2024 Accommodations Tax Funds Request Application

Organization Name: Hilton Head Island Recreation Association

Project/Event Name: ATAX Application for Events

Executive Summary

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

2024

Accommodations Tax Funds Request Application

Date Received: 08/22/2023 Time Received: 10:53 AM 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 Island Recreation Association

Project/Event Name: ATAX Application for Events

Title: Deputy Parks and Recreation Executive Contact Name: Leah Arnold

Director

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

Email Address:

Contact Phone: 843-681-7273 leah.arnold@islandreccenter.org

Event Date: March 23, 2024 / October 5-6,

2024 / November 9-10, 2024

Event Location: Lowcountry Celebration Park / Coastal Discovery Museum-Honey Horn / Shelter Cove Community Parkn Head Island, SC 29928

Total Budget: \$345,000.00 **Grant Requested:** \$60,000.00

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

This grant would be used for regional marketing and operations of Wingfest, Jeep Island and the Hilton Head Oyster Festival. Over the past 25 years these events have grown into some of the area's largest community events. Wingfest is the "Super Bowl" of the chicken wing industry for local restaurants and wing lovers. Jeep Island is a one of a kind event in the Lowcountry featuring jeeps of all kinds in conjunction with the Kiwanis Chili Cookoff. The Hilton Head Oyster Festival is a true "Lowcountry" event that showcases the true essence of the area with local oysters from the coastal waters. The grant money would be used to market the region to attract visitors to the Island for a weekend getaway and a great experience in the Lowcountry with the main goal of getting heads in beds during the shoulder seasons.

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

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

- A. Total Number of Physical Tourists Served: 4,000
 - A Tourist is considered a non-resident, traveling more than 50 miles to the Town of Hilton Head Island.
- B. Total Number of Physical Visitors Served: 2,500

 A Visitor is considered a non-resident, who travels 50 miles or less to visit the Town of Hilton Head Island.
- C. Total Number of Physical Residents Served: 9,000

 A Resident is considered any person who claims their property address within the limits of the Town of Hilton Head Island as their primary residence.
- D. Total Number of Physical Patrons Served (A+B+C=D): 15,500

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

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

B. **DESCRIPTION OF OPERATIONS**:

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

The Association's mission as a non-profit organization has been to improve the quality of life for area residents of all ages. The Association produces, provides and coordinates public recreation programs and community events. The Association commits itself to monitoring the recreation needs of the community and instituting change where appropriate. The 26th annual Wingfest, where over 9,500 lbs of chicken wings, will be served on March 23rd at the Lowcountry Celebration Park. Over twenty-five local restaurants participate and compete for the 2024 "Best Wing of Hilton Head". There will be many activities such as a kid's zone and rock climbing wall / bungee jump to entertain the children as well as March Madness games on the big screen. In recent years a Wing Bobbing Contest for kids and a Wing Eating Contest were added. Live music will be

provided by regional performers. The 7th Annual Jeep Island in conjunction with the Kiwanis Chili Cookoff at Coastal Discovery Museum on October 6th at Coastal Discovery Museum. Jeep Island will feature one of a kind jeeps from all over the Southeast. A jeep will be rafiled off at the event. In conjunction with the variety of jeeps and chilis from the Kiwanis Chili Cookoff will also be tasted and judged. The 21st annual Hilton Head Oyster Festival will be held at Shelter Cove Park from 5-8pm on Friday November 9th and 11am-5pm on Saturday, November 10th at the Lowcountry Celebration Park. The festival highlight a variety of local oysters and a Pop Up Shop featuring local artisans and their hand made items.

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

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

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

If the grant was not fully funded we would have to make a conscious decision on how to market in the regional areas in order to attract the most visitors to the area and on which bands to bring in. 4. What is expected economic impact and benefit to the Island's tourism? (100 words or less)

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

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

Total:	100	%
7 - Operation of Visitor Information Centers Operating visitor information centers.	0	%
6 - Waterfront Erosion/Control/Repair Control and repair of waterfront erosion.	0	%
5 - Tourist Public Transportation Tourist shuttle transportation.	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	%
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	%
2 - Tourism-Related Events Promotion of the arts and cultural events.	15	%
1 - Destination Advertising/Promotion Advertising and promotion of tourism so as to develop and increase tourist attendence through the generation of publicity.	85	%

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

The Association will be working with Hilton Head Island-Bluffton Chamber of Commerce, SCPRT, WTOC and "Eat It And Like It" with Jesse Blanco to promote Hilton Head Island and enhance Wingfest 2024. Jeep Island 2024 and the 2024 Hilton Head Oyster Festival. The association will also work with local hotels to offer special room rates for these event weekends. The food and beverage industry will also be enhanced by these events with over 40 local vendors and restaurants promoting their business for free to over 15,000 attendees while cooking up their best chicken wings, showing off the nicest jeeps (or not) and local oysters. The Association will also work closely with several other community groups and organizations as vendors to ensure attendees are shown what Hilton Head Island and the lowcounty is all about. Both of these events will showcase the gorgeous setting of Lowcountry Celebration Park, Shelter Cove Community Park and the Coastal Discovery Museum. The mission of the Island Recreation Center is "We Build Community" and the hopes of these three events is to "We Promote our Community"!

7. Additio	onal comments.	250 words or less)	1		
C. FUNDING:					

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

The Hilton Head Island Recreation Association is largely funded through program fees, sponsorships, and grants. In 2023, the County funded 4% and the Town funded 35% of the Association's overall budget. The Association's board of directors raises 61% of its annual budget through program fees, fundraising and community events. As shown in our budget, the Association relies heavily on community events to provide children's scholarship and to ensure that no child is denied recreational or educational opportunities at the Island Recreation Center.

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

39	Government Sources	Private Contributions, Dona 10 and Grants		
15	Corporate Support, Sponsors	12	Membership, Dues, Subscriptions	
24	Ticket Sales, or Sales and Services	0	Other	

3. Has the organization requested other ATAX or any other funding from other public sources or
organizations? Yes No <u>X</u> _
If so, please list top 3 sources and amounts.
D. FINANCIAL INFORMATION:
Fiscal Year Disclosure: Start Month: July End Month: June
Financial Statement Requirements:
1. The <u>upcoming fiscal year's</u> operating budget for the organization.
Budget Provided: Yes
 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:
2024- Previous FY 1
2022- Previous FY 2 2024- Previous FY 1
2023- Previous FY 1
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:
2022 - Previous FY 2
4. The <u>previous two years</u> and <u>current year</u> 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
2018 - 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:

If you received 2022 or 2023 HHI ATAX funds

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

2021	\$10,000.00	Wingfest
2022	\$35,000.00	Wingfest and Oyster Festival Marketing
2023	\$60,000.00	Wingfest, Jeep Island and Oyster 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 Hilton Head Island Recreation Association ATAX funds have been used for regional marketing of Hilton Head Island and these events specifically. We have worked with regional marketers such as the Charlotte Observor, The Local Palate, The Post and Courier and WTOC. This past year we also requested funds for operating costs to help cover regional bands that we have brought in for the events. We are always looking at ways to enhance our regional marketing and work with other organizations to collaborate in these efforts.

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

The Island Recreation Association was able to market the events to more regional markets

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

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

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

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)

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

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- 1			
- 1			

Signature: Leah Arnold

Title/Position: Deputy Parks and Recreation Executive Director

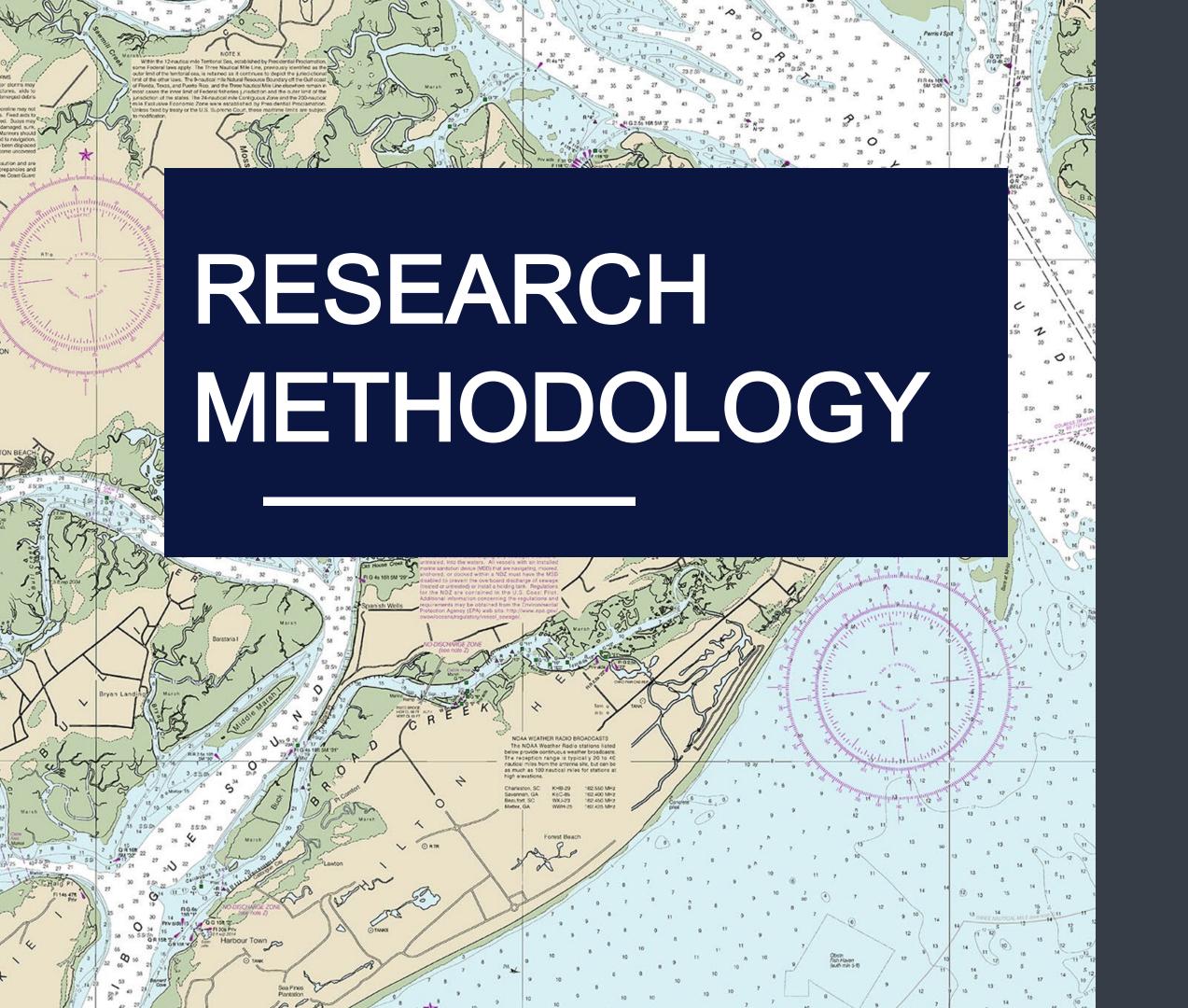
Mailing Address: 20 Wilborn Rd., Hilton Head Island, SC 29926

Email Address: leah.arnold@islandreccenter.org

Office Phone Number: 843-681-7273

Home Phone Number: 812-686-0644





- Attendees completed a 35-question online survey
- QR Code directed respondents to survey
- iPads made available to respondents without mobile devices

RESPONSES

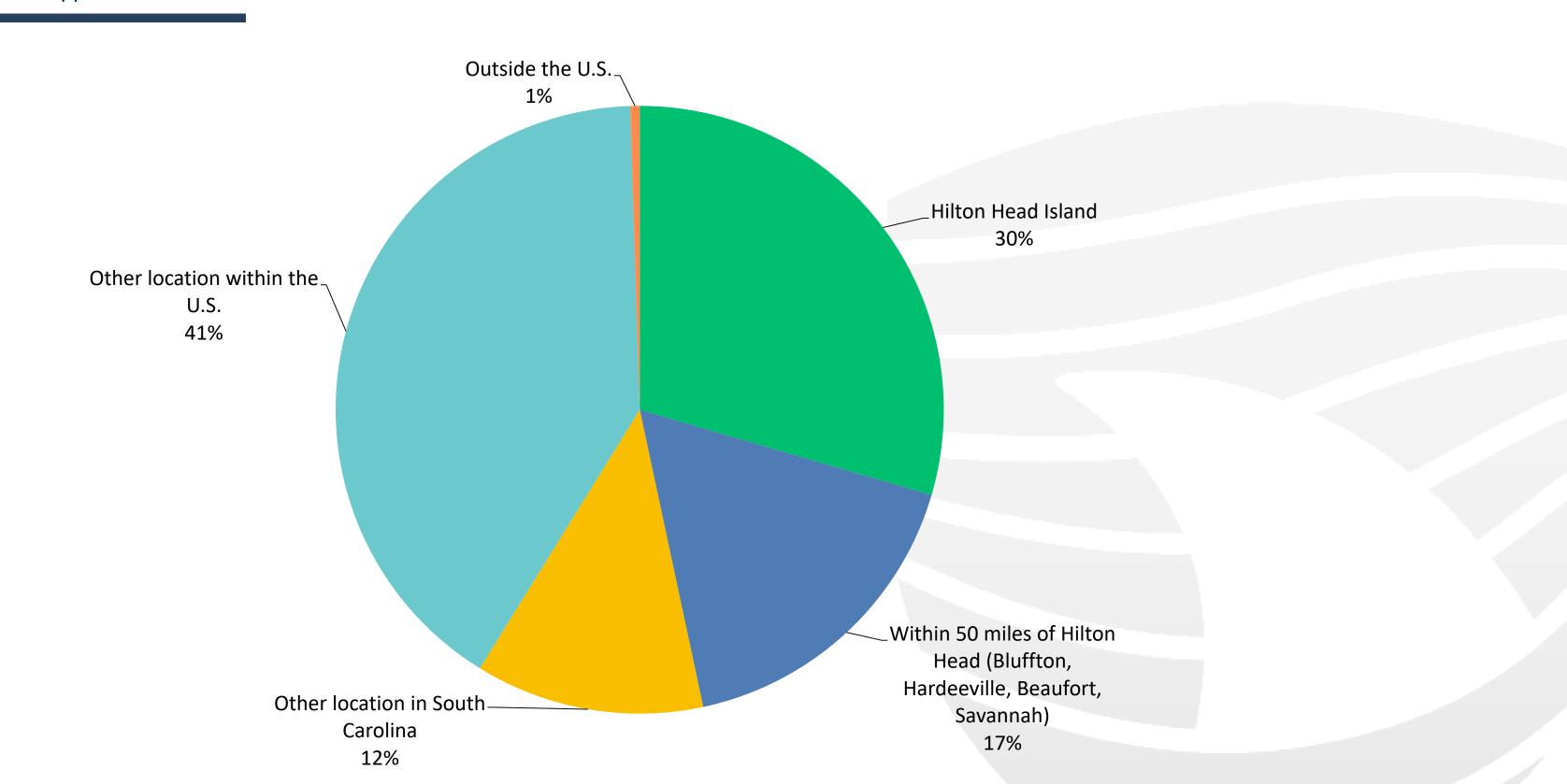
405





Where is your primary residence?

