under FASB A		g, p. 5 g
а	Revenue included on Form 990, Part VIII, line 1	_	<b>&gt;</b> \$
b	Assets included in Form 990, Part X		

Schedule D (Form 990) 2020 INC.

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Par	t III Organizations Maintaining Coll	lections of A	rt, His	torical Tr	easures,	or Othe	r Simila	r Asse	<b>ts</b> (continu	ied)
3	Using the organization's acquisition, accession,	and other record	ls, chec	k any of the	following tha	at make si	gnificant u	use of its		
	collection items (check all that apply):									
а	Public exhibition	d		Loan or exc	hange progra	am				
b	Scholarly research	е								
С	Preservation for future generations									
4	Provide a description of the organization's collection	ctions and explain	n how th	ney further t	he organizati	ion's exen	npt purpos	se in Par	t XIII.	
5	During the year, did the organization solicit or re									
	to be sold to raise funds rather than to be maint								Yes	☐ No
Par	t IV Escrow and Custodial Arrange							Part IV.		
	reported an amount on Form 990, Part X			J			,	,	,	
1a	Is the organization an agent, trustee, custodian	or other intermed	diary for	contribution	ns or other as	sets not i	ncluded			
	on Form 990, Part X?								Yes	☐ No
b	If "Yes," explain the arrangement in Part XIII and									
_	The state of the s								Amount	
С	Beginning balance						1c		7 4110 61111	
	Additions during the year									
	Distributions during the year									
f	Ending balance						1f			
2a	Did the organization include an amount on Form								Yes	□ No
	If "Yes," explain the arrangement in Part XIII. Ch						.у:		_ 103	
Par							<u></u>			
	·	a) Current year		rior year	(c) Two yea		d) Three ye	ars hack	(e) Four y	ears hack
1a	Beginning of year balance	a) Guirent year	(6)	nor year	(c) Two you	TO DUON (	<b>aj</b> 111100 yo	uro buon	(C) roury	ouro buon
h	Contributions									
0	Net investment earnings, gains, and losses									
٦										
a	Grants or scholarships									
е	Other expenditures for facilities									
	and programs									
	Administrative expenses									
g	End of year balance		/I: -4		\\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \					
2	Provide the estimated percentage of the current	t year end baland		g, column (	a)) neid as:					
а	Board designated or quasi-endowment		_%							
b	Permanent endowment	%								
С	Term endowment \( \sum_{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\tinit}\\ \text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\texi}\tint{\text{\text{\text{\text{\texi}\text{\text{\text{\text{\texi}\tint{\text{\texi}\text{\text{\texi}\text{\text{\texi{\texi}\text{\texit{\ti}\tinttit{\texi}\texit{\texi}\text{\texitile}\text{\texi{\									
_	The percentages on lines 2a, 2b, and 2c should									
За	Are there endowment funds not in the possession.	on of the organiza	ation tha	at are held a	and administe	ered for th	e organiza	ation	Г.	
	by:									res No
	(i) Unrelated organizations								3a(i)	$-\!\!\!\!+\!\!\!\!-$
	(ii) Related organizations									$-\!\!\!\!+\!\!\!\!-$
b	If "Yes" on line 3a(ii), are the related organization				) 				3b	
4	Describe in Part XIII the intended uses of the org		wment	funds.						
Pai	t VI Land, Buildings, and Equipmen									
	Complete if the organization answered "Y	Yes" on Form 990	), Part I\							
	Description of property	(a) Cost or o		` '	t or other	. ,	cumulated	t l	(d) Book	value
		basis (investr	nent)	basis	(other)	dep	reciation			
	Land									
	Buildings									
С	Leasehold improvements							$-\!\!\!\!\!\!\!\!\!\!\!\!\!\!\!\!\!\!\!\!\!\!\!\!\!\!\!\!\!\!\!\!\!\!\!\!$		
d	Equipment									
	Other									
Total	Add lines 1a through 1e (Column (d) must equa	al Form 990 Part	X colur	nn (R) line i	10c)					0.

Schedule D (Form 990) 2020

Schedule D (Form 990) 2020

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	TΛ	C	•

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Part VII	Investments - Other Securities.			· ·
	Complete if the organization answered "Yes"	on Form 990, Part IV, line		
(a) Descrip	otion of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end	l-of-year market value
	al derivatives			
	held equity interests			
(3) Other				
(A)				
(B)			_	
(C)				
(D)			+	
(E)			+	
(F) (G)			<u> </u>	
(H)				
	(b) must equal Form 990, Part X, col. (B) line 12.)			
	Investments - Program Related.			
	Complete if the organization answered "Yes"			l of year market value
	(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end	r-or-year market value
(1)			+	
(2)				
(3)			+	
(4)			+	
(5) (6)			+	
(7)				
(8)				
(9)				
	(b) must equal Form 990, Part X, col. (B) line 13.)			
Part IX	Other Assets.			
	Complete if the organization answered "Yes"	on Form 990, Part IV, lin	e 11d. See Form 990, Part X, line 15.	
	(a) <sup>[</sup>	Description		(b) Book value
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)	(h)	- 45)		
Part X	umn (b) must equal Form 990, Part X, col. (B) line Other Liabilities.	9 15.)	<b>&gt;</b>	
raitA		on Form 000 Part IV lin	o 11a or 11f Soo Form 990 Part V line 25	
1.	Complete if the organization answered "Yes" (a) Description of liability	on Form 330, Fart IV, IIII	C 110 01 111. 066 1 01111 990, Fait A, III18 25	(b) Book value
	deral income taxes			(a) zeen value
	AYROLL LIABILITIES			772.
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
	ımn (b) must equal Form 990, Part X, col. (B) line	25.)	<b></b>	772.
	for uncertain tax positions. In Part XIII, provide		-	hat reports the
	ration's liability for uncertain tax positions under			

Schedule D (Form 990) 2020

Part XI | Reconciliation

INC. 02-0547759 Page 4

Par				
	Complete if the organization answered "Yes" on Form 990, Part	•		
1	Total revenue, gains, and other support per audited financial statement	s	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			
b	Donated services and use of facilities			
С	Recoveries of prior year grants			
d	Other (Describe in Part XIII.)	-		
е	Add lines 2a through 2d			
3	Subtract line 2e from line 1		3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	1 1		
а	Investment expenses not included on Form 990, Part VIII, line 7b			
b	Other (Describe in Part XIII.)	•		
С	Add lines 4a and 4b			
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, lin	e 12.)	5	
Pai	Reconciliation of Expenses per Audited Financia		nses per Return.	
	Complete if the organization answered "Yes" on Form 990, Part			
1	Total expenses and losses per audited financial statements		1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	1 - 1		
	Donated services and use of facilities			
b	Prior year adjustments			
С.	Other losses			
	Other (Describe in Part XIII.)			
_	Add lines 2a through 2d			
3	Subtract line 2e from line 1		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	ا ما		
	Investment expenses not included on Form 990. Part VIII, line / n			
b	Other (Describe in Part XIII.)	4b	10	
b c	Other (Describe in Part XIII.) Add lines <b>4a</b> and <b>4b</b>	4b		
b c 5	Other (Describe in Part XIII.) Add lines <b>4a</b> and <b>4b</b> Total expenses. Add lines <b>3</b> and <b>4c.</b> (This must equal Form 990, Part I, I	4b		
b c 5 <b>Pa</b> ı	Other (Describe in Part XIII.)  Add lines <b>4a</b> and <b>4b</b> Total expenses. Add lines <b>3</b> and <b>4c.</b> (This must equal Form 990, Part I, I	4b ine 18.)	5	ΥI
b c 5 <b>Par</b> Provi	Other (Describe in Part XIII.)  Add lines 4a and 4b  Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, Int XIII Supplemental Information.  Ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a	ine 18.) and 4; Part IV, lines 1b and 2b;	5	XI,
b c 5 <b>Par</b> Provi	Other (Describe in Part XIII.)  Add lines <b>4a</b> and <b>4b</b> Total expenses. Add lines <b>3</b> and <b>4c.</b> (This must equal Form 990, Part I, I	ine 18.) and 4; Part IV, lines 1b and 2b;	5	XI,
b c 5 <b>Par</b> Provi	Other (Describe in Part XIII.)  Add lines 4a and 4b  Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, Int XIII Supplemental Information.  Ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a	ine 18.) and 4; Part IV, lines 1b and 2b;	5	XI,
b c 5 <b>Par</b> Provi	Other (Describe in Part XIII.)  Add lines 4a and 4b  Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, Int XIII Supplemental Information.  Ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a	ine 18.) and 4; Part IV, lines 1b and 2b;	5	XI,
b c 5 <b>Par</b> Provi	Other (Describe in Part XIII.)  Add lines 4a and 4b  Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, Int XIII Supplemental Information.  Ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a	ine 18.) and 4; Part IV, lines 1b and 2b;	5	XI,
b c 5 <b>Par</b> Provi	Other (Describe in Part XIII.)  Add lines 4a and 4b  Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, Int XIII Supplemental Information.  Ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a	ine 18.) and 4; Part IV, lines 1b and 2b;	5	XI,
b c 5 <b>Par</b> Provi	Other (Describe in Part XIII.)  Add lines 4a and 4b  Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, Int XIII Supplemental Information.  Ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a	ine 18.) and 4; Part IV, lines 1b and 2b;	5	XI,
b c 5 Par	Other (Describe in Part XIII.)  Add lines 4a and 4b  Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, Int XIII Supplemental Information.  Ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a	ine 18.) and 4; Part IV, lines 1b and 2b;	5	XI,
b c 5 Par	Other (Describe in Part XIII.)  Add lines 4a and 4b  Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, Int XIII Supplemental Information.  Ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a	ine 18.) and 4; Part IV, lines 1b and 2b;	5	XI,
b c 5 Par	Other (Describe in Part XIII.)  Add lines 4a and 4b  Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, Int XIII Supplemental Information.  Ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a	ine 18.) and 4; Part IV, lines 1b and 2b;	5	XI,
b c 5 Par	Other (Describe in Part XIII.)  Add lines 4a and 4b  Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, Int XIII Supplemental Information.  Ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a	ine 18.) and 4; Part IV, lines 1b and 2b;	5	XI,
b c 5 Par	Other (Describe in Part XIII.)  Add lines 4a and 4b  Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, Int XIII Supplemental Information.  Ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a	ine 18.) and 4; Part IV, lines 1b and 2b;	5	XI,
b c 5 <b>Par</b> Provi	Other (Describe in Part XIII.)  Add lines 4a and 4b  Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, Int XIII Supplemental Information.  Ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a	ine 18.) and 4; Part IV, lines 1b and 2b;	5	XI,
b c 5 Par	Other (Describe in Part XIII.)  Add lines 4a and 4b  Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, Int XIII Supplemental Information.  Ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a	ine 18.) and 4; Part IV, lines 1b and 2b;	5	XI,
b c 5 Par	Other (Describe in Part XIII.)  Add lines 4a and 4b  Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, Int XIII Supplemental Information.  Ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a	ine 18.) and 4; Part IV, lines 1b and 2b;	5	XI,
b c 5 Par	Other (Describe in Part XIII.)  Add lines 4a and 4b  Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, Int XIII Supplemental Information.  Ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a	ine 18.) and 4; Part IV, lines 1b and 2b;	5	XI,
b c 5 Par	Other (Describe in Part XIII.)  Add lines 4a and 4b  Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, Int XIII Supplemental Information.  Ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a	ine 18.) and 4; Part IV, lines 1b and 2b;	5	XI,
b c 5 Par	Other (Describe in Part XIII.)  Add lines 4a and 4b  Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, Int XIII Supplemental Information.  Ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a	ine 18.) and 4; Part IV, lines 1b and 2b;	5	XI,
b c 5 Par	Other (Describe in Part XIII.)  Add lines 4a and 4b  Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, Int XIII Supplemental Information.  Ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a	ine 18.) and 4; Part IV, lines 1b and 2b;	5	XI,
b c 5 Par	Other (Describe in Part XIII.)  Add lines 4a and 4b  Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, Int XIII Supplemental Information.  Ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a	ine 18.) and 4; Part IV, lines 1b and 2b;	5	XI,
b c 5 Par	Other (Describe in Part XIII.)  Add lines 4a and 4b  Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, Int XIII Supplemental Information.  Ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a	ine 18.) and 4; Part IV, lines 1b and 2b;	5	XI,
b c 5 Par	Other (Describe in Part XIII.)  Add lines 4a and 4b  Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, Int XIII Supplemental Information.  Ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a	ine 18.) and 4; Part IV, lines 1b and 2b;	5	XI,
b c 5 Par	Other (Describe in Part XIII.)  Add lines 4a and 4b  Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, Int XIII Supplemental Information.  Ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a	ine 18.) and 4; Part IV, lines 1b and 2b;	5	XI,
b c 5 Par	Other (Describe in Part XIII.)  Add lines 4a and 4b  Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, Int XIII Supplemental Information.  Ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a	ine 18.) and 4; Part IV, lines 1b and 2b;	5	XI,

### **SCHEDULE L**

Department of the Treasury

Internal Revenue Service

## **Transactions With Interested Persons**

(Form 990 or 990-EZ) ► Complete if the organization answered "Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.

► Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

**Open To Public** Inspection

Name of the organization HILTON HEAD ISLAND CONCOURS D'ELEGANCE, **Employer identification number** 02-0547759 INC.

Part I	Excess Bene	fit Trans	sacti	ons (section 50	01(c)(3	3), sect	ion 501(c)(4), and se	ctio	on 501(c)(29) orga	anizati	ons o	nly).				
	Complete if the o	organization	n ansv	vered "Yes" on I	Form 9	990, Pa	art IV, line 25a or 25b	o, or	r Form 990-EZ, P	art V, I	ine 40	b.				
1 (2) (	lame of disqualified p	oereon	(b) F	Relationship bety			ified	- <b>)</b> D	escription of tran	eactio	n		(d)	(d) Corrected?		
(a) i	iame or disqualmed p	0013011		person and or	ganiza	ation	,,	,, 0	escription of train	Sactio	"		Ye	es	No	
	er the amount of tax i	ncurred by	the o	rganization man	agers	or disc	qualified persons du	ring	the year under							
											<b>&gt;</b> \$					
3 Ente	er the amount of tax,	if any, on li	ne 2, a	above, reimburs	ed by	the or	ganization				<b>&gt;</b> \$					
Part II	Loans to and	Vor Eron	n Int	orostod Por	conc											
Part II	_						D-+1/		000 D+ IV II	- 00-	'6 41-		!			
		-					, Part V, line 38a or i	-orn	n 990, Part IV, lin	ie 26;	or if th	ie orga	ınızatı	on		
	reported an amo	(b) Relatio		<del></del>		2. an to or	(a) Original	14	6 Dalamaa dua	(~)	ln.	<b>(h)</b> Api	oroved	/:> \A	/ritton	
int	(a) Name of erested person	with organi		mp   (o) i dipose   ' from the		n the	(e) Original principal amount	ן (י	f) Balance due	(g) defa		by bo	ard or	agree	ment?	
	•				To	From	' '			Yes	No				_	
					10	FIOIII				162	NO	162	INO	162	NO	
															<del>                                     </del>	
Total		L					<b>&gt;</b> \$									
Part II	I Grants or As	sistance	Ber	nefiting Inter	este	d Pe										
	Complete if the o	organization	n ansv	vered "Yes" on I	Form 9	990, Pa	art IV, line 27.									
(a)	Name of interested p	_	$\neg$	<b>b)</b> Relationship			(c) Amount of		(d) Type	of		(e)	) Purp	ose o	f	
	·		'	interested pers	on an		assistance		assistan				assista	ance		
				the organiza	ation								e organization  h) Approved by board or committee?  Yes No Yes No  (e) Purpose of assistance			
											_					

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule L (Form 990 or 990-EZ) 2020

Part IV	Business Trai	nsactions Involvi	ing Interested Persons.				
	Complete if the or	rganization answered	"Yes" on Form 990, Part IV, line 28a, 2	8b, or 28c.			
(a	Name of intereste	ed person	<b>(b)</b> Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sha organiz rever	
						Yes	No
			TREASURER/COMPTROLL		PROVIDES AC		X
TRUITT	RABURN A	SSOC., INC/	SECRETARY	2,132.	PROVIDES LA		Х
Part V	Supplementa Provide additional		nses to questions on Schedule L (see	instructions)			
		·	· · · · · · · · · · · · · · · · · · ·	•			
SCH L,	PART IV,	BUSINESS T	RANSACTIONS INVOLVI	NG INTEREST	ED PERSONS:		
(A) NA	ME OF PER	SON: BEACON	ALLIED RESOURCES,	INC./ROBERT	LEE		
(B) RE	LATIONSHI	P BETWEEN I	NTERESTED PERSON AN	D ORGANIZAT	'ION:		
TREASU	RER/COMPTI	ROLLER					
(D) DE	SCRIPTION	OF TRANSAC	TION: PROVIDES ACCO	UNTING, TEC	HNOLOGY AND		
OTHER	CONSULTING	G SERVICES	TO THE ORGANIZATION	VIA BEACON	I ALLIED		
	CES, INC.						
KESOOK	CES, INC.						
(A) NA	ME OF PER	SON: TRIITTT	RABURN ASSOC., INC	/TRIITTT RAF	RIIRN		
			TION: PROVIDES LAND			OIIGH	
		SSOCIATES,			DICTIONS THE	00011	
IKOIII	KAIDON A	bbocirieb,	1110.				

## **SCHEDULE O**

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

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

OMB No. 1545-0047

Inspection

Name of the organization

HILTON HEAD ISLAND CONCOURS D'ELEGANCE, INC.

Employer identification number 02-0547759

INC.	02-054//59
FORM 990, PART VI, SECTION B, LINE 11B:	
THE TAX RETURN IS GIVEN TO THE COMPTROLLER/TREASURER OF	THE ORGANIZATION
FOR REVIEW BEFORE THE TAX RETURN IS FILED.	
FORM 990, PART VI, SECTION B, LINE 15A:	
THE PRESIDENT UNDERGOES AN ANNUAL PERFORMANCE REVIEW AND	O HIS/HER SALARY IS
BASED ON COMPARABLE POSITIONS	
FORM 990, PART VI, SECTION C, LINE 19:	
DOCUMENTATION IS AVAILABLE TO THE PUBLIC UPON REQUEST	
FORM 990, PART IX, LINE 24E, ALL OTHER FUNCTIONAL EXPENS	SES:
DUES AND SUBSCRIPTIONS:	
PROGRAM SERVICE EXPENSES	1,565.
MANAGEMENT AND GENERAL EXPENSES	1,565.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	3,130.
DRIVING YOUNG AMERICA COSTS:	
PROGRAM SERVICE EXPENSES	3,108.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	3,108.
BANK AND CREDIT CARD FEES:	
PROGRAM SERVICE EXPENSES	1,398.
I HA For Paperwork Reduction Act Notice see the Instructions for Form 990 or 990-F7	chedule () (Form 990 or 990-F7) 2020

Name of the organization HILTON HEAD ISLAND CONCOURS D'ELEGANCE,  INC.	Employer identification number 02-0547759
MANAGEMENT AND GENERAL EXPENSES	1,398.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	2,796.
TELEPHONE:	
PROGRAM SERVICE EXPENSES	1,271.
MANAGEMENT AND GENERAL EXPENSES	1,271.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	2,542.
POSTAGE:	
PROGRAM SERVICE EXPENSES	581.
MANAGEMENT AND GENERAL EXPENSES	872.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	1,453.
PAYROLL ADMIN. FEES:	
PROGRAM SERVICE EXPENSES	0.
MANAGEMENT AND GENERAL EXPENSES	851.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	851.
TRACK DAY EXPENSES:	
PROGRAM SERVICE EXPENSES	618.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	618.

Name of the organization HILTON HEAD ISLAND CONCOURS D'ELEGANCE, INC.	Employer identification number 02-0547759
MISCELLANEOUS EXPENSE:	
PROGRAM SERVICE EXPENSES	273.
MANAGEMENT AND GENERAL EXPENSES	273.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	546.
AUCTION EXPENSES:	
PROGRAM SERVICE EXPENSES	200.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	200.
COPYING:	
PROGRAM SERVICE EXPENSES	32.
MANAGEMENT AND GENERAL EXPENSES	22.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	54.
VOLUNTEER EXPENSE:	
PROGRAM SERVICE EXPENSES	53.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	53.
LICENSES AND FEES:	
PROGRAM SERVICE EXPENSES	21.
MANAGEMENT AND GENERAL EXPENSES	31.
FUNDRAISING EXPENSES	0 . Schedule O (Form 990 or 990-E7) 2020

Schedule O (Form 990 or 990-EZ) 2020	Page <b>2</b>
Name of the organization HILTON HEAD ISLAND CONCOURS D'ELEGANCE, INC.	Employer identification number 02-0547759
TOTAL EXPENSES	52.
TOTAL OTHER EXPENSES ON FORM 990, PART IX, LINE 24E, COL	A 15,403.
FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:	
ROUNDING	1.

## PUBLIC INSPECTION EDITION

(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.

Open to Public Inspection

OMB No. 1545-0047

Α	For the	2019 calendar year, or tax year beginning and ending	ng		
В	Check if applicable	HILTON HEAD ISLAND CONCOURS D ELEGANCE,	D	Employer identifi	cation number
Ļ	Addres change			00 05477	Γ0
Ļ	Name change Initial	-		02-05477	
	return Final return/	Number and street (or P.O. box if mail is not delivered to street address)  1 CARDINAL ROAD  Room 16	n/suite <b>E</b>	Telephone numbe 843-785-	5747
	termin- ated	City or town, state or province, country, and ZIP or foreign postal code	G	Gross receipts \$	1,342,756.
L	Amend return	HILLON HEAD ISLAND, SC 23320	Н	<b>I(a)</b> Is this a group re	
	Application			for subordinates	? Yes X No
	pendin	SAME AS C ABOVE	Н	(b) Are all subordinates in	ncluded? Yes No
		empt status: $X$ 501(c)(3) $D$ 501(c)( ) $D$ (insert no.) $D$ 4947(a)(1) or $D$	527	If "No," attach a	list. (see instructions)
		e: ► HTTP://WWW.HHICONCOURS.COM/		I(c) Group exemptio	
		organization: X Corporation Trust Association Other ▶ L	Year of f	formation: 2002 N	A State of legal domicile: SC
P		Summary			
Governance	1	Briefly describe the organization's mission or most significant activities: ANNUAL FESTIVAL LOCATED ON HILTON HEAD ISLAND, SC.	AUTO	SHOW & MO	TORING
ž	2	Check this box 🕨 🔲 if the organization discontinued its operations or disposed of	f more th	nan 25% of its net as	
Š	3	Number of voting members of the governing body (Part VI, line 1a)		3	14
ত		Number of independent voting members of the governing body (Part VI, line 1b)			14
es &		Total number of individuals employed in calendar year 2019 (Part V, line 2a)			6
ξ		Total number of volunteers (estimate if necessary)			400
Activities &		Total unrelated business revenue from Part VIII, column (C), line 12			21,650.
٩		Net unrelated business taxable income from Form 990-T, line 39			-5,457.
				Prior Year	Current Year
Φ	8	Contributions and grants (Part VIII, line 1h)		251,166.	332,790.
ñ		Program service revenue (Part VIII, line 2g)		728,403.	733,580.
Revenue	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		190.	144.
Œ		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		208,986.	256,036.
	1	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		1,188,745.	1,322,550.
		Grants and similar amounts paid (Part IX, column (A), lines 1-3)	_	47,700.	66,250.
		Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.
ģ	1	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		238,609.	250,078.
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.
be	b	Total fundraising expenses (Part IX, column (D), line 25)			
û	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	-	991,860.	974,724.
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		1,278,169.	
		Revenue less expenses. Subtract line 18 from line 12	. —	-89,424.	31,498.
Jor Sac	3	·	Begin	nning of Current Year	End of Year
Net Assets or Find Balances	20	Total assets (Part X, line 16)		171,389.	218,908.
ASS	21	Total liabilities (Part X, line 26)		13,079.	30,927.
35	22	Net assets or fund balances. Subtract line 21 from line 20		158,310.	187,981.
P	art II	Signature Block			
Und	der pena	ties of perjury, I declare that I have examined this return, including accompanying schedules and	statement	ts, and to the best of m	y knowledge and belief, it is
true	e, correc	t, and complete. Declaration of preparer (other than officer) is based on all information of which pr	eparer ha	is any knowledge.	
		<b>\</b>			
Sig	jn	Signature of officer		Date	
Не		ROBERT LEE, TREASURER			
		Type or print name and title			
		Print/Type preparer's name Preparer's signature	Date	OHOOK	PTIN
Pai		MICHAEL R. PUTICH, CPA	11	/15/20 if self-employ	<sub>ed</sub> №00853466
Pre		Firm's name ROBINSON GRANT & CO., P.A.	•	Firm's EIN ▶	57-0735924
		Firm's address P.O. DRAWER 22959			
		HILTON HEAD ISLAND, SC 29925		Phone no.84	3-815-6161
Ma	y the IF	RS discuss this return with the preparer shown above? (see instructions)		· · · · · · · · · · · · · · · · · · ·	X Yes No

HILTON HEAD ISLAND CONCOURS D'ELEGANCE, 02-0547759 INC. Page 2 Form 990 (2019) Part III Statement of Program Service Accomplishments Check if Schedule O contains a response or note to any line in this Part III Briefly describe the organization's mission: THE CONCOURS EVENT IS HELD ANNUALLY ON HILTON HEAD ISLAND, SC AND DISPLAYS HISTORICAL AND SIGNIFICANT AUTOMOBILES FOR THE PURPOSE OF EDUCATING THE PUBLIC ON THE AUTOMOTIVE INDUSTRY ORIGIN, DEVELOPMENT AND CONTRIBUTION TO HISTORY Did the organization undertake any significant program services during the year which were not listed on the Yes X No 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 services? 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. 1,131,341. including grants of \$ 4a ) (Expenses \$ ) (Revenue \$ PRODUCTION OF A WEEK-LONG FESTIVAL MOTOR SHOW THAT FOCUSES UPON AUTOMOBILES AND OTHER VARIOUS METHODS OF TRANSPORTATION AND WHICH IS OPEN AND AVAILABLE TO THE GENERAL PUBLIC

66,250. including grants of \$

PAYMENT OF GRANTS TO LOCAL NOT-FOR-PROFIT ORGANIZATIONS

(Code:	) (Expenses \$	including grants o	f\$	) (Revenue \$	)
					-
Other progr	ram services (Describe on S	Schedule O.)			
(Expenses \$		including grants of \$	) (Revenue \$		)

,591**.** 

1,197

66,250.) (Revenue \$

Form **990** (2019)

Total program service expenses

4d

4b

4c

(Code:

) (Expenses \$

02-0547759

Page 3

# Form 990 (2019) INC . 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?	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			7.7
_	public office? If "Yes," complete Schedule C, Part I	3		X
4	<b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If</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 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?			7.7
	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			X
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		
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.  Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
а	Part VI	11a		х
h	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total	Ha		
	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		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			l
	Schedule D, Parts XI and XII	12a		X
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			7.7
46	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		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Λ
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		х
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	170		
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		Х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		Х
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	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18	Х	
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	19		X
<b>20</b> a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	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

Form 990 (2019) INC .