Answered: 403 Skipped: 2





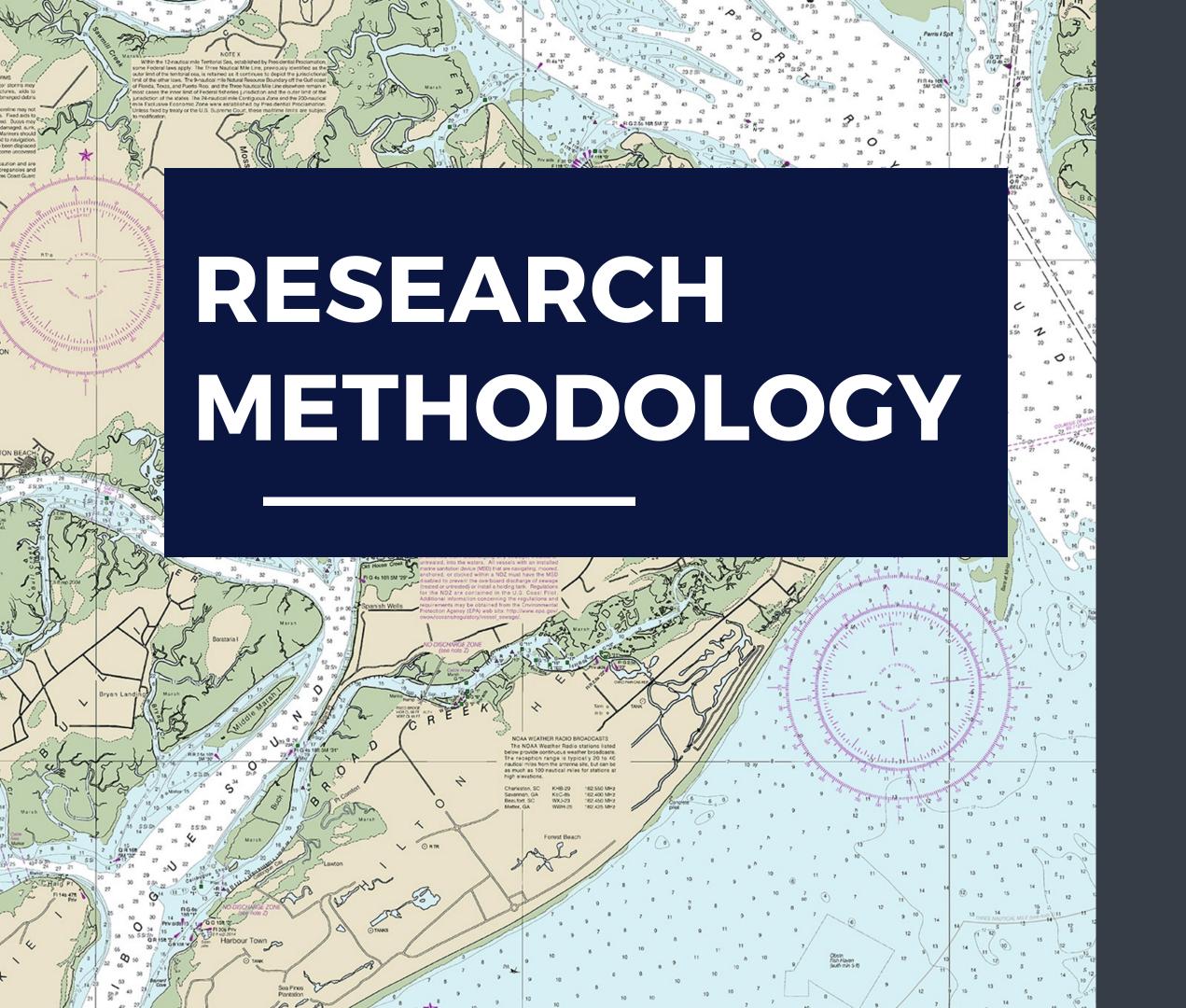
Other Location

Answered: 2

- Toronto, Canada
- Canada







- Attendees completed a 36-question online survey
- QR Code directed respondents to survey
- iPads made available to respondents without mobile devices

RESPONSES

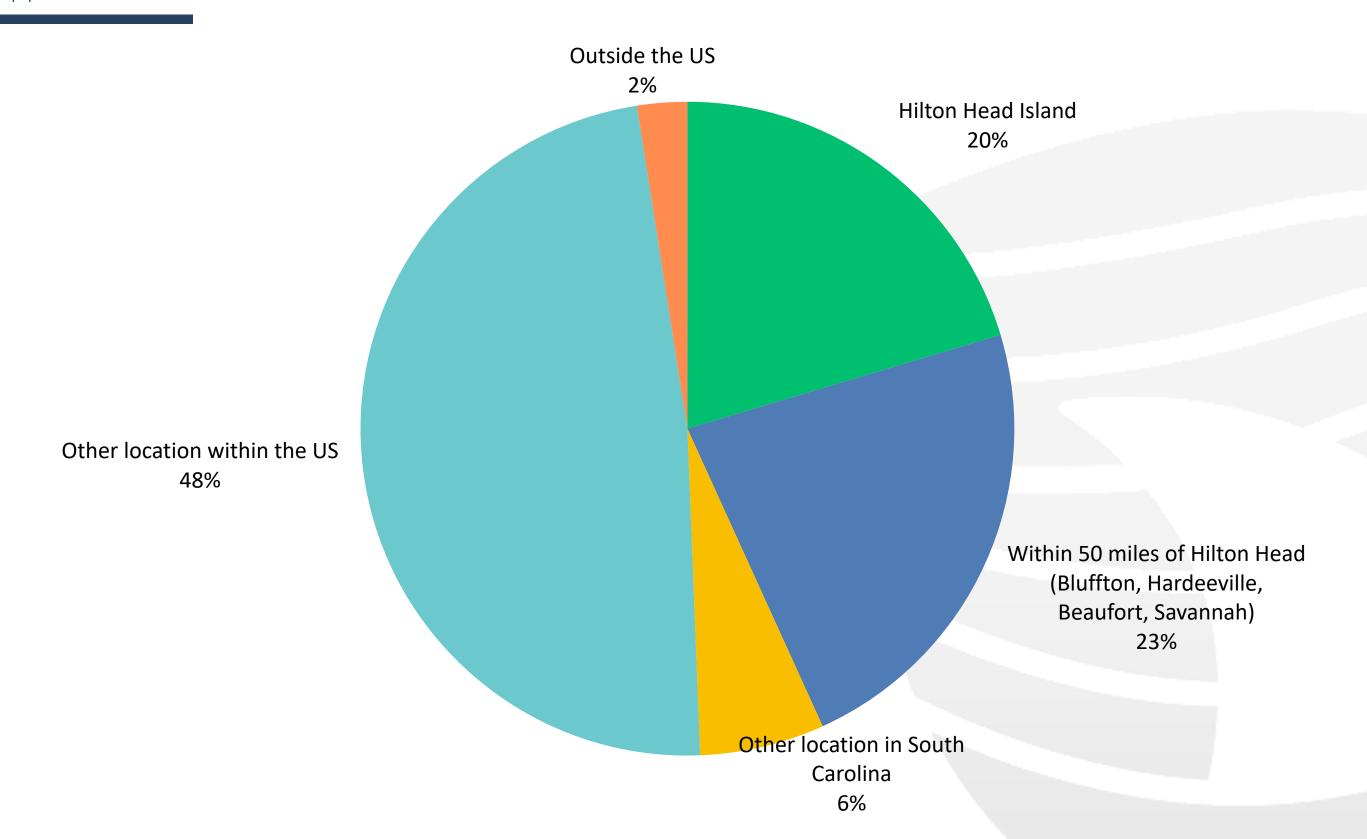






Where is your primary residence?

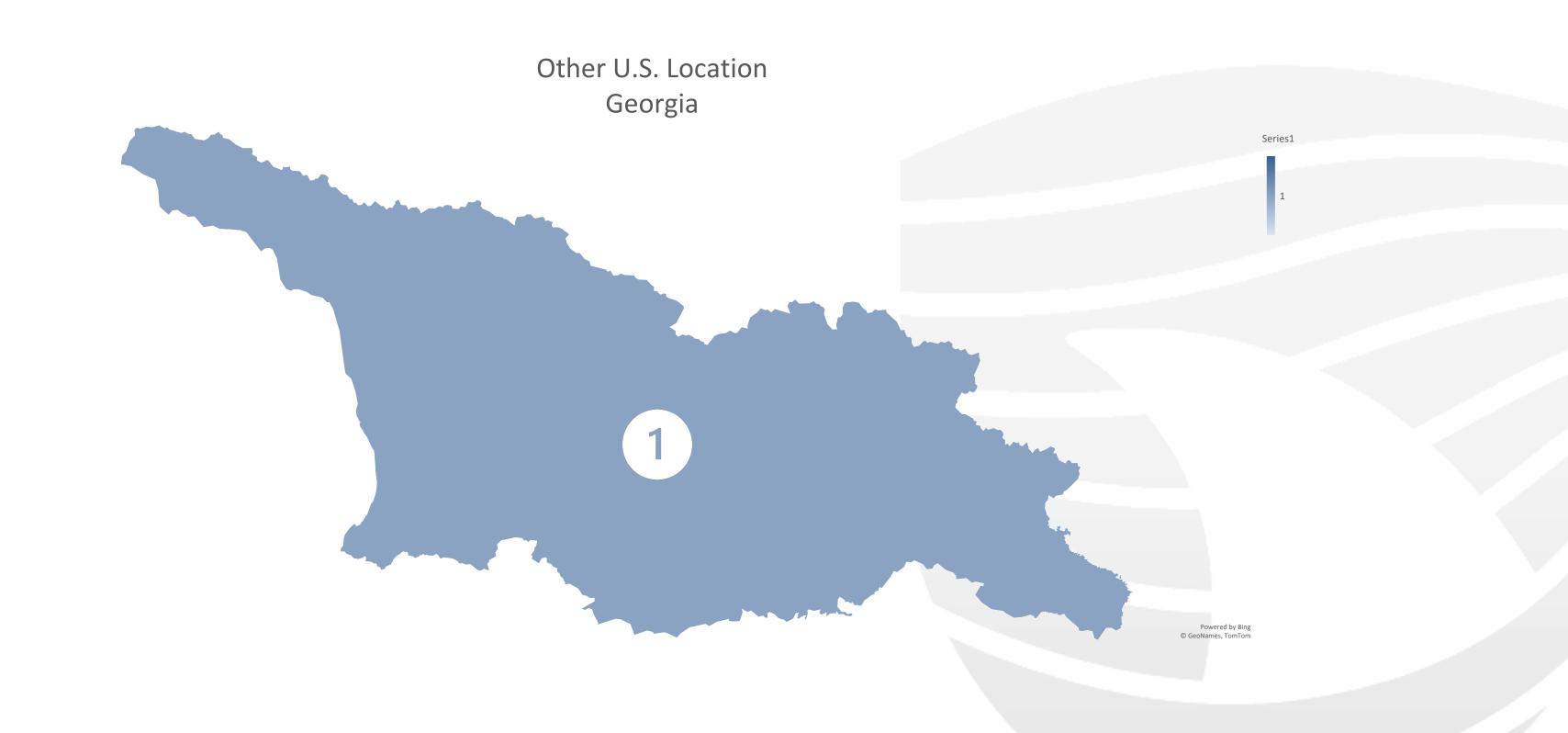
Answered: 162 Skipped: 1





Other U.S. Location

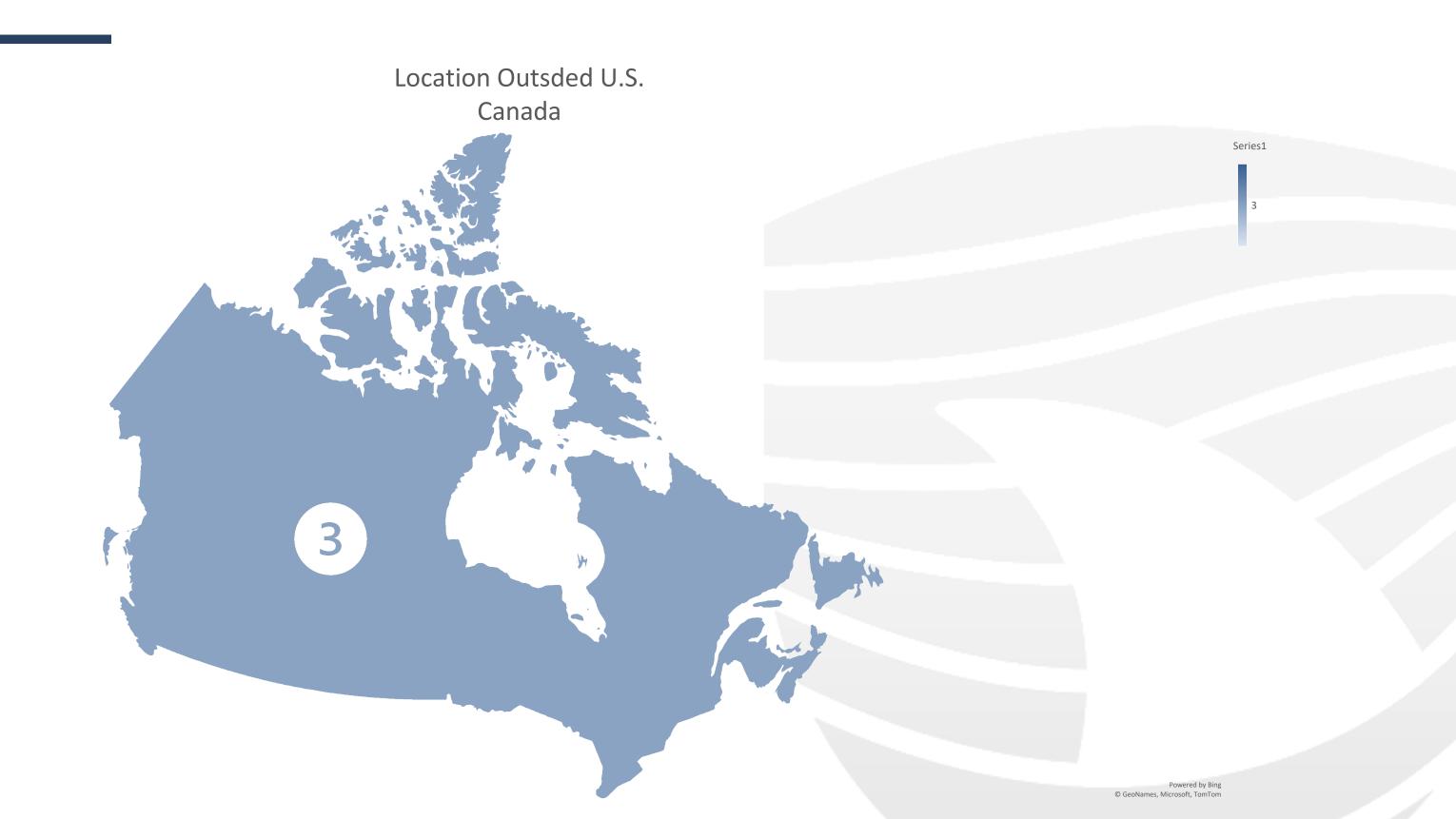
Answered: 1





Location Outside U.S.