Part IV Checklist of Required Schedules (continued)

			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	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			.,
04 -	Schedule J	23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		х
h	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		<del></del>
	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		
25 a	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			1
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? <i>If</i> "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,	20		<del></del>
	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		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	Х	77
	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 lines 28a or 28b?	00-		X
29	"Yes," complete Schedule L, Part IV  Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	28c 29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation	23		<del></del>
•	contributions? If "Yes," complete Schedule M	30		х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		Х
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			۱
	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, or IV, and			X
25.0	Part V, line 1  Did the organization have a controlled entity within the meaning of section 512(b)(13)?	34 35a		X
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	33a		<u> </u>
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		1
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	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		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?		,,	1
Pa	Note: All Form 990 filers are required to complete Schedule O rt V Statements Regarding Other IRS Filings and Tax Compliance	38	X	
rd	Check if Schedule O contains a response or note to any line in this Part V			
	Check is confedule o contains a response of note to any line in this Fart v		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 6		163	110
	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b 0			
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c	Х	

Form 990 (2019) INC .

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

2a Enter the number of employees reported on Form W/3. Transmittal of Wage and Tax Statements. 2a 5 b If at least one is reported on line 2a, did the organization file all required federal employment tax returns?  Note: If the sum of lines 1a and 2a is greater than 250, you may be required to en-file give instructions)  3a Did the organization have unrelated business grees income of \$1,000 or more during the year?  3a If Yes, *has it flied a Form 800 T for this year? If 'No' to line 3b, provide an explenation on Schedule O  3b If Yes, *has it flied a Form 800 T for this year? If 'No' to line 3b, provide an explenation on Schedule O  3c If Yes, *has it flied a Form 800 T for this year? If 'No' to line 3b, provide an explenation on Schedule O  3c If Yes, *has it flied a Foreign country few and the continuation share an interest in, or a significant or other authority over, a financial account is no foreign country few the name of the foreign country few and any time during the tax year?  5c If Yes, *the the name of the foreign country few the season of the province of the season of t						Yes	No
filed for the calendary year ending with or within the year covered by this return.  Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions).  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 If Y'es, 'insta if the a form 900 or Tor this year If "No" to file ab, your order an explanation on Schedule 0  3b If Y'es, 'and if the a form 900 or business gross income of \$1,000 or more during the year or other authority over, a financial account)?  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)?  4b If Y'es, 'enter the name of the foreign country   See instructions for filing requirements for FincEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).  5a Was the organization a party to a prohibited tax sheltor transaction at any time during the tax year?  5a Did any translate party northy the organization file Form 8886 17  6b Des the organization have amusal gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax eductables and charibate contributions?  5b If Y'es,' did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductables and charibate contributions?  6c If the organization selection and the every solicitation and party to goods and services provided to the payor?  7b If Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductables and charibate organizations.  6c Did the organization receive a part in excess of \$5 made party as a contribution or qualitation receive a party organization and party t	2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,					
by if at least one is reported on line 2a, did the organization file all required federal employment tax returns?  Note: If the sum of lines 1a and 2a is greater than 250, you may be required to efficie (see instructions)  3a Did the organization have unrelated business gross income of \$1,000 or more during the year?  b If "Yes," has it filled a Form 880 To fine by year? If "No" to lime 3b, provide an explanation on Schedule O  3b X  4 At any time during the calendary 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, secretic paragraph of the foreign country)  See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).  Sea Was the organization and party to a prohibeted tax whether transaction of any time during the tax year?  5a Was the organization have annual gross neceipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?  6b If "Yes" to line 5a or 5b, did the organization tile Form 8886-7?  6c If "Yes" to line the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?  7b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?  7c Organizations that may receive deductible contributions under section 170(c).  8d If "Yes," did the organization notify the donor of the value of the goods or services provided?  7c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? Ified during the year  9c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file or			2a	6			
Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) 3 bid the organization have unristed business gross income of \$1,000 or more during the year? 4 A 1 Aray time during the calendar year, did the organization have an interest is, 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)? 4 a 1 Aray time during the calendar year, did the organization have an interest is, 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)? 5 bif 1'Yes, or other the name of the foreign country is the same star and a star	b		rns?		2b	Х	
b if "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O 4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial accountly and financial accountly and financial accountly services occurred to the calendar year, did the organization have an interest in, or a signature or other authority over, a financial accountly services, and the services of		Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions	s)				
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financial account in a foreign country (such as a bank account, securities account, or other financial account)?  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?  5b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?  5c If "Yes" to line Sa or Sb, did the organization file form 8886-17.  6c Does the organization 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?  6c If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?  6c If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?  6c If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?  6d Did the organization stat may receive deductible contributions under section 170(c).  6d Did the organization receive apparent in excess of \$57 made party as a contribution of organization receive a payment in excess of \$57 made party as a contribution of contribution of the value of the goods or services provided?  7d If If "Yes," incleate the number of Forms 8282 flied during the year  7d Did the organization received a contribution of contribution of the value of the goods or services provided?  7e Did the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-07 and 11 the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-07 and 11 the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organ	b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule	0		3b	X	
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If "Yes," complete Form 4720, Schedule O.	16		nt inco	me?	16		Х
		If "Yes," complete Form 4720, Schedule O.					

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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			X
Sec	tion A. Governing Body and Management			
	<u> </u>		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 14			
	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 1b 14			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			
	officer, director, trustee, or key employee?	2		Х
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?	3		Х
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		Х
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		Х
6	Did the organization have members or stockholders?	6		Х
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?	7a		Х
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			
	persons other than the governing body?	7b		Х
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?	8a	Х	
b	Each committee with authority to act on behalf of the governing body?	8b	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			
	organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9		х
Sec	tion 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
	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,			
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a		Х
	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	12a		Х
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b		
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			
	in Schedule O how this was done	12c		
13	Did the organization have a written whistleblower policy?	13		Х
14	Did the organization have a written document retention and destruction policy?	14		Х
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?			
а	The organization's CEO, Executive Director, or top management official	15a	X	
	Other officers or key employees of the organization	15b		Х
	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?	16a		Х
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's			
	exempt status with respect to such arrangements?	16b		
Sec	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed ▶SC			
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c)(3	s only	) avail	able
	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)			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, ar	d finar	ncial	
	statements available to the public during the tax year.			
20	State the name, address, and telephone number of the person who possesses the organization's books and records			
	BOB LEE - 843-785-5747			
	1 CARDINAL ROAD, SUITE #16, HILTON HEAD ISLAND, SC 29926			

## INC.

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

02-0547759

### 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.

Form 990 (2019)

Check this box if neither the organization r	(B)				C)			(D)	(E)	(F)
Name and title	Average	(da		Pos	itior	than		Reportable	Reportable	Estimated
	hours per	box	, unle	ss pe	rson	is bot	h an	compensation	compensation	amount of
	week	$\vdash$	Cer ai	and a director/trustee)			lee)	from	from related	other
	(list any hours for	lirecto				L		the organization	organizations (W-2/1099-MISC)	compensation from the
	related	3e or 0	stee			ısatec		(W-2/1099-MISC)	(***2/1099*****100)	organization
	organizations	Individual trustee or director	Institutional trustee		yee	Highest compensated employee		,		and related
	below	vidual	tution	.ec	Key employee	nest co	ner			organizations
	line)	Indi	Insti	Officer	Key	High	Former			
(1) CAROLYN VANAGEL	40.00								_	_
EX-OFFICIO		Х		Х				69,817.	0.	0.
(2) STEWART BROWN	5.00								_	_
CHAIR EMERITUS		Х		Х				0.	0.	0.
(3) MERRY HARLACHER	5.00									
CHAIRMAN		Х		Х				0.	0.	0.
(4) BOB LEE	5.00									
TREASURER		Х		Х				0.	0.	0.
(5) TRUITT RABUN	5.00									
SECRETARY		Х						0.	0.	0.
(6) LAWRENCE KOCH	5.00	l							•	
BOARD MEMBER		Х						0.	0.	0.
(7) JOYCE CARLTON	5.00	l							•	
BOARD MEMBER		Х						0.	0.	0.
(8) VICKI HEAD	5.00	١							•	
BOARD MEMBER	<u> </u>	Х						0.	0.	0.
(9) PRES HENNE	5.00	١							•	
BOARD MEMBER	<u> </u>	Х						0.	0.	0.
(10) ELKE MARTIN	5.00								0	•
BOARD MEMBER	<u> </u>	Х						0.	0.	0.
(11) PAUL IANUARIO	5.00	,,							0	0
BOARD MEMBER	F 00	Х						0.	0.	0.
(12) WALTER NESTER	5.00	,,							0	0
BOARD MEMBER	F 00	Х						0.	0.	0.
(13) LEE NINER	5.00	,,							0	0
BOARD MEMBER	F 00	Х				_		0.	0.	0.
(14) DENNIS WRIGHT	5.00	7.							0	0
BOARD MEMBER		Х	_	_	_	<u> </u>	_	0.	0.	0.
		-								
				$\vdash$		$\vdash$				
		-								
	1					$\vdash$	$\vdash$			
	1	1	1	1	ı	1	I	1		