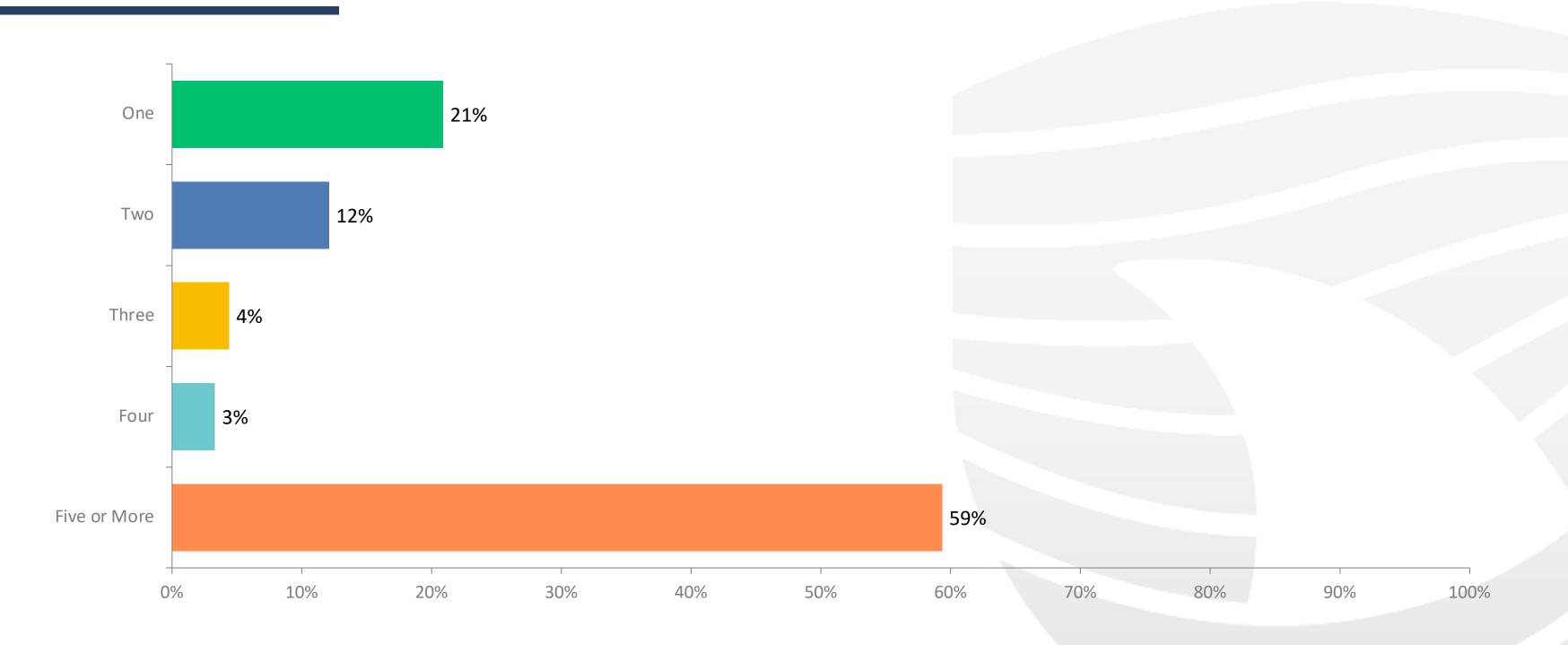
Answered: 3





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

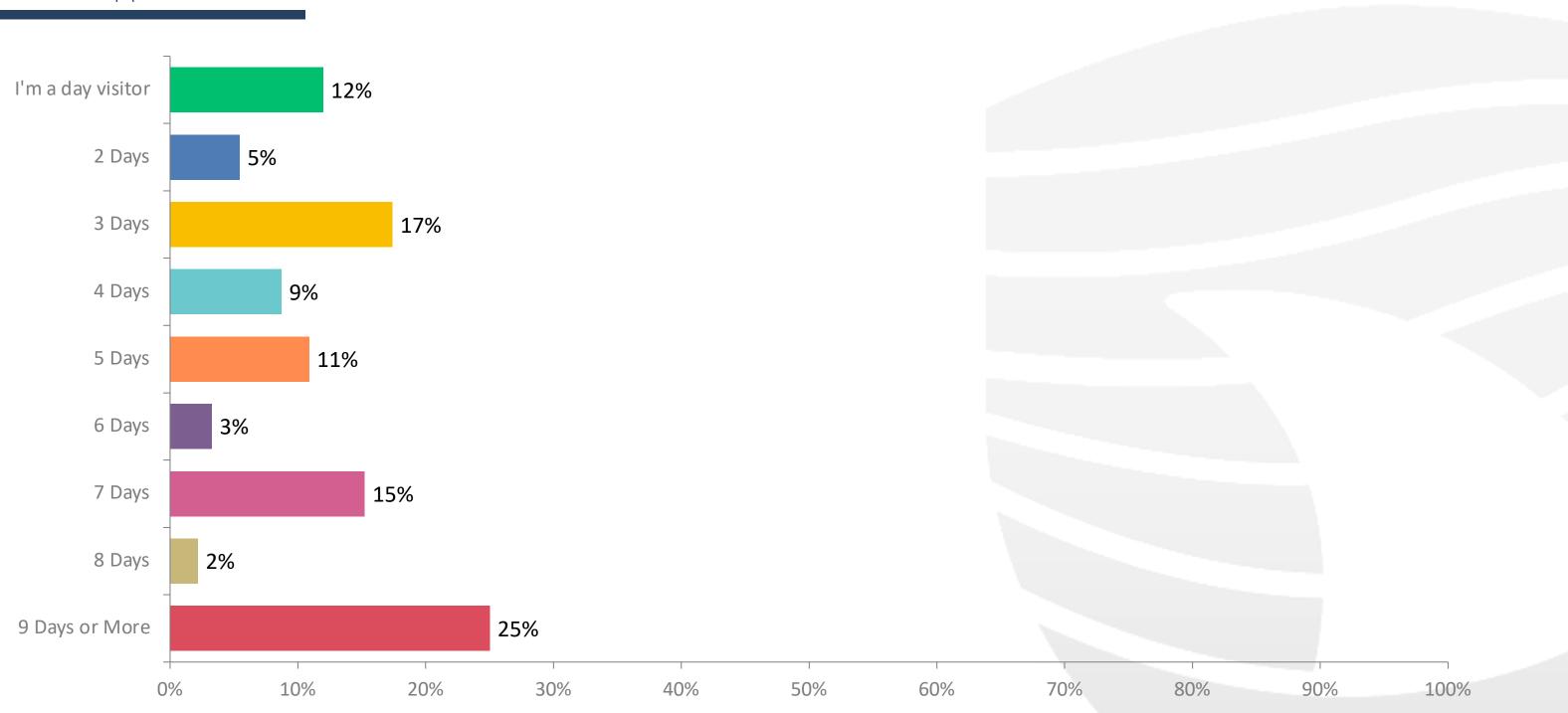
Answered: 91 Skipped: 72





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

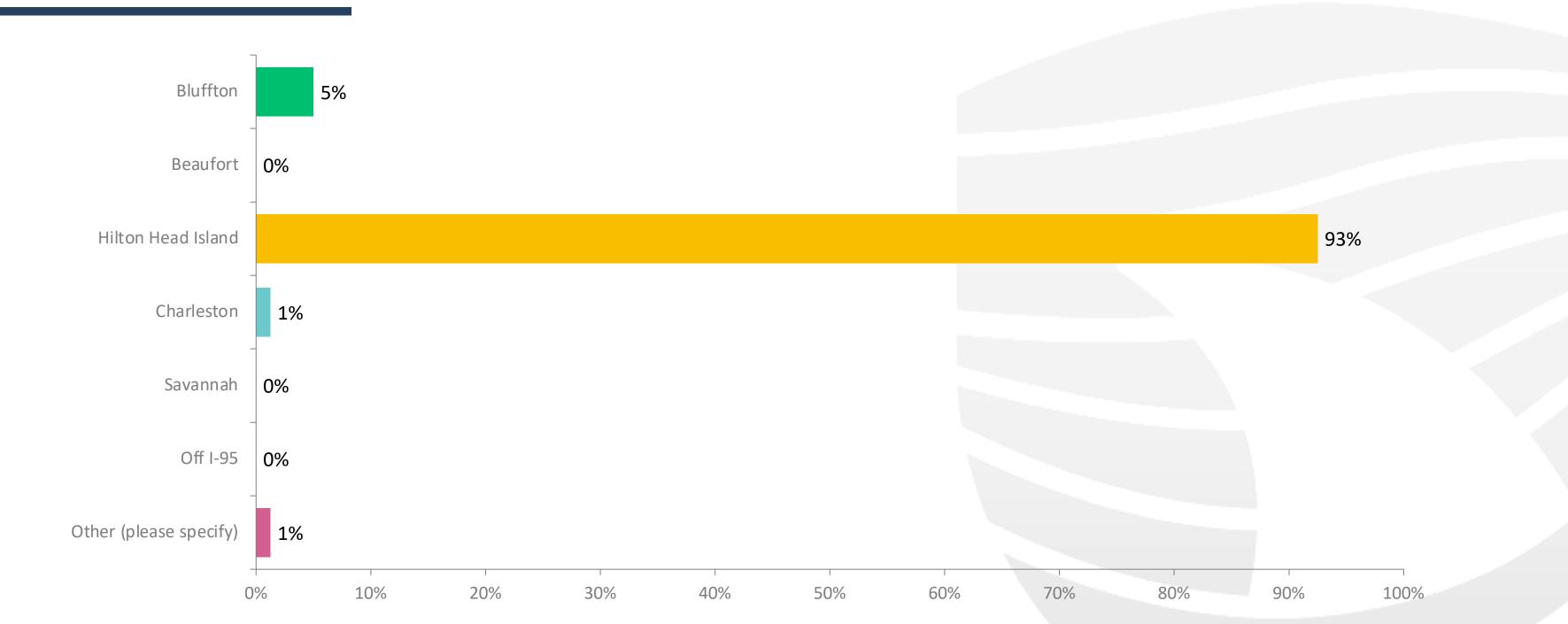
Answered: 92 Skipped: 71





Where are you staying on this overnight trip?

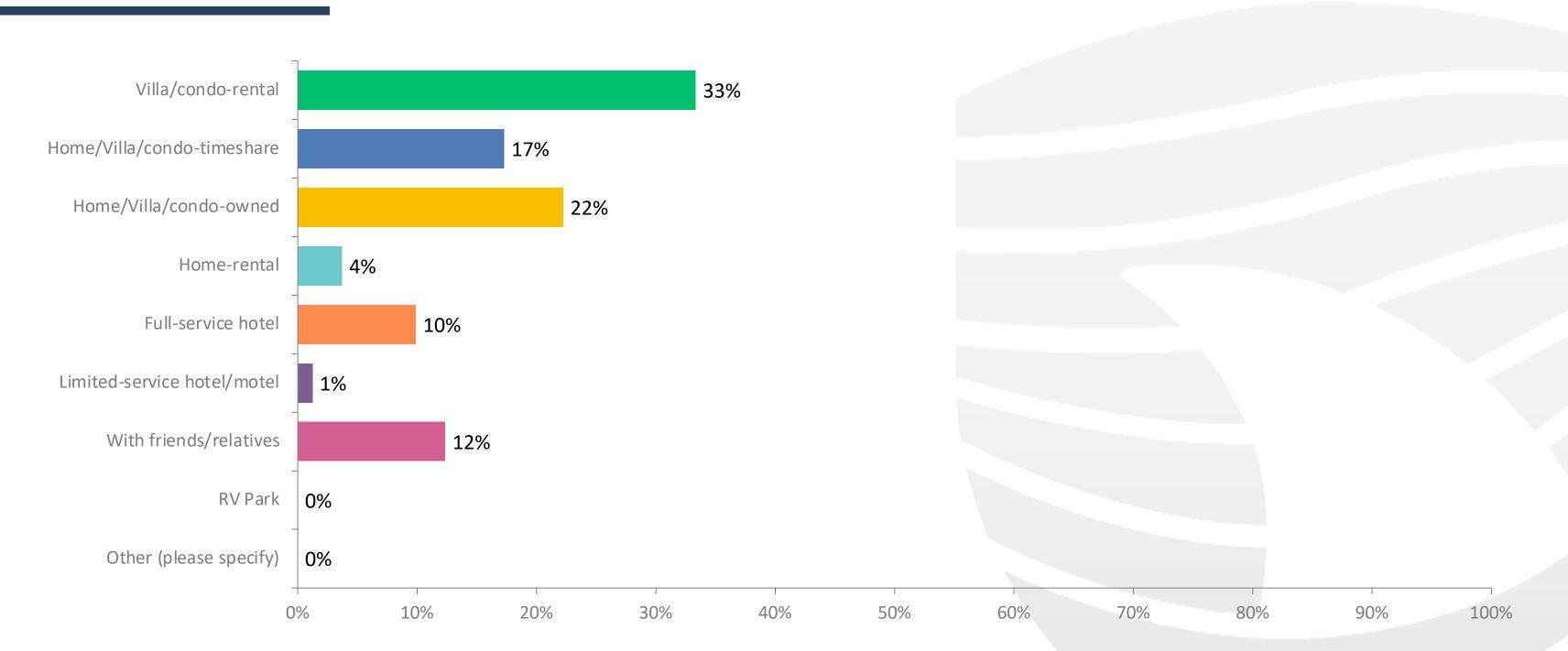
Answered: 80 Skipped: 83





What type of accommodations will you be using while visiting?

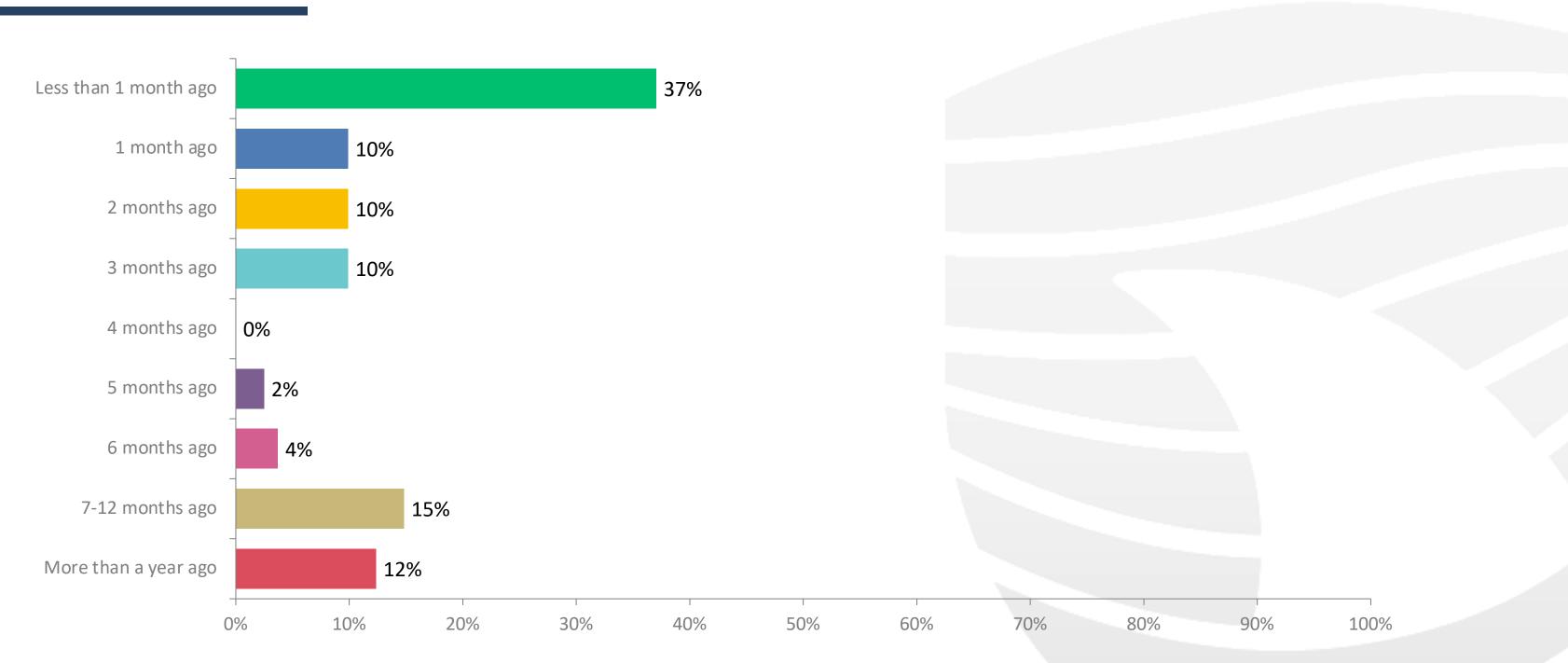
Answered: 81 Skipped: 82





How many months in advance did you book this trip?

Answered: 81. Skipped: 82





How influential was the 2023 Hilton Head Wingfest when planning your trip to Hilton Head?

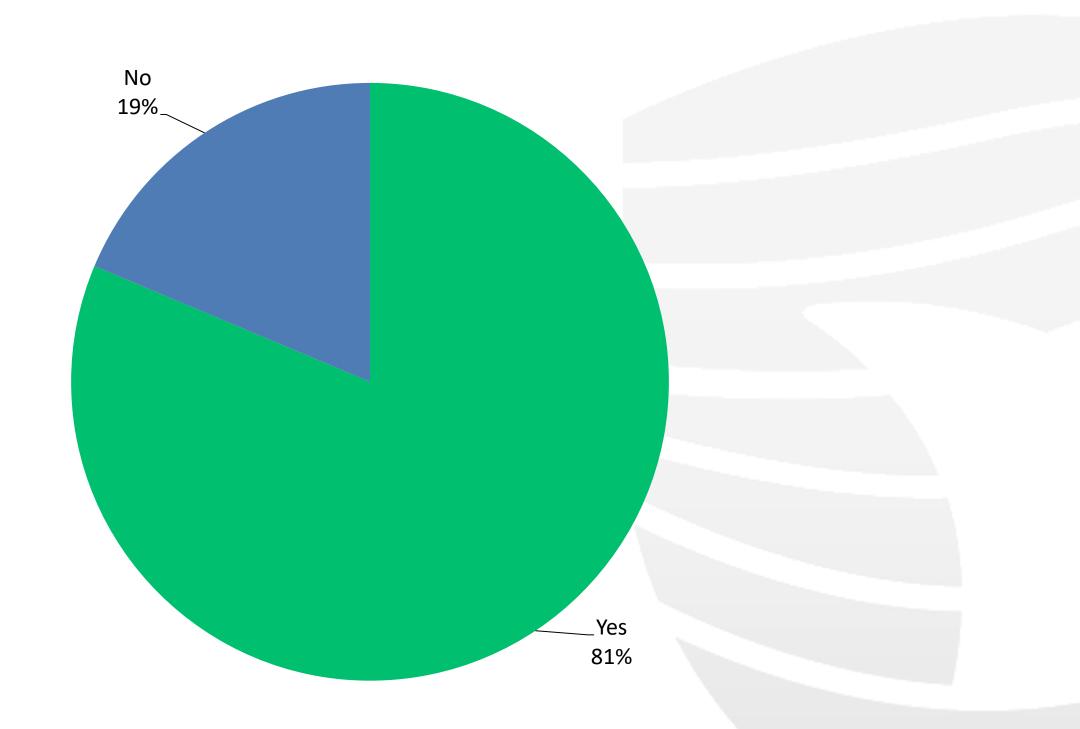
Answered: 79 Skipped: 84

NOT AT ALL INFLUENTIAL	SLIGHTLY INFLUENTIAL	MODERATELY INFLUENTIAL	VERY INFLUENTIAL	EXTREMELY INFLUENTIAL	WEIGHTED AVERAGE
22.78%	20.25%	21.52%	18.99%	16.46%	2.86
18	16	17	15	13	



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

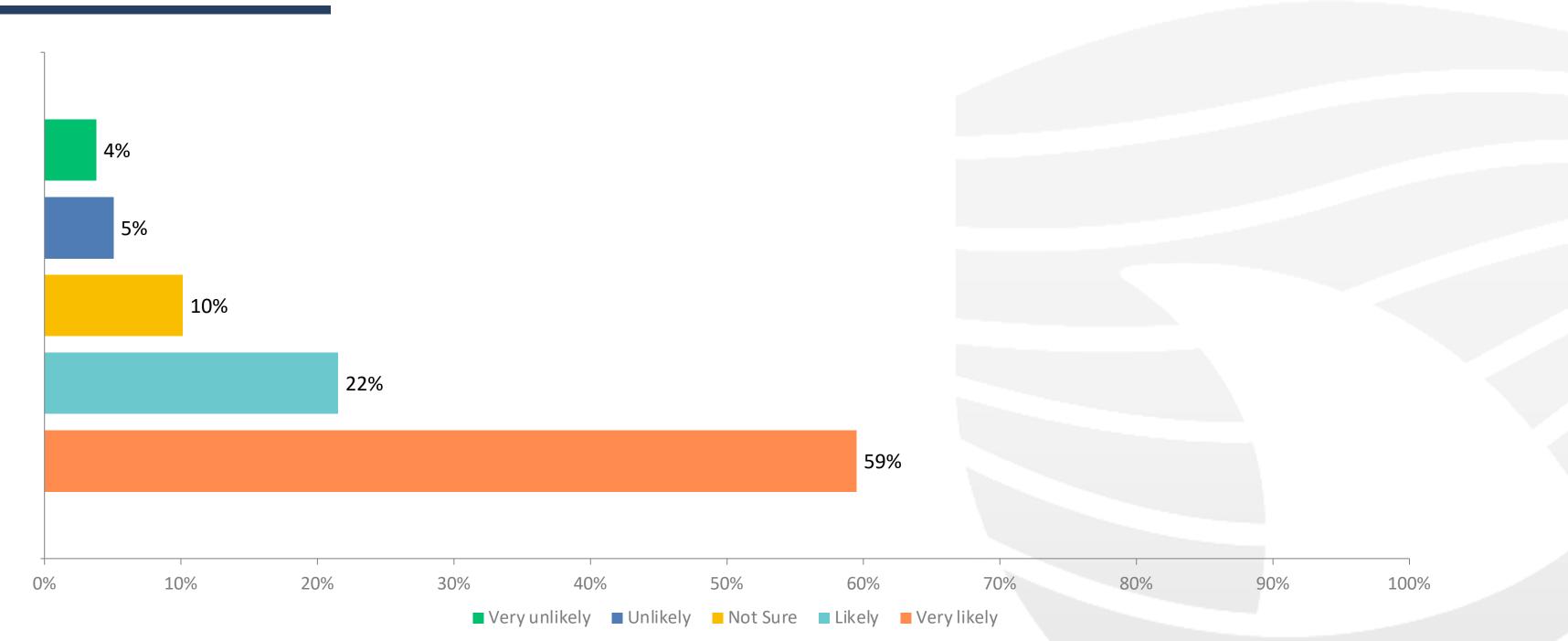
Answered: 75 Skipped: 88





How likely are you to return to Hilton Head when the Hilton Head Wingfest is not being held?