Form **990** (2019) 932007 01-20-20

Page 8

Name and title  Average hours per week (its any hours for related organizations below line)  1b Subtotal  c Total from continuation sheets to Part VII, Section A  d Total (add lines 1b and 1c)  2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization of the individual of organization of individual of individual of organization of individual of individ	Par	t VII Section A. Officers, Directors, Trus		ploy	/ees			ighe	st C		es (continued)				
Double part   Note   Part   Note   Part   Note   Part   Note   Part		(A)	(B)			•	•	_		(D)				(F)	
Subtotal		Name and title			not c	heck	more	than			•				
Compensation   Comp				box	, unle	ss pe	rson	is bot	h an	·	•				
1b Subtotal  c Total from continuation sheets to Part VII, Section A  d Total (add lines 1 b and 1c)  d Total (add lines 1 b and 1c)  d Total (add lines 1 b and 1c)  D to the organization list any former officer, director, fustee, key employee, or highest compensated employee on line 1a? If ""es," complete Schedule J for such individual  4 For any individual listed on line 1a, is the sum of reportable compensation and related organizations greater than \$150,000? If "es," complete Schedule J for such individual  5 Did any person listed on line 1a, is the sum of reportable compensation from the organization or individual in a receive or accure compensation from any unrelated organization or individual in the accuracy of the standard of the organization of the organization? If "es," complete Schedule J for such individual  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 is tax year.  (A)  Name and business address  NONE  Description of services  Compensation  2 Total number of independent contractors (including but not limited to those listed above) who received more than				$\vdash$					Ĺ						on
1b Subtotal  c Total from continuation sheets to Part VII, Section A  d Total (add lines 1 b and 1c)  d Total (add lines 1 b and 1c)  d Total (add lines 1 b and 1c)  D to the organization list any former officer, director, fustee, key employee, or highest compensated employee on line 1a? If ""es," complete Schedule J for such individual  4 For any individual listed on line 1a, is the sum of reportable compensation and related organizations greater than \$150,000? If "es," complete Schedule J for such individual  5 Did any person listed on line 1a, is the sum of reportable compensation from the organization or individual in a receive or accure compensation from any unrelated organization or individual in the accuracy of the standard of the organization of the organization? If "es," complete Schedule J for such individual  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 is tax year.  (A)  Name and business address  NONE  Description of services  Compensation  2 Total number of independent contractors (including but not limited to those listed above) who received more than				direct				L.			•				ווכ
1b Subtotal  c Total from continuation sheets to Part VII, Section A  d Total (add lines 1 b and 1c)  d Total (add lines 1 b and 1c)  d Total (add lines 1 b and 1c)  D to the organization list any former officer, director, fustee, key employee, or highest compensated employee on line 1a? If ""es," complete Schedule J for such individual  4 For any individual listed on line 1a, is the sum of reportable compensation and related organizations greater than \$150,000? If "es," complete Schedule J for such individual  5 Did any person listed on line 1a, is the sum of reportable compensation from the organization or individual in a receive or accure compensation from any unrelated organization or individual in the accuracy of the standard of the organization of the organization? If "es," complete Schedule J for such individual  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 is tax year.  (A)  Name and business address  NONE  Description of services  Compensation  2 Total number of independent contractors (including but not limited to those listed above) who received more than				96 Or (	stee			ısate		(W-2/1099-MISC)	(** 27 1000 14110	,			n
1b Subtotal  c Total from continuation sheets to Part VII, Section A  d Total (add lines 1 b and 1c)  d Total (add lines 1 b and 1c)  d Total (add lines 1 b and 1c)  D to the organization list any former officer, director, fustee, key employee, or highest compensated employee on line 1a? If ""es," complete Schedule J for such individual  4 For any individual listed on line 1a, is the sum of reportable compensation and related organizations greater than \$150,000? If "es," complete Schedule J for such individual  5 Did any person listed on line 1a, is the sum of reportable compensation from the organization or individual in a receive or accure compensation from any unrelated organization or individual in the accuracy of the standard of the organization of the organization? If "es," complete Schedule J for such individual  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 is tax year.  (A)  Name and business address  NONE  Description of services  Compensation  2 Total number of independent contractors (including but not limited to those listed above) who received more than			organizations	truste	al tru		yee	umbei		(** = *********************************			_		
1b Subtotal  c Total from continuation sheets to Part VII, Section A  d Total (add lines 1 b and 1c)  d Total (add lines 1 b and 1c)  d Total (add lines 1 b and 1c)  D to the organization list any former officer, director, fustee, key employee, or highest compensated employee on line 1a? If ""es," complete Schedule J for such individual  4 For any individual listed on line 1a, is the sum of reportable compensation and related organizations greater than \$150,000? If "es," complete Schedule J for such individual  5 Did any person listed on line 1a, is the sum of reportable compensation from the organization or individual in a receive or accure compensation from any unrelated organization or individual in the accuracy of the standard of the organization of the organization? If "es," complete Schedule J for such individual  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 is tax year.  (A)  Name and business address  NONE  Description of services  Compensation  2 Total number of independent contractors (including but not limited to those listed above) who received more than				idual	tution	e	oldma	est co lo yee	Jer				orga	nizatior	าร
1b Subtotal  1 c Total from continuation sheets to Part VII, Section A  1 Total after continuation sheets to Part VII, Section A  2 Total amber of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization   ►  1 Did the organization   Section A   Section B   Section B			line)	Indi	Insti	Offic	Keye	High emp	Form						
Total from continuation sheets to Part VII, Section A d Total (add lines 1b and 1c)  Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization  Yes No															
Total from continuation sheets to Part VII, Section A d Total (add lines 1b and 1c)  Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization  Yes No															
Total from continuation sheets to Part VII, Section A d Total (add lines 1b and 1c)  Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization  Yes No				1											
Total from continuation sheets to Part VII, Section A d Total (add lines 1b and 1c)  Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization  Yes No								_							
c Total from continuation sheets to Part VII, Section A d Total (add lines 1b and 1c).  2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization      Yes   No				1											
c Total from continuation sheets to Part VII, Section A d Total (add lines 1b and 1c).  2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization      Yes   No								_							
c Total from continuation sheets to Part VII, Section A d Total (add lines 1b and 1c).  2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization      Yes   No				4											
c Total from continuation sheets to Part VII, Section A d Total (add lines 1b and 1c).  2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization      Yes   No					<del>                                     </del>										
c Total from continuation sheets to Part VII, Section A d Total (add lines 1b and 1c).  2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization      Yes   No				-											
c Total from continuation sheets to Part VII, Section A d Total (add lines 1b and 1c).  2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization      Yes   No															
Total from continuation sheets to Part VII, Section A d Total (add lines 1b and 1c)  Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization  Yes No				-											
Total from continuation sheets to Part VII, Section A d Total (add lines 1b and 1c)  Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization  Yes No			<b> </b>		<del>                                     </del>				$\rightarrow$						
Total from continuation sheets to Part VII, Section A d Total (add lines 1b and 1c)  Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization  Yes No				1											
Total from continuation sheets to Part VII, Section A d Total (add lines 1b and 1c)  Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization  Yes No								$\vdash$				-			
Total from continuation sheets to Part VII, Section A d Total (add lines 1b and 1c)  Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization  Yes No				1											
Total from continuation sheets to Part VII, Section A d Total (add lines 1b and 1c)  Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization  Yes No															
Total from continuation sheets to Part VII, Section A d Total (add lines 1b and 1c)  Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization  Yes No				1											
Total from continuation sheets to Part VII, Section A d Total (add lines 1b and 1c)  Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization  Yes No	1b	Subtotal	l		I	I	I	1	<b></b>	69,817.		0.			0.
d Total (add lines 1b and 1c)															0.
Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization.    Yes   No										69,817.		0.			0.
compensation from the organization    Solid the organization list any former officer, director, trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual   For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual   Journal of the property of the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual   Journal of the property of the sum of reportable compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person											,000 of reportab	le			
3 Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual  4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual  5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person  5 X  Section B. Independent Contractors  1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.  (A)  (B)  (C)  Compensation  Compensation  Total number of independent contractors (including but not limited to those listed above) who received more than								,							0
line 1a? If "Yes," complete Schedule J for such individual  4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual  5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person  5 X  Section B. Independent Contractors  1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.  (A)  Name and business address  NONE  Bescription of services  Compensation  Total number of independent contractors (including but not limited to those listed above) who received more than		<del>-</del>												Yes	No
For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual	3	Did the organization list any former officer,	director, trust	ee, I	key e	emp	loye	e, o	r hig	ghest compensated emp	oloyee on				
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual 4 X Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person 5 X Section B. Independent Contractors  1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.  (A) (B) (C) (C) (C) (D) (D) (D) (D) (D) (D) (D) (D) (D) (D		line 1a? If "Yes," complete Schedule J for s	uch individual										3		X
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person  Section B. Independent Contractors  1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.  (A)  Name and business address  NONE  Description of services  Compensation  Total number of independent contractors (including but not limited to those listed above) who received more than	4														
rendered to the organization? If "Yes," complete Schedule J for such person 5  Section B. Independent Contractors  1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.  (A) (B) (C) Compensation  Name and business address NONE Description of services Compensation  2 Total number of independent contractors (including but not limited to those listed above) who received more than		and related organizations greater than \$15	0,000? If "Yes,	" cc	mple	ete S	Sche	edule	e J t	for such individual			4		<u>X</u>
Section B. Independent Contractors  1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.  (A)  (B)  (C)  Compensation  NONE  Description of services  Total number of independent contractors (including but not limited to those listed above) who received more than	5	Did any person listed on line 1a receive or a	accrue compe	nsat	ion f	from	any	/ unr	relat	ted organization or indivi	dual for services	,			
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)  (B)  (C)  Compensation  None and business address  None Description of services  Compensation  2 Total number of independent contractors (including but not limited to those listed above) who received more than			plete Schedul	e J i	or s	uch	pers	son .					5		X
the organization. Report compensation for the calendar year ending with or within the organization's tax year.  (A)  (B)  (C)  Compensation  Compensation  Compensation  Total number of independent contractors (including but not limited to those listed above) who received more than	Sec	<u> </u>													
(A) Name and business address NONE Description of services Compensation  2 Total number of independent contractors (including but not limited to those listed above) who received more than	1											npens	ation fr	om	
Name and business address NONE Description of services Compensation  2 Total number of independent contractors (including but not limited to those listed above) who received more than		the organization. Report compensation for	the calendar y	ear	endi	ing v	vith	or w	ithir		year.				
2 Total number of independent contractors (including but not limited to those listed above) who received more than			addraga	B.T.	~ N T T						ontions	0			
		Name and pusiness	address	1//	)INI	<u> </u>			$\dashv$	Description of s	ervices		ompen	Sation	
									$\dashv$						
		Total number of independent contractors (i	ncluding but n	ot li	mite	d to	tho	ا می	ster	d ahove) who received m	ore than				
				ι <b>υ</b> ι 11		.u 10	(	0	منحد	above, wild received in	ioie triail				

INC. 02-0547759 Form 990 (2019) INC .
Part VIII Statement of Revenue Page 9

		Check if Schedule O contains a response	or note to any lir	ne in this Part VIII			
		Check if Schedule O contains a response	or note to any iii	(A)	(B)	(C)	(D)
				Total revenue	Related or exempt		Revenuè excluded
					function revenue	business revenue	from tax under
<u>ω</u> ω							sections 512 - 514
Ints	1 a	Federated campaigns 1a					
اج ق		Membership dues 1b					
ts,	С	Fundraising events 1c					
a	d	Related organizations1d					
in.	е	Government grants (contributions) 1e	332,790.				
r io	f	All other contributions, gifts, grants, and					
t per		similar amounts not included above <b>1f</b>					
<u></u>	a	Noncash contributions included in lines 1a-1f					
Contributions, Gifts, Grants and Other Similar Amounts		Total. Add lines 1a-1f	<b>•</b>	332,790.			
		Totally local miles for it	Business Code				
۵	2 a	SPONSORSHIP INCOME	990099	350,275.	350,275.		
ķ	z a b	DITENTA MEGICAM CALAC	990099	174,283.	174,283.		
Ser	,	RACE TRACK DAY REVENUE	990099	109,367.	109,367.		
e a	C	DAMBON THOOMS	900099	77,840.	77,840.		
gra Re	d						
Program Service Revenue	е	EXHIBITOR REGISTRATION	990099	13,000.	13,000.		
-		All other program service revenue	990099	8,815.	8,815.		
$\rightarrow$	g	Total. Add lines 2a-2f		733,580.			
	3	Investment income (including dividends, interest					4.4
		other similar amounts)		144.			144.
	4	Income from investment of tax-exempt bond p	roceeds				
	5	Royalties	<b></b>				
		(i) Real	(ii) Personal				
	6 a	Gross rents 6a					
	b	Less: rental expenses 6b					
		Rental income or (loss) 6c					
		Net rental income or (loss)	<b>•</b>				
		Gross amount from sales of (i) Securities	(ii) Other				
		assets other than inventory <b>7a</b>	( )				
	h	Less: cost or other basis					
<u>o</u>	D						
JU		and sales expenses 7b  Gain or (loss) 7c					
Revenue		, , , , , , , , , , , , , , , , , , , ,					
۳. ا		Net gain or (loss)	<b>D</b>				
ther	8 a	Gross income from fundraising events (not					
δ		including \$ of					
		contributions reported on line 1c). See	25 252				
		Part IV, line 188a	37,978.				
		Less: direct expenses 8b	9,087.				
	С	Net income or (loss) from fundraising events	<u></u>	28,891.			28,891.
	9 a	Gross income from gaming activities. See					
		Part IV, line 19 9a					
	b	Less: direct expenses 9b					
	С	Net income or (loss) from gaming activities					
		Gross sales of inventory, less returns					
		and allowances 10a	13,108.				
	b	Less: cost of goods sold 10b	44 44 4				
		Net income or (loss) from sales of inventory		1,989.	1,989.		
			Business Code	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	, = = =		
Miscellaneous Revenue	11 a	HOSPITALITY EVENTS/INC	990099	130,617.	130,617.		
ne		DONATION REVENUE - DRI	990099	57,839.	57,839.		
ella ve		PROGRAM ADVERTISING IN	990099	21,650.	5.,005 <b>.</b>	21,650.	
Re			990099	15,050.	15,050.	21,000	
Σ		All other revenue		225,156.	13,030.		
	12	Total Add lines 11a-11d	<b>P</b>	1,322,550.	939.075.	21,650.	29.035.
	7.7	THE TAVARDIA NO DESTRICTIONS			. 717 11/7.		