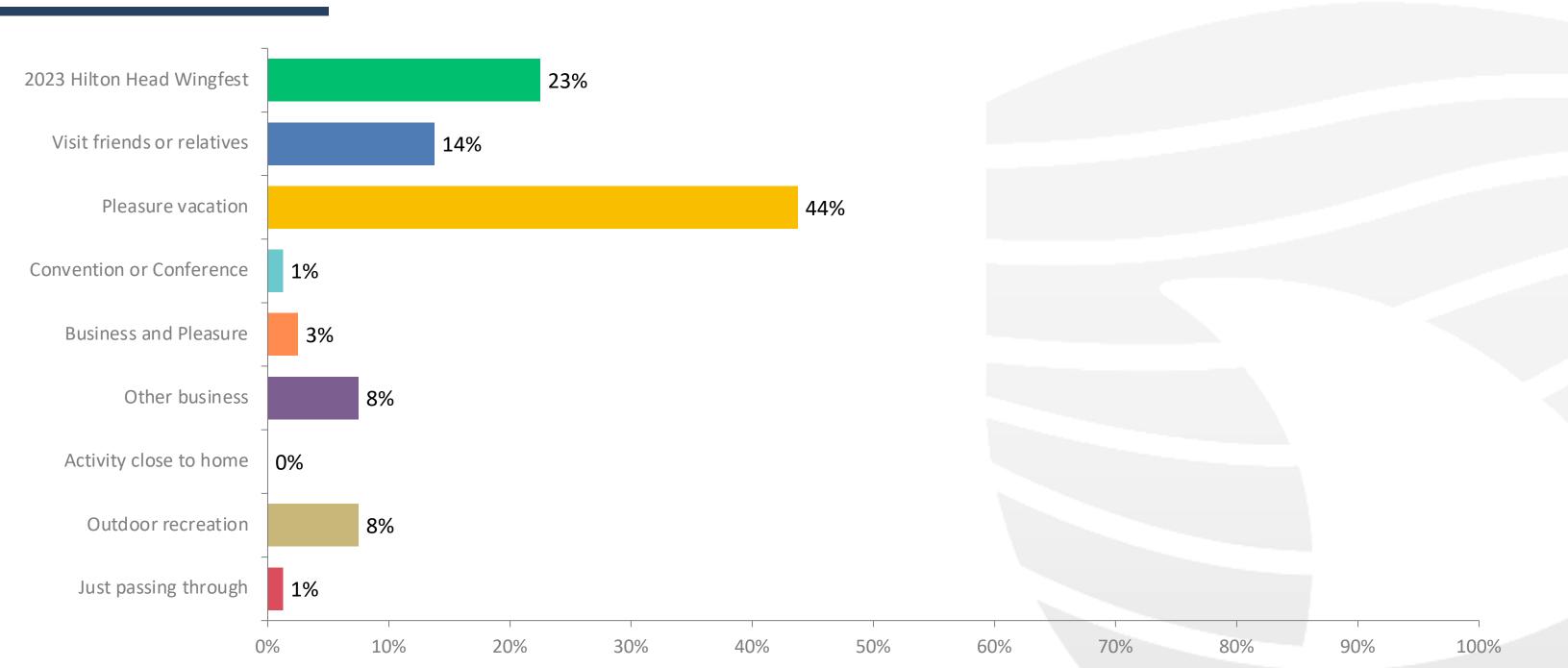
Answered: 79 Skipped: 84





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

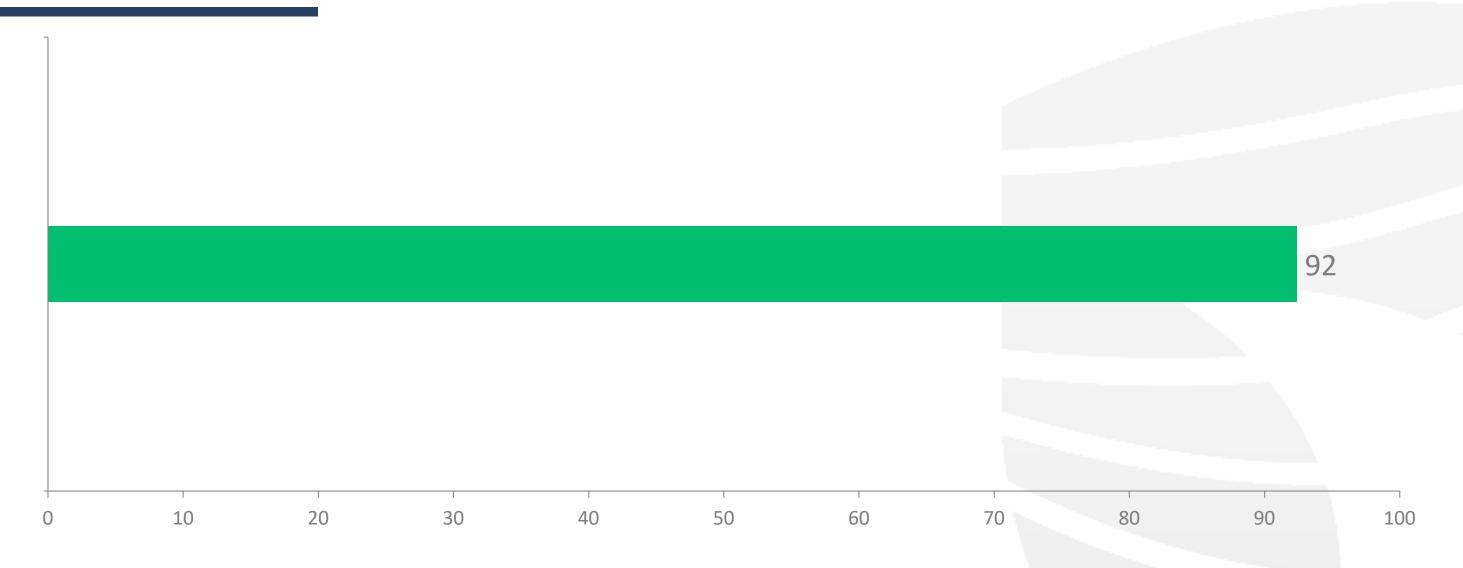
Answered: 80 Skipped: 83





How welcome do you feel on Hilton Head Island (as compared to other destinations)?

Answered: 76 Skipped: 87



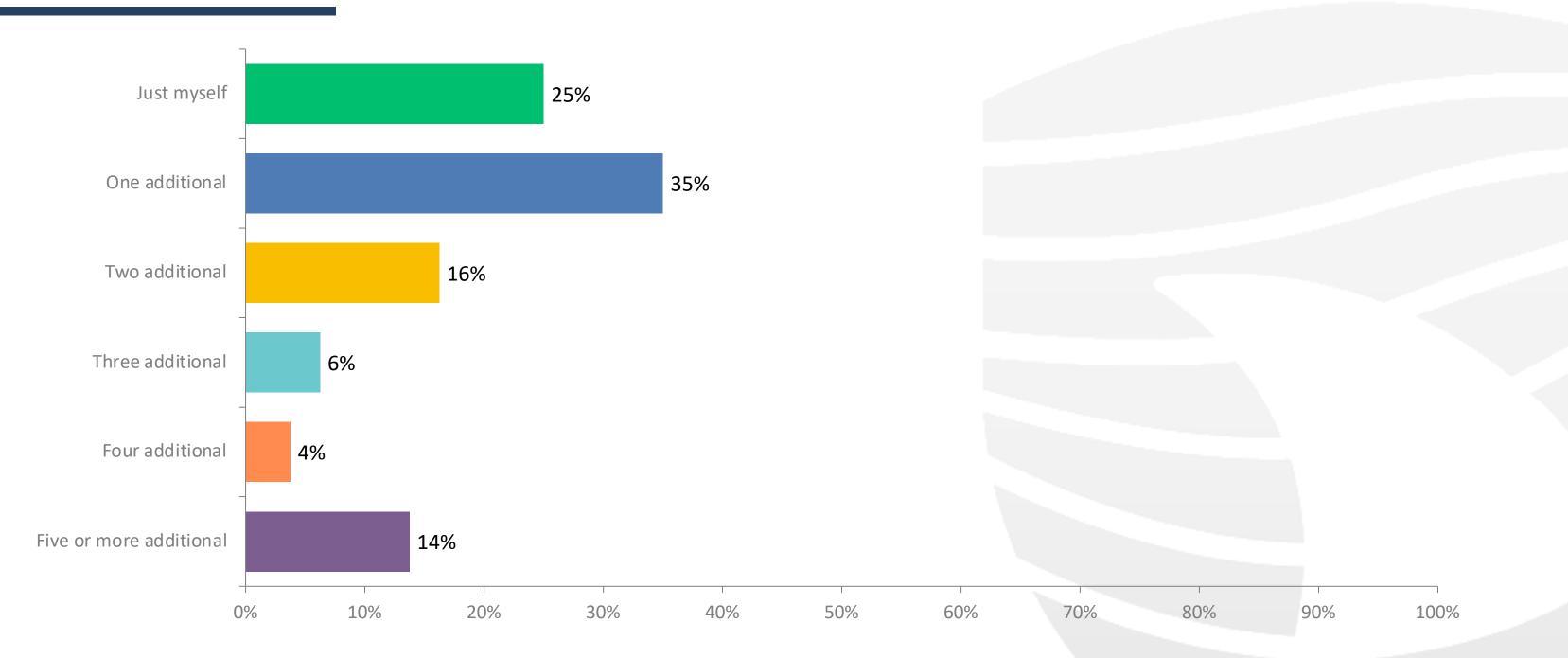
Scoring 0 to 100

0 = Do Not Feel Welcome At All 100 = I Feel More Welcomed Here than Anywhere Else