Form 990 (2019)

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## Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4)	organizations must come	olete all columns. All other	r organizations must con	polete column (A)

3600	Section 50 I(c)(3) and 50 I(c)(4) organizations must complete all columns. All other organizations must complete column (A).							
_	Check if Schedule O contains a respor		this Part IX(B)	(C)	(D)			
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	Program service expenses	Management and general expenses	<b>(D)</b> Fundraising expenses			
1	Grants and other assistance to domestic organizations							
	and domestic governments. See Part IV, line 21	55,500.	55,500.					
2	Grants and other assistance to domestic	40 550	40 550					
	individuals. See Part IV, line 22	10,750.	10,750.					
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,	60 015	E0 262	45.454				
	trustees, and key employees	69,817.	52,363.	17,454.				
6	Compensation not included above to disqualified							
	persons (as defined under section 4958(f)(1)) and	160 640	120 001	04 565				
	persons described in section 4958(c)(3)(B)	162,648.	138,081.	24,567.				
7	Other salaries and wages							
8	Pension plan accruals and contributions (include							
	section 401(k) and 403(b) employer contributions)							
9	Other employee benefits	17 (1)	12 010	4 402				
10	Payroll taxes	17,613.	13,210.	4,403.				
11	Fees for services (nonemployees):							
	Management							
	Legal	25 206	10 (02	10 602				
	Accounting	25,206.	12,603.	12,603.				
	Lobbying							
	Professional fundraising services. See Part IV, line 17	1 2		12				
f	Investment management fees	13.		13.				
g	Other. (If line 11g amount exceeds 10% of line 25,							
	column (A) amount, list line 11g expenses on Sch O.)	228,127.	220 127					
12	Advertising and promotion	440,147.	228,127.					
13	Office expenses	13,882.	6,941.	6,941.				
14	Information technology	13,002.	0,541.	0,941.				
15	Royalties	18,314.	10,988.	7,326.				
16	Occupancy	10,314.	10,900.	7,320.				
17	Travel							
18	Payments of travel or entertainment expenses							
40	for any federal, state, or local public officials							
19	Conferences, conventions, and meetings							
20	Interest  Payments to affiliates							
21 22	Payments to affiliates  Depreciation, depletion, and amortization							
23		22,390.	17,912.	4,478.				
23 24	Other expenses. Itemize expenses not covered	22,3300	_,,,,,,,,	2,2,00				
<b>4</b> +	above (List miscellaneous expenses on line 24e. If							
	line 24è amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.)							
а	FACILITY EXPENSES/RENTA	251,996.	251,996.					
h	EVENT PRODUCTION COSTS	178,787.	178,787.					
c	TRACK DAY EXPENSES	62,405.	62,405.					
d	SPONSOR SOLICITATION EX	54,136.	54,136.					
	All other expenses	119,468.	103,792.	15,676.				
25	Total functional expenses. Add lines 1 through 24e	1,291,052.	1,197,591.	93,461.	0.			
26	Joint costs. Complete this line only if the organization	, , ,	, , ,	,				
	reported in column (B) joint costs from a combined							
	educational campaign and fundraising solicitation.							
	Check here if following SOP 98-2 (ASC 958-720)							
	0.01.00.00				Form <b>990</b> (2010)			

Form 990 (2019)
Part X Balance Sheet

Pai	rt X	Balance Sheet				
		Check if Schedule O contains a response or r	note to any line in this Part X			
				<b>(A)</b> Beginning of year		<b>(B)</b> End of year
	1	Cash - non-interest-bearing		22,575.	1	1,210.
	2	Savings and temporary cash investments		140,335.	2	96,740.
	3	Pledges and grants receivable, net			3	
	4	Accounts receivable, net		2,128.	4	79,986.
	5	Loans and other receivables from any current				
		trustee, key employee, creator or founder, su	bstantial contributor, or 35%			
		controlled entity or family member of any of the	nese persons		5	
	6	Loans and other receivables from other disqu	alified persons (as defined			
		under section 4958(f)(1)), and persons descri	bed in section 4958(c)(3)(B)		6	
ţ	7	Notes and loans receivable, net			7	
Assets	8	Inventories for sale or use			8	
Ä	9	Prepaid expenses and deferred charges			9	
	10a	Land, buildings, and equipment: cost or othe	r			
		basis. Complete Part VI of Schedule D	10a			
	b	Less: accumulated depreciation	10b		10c	
	11	Investments - publicly traded securities		11		
	12	Investments - other securities. See Part IV, lin		12		
	13	Investments - program-related. See Part IV, lir		13		
	14	Intangible assets			14	
	15	Other assets. See Part IV, line 11	6,351.	15	40,972.	
	16	Total assets. Add lines 1 through 15 (must e	qual line 33)	171,389.	16	218,908.
	17	Accounts payable and accrued expenses		9,159.	17	29,218.
	18	Grants payable		18		
	19	Deferred revenue		19		
	20	Tax-exempt bond liabilities		20		
	21	Escrow or custodial account liability. Complet	te Part IV of Schedule D		21	
es	22	Loans and other payables to any current or for	ormer officer, director,			
Liabilities		trustee, key employee, creator or founder, su	bstantial contributor, or 35%			
iab		controlled entity or family member of any of the	nese persons		22	
_	23	Secured mortgages and notes payable to uni			23	
	24	Unsecured notes and loans payable to unrela			24	
	25	Other liabilities (including federal income tax,	payables to related third			
		parties, and other liabilities not included on lin	nes 17-24). Complete Part X	2 000		1 500
		of Schedule D		3,920.		1,709.
	26	Total liabilities. Add lines 17 through 25		13,079.	26	30,927.
ç		Organizations that follow FASB ASC 958, o	heck here 🕨 🔼			
nce		and complete lines 27, 28, 32, and 33.		150 210		100 001
alai	27			158,310.	27	187,981.
d B	28	Net assets with donor restrictions		28		
Ë		Organizations that do not follow FASB ASC	C 958, check here ▶ 📖			
P		and complete lines 29 through 33.				
)ts	29	Capital stock or trust principal, or current fun-			29	
SSE	30	Paid-in or capital surplus, or land, building, or			30	
Net Assets or Fund Balances	31	Retained earnings, endowment, accumulated		150 210	31	107 001
ž	32	Total net assets or fund balances		158,310.	32	187,981.
	33	Total liabilities and net assets/fund balances		171,389.	33	218,908.

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Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				Ш
1	Total revenue (must equal Part VIII, column (A), line 12)		1,32		
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,29	1,0	<u>52.</u>
3	Revenue less expenses. Subtract line 2 from line 1	3		1,4	
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	15	8,3	10.
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	_	1,8	<del>27.</del>
9	Other changes in net assets or fund balances (explain on Schedule O)	9			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,				
	column (B))	10	18	7,9	81.
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule				
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	d 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 separat	e 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	e 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 Scl	nedule O.			
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si	ngle Audit			
	Act and OMB Circular A-133?		. 3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required				
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b		

Form **990** (2019)

### **SCHEDULE A**

(Form 990 or 990-EZ)

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.

➤ Attach to Form 990 or Form 990-EZ.

► Go to www.irs.gov/Form990 for instructions and the latest information.
HILTON HEAD ISLAND CONCOURS D'ELEGANCE.

OMB No. 1545-0047

Open to Public Inspection

Employer identification number

INC. 02-0547759 Reason for Public Charity Status (All organizations must complete this part.) See instructions. Part I The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). 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: 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). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: 10 X An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) 11 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. 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. 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. f Enter the number of supported organizations Provide the following information about the supported organization(s). (iv) Is the organization listed (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of other ì your governing document? (described on lines 1-10 organization support (see instructions) support (see instructions) Yes No above (see instructions)) Total

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## 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	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2015	<b>(b)</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	Tax revenues levied for the organ-						
	ization'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						
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)						
_	Public support. Subtract line 5 from line 4.						
	ction B. Total Support		•				
	ndar year (or fiscal year beginning in) 🕨	<b>(a)</b> 2015	<b>(b)</b> 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
	Amounts from line 4						
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources						
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.)						
	<b>Total support.</b> Add lines 7 through 10						
	Gross receipts from related activities,	•	,			12	
13	First five years. If the Form 990 is for	-			•		
S_	organization, check this box and stopetion C. Computation of Publi	here Cupport De	rcentage				<b>P</b>
				l (f))		44	
	Public support percentage for 2019 (I					15	<u>%</u> %
	Public support percentage from 2018 33 1/3% support test - 2019. If the control of the control o						
100		-					
h	stop here. The organization qualifies 33 1/3% support test - 2018. If the organization are support test - 2018.						
L	and <b>stop here.</b> The organization quali						
17-	10% -facts-and-circumstances test						
110	and if the organization meets the "fac						
	meets the "facts-and-circumstances"						
h	10% -facts-and-circumstances test						
,	more, and if the organization meets the	-					
	organization meets the "facts-and-circ		•				
18	Private foundation. If the organization						
		on oon a		, , a, o, 11	, J	555 156 4561011	

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	qualify under the tests listed b	elow, please comp	olete Part II.)					
	endar year (or fiscal year beginning in)	(a) 2015	<b>(b)</b> 2016	(a) 2017	(d) 2018	(a) 2010	(f) Total	
	Gifts, grants, contributions, and	(a) 2015	( <b>D)</b> 2010	(c) 2017	(u) 2016	<b>(e)</b> 2019	(I) TOTAL	
'	membership fees received. (Do not							
	include any "unusual grants.")	287,400.	255,805.	220,448.	251,166.	332,790.	1,347,609.	
2	Gross receipts from admissions,	20771001	233,0031	220,1100	231/1001	33277301	1,317,003.	
2	merchandise sold or services per- formed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose	823,823.	840,403.	1,044,492.	937,389.	971,844.	4,617,951.	
3	Gross receipts from activities that						_	
	are not an unrelated trade or business under section 513							
4	Tax revenues levied for the organ-							
	ization'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	1,111,223.	1,096,208.	1,264,940.	1,188,555.	1,304,634.	5,965,560.	
	Amounts included on lines 1, 2, and							
	3 received from disqualified persons						0.	
k	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the						0	
	amount on line 13 for the year						0.	
	Add lines 7a and 7b							
8	Public support. (Subtract line 7c from line 6.)						5,965,560.	
	endar year (or fiscal year beginning in)	(a) 2015	<b>(b)</b> 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total	
	Amounts from line 6	1,111,223.	1,096,208.	1,264,940.	1,188,555.	1,304,634.	5,965,560.	
	a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	300.	238.	228.	190.	144.	1,100.	
k	unrelated business taxable income (less section 511 taxes) from businesses	3000	2301	2201	1300	1110	1,1001	
	acquired after June 30, 1975							
	Net income from unrelated business activities not included in line 10b, whether or not the business is	300.	238.	228.	190.	144.	1,100.	
12	regularly carried on Other income. Do not include gain							
	or loss from the sale of capital assets (Explain in Part VI.)							
13	<b>Total support.</b> (Add lines 9, 10c, 11, and 12.)	1,111,523.	1,096,446.	1,265,168.	1,188,745.	1,304,778.	5,966,660.	
	First five years. If the Form 990 is for	the organization's	first, second, thir	d, fourth, or fifth ta	ax year as a section	n 501(c)(3) organiz	ation,	
	check this box and stop here						<b>&gt;</b>	
Se	ction C. Computation of Publ	ic Support Pe	rcentage					
15	Public support percentage for 2019 (I	ine 8, column (f), d	livided by line 13,	column (f))		15	99.98 %	
16	Public support percentage from 2018	Schedule A, Part	III, line 15			16	99.98 %	
Se	ction D. Computation of Inves	stment Incom	e Percentage					
17	Investment income percentage for 20	<b>19</b> (line 10c, colun	nn (f), divided by li	ne 13, column (f))		17	.02 %	
18	Investment income percentage from 2	<b>2018</b> Schedule A,	Part III, line 17			18	.02 %	
19a	a 33 1/3% support tests - 2019. If the					3 1/3%, and line 1		
	more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization  b 33 1/3% support tests - 2018. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and							
	line 18 is not more than 33 1/3%, che							
20	Private foundation. If the organizatio							

## Part IV | Supporting Organizations

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

## Section A. All Supporting Organizations

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

		Yes	No
	1		
	2		
	3a		
	3b		
	3с		
	4a		
	4b		
	4c		
	5a		
	- Gu		
	5b		
	5с		
	6		
	7		
	,		
	8		
	0-		
	9a		
	9b		
	9с		
	10a		
	- 3-		
	10b		
m 9	90 or 99	90-EZ)	2019

		14//3	9 Pa	age <b>5</b>
Pa	rt IV   Supporting Organizations <sub>(continued)</sub>			
			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		
С	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		
Sec	tion 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,			
800	supervised, or controlled the supporting organization.	2		
Sec	tion C. Type II Supporting Organizations		\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Sec	tion 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 (2), did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		
Sec	tion 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 yeafsee instructions	ـــــــــــــــــــــــــــــــــــــ		
а	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.			
С	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see in	structions	s).	
2	Activities Test. Answer (a) and (b) 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 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. Answer (a) and (b) below.	20		
	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
а		20		
<b>L</b>	trustees of each of the supported organizations? <i>Provide details in</i> <b>Part VI.</b>	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 <b>Part VI</b> the role played by the organization in this regard.	3b		

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Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supportin	g Org	anizations	<b>3</b>
1	Check here if the organization satisfied the Integral Part Test as a qualifying	g trust c	on Nov. 20, 1970 (explain in	Part VI). See instructions. A
	other Type III non-functionally integrated supporting organizations must co	mplete	Sections A through 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):			
а	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 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		
Sect	ion 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-functional	y integr	ated Type III supporting org	anization (see
	instructions).			

Schedule A (Form 990 or 990-EZ) 2019

Par	t V Type III Non-Functionally Integrated 509	(a)(3) Supporting Orga	anizations (continued)	
Secti	ion D - Distributions		,	Current Year
1	Amounts paid to supported organizations to accomplish exe	empt purposes		
2	Amounts paid to perform activity that directly furthers exem			
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purpos	ses of supported organization	S	
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in <b>Part VI</b> ). See instructions.			
7	Total annual distributions. Add lines 1 through 6.			
8	Distributions to attentive supported organizations to which t	the organization is responsive	•	
	(provide details in Part VI). See instructions.			
9	Distributable amount for 2019 from Section C, line 6			
10	Line 8 amount divided by line 9 amount			
		(i)	(ii) Underdistributions	(iii) Distributable
Secti	ion E - Distribution Allocations (see instructions)	Excess Distributions	Pre-2019	Amount for 2019
_1_	Distributable amount for 2019 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2019 (reason-			
	able cause required- explain in <b>Part VI</b> ). See instructions.			
3	Excess distributions carryover, if any, to 2019			
a	From 2014			
b	From 2015			
С	From 2016			
d	From 2017			
е	From 2018			
f	Total of lines 3a through e			
<u>g</u>	Applied to underdistributions of prior years			
<u>h</u>	Applied to 2019 distributable amount			
<u>    i                                </u>	Carryover from 2014 not applied (see instructions)			
j_	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2019 from Section D,			
	line 7: \$			
	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 <b>Part VI.</b> 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:			
	Excess from 2015			
	Excess from 2016			
	Excess from 2017			
	Excess from 2018			
	Excess from 2019			

Schedule A (Form 990 or 990-EZ) 2019

02-0547759 Page 8 Schedule A (Form 990 or 990-EZ) 2019 INC. 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, Part VI 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 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

Name of the organization

HILTON HEAD ISLAND CONCOURS D'ELEGANCE, INC.

**Employer identification number** 02-0547759

Par	t I Organizations Maintaining Donor Advise	ed Funds or Other Similar Fund	s or Accounts. Complete if the
	organization answered "Yes" on Form 990, Part IV, lin	e 6.	
		(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 that the assets held in donor advi	sed funds
	are the organization's property, subject to the organization's	exclusive legal control?	Yes
6	Did the organization inform all grantees, donors, and donor a	dvisors in writing that grant funds can be	e used only
	for charitable purposes and not for the benefit of the donor of	or donor advisor, or for any other purpose	e conferring
	impermissible private benefit?		Yes No
Par	t II Conservation Easements. Complete if the org	ganization answered "Yes" on Form 990,	Part IV, line 7.
1	Purpose(s) of conservation easements held by the organization		
	Preservation of land for public use (for example, recrea	ation or education) Preservation o	f a historically important land area
	Protection of natural habitat	Preservation o	f a certified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualit	fied conservation contribution in the form	
	day of the tax year.		Held at the End of the Tax Year
а	Total number of conservation easements		
b	Total acreage restricted by conservation easements		
С	Number of conservation easements on a certified historic str		
d	Number of conservation easements included in (c) acquired		ture
	listed in the National Register		2d
3	Number of conservation easements modified, transferred, re	leased, extinguished, or terminated by the	ne organization during the tax
	year ▶		
4	Number of states where property subject to conservation ear		
5	Does the organization have a written policy regarding the per		
_	violations, and enforcement of the conservation easements i		
6	Staff and volunteer hours devoted to monitoring, inspecting,	handling of violations, and enforcing cor	nservation easements during the year
_			
7	Amount of expenses incurred in monitoring, inspecting, hand	dling of violations, and enforcing conserv	ation easements during the year
•			0(1-)(4)(D)(2)
8	Does each conservation easement reported on line 2(d) above	•	
^	and section 170(h)(4)(B)(ii)?		
9	In Part XIII, describe how the organization reports conservati	•	
	balance sheet, and include, if applicable, the text of the footr	lote to the organization's linancial stater	nents that describes the
Par	organization's accounting for conservation easements.  † III Organizations Maintaining Collections or	f Δrt Historical Treasures or (	Other Similar Assets
· ui	Complete if the organization answered "Yes" on Form		other emmar 7,000to.
12	If the organization elected, as permitted under FASB ASC 95		and halance sheet works
ıu	of art, historical treasures, or other similar assets held for put	•	
	service, provide in Part XIII the text of the footnote to its final	, ,	•
h	If the organization elected, as permitted under FASB ASC 95		
-	art, historical treasures, or other similar assets held for public		
	provide the following amounts relating to these items:	o oximplicity, cadeation, or recognitivities	anoranoe or pasite service,
	(i) Revenue included on Form 990, Part VIII, line 1		<b>&gt;</b> \$
			<b>L</b> .
2	If the organization received or held works of art, historical tre		
_	the following amounts required to be reported under FASB A		g, p. 5 g
а	Revenue included on Form 990, Part VIII, line 1	_	<b>&gt;</b> \$
b	Assets included in Form 990, Part X		

Schedule D (Form 990) 2019 INC.

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Pai	t III Organizations Maintaining Co	ollections of A	t, Hist	torical Tr	easures, d	or Othe	er Simila	ar Asse	<b>ts</b> (continu	ıed)
3	Using the organization's acquisition, accession	n, and other record	s, checl	k any of the	following tha	t make s	ignificant	use of its		
	collection items (check all that apply):									
а	Public exhibition	d		Loan or exc	hange progra	am				
b	Scholarly research	е		Other						
С	Preservation for future generations									
4	Provide a description of the organization's col	lections and explain	n how th	ney further t	the organizati	on's exer	mpt purpo	se in Par	t XIII.	
5	During the year, did the organization solicit or	receive donations	of art, hi	storical trea	asures, or oth	er similar	assets			
	to be sold to raise funds rather than to be mai	ntained as part of t	he orgai	nization's c	ollection?				Yes	☐ No
Pai	t IV Escrow and Custodial Arrang								line 9, or	
	reported an amount on Form 990, Part	X, line 21.								
1a	Is the organization an agent, trustee, custodia	n or other intermed	liary for	contribution	ns or other as	sets not	included			
	on Form 990, Part X?								Yes	☐ No
b	If "Yes," explain the arrangement in Part XIII a									
	•	•	ū						Amount	
С	Beginning balance						1c			
	Additions during the year									
	Distributions during the year									
f	Ending balance									
	Did the organization include an amount on For								Yes	No
	If "Yes," explain the arrangement in Part XIII. (	* *								
Pai										
		(a) Current year		rior year	(c) Two year			ears back	(e) Four y	ears back
1a	Beginning of year balance	(a) carrerie year	(2):	nor your	(6)	, o suon	( <b>u)</b>		(0):00:1	
	Contributions									
	Net investment earnings, gains, and losses									
	Grants or scholarships									
						+				
e	Other expenditures for facilities									
	and programs									
	Administrative expenses									
_	End of year balance		- //:	l	->> 11-1				<u> </u>	
2	Provide the estimated percentage of the curre	ent year end balanc		g, column (	a)) neid as:					
	Board designated or quasi-endowment	0/	_%							
	Permanent endowment	%								
С	Term endowment									
_	The percentages on lines 2a, 2b, and 2c shou	•								
3a	Are there endowment funds not in the posses	sion of the organiza	ation tha	at are held a	and administe	ered for th	ne organiz	zation	_	
	by:									res No
	(i) Unrelated organizations									
	(ii) Related organizations								3a(ii)	
b	If "Yes" on line 3a(ii), are the related organization				·				3b	
4	Describe in Part XIII the intended uses of the		wment 1	funds.						
Pai	t VI Land, Buildings, and Equipme									
	Complete if the organization answered	"Yes" on Form 990	), Part IV	/, line 11a. S	See Form 990	), Part X,	line 10.			
	Description of property	(a) Cost or o	ther	(b) Cost	t or other	(c) Ad	ccumulate	ed	(d) Book	value
		basis (investn	nent)	basis	(other)	dep	reciation			
1a	Land									
	Buildings									
	Leasehold improvements									
	Equipment									
	Other									
	Add lines 12 through 10 (Column (d) must ea		V ook:	on (D) line	100)					0

Schedule D (Form 990) 2019

HILTON HEAD	ISLAND CONC	OURS D'ELEGANCE,	
Schedule D (Form 990) 2019 INC.		02	-0547759 Page <b>3</b>
Part VII Investments - Other Securities.			
Complete if the organization answered "Yes" of			
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end	d-of-year market value
(1) Financial derivatives			
(2) Closely held equity interests			
(3) Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F) (G)			
(H)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)			
Part VIII Investments - Program Related.			
Complete if the organization answered "Yes" of	on Form 990. Part IV. line	e 11c. See Form 990. Part X. line 13.	
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end	d-of-year market value
(1)			·
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)			
Part IX Other Assets.			
Complete if the organization answered "Yes" of		e 11d. See Form 990, Part X, line 15.	
2226	Description		(b) Book value
(1) DEPOSITS			5,958.
(2) CASH IN TRANSIT			35,014.
(3)			
(4)			
(5)			
(6)			
(7)			
(8) (9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) line	15)		40,972.
Part X Other Liabilities.			
Complete if the organization answered "Yes" of	on Form 990, Part IV, line	e 11e or 11f. See Form 990, Part X, line 25	
1. (a) Description of liability			(b) Book value
(1) Federal income taxes (2) PAYROLL LIABILITIES			1,709.
(-)			1,709.
(3)			

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

1. (a) Description of liability (b) Book value

(1) Federal income taxes

(2) PAYROLL LIABILITIES 1, 709.

(3) (4) (5) (6) (7) (8) (9)

Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)

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

Schedule D (Form 990) 2019

INC.