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

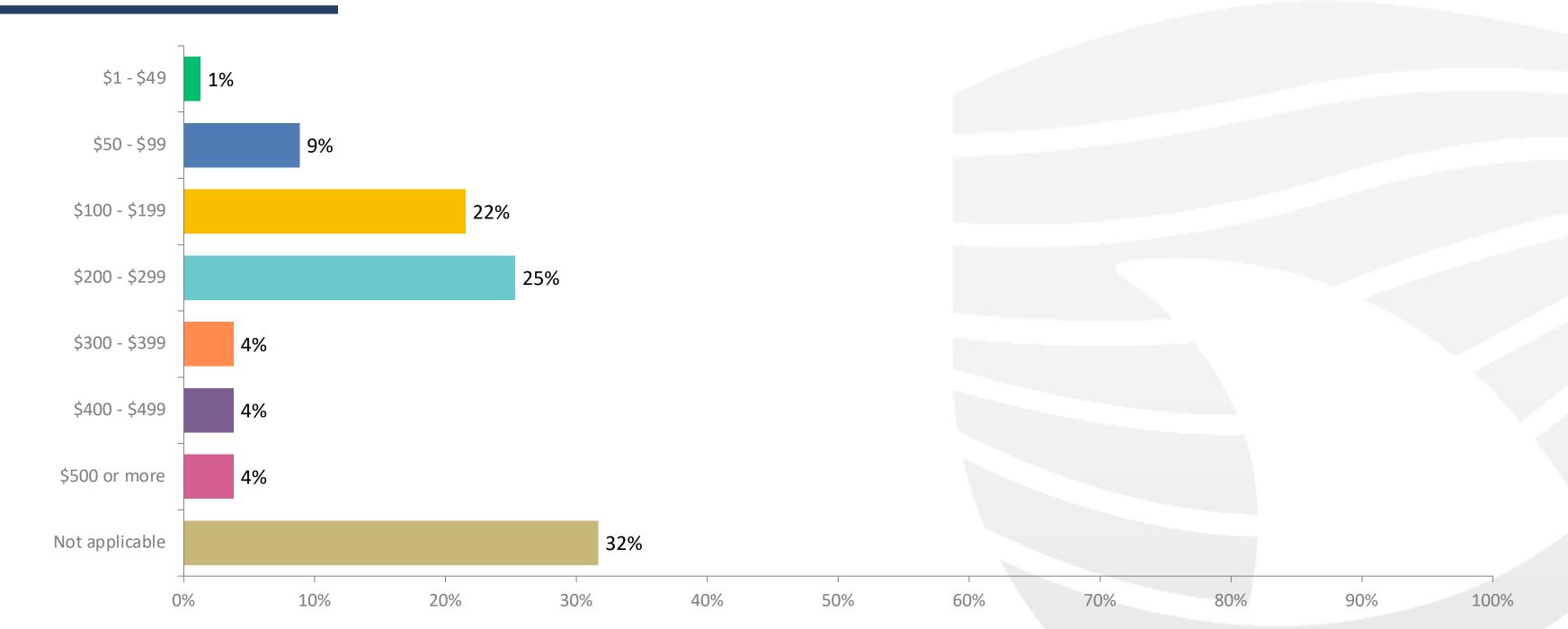
Answered: 80 Skipped: 83





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

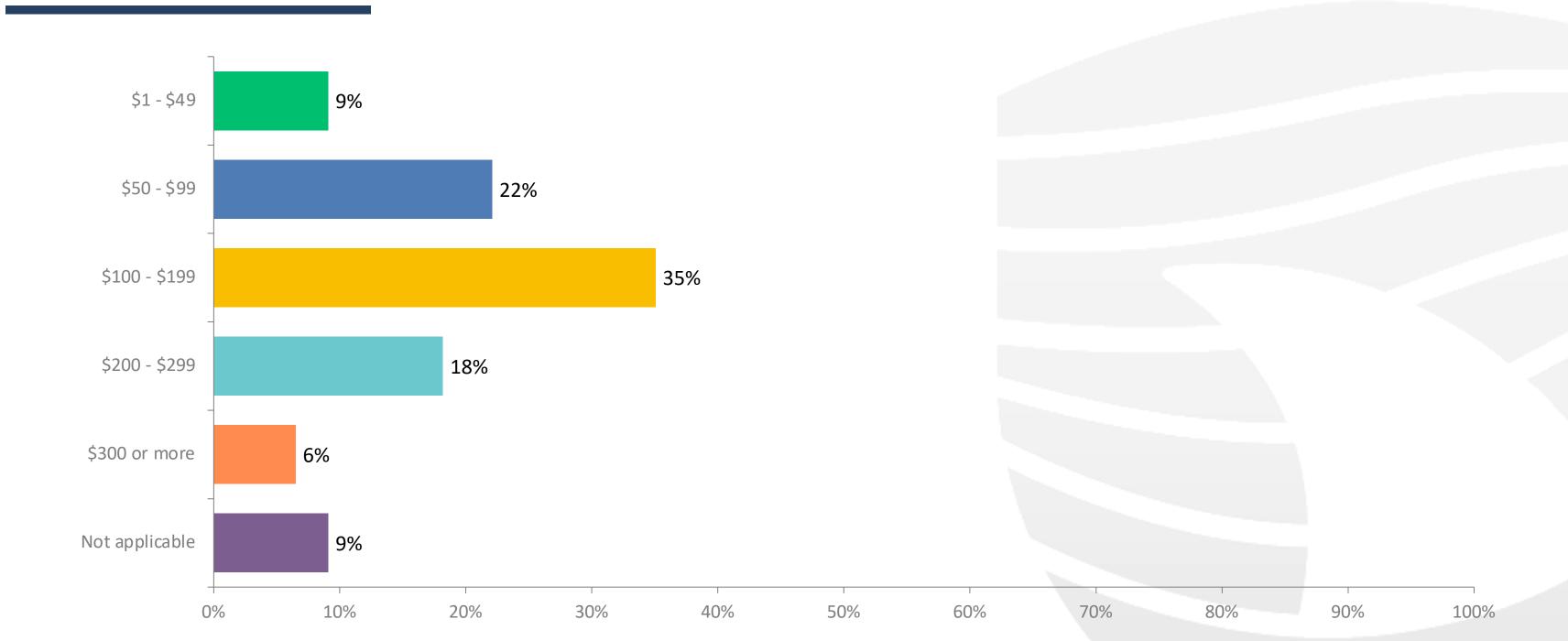
Answered: 79 Skipped: 84





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

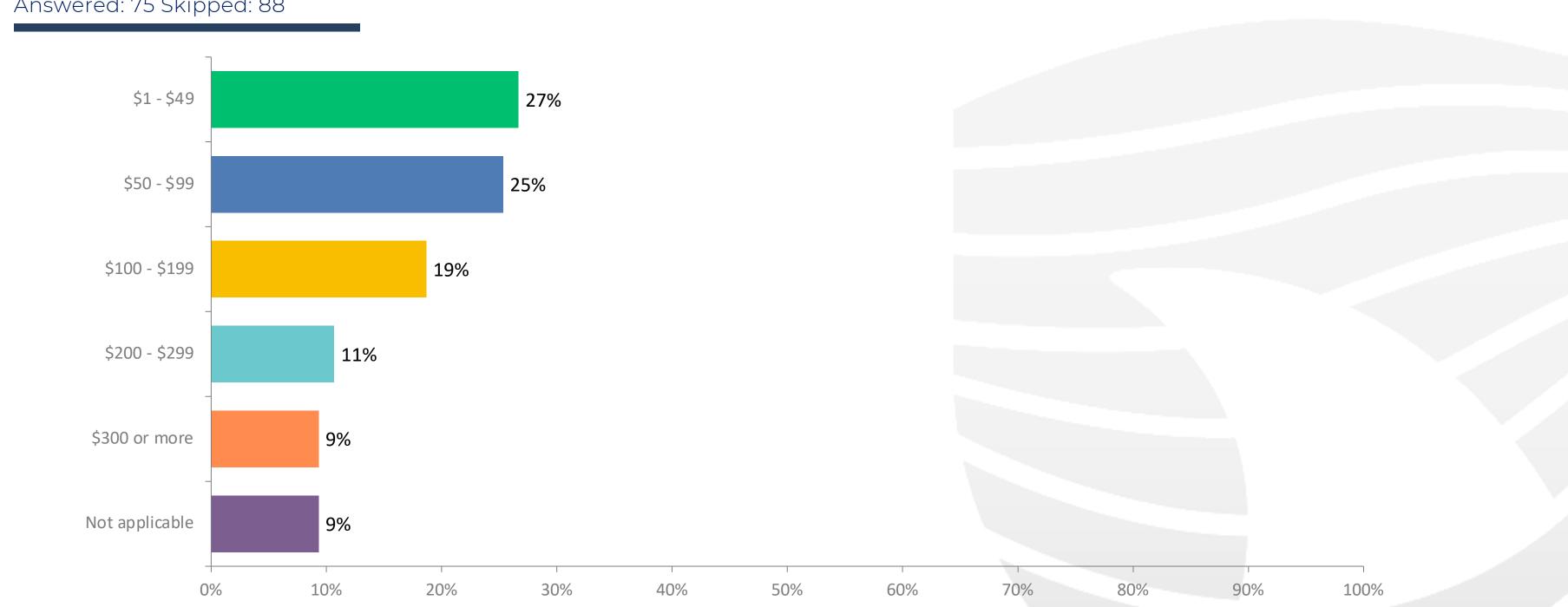
Answered: 77 Skipped: 88





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

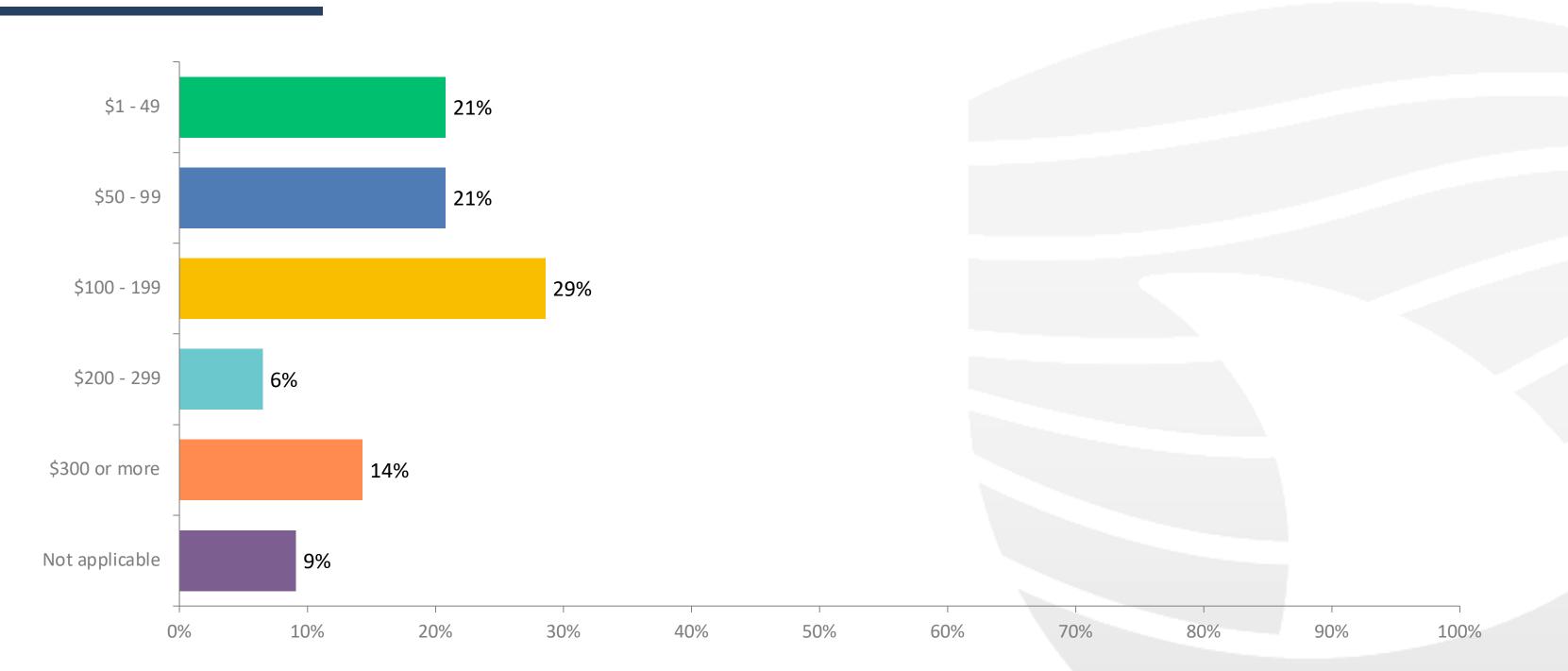






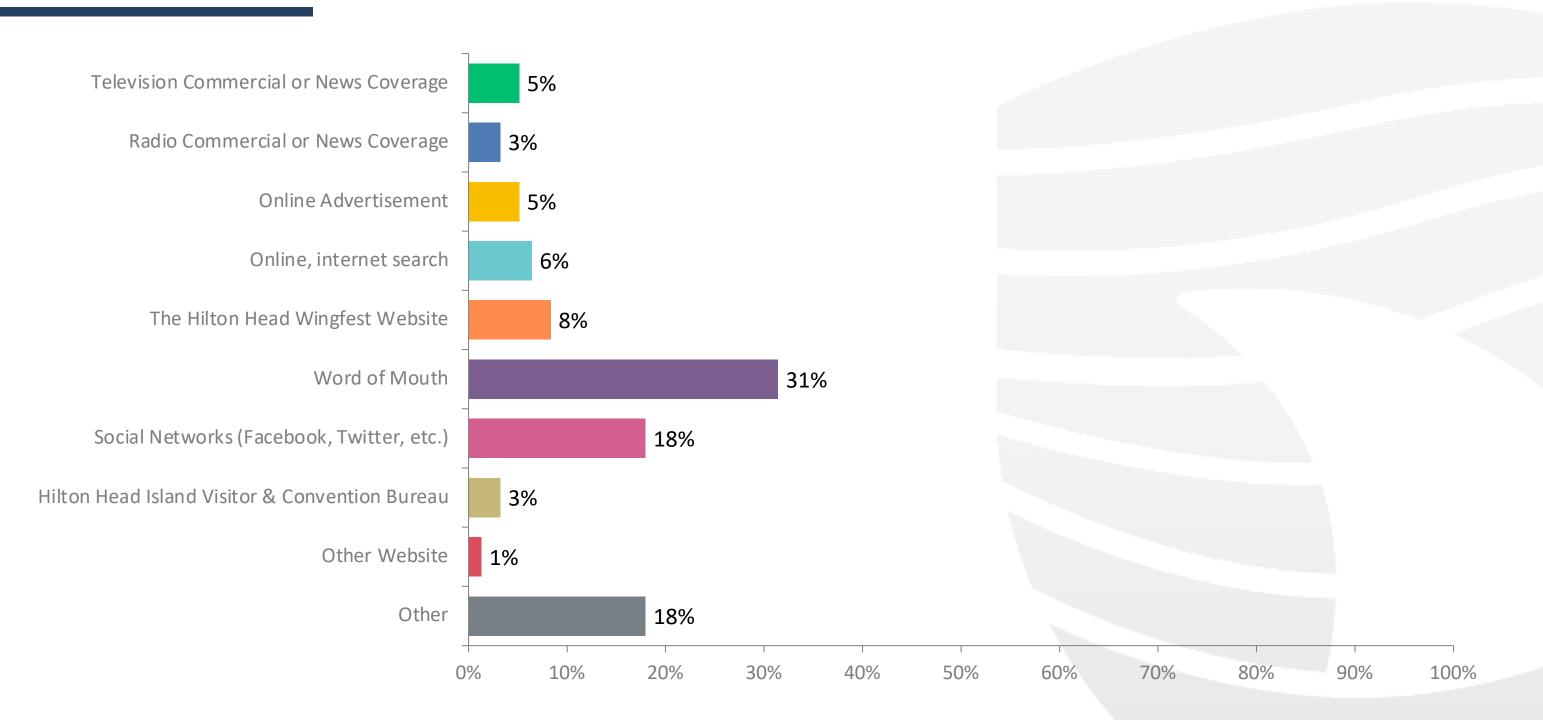
Approximately, how much will your travel party spend on recreation (i.e., golf, bicycling, etc.) PER DAY?

Answered: 77. Skipped: 86



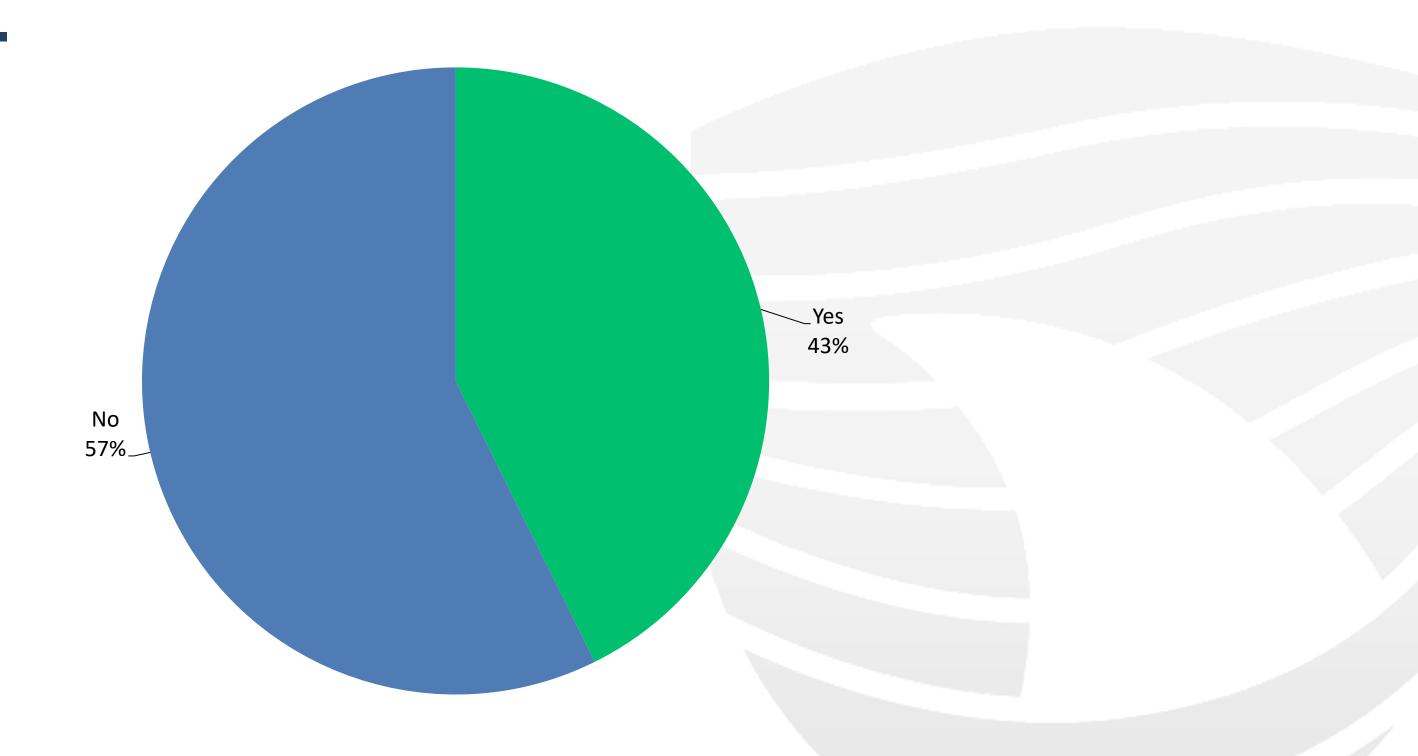


How did you first learn of the 2023 Hilton Head Wingfest?



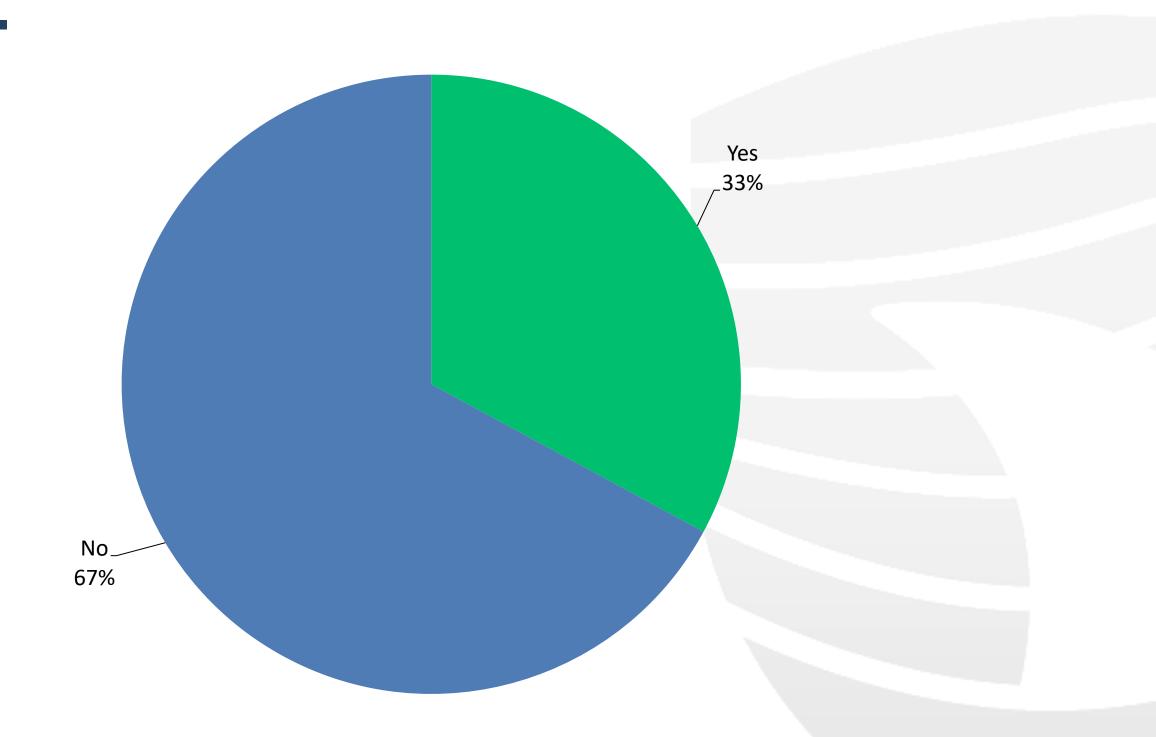


Did you attend the 2022 Hilton Head Wingfest?



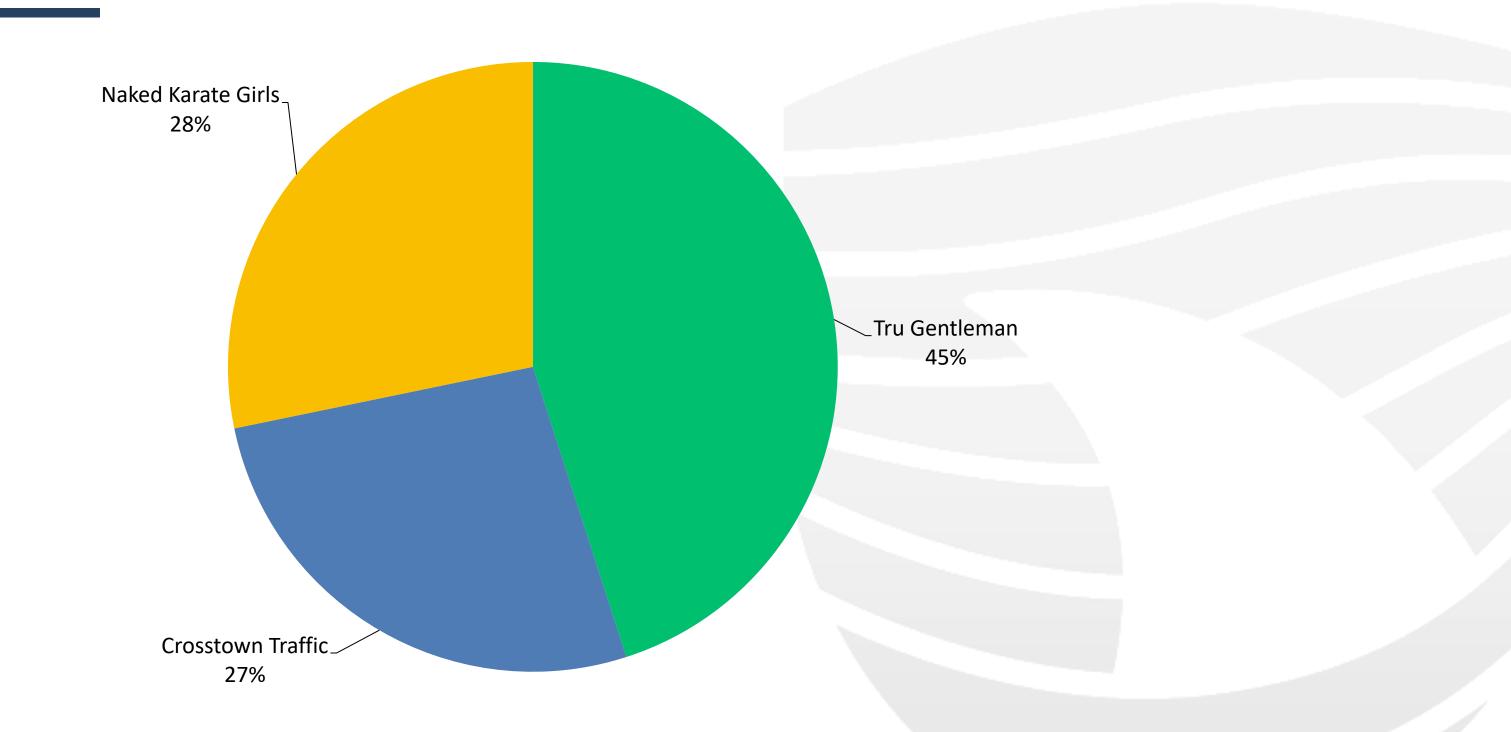


Were the bands influential in your decision to attend today?





Which band did you primarily come to see?





	VERY POOR	POOR	AVERAGE	GOOD	VERY GOOD	WEIGHTED AVERAGE
Music	0%	1.27%	4.43%	27.85%	66.46%	4.59
	0	2	7	44	105	
Ambiance	0%	0.65%	5.81%	32.26%	61.29%	4.54
	0	1	9	50	95	
Cost	0.63%	1.90%	23.42%	24.68%	49.37%	4.20
	1	3	37	39	78	
Staff	0%	1.92%	3.21%	16.03%	78.85%	4.72
Friendliness	0	3	5	25	123	

	VERY POOR	POOR	AVERAGE	GOOD	VERY GOOD	WEIGHTED AVERAGE
Quality of Food	0%	0.64%	4.49%	33.97%	60.90%	4.55
You Purchased	0	1	7	53	95	
Quantity of Food	0.64%	2.56%	14.10%	33.33%	49.36%	4.28
Items per	1	4	22	52	77	
Purchase						
Quality of	0%	0%	15.92%	32.48%	51.59%	4.36
Beverage You	0	0	25	51	81	
Purchased						
Quantity of	0%	1.94%	16.77%	29.68%	51.61%	4.31
Beverage Items	0	3	26	46	80	
per Purchase						
Food Vendor	0%	1.94%	10.32%	31.61%	56.13%	4.42
Variety	0	3	16	49	87	

	VERY POOR	POOR	AVERAGE	GOOD	VERY GOOD	WEIGHTED AVERAGE
Location	0.66%	0%	3.95%	23.68%	71.71%	4.66
	1	0	6	36	109	
Parking	0.65%	1.96%	9.15% 14	30.07% 46	58.17% 89	4.43
Availability of Public Seating	1.95%	1.95%	13.64% 21	27.92% 43	54.55% 84	4.31
Retail Vendor Variety	0% 0	1.30%	15.58% 24	27.27% 42	55.84% 86	4.38

	VERY POOR	POOR	AVERAGE	GOOD	VERY GOOD	WEIGHTED AVERAGE
Location	0.66%	0% 0	3.95% 6	23.68%	71.71% 109	4.66
Parking	0.65%	1.96%	9.15%	30.07% 46	58.17% 89	4.43
Availability of Public Seating	1.95%	1.95%	13.64%	27.92% 43	54.55% 84	4.31
Retail Vendor Variety	0%	1.30%	15.58% 24	27.27% 42	55.84% 86	4.38



	VERY POOR	POOR	AVERAGE	GOOD	VERY GOOD	TOTAL	WEIGHTED AVERAGE
Event Layout and Design	0% 0	0% 0	5.30% 8	34.44% 52	60.26% 91	151	4.55
Crowd Flow	0%	0%	5.30%	36.42% 55	58.28% 88	151	4.53
Overall Value of the Event	0% 0	1.97%	5.26% 8	32.89% 50	59.87% 91	152	4.51

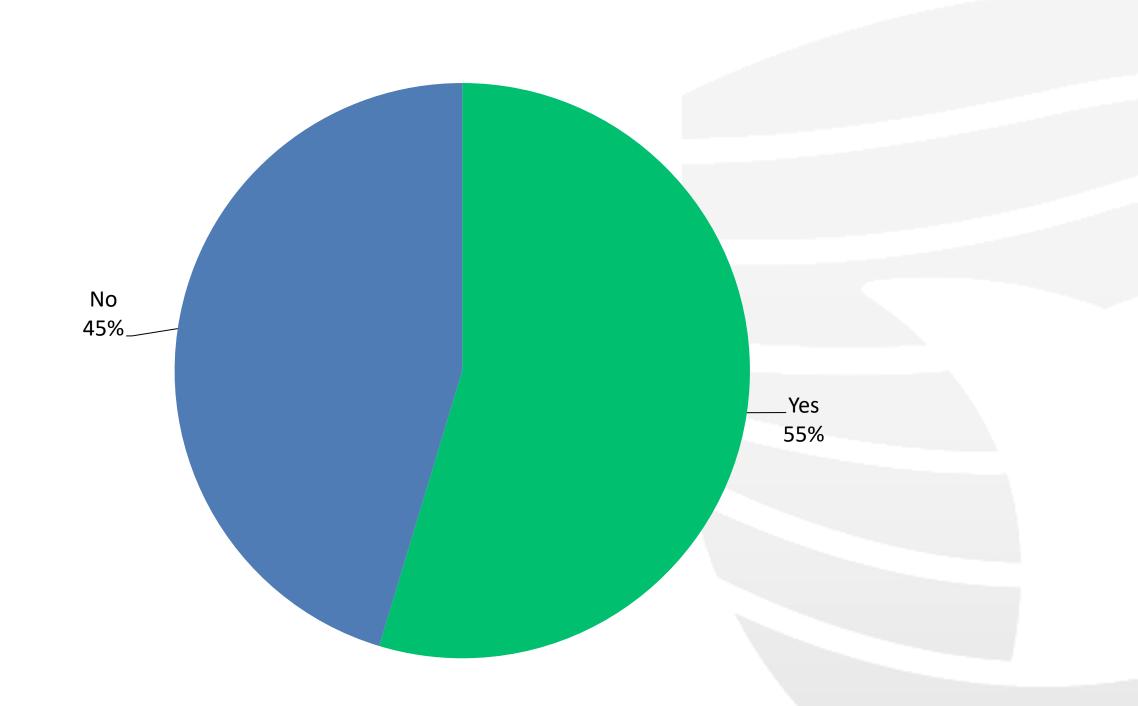


How likely are you to return to next year's festival and recommend the festival to friends?

	EXTREMELY UNLIKELY	UNLIKELY	MODERATE	LIKELY	EXTREMELY LIKELY	WEIGHTED AVERAGE
Return to next year's festival	0% 0	1.95% 3	11.04% 17	20.78%	66.23% 102	4.51
Recommend the festival to friends	1.96%	0%	7.84%	20.92%	69.28%	4.56



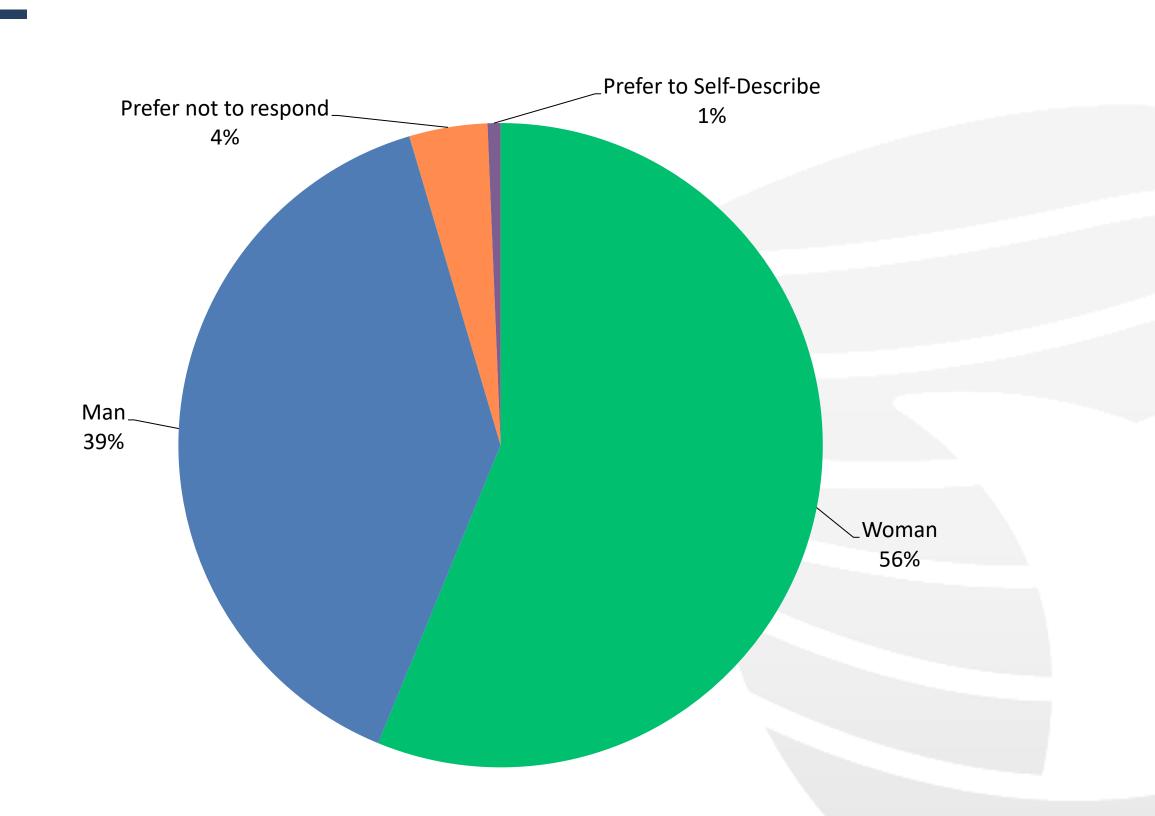
Will you be shopping or dining at Coligny Plaza stores or restaurants during today's event?





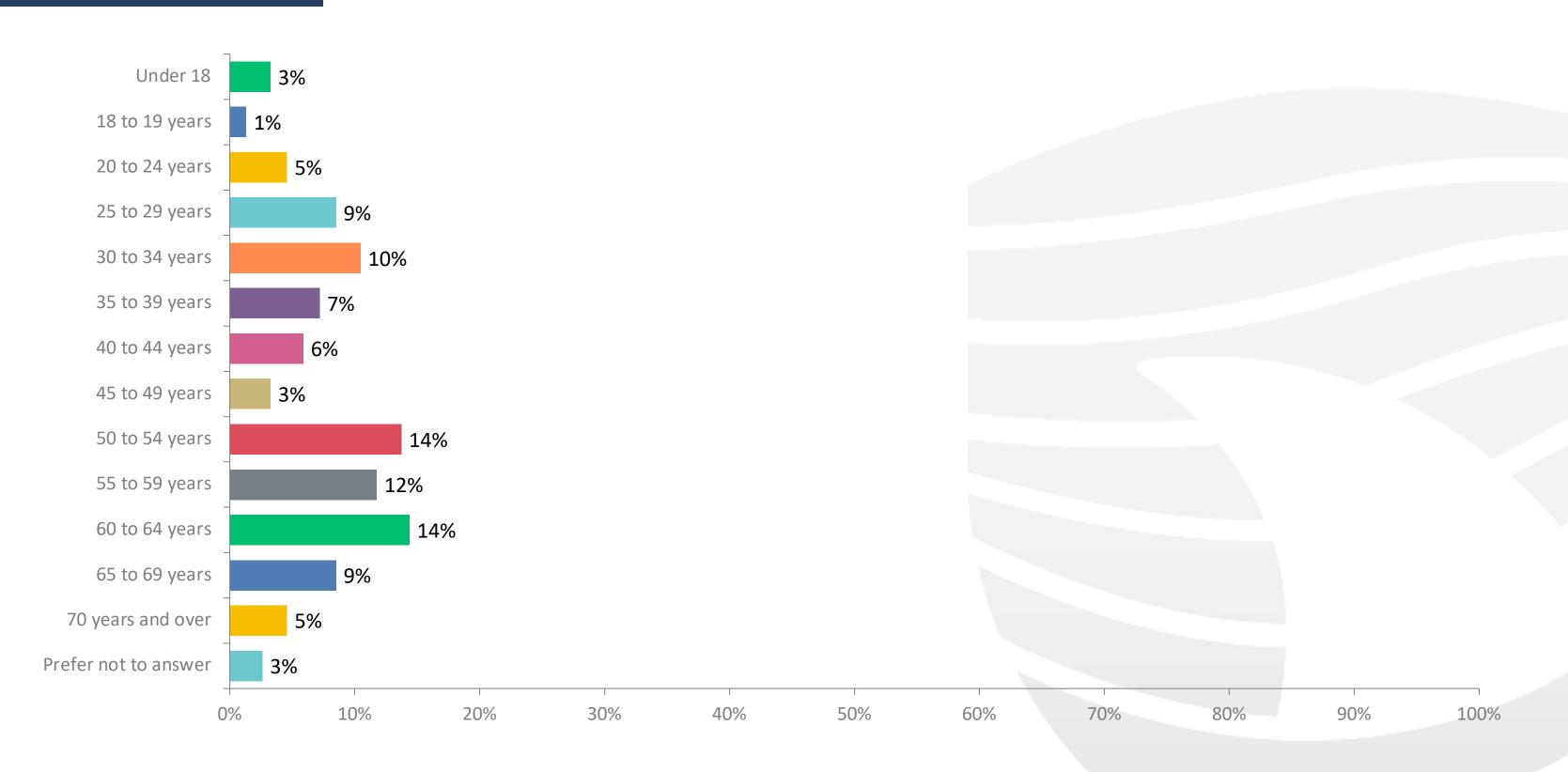


How do you identify?



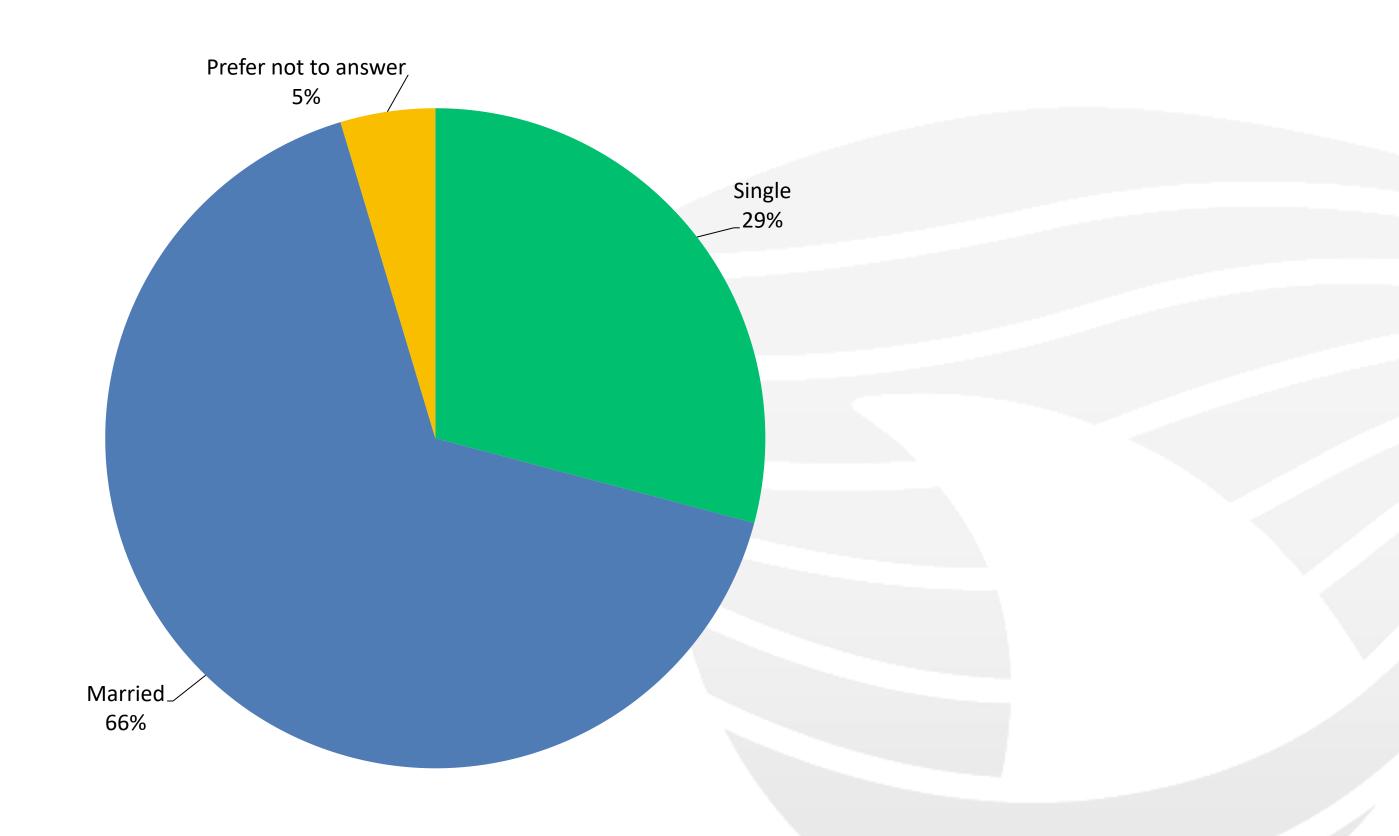


Indicate your age below.