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Pai	t XI Reconciliation of Revenue per Audited Financial	Statements With Reven	ue per Return.	
	Complete if the organization answered "Yes" on Form 990, Part I'	V, line 12a.		
1	Total revenue, gains, and other support per audited financial statements	i	1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
а	Net unrealized gains (losses) on investments	2a		
b	Donated services and use of facilities			
С	Recoveries of prior year grants			
d	Other (Describe in Part XIII.)			
е	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1			
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
С	Add lines <b>4a</b> and <b>4b</b>		4c	
_5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line		5	
Pa	rt XII Reconciliation of Expenses per Audited Financial	Statements With Exper	ises per Return.	
	Complete if the organization answered "Yes" on Form 990, Part I	•		
1	Total expenses and losses per audited financial statements		1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
а	Donated services and use of facilities	2a		
b	Prior year adjustments	2b		
С	Other losses	2c		
d	Other (Describe in Part XIII.)	2d		
е	Add lines 2a through 2d			
3	Subtract line 2e from line 1		3	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	1 1		
а	Investment expenses not included on Form 990, Part VIII, line 7b			
b	Other (Describe in Part XIII.)	4b		
		•		
	Add lines <b>4a</b> and <b>4b</b>			
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, lin			
5 Pa	Total expenses. Add lines <b>3</b> and <b>4c.</b> (This must equal Form 990, Part I, line <b>t XIII</b> Supplemental Information.	ne 18.)	5	
<b>5 Pa</b> Prov	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, linet XIII Supplemental Information.  Ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1 a	ne 18.) and 4; Part IV, lines 1b and 2b; F	5	Ι,
<b>5 Pa</b> Prov	Total expenses. Add lines <b>3</b> and <b>4c.</b> (This must equal Form 990, Part I, line <b>t XIII</b> Supplemental Information.	ne 18.) and 4; Part IV, lines 1b and 2b; F	5	Ι,
<b>5 Pa</b> Prov	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, linet XIII Supplemental Information.  Ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1 a	ne 18.) and 4; Part IV, lines 1b and 2b; F	5	l,
<b>5 Pa</b> Prov	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, linet XIII Supplemental Information.  Ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1 a	ne 18.) and 4; Part IV, lines 1b and 2b; F	5	I,
<b>5 Pa</b> Prov	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, linet XIII Supplemental Information.  Ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1 a	ne 18.) and 4; Part IV, lines 1b and 2b; F	5	l,
<b>5 Pa</b> Prov	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, linet XIII Supplemental Information.  Ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1 a	ne 18.) and 4; Part IV, lines 1b and 2b; F	5	I,
<b>5 Pa</b> Prov	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, linet XIII Supplemental Information.  Ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1 a	ne 18.) and 4; Part IV, lines 1b and 2b; F	5	I,
<b>5 Pa</b> Prov	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, linet XIII Supplemental Information.  Ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1 a	ne 18.) and 4; Part IV, lines 1b and 2b; F	5	I,
<b>5 Pa</b> Prov	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, linet XIII Supplemental Information.  Ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1 a	ne 18.) and 4; Part IV, lines 1b and 2b; F	5	I,
<b>5 Pa</b> Prov	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, linet XIII Supplemental Information.  Ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1 a	ne 18.) and 4; Part IV, lines 1b and 2b; F	5	l,
<b>5 Pa</b> Prov	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, linet XIII Supplemental Information.  Ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1 a	ne 18.) and 4; Part IV, lines 1b and 2b; F	5	l,
<b>5 Pa</b> Prov	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, linet XIII Supplemental Information.  Ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1 a	ne 18.) and 4; Part IV, lines 1b and 2b; F	5	I,
<b>5 Pa</b> Prov	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, linet XIII Supplemental Information.  Ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1 a	ne 18.) and 4; Part IV, lines 1b and 2b; F	5	Ι,
<b>5 Pa</b> Prov	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, linet XIII Supplemental Information.  Ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1 a	ne 18.) and 4; Part IV, lines 1b and 2b; F	5	Ι,
<b>5 Pa</b> Prov	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, linet XIII Supplemental Information.  Ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1 a	ne 18.) and 4; Part IV, lines 1b and 2b; F	5	I,
<b>5 Pa</b> Prov	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, linet XIII Supplemental Information.  Ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1 a	ne 18.) and 4; Part IV, lines 1b and 2b; F	5	l,
<b>5 Pa</b> Prov	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, linet XIII Supplemental Information.  Ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1 a	ne 18.) and 4; Part IV, lines 1b and 2b; F	5	l,
<b>5 Pa</b> Prov	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, linet XIII Supplemental Information.  Ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1 a	ne 18.) and 4; Part IV, lines 1b and 2b; F	5	I,
<b>5 Pa</b> Prov	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, linet XIII Supplemental Information.  Ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1 a	ne 18.) and 4; Part IV, lines 1b and 2b; F	5	I,
<b>5 Pa</b> Prov	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, linet XIII Supplemental Information.  Ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1 a	ne 18.) and 4; Part IV, lines 1b and 2b; F	5	1,
<b>5 Pa</b> Prov	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, linet XIII Supplemental Information.  Ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1 a	ne 18.) and 4; Part IV, lines 1b and 2b; F	5	I,
<b>5 Pa</b> Prov	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, linet XIII Supplemental Information.  Ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1 a	ne 18.) and 4; Part IV, lines 1b and 2b; F	5	l,
<b>5 Pa</b> Prov	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, linet XIII Supplemental Information.  Ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1 a	ne 18.) and 4; Part IV, lines 1b and 2b; F	5	l,
<b>5 Pa</b> Prov	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, linet XIII Supplemental Information.  Ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1 a	ne 18.) and 4; Part IV, lines 1b and 2b; F	5	I,

#### **SCHEDULE G**

Department of the Treasury

Internal Revenue Service

(Form 990 or 990-EZ)

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.

► Attach to Form 990 or Form 990-EZ.

HILTON HEAD ISLAND CONCOURS D'ELEGANCE,

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

OMB No. 1545-0047

2019

Open to Public Inspection

Employer identification number

INC.					02-0547	759
Part I Fundraising Activities required to complete this par	Complete if the organization answe	ered "Y	es" o	n Form 990, Part IV,	line 17. Form 990-E2	' filers are not
Indicate whether the organization rais	e Solicitat f Solicitat g Special  or oral agreement with any individual cart VII) or entity in connection with p viduals or entities (fundraisers) pursu	tion of tion of fundra (includerofess	non-g gover aising ding o	overnment grants nment grants events fficers, directors, tru fundraising services?	stees, or Yes	
(i) Name and address of individual or entity (fundraiser)	(ii) Activity	I frindi	Did raiser sustody ntrol of utions?	(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
List all states in which the organization or licensing.	on is registered or licensed to solicit (	contrib	outions	s or has been notifie	d it is exempt from re	egistration

02-054<u>7759 Page 2</u>

Pa	rt I					
		of fundraising event contributions and gr	(a) Event #1 DYA SILENT AUCTION	(b) Event #2	(c) Other events  NONE	(d) Total events (add col. (a) through
40			(event type)	(event type)	(total number)	col. <b>(c)</b> )
Revenue	1	Gross receipts	37,978.		,	37,978.
ш	2	Less: Contributions				
	3	Gross income (line 1 minus line 2)	37,978.			37,978.
	4	Cash prizes				
es	5	Noncash prizes				
kpens	6	Rent/facility costs				
Direct Expenses	7	Food and beverages	1,802.			1,802.
	8	Entertainment				7,285.
	9	Other direct expenses				0.007
	10	Direct expense summary. Add lines 4 through			_	9,087. 28,891.
Pa	11 rt	Net income summary. Subtract line 10 from I Gaming. Complete if the organization		990 Part IV line 19 or		20,051.
		\$15,000 on Form 990-EZ, line 6a.	anowered recommend	1000,1 4,111, 1110 10, 01	roportou moro triam	
Θ.			(a) Bingo	(b) Pull tabs/instant	(c) Other gaming	(d) Total gaming (add
Revenue			(a) Birigo	bingo/progressive bingo	(c) other gaming	col. (a) through col. (c))
Re	1	Gross revenue				
ses	2	Cash prizes				
Direct 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	n 5 in column (d)		<b>&gt;</b>	
	8	Net gaming income summary. Subtract line 7	from line 1, column (d)		<b>&gt;</b>	
		ter the state(s) in which the organization condi	· · · -			
		the organization licensed to conduct gaming a No," explain:		states?		Yes No
	_					
		ere any of the organization's gaming licenses re Yes," explain:	· ·	-	year?	Yes No

Sch	edule G (Form 990 or 990-EZ) 2019 INC • U2	1-054/	759	Page 3
11	Does the organization conduct gaming activities with nonmembers?		Yes	☐ No
	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
12	Indicate the percentage of gaming activity conducted in:	—		
		120	I	0.4
	The organization's facility			<u>%</u>
	An outside facility	13b		<u>%</u>
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records:			
	Name			
	Address >			
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 > \$ and the amount			
	of gaming revenue retained by the third party  \$\bigs\\$			
_	If "Yes," enter name and address of the third party:			
·	The state that a duries of the third party.			
	Name			
	Address >			
16	Gaming manager information:			
10	Garning manager information.			
	Name			
	Gaming manager compensation  \$			
	Description of services provided			
	Director/officer Employee Independent contractor			
17	Mandatory distributions:			
	Is the organization required under state law to make charitable distributions from the gaming proceeds to			
_	retain the state gaming license?		Yes	☐ No
h	-			
U	Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the	Æ		
Da	organization's own exempt activities during the tax year > \$			01 101
Pa	<b>TT IV</b> Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and	J Part III, II	nes 9,	9b, 10b,
	15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.			

Schedule 0	G (Form 990 or 990-EZ)	INC.		02-0547759	Page 4
Part IV	G (Form 990 or 990-EZ)  Supplemental Info	rmation (continued)			
		· · · · · · · · · · · · · · · · · · ·			

#### **SCHEDULE L**

# **Transactions With Interested Persons**

(Form 990 or 990-EZ) ► Complete if the organization answered "Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.

► Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

**Open To Public** Inspection

Internal Revenue Service Name of the organization

Department of the Treasury

HILTON HEAD ISLAND CONCOURS D'ELEGANCE,

Employer identification number

	INC.								02	-05	477	59		
Part I Excess	Benefit Trans	acti	ons (section 50	01(c)(3	3), sect	ion 501(c)(4), and se	ctio	n 501(c)(29) orga	anizati	ons o	nly).			
 Complete	f the organization	n ansv	vered "Yes" on	Form 9	990, Pa	art IV, line 25a or 25b	o, or	Form 990-EZ, P	art V, I	ine 40	)b.			
1	lified nerson	(b) F	Relationship bety			lified	-) D	acciption of tran	aaatia	_		(d)	(d) Corrected?	
(a) Name of disqua	imea person		person and or	ganiza	ation	(0	(c) Description of transaction		Ye	es	No			
													_	
2 Enter the amount of	-		_	-			_	•		•				
section 4958  3 Enter the amount of										<b>&gt;</b> \$				
<b>3</b> Enter the amount of	or tax, ir any, on i	ne ∠, i	above, reimburs	sea by	the or	ganization				•				
Part II Loans to	and/or Fron	n Int	erested Per	sons	; <u> </u>									
						, Part V, line 38a or I	Forn	n 990 Part IV lin	e 26:	or if th	e oraz	nizatio	าท	
·	n amount on For					,, , a, , ,, ,,,,,,,,,,,,,,,,,,,,,,,,,,	0111			01 11 41	io orga	. nzaci	511	
(a) Name of	(b) Relatio		(c) Purpose	(d) Lo	an to or	(e) Original	(f	) Balance due	(g)	In	(h) App	proved	(i) W	ritten
interested person			of loan		n the ization?	principal amount	`	,	defa	ult?	comm	oroved ard or iittee?	agree	ment?
				То	From				Yes	No	Yes	No	Yes	No
Takal														
Total	or Assistance	Ber	nefitina Inter	reste	d Pe	<u>\$</u> rsons.								
	f the organization		_											
(a) Name of interes			<b>b)</b> Relationship			(c) Amount of		(d) Type	of		(e	) Purp	ose of	:
<b>(-,</b> )	,	'	interested pers			assistance		assistan			• •	assista		
			the organiza	ation										
	-													
		$\perp$								$\perp$				
		$\perp$								$\perp$				
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		+								+				

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule L (Form 990 or 990-EZ) 2019

Part IV	Business 1	Transactions Involv	ing Interested Persons.	_			
	Complete if th	ne organization answered	"Yes" on Form 990, Part IV, line 28a, 2	8b, or 28c.			
(a)	Name of inter	rested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction		aring of zation's nues?
				0.5 0.00		Yes	No
			TREASURER/COMPTROLL		PROVIDES AC		X
TRUITT	RABURN	ASSOC., INC/	SECRETARY	9,319.	PROVIDES LA		Х
							<del>                                     </del>
							<del>                                     </del>
Dort V	0						
Part V		ntal Information.	onses to questions on Schedule L (see	instructions).			
		<u></u>					
SCH L,	PART I	V, BUSINESS T	RANSACTIONS INVOLVI	NG INTEREST	ED PERSONS:		
(A) NA	ME OF P	ERSON: BEACON	ALLIED RESOURCES,	INC./ROBERT	LEE		
(B) RE	LATIONS	HIP BETWEEN I	NTERESTED PERSON AN	D ORGANIZAT	ION:		
TREASU	RER/COM	PTROLLER					
	,						
(D) DE	SCRIPTION	ON OF TRANSAC	TION: PROVIDES ACCO	UNTING, TEC	HNOLOGY AND		
OTHER	CONSULT	ING SERVICES	TO THE ORGANIZATION	VIA BEACON	ALLIED		
RESOUR	CES, INC	C.					
	•						
(A) NA	ME OF PI	ERSON: TRUITT	RABURN ASSOC., INC	/TRUITT RAB	URN		
			TION: PROVIDES LAND			OUGH	
				I LIMINING D	LICVICED IIII	00011	
TRUITT	KAIBUN	ASSOCIATES,	INC.				

#### **SCHEDULE O**

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or 990-EZ.

Open to Public

OMB No. 1545-0047

Inspection

Name of the organization

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

HILTON HEAD ISLAND CONCOURS D'ELEGANCE,

Employer identification number 02-0547759

FORM 990, PART VI, SECTION B, LINE 11B:
THE TAX RETURN IS GIVEN TO THE COMPTROLLER/TREASURER OF THE ORGANIZATION
FOR REVIEW BEFORE THE TAX RETURN IS FILED.
FORM 990, PART VI, SECTION B, LINE 15A:
THE PRESIDENT UNDERGOES AN ANNUAL PERFORMANCE REVIEW AND HIS/HER SALARY IS
BASED ON COMPARABLE POSITIONS
FORM 990, PART VI, SECTION C, LINE 19:
DOCUMENTATION IS AVAILABLE TO THE PUBLIC UPON REQUEST

# Hilton Head Island Concours d'Elegance & Motoring Festival

A unique, nationally recognized, multi-day "lowcountry" motoring experience that entertains, educates and supports our community.