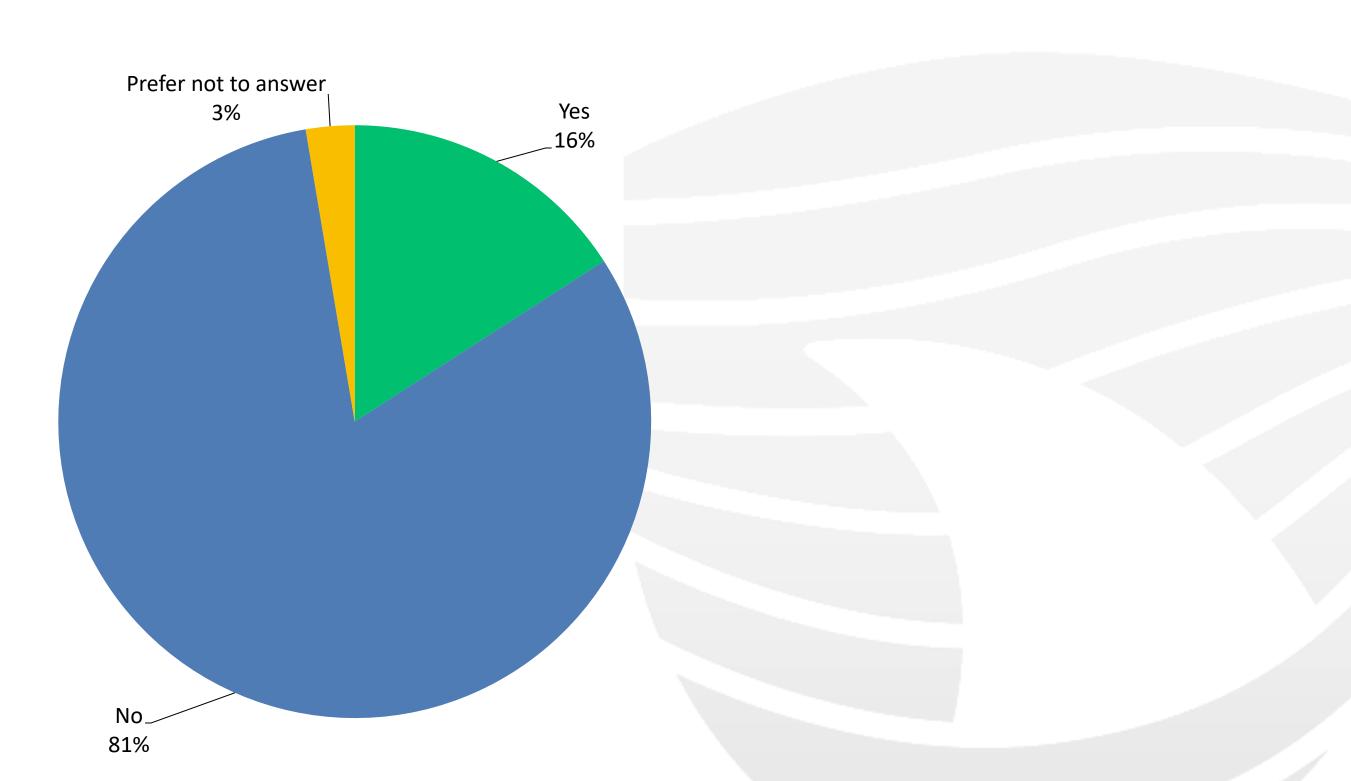


Please indicate your marital status.



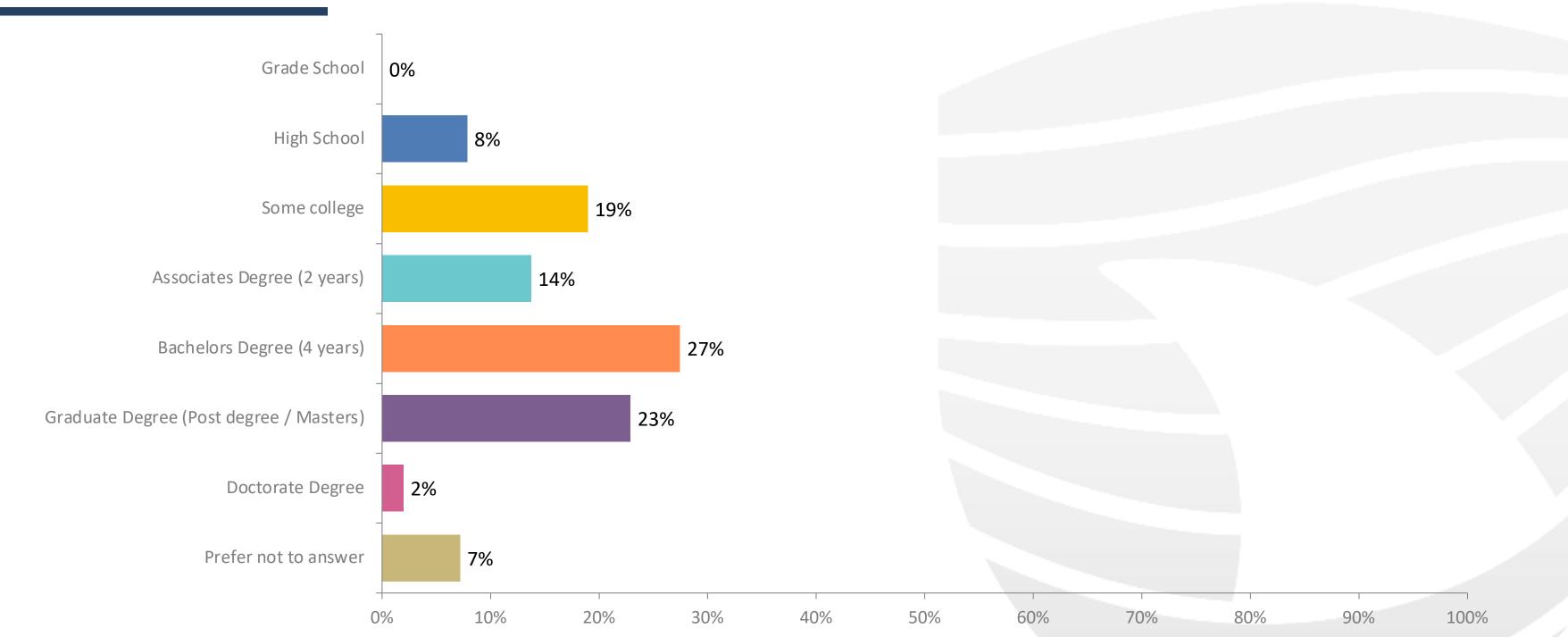


Do you have any children under 18 living at home?



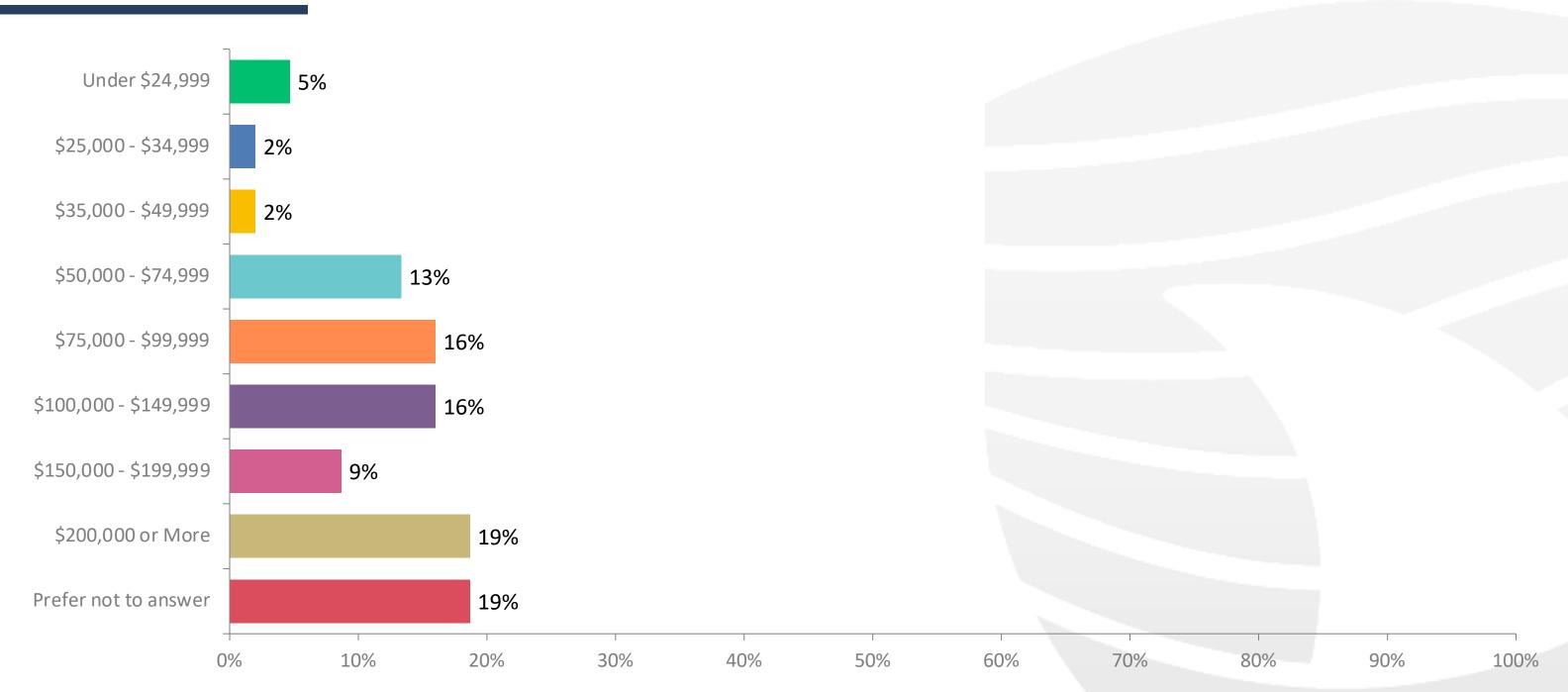


Please indicate your highest level of education.





Which of the following includes your annual household income?





Profile of Attendes

- Skewed toward female demographic
- Attendees of all ages enjoy the festival
- Married
- No children under 18
- Wide range of incomes and educational backgrounds



Additional Comments

- Better set up for prepaid people.
- Do it again!
- Enjoyed it
- Excellent festival. I am from the chicken wing capital Buffalo
- Final comments/suggestions
- Good time
- Great
- Great activity!
- Great event
- Great event
- Great event for island restaurants
- Great event keep it up
- Great job
- Great time
- Great time



Additional Comments

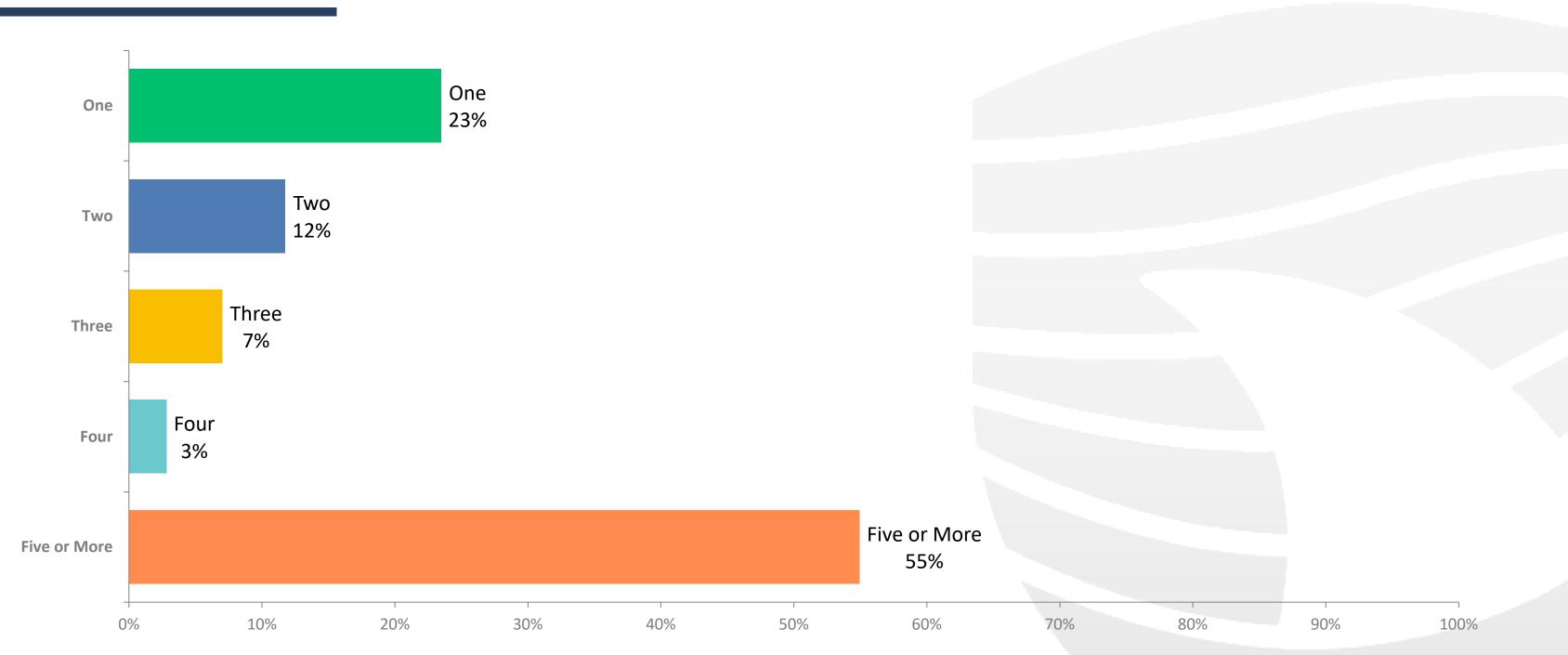
- Having a great time
- It was really fun and the staff was super nice and accommodating
- It's an app around great time and I'll be here next year.
- It's a great event
- Just love the fun
- More seats and tables.
- Nice
- Such a fun time !!!
- Survey tooooo long
- Thanks
- Thanks we wingfest
- The staff of the survey tent were impeccable, they were very welcoming and went out of their way to walk around and get surveys
- The staff was amazing!!!! Super sweet people
- Very nice festival. Enjoyed my time.
- Wonderful event
- Wonderful event!!



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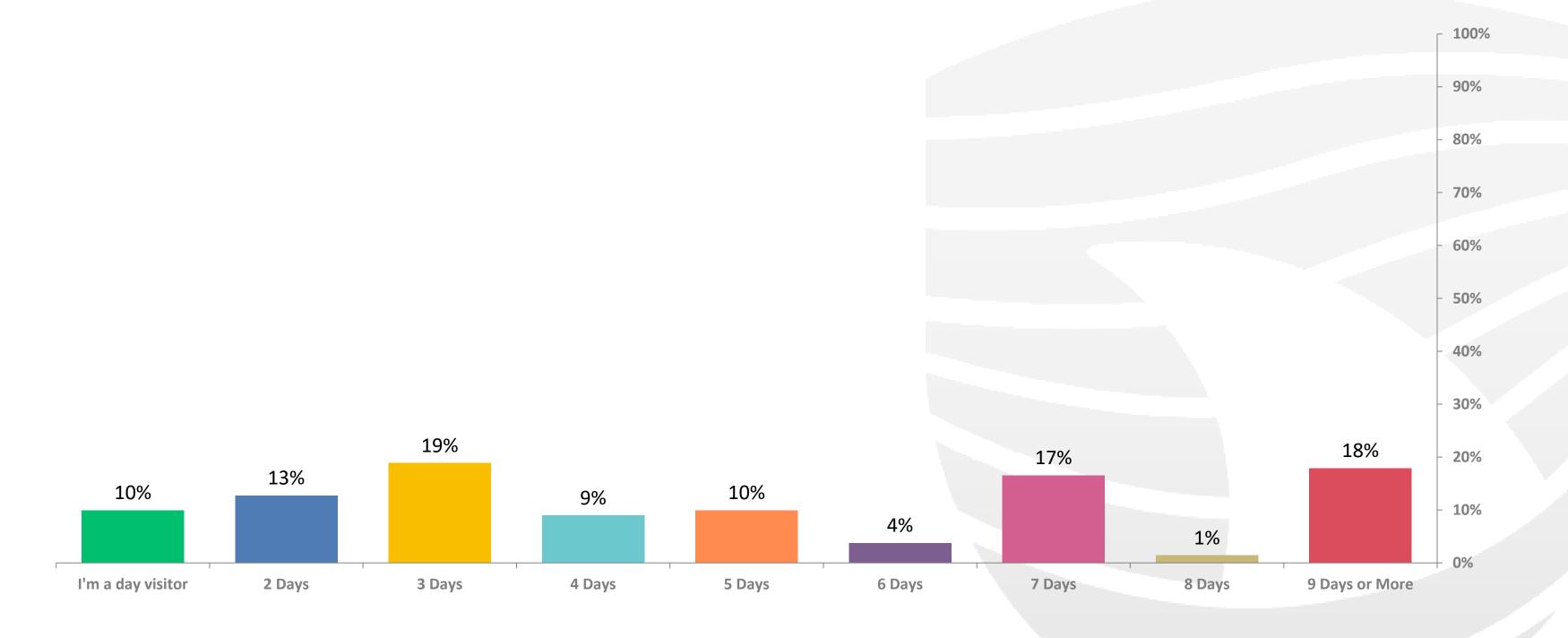
Includin g this visit, how many trips have you taken to Hilton Head?