Board of Directors Meeting Monday, July 10, 2023

Hilton Head Island- Bluffton Chamber of Commerce Board Room and by Remote Conference Call Via "ZOOM"

# MINUTES

**In Attendance:** Paul Boes, Stew Brown, Erik Doerring, Merry Harlacher, Carrol Jensen, Carlton Joyce, Larry Koch, Bob Lee, Elke Martin, Mike McClelland, Walter Nester, Lee Niner, Bill Schmitt, Dennis Wright

Lindsey Harrell, President

Absent: Truitt Rabun, Paul Ianuario

- I. Accept June 12, 2023, Minutes
  - Stew Brown motioned, Bob Lee seconded, and the Board voted unanimously to approve the Draft Minutes of the June 12, 2023, Board Meeting.
- II. Accept July 10, 2023, Meeting Agenda
  - The Board accepted the July 10, 2023 Meeting Agenda as presented.
- III. Chairman's Comments
  - Mike McClelland thanked Lee Niner for taking minutes at the June Board meeting
    - Overall, the financials look good, but we need everyone's help generating ideas for securing more revenue over the next three months.
  - We had an opportunity to make a presentation to the Low Country Oyster and Motor Driving Society. Mike was impressed with them and especially by the women who were in attendance and their enthusiasm for the Helen Dryden idea. At least eight members took business cards as a way to follow up on making a contribution.
  - The unveiling of the Pinnacle Society last month has been well received by patrons and sponsors.
- IV. Financial Update Bob Lee
  - Bob emailed the BOD the June 2023 financial reports before the meeting and presented those financials during the meeting.
  - Profit & Loss Budget Variance.
    - Revenue Running \$119K below budget. The unfavorable categories are primarily comprised of ticket sales and sponsor revenue. The ticketing budget was based on 2022 figures which were inflated

because of the earlier discounts offered. Even though we were behind last year, we are still ahead in terms of ticket revenue than any other year at this time.

- Sponsor Sales Running \$53k below budget, however, this is mostly about timing. Bob believes the gap will narrow considerably over the next several months. In the coming weeks, Bob and Lindsey plan on meeting to reforecast and to consider possible cost saving measures – develop revised figures for the remainder of the year.
- On the expense side, we are showing a favorable variance of \$50,651. Again, this is a matter of timing. As we get closer to the event, the gap should close. We have \$125k ordinary income, \$68k below budget. Approximately \$119k of this figure is due to the reduction in revenue.
- •Consolidating Profit & Loss. In terms of the Charitable Fund, we have already booked close to \$23k. We have not budgeted anything for DYA through June. The Pinnacle Society is off to a good start.
- Balance Sheet The organization is in good position relative to cash balances. The focus now is on ticket sales and sponsor revenue. Major outlays begin in September/October. Lindsey and the staff have worked hard assuring the accounts receivable are current. None of the sponsors are behind. On the liability side, things are stable. The SBA Loan balance has been reduced by \$4600 over the last 12 months. We started paying this note early. Retained earnings are down \$156k that is the loss from last year.
  - Mike McClelland observed that last year's loss was due in part to inflationary pressures causing unexpected price hikes from vendors. Lindsey added that she and Catherine have been working with SERG Group to put stricter controls in place. Bob commented that in order to be successful, it is imperative that Board Members help promote the Pinnacle Society in addition to helping sell tickets to the airport event and the patron's tent.
  - We will not be holding the traditional live auction at the Flights & Fancy Party this year. Instead, the auction will be conducted online. Board Members can assist by helping to source top quality items. Mike encouraged all Board Members to forward ideas to Lindsey before the next meeting. Stew queried if one of the auction items is the opportunity to walk the field with the designers? This will be offered to members of the Pinnacle Society, as an initial matter.

# V. President's Report

• Event Update - Bobby Rahal will be the Honorary Collector and Ed Bolian will be the Velocity Collector. Two-Day exhibit team is still sourcing Nascars. The Nascar Museums in Daytona and Charlotte have each committed to sending two cars. The number of classes this year has been reduced from 34 to 25. As a result, the number of Judges that they are inviting has been reduced from 90 to 73. Complimentary event tickets and the option to purchase dinner tickets at cost will be provided to last year's judges. Bill reported that 179 cars have submitted an application for the

event. They are chasing another 25 cars, including 9 out of 10 Indy Cars which have committed, but not yet registered.

A total of 22 classic cars are registered. There are some exciting cars coming, particularly in the sports car category. The only "class" that is still short is the Class Reunion of 1963. We are planning to have 25 classes and 2 motorcycle classes; however, this is fluid. They are close to finalizing the classes; it is "more art than science". The selection committee has been targeting between 170 to 175 entries.

- Acceptance Letters are expected to go out the week of July 17<sup>th</sup>. Mike predicts that this years' field will consist of the most "historically significant" assemblage of cars since he has been involved in the event. He deeply appreciates Bill Schmitt and the selection committee's efforts.
- Women Driving America Following last month's Board meeting, Bill met with the three women who are spearheading the initiative to discuss planning and budgeting. Some of the ideas they have produced include recruiting ladies to attend movie night, organizing a luncheon. on Saturday during the event, organizing a driving tour in May and a possible scavenger hunt to be held on the Friday of the event. Bob confirms that the Concours owns the domain "Women Driving America.org." Women Driving America.net is taken. This will not be a separate organization but will remain a part of the Concours. Bill will continue to serve as the liaison between the Board and the ladies' subcommittee. We will need to discuss their role/relationship with the Concours moving forward. We are still looking into applying for a trademark, per Walter.

# Sponsors Update

- Porsche has increased their sponsorship level by approximately \$10k to close to \$60k. Tanger Outlets has doubled their sponsorship from \$5k to \$10K. There are other outstanding agreements totaling approximately \$70k. Proposals are pending with several other sponsors which, if collected, will generate another \$156k. There is another \$97k in potential revenue from sponsors who participated in the event last year. Despite fears of recession, Lindsey feels positive about the forecast and says sponsorships are trending in the right direction.
- Bob Lee made a motion authorizing the staff to pursue an application for ATAX funding which was seconded by Merry Harlacher and unanimously approved by the Board.

# Charitable Fund Update

- Information about joining the Pinnacle Society will be included in the packet that accompanies the Acceptance Letters. Lindsey encourages Board Members to follow up with them. Bill will send Board Members a list of invitees.
- •The Great Race. Bill attended the start of the event in St. Augustine. RPM Foundation supports the "X-Cup Team" which entered two cars in this year's event. The teams are composed entirely of automotive students. RPM is eventually hoping to field ten cars. This year we joined RPM in sponsoring one of the teams by contributing \$5,000. Great Race

organizers do not charge X-Cup Teams registration fees which was \$6500 this year.

• The New York Times spotlighted the 2022 Hilton Head Concours in an article about car shows around the Country that appeared on June 30, 2022. The editors have decided to highlight the Hilton Head Concours again this year. The piece is due to be published this fall.

# VI. New Business

- Bob Lee gave an update on our application for the Employee Retention Tax Credit. If successful, the organization stands to recover approximately \$59k in tax refunds. Eric Doerring helped with this process that could take up to 12 months.
- Closing Comments: On behalf of the entire board, Mike wished Truitt a speedy recovery from surgery. Next meeting Monday, August 14, 2023 (9 am).

# VII. Adjournment

• There being no additional business, Stew Brown motioned, and the Board voted unanimously to adjourn.

Respectfully Submitted, Carlton E. Joyce Interim Secretary, Board of Directors

Approved: BOD August 14, 2023

# ATAX EFFECTIVENESS MEASUREMENT

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

TOPIC	THE PLAN	BUDGET	ACTUAL SPENT		RESULTS
					When possible, provide planned results vs. actual results, and/or current year vs. prior year results .
2023 Advertising					
Trade Media	Targeting automotive enthusiasts and hobbyists for registrations and attendance	\$ 34,207.50	\$	34,207.50	Estimated nearly 9 million impressions across print and digital platforms
Targeted Social Media & Digital Campaign	Targeting high-end, luxury travelers with an interest in automotive (i.e. BMW owners, car collectors, etc.) and experiential travel	\$ 98,000.00	\$	98,000.00	Estimated over 5.5 million impressions during the 4 peak promotional months leading up to the Festival
Local Media (includes Savannah-based publications and websites)	Target visitors in town prior to event for return during event or those in town for other reasons during event itself plus maintain local audience/attendance	20,491.00	\$	20,491.00	Anticipate over 2 million impressions between placements
Email Marketing	Promotions sent throughout the year to the Festival's subscriber list	\$ 10,000.00	\$	10,000.00	With the subscriber list at over 45,000 emails and nearly 80 emails sent annually, anticipate an estimated 3M+ impressions
Total		\$ 162,698.50	\$	162,698.50	

2023 Public Relations				
PR and Celebrity Engagement	Recruiting top-tier executives (designers) to include covering costs of attending	\$ 68,400.00	\$ 68,400.00	At time of application, have confirmed participation from Jay Ward (Pixar), Chris Chapman (formerly with BMW & Hyundai), Michael Simcoe (GM), Richard Vaughan (Rivian), Cesar Pieri (formerly with Jaguar), Irina Zavatski (Stellantis), Matt Hranek & Yolanda Edwards (following of 363K+), Ed Bolian (following of 2M+), Garrett Reed (following of 2.3M+) and Dennis Gage (TV personality)
Social Media Management	This resource became even more critical for us amidst the COVID cancellation. It was our way to stay connected to our audience and provide content in a year with no physical event	\$ 36,600.00	\$ 36,600.00	With a total reach of 320k+ people in 2022 (up 46% from 2021) and a 38% increase from 2021 in new followers, Meta platforms (Facebook and Instagram) have shown growth of exposure through advertising. 94% of social media followers are from out-of-market.
Specialty vehicles	Showcase vehicles significant to the event's 20th anniversary	\$ 30,000.00	\$ 30,000.00	Includes vehicles to showcase "Life on the Oval", a celebration of both NASCAR and Indy 500 racing, to include "The Fabulous Hudson Hornet", cars from both the Motorsports and NASCAR Hall of Fame and the firstever winner of the Indianapolis 500
Total		\$ 135,000.00	\$ 135,000.00	

Marketing Support				
Creative Design/Services	Development and maintenance of annual creative concept and management of digital ad campaign	3,040.00	\$ 43,040.00	These elements provide the content of our marketing communications/campaign to include print and digital advertising, social media content and website updates.

# ATAX EFFECTIVENESS MEASUREMENT

TOPIC	THE PLAN	BUDGET	A	CTUAL SPENT	RESULTS
					When possible, provide planned results vs. actual results, and/or current year vs. prior year results .
Photography	Documentation of event for use in future marketing to attendees, sponsors and media outlets	\$ 12,500.00	\$	12,500.00	
Video Production	Documentation of event for use in future marketing and video production for placement on Television, Digital and Social Media	\$ 17,900.00	\$	17,900.00	
Collateral Materials	Various Projects/Initiatives	\$ 28,300.00	\$	28,300.00	Printed materials (program, schedule of events, etc.) and email marketing
Total		\$ 101,740.00	\$	101,740.00	

Total Budget to Actual \$ 399,438.50 \$
-----------------------------------------



#### DEPARTMENT OF THE TREASURY INTERNAL REVENUE SERVICE WASHINGTON, D.C. 20224

Date: September 23, 2002

Hilton Head Island Concour D'Elegance, Inc. 32 Office Park Road, Suite 200 Hilton Head, SC 29928

Employer Identification Number: 02-0547759 Issuing Specialist: 50-380400 Charles F. Kaiser III, Esq. Toll Free Customer Service: 877-829-5500 Accounting Period Ending: December 31 Foundation Status Classification: 509(a)(2) Advance Ruling Period Begins: February 10, 2002 Advance Ruling Period Ends: December 31, 2006 Form 990 Required: Yes

#### Dear Applicant:

Based on the information supplied, and assuming your operations will be as stated in your application for recognition of exemption, we have determined you are exempt from federal income tax under section 501(a) of the Internal Revenue Code as an organization described in section 501(c)(3).

Because you are a newly created organization, we are not now making a final determination of your foundation status under section 509(a) of the Code. However, we have determined that you can reasonably be expected to be a publicly supported organization described in the section(s) indicated above. Accordingly, you will be treated as a publicly supported organization, and not as a private foundation, during an advance ruling period. This advance ruling period begins and ends on the dates indicated above.

Please notify the Ohio Tax Exempt and Government Entities (TE/GE) Customer Service office if there is any change in your name, address, sources of support, purposes or method of operation. If you amend your organizational document or bylaws, please send a copy of the amendment to that office. The malling address is: Internal Revenue Service, TE/GE Customer Service, P.O. Box 2508, Cincinnati, OH 45201.

Prior to the end of your advance ruling period, the Ohio TE/GE office will send you a letter requesting the information needed to determine whether you have met the requirements of the applicable support test during the advance ruling period. If you establish that you have been a publicly supported organization, you will be classified as a section 509(a)(1) or 509(a)(2) organization as long as you continue to meet the requirements of the applicable support test. If you do not meet the public support requirements during the advance ruling period, you will be classified as a private foundation for future periods. Also, if you are classified as a private foundation, you will be treated as a private foundation from the date of your inception for purposes of sections 507(d) and 4940.