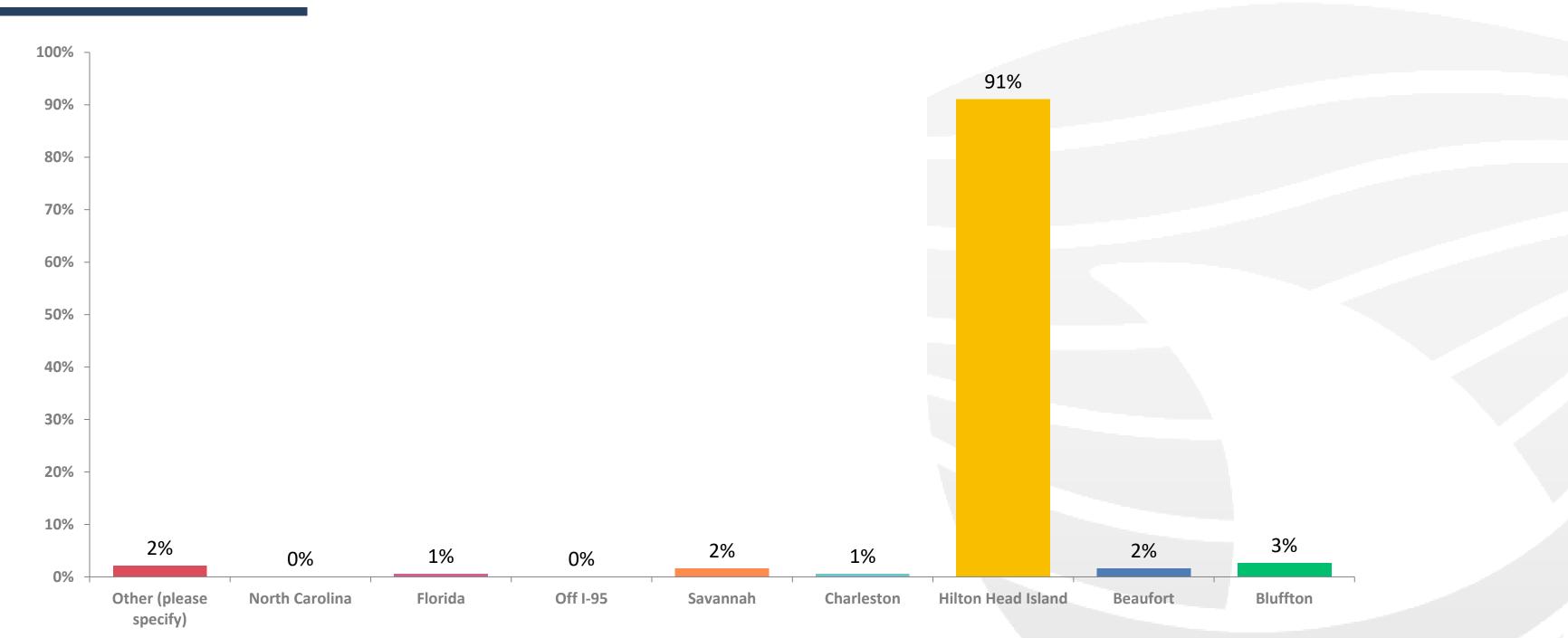
How many days do you intend to stay in Hilton Head?







Where are you staying on this overnight trip?





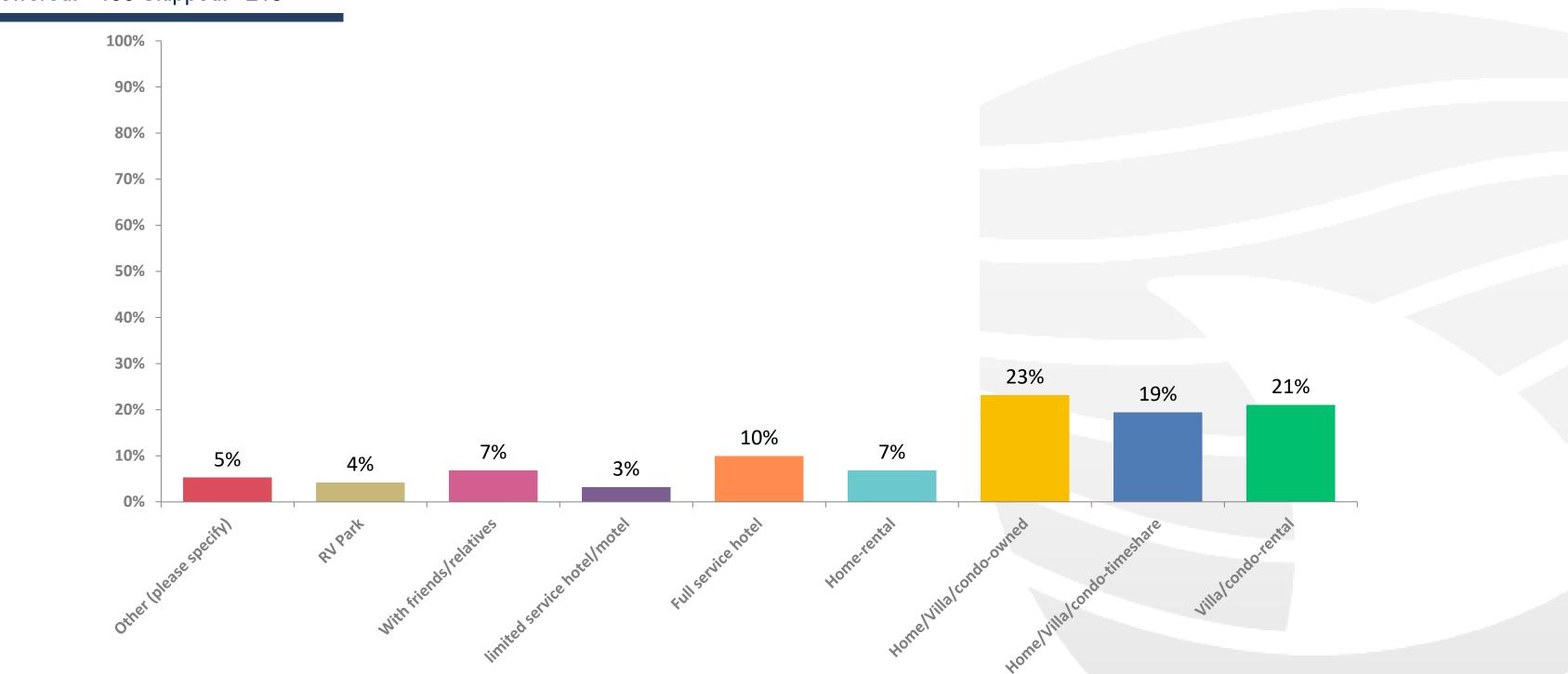
Other Location

Answered: 4

- Hardeeville (3)
- Own a condo in HHI and live here 50% of time

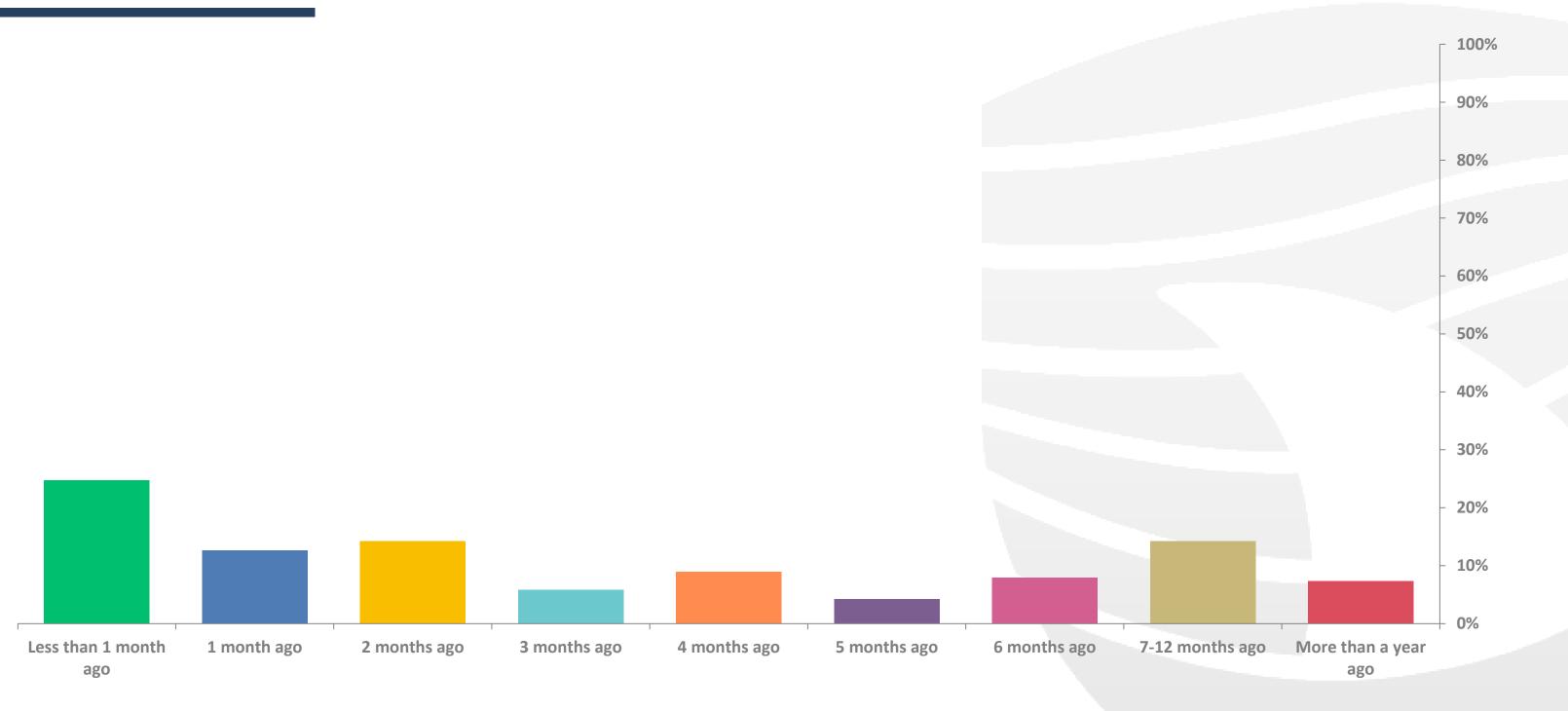


What type of accommodations will you be using while visiting?





How many months in advance did you book this trip?



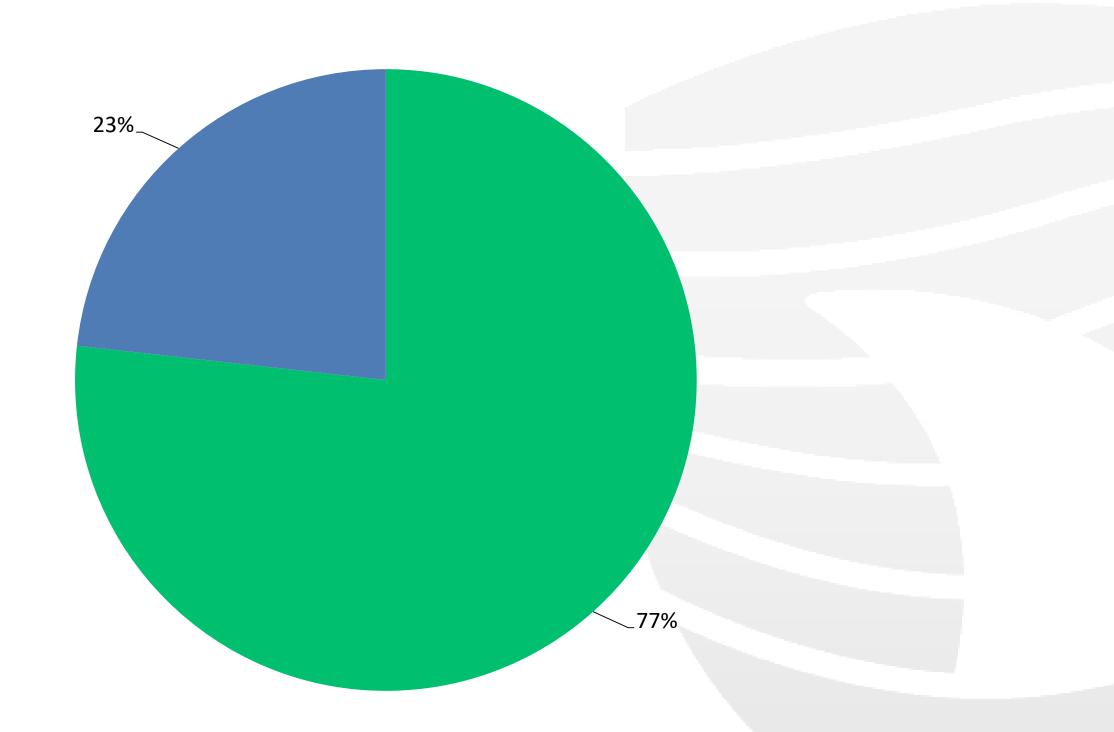


How influential was this festival when planning your trip to Hilton Head?

NOT AT ALL INFLUENTIAL	SLIGHTLY	MODERATELY	VERY	EXTREMELY	WEIGHTED
	INFLUENTIAL	INFLUENTIAL	INFLUENTIAL	INFLUENTIAL	AVERAGE
31.22% 59	12.17% 23	15.87% 30	20.63%	20.11%	2.86



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



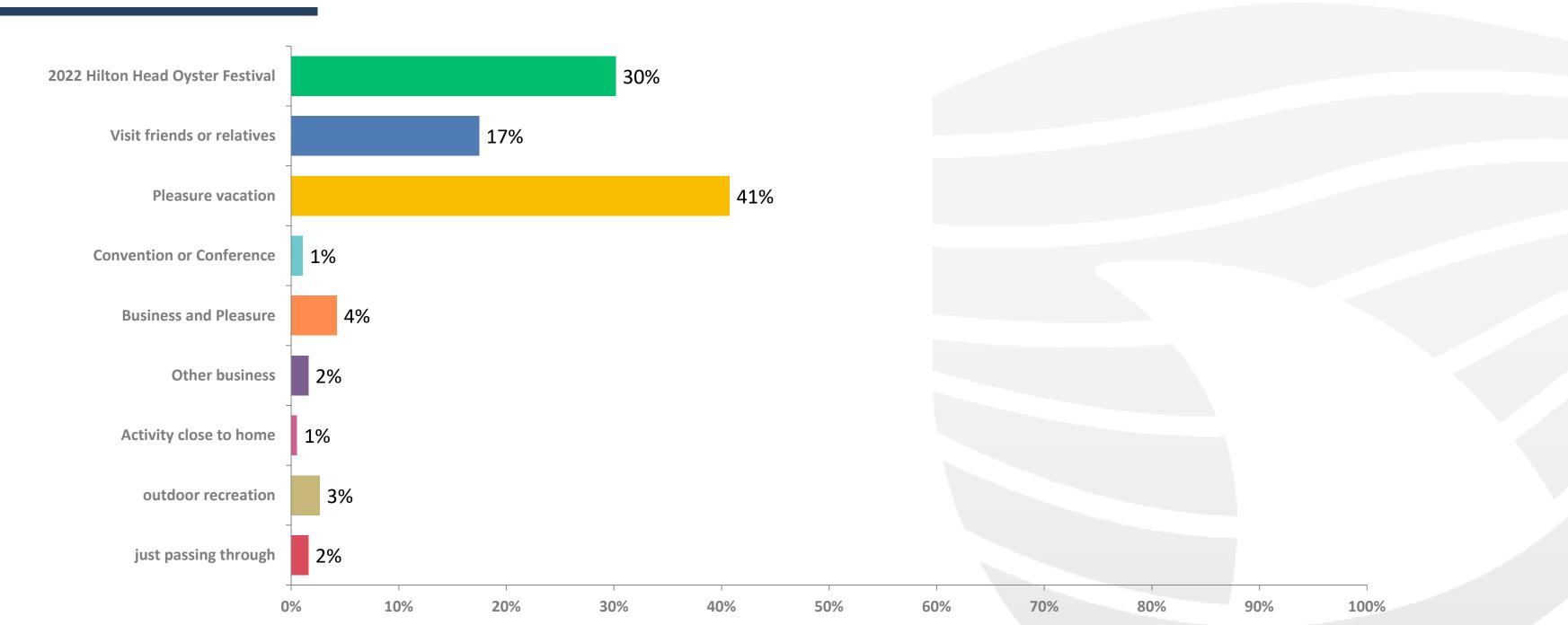


How likely are you to return to Hilton Head area when the Hilton Head Oyster Festival is NOT OCCURRING?

VERY UNLIKELY	UNLIKELY	NOT SURE	LIKELY	VERY LIKELY	WEIGHTED AVERAGE
4.79%	1.60%	12.23%	26.06%	55.32%	4.26
9	3	23	49	104	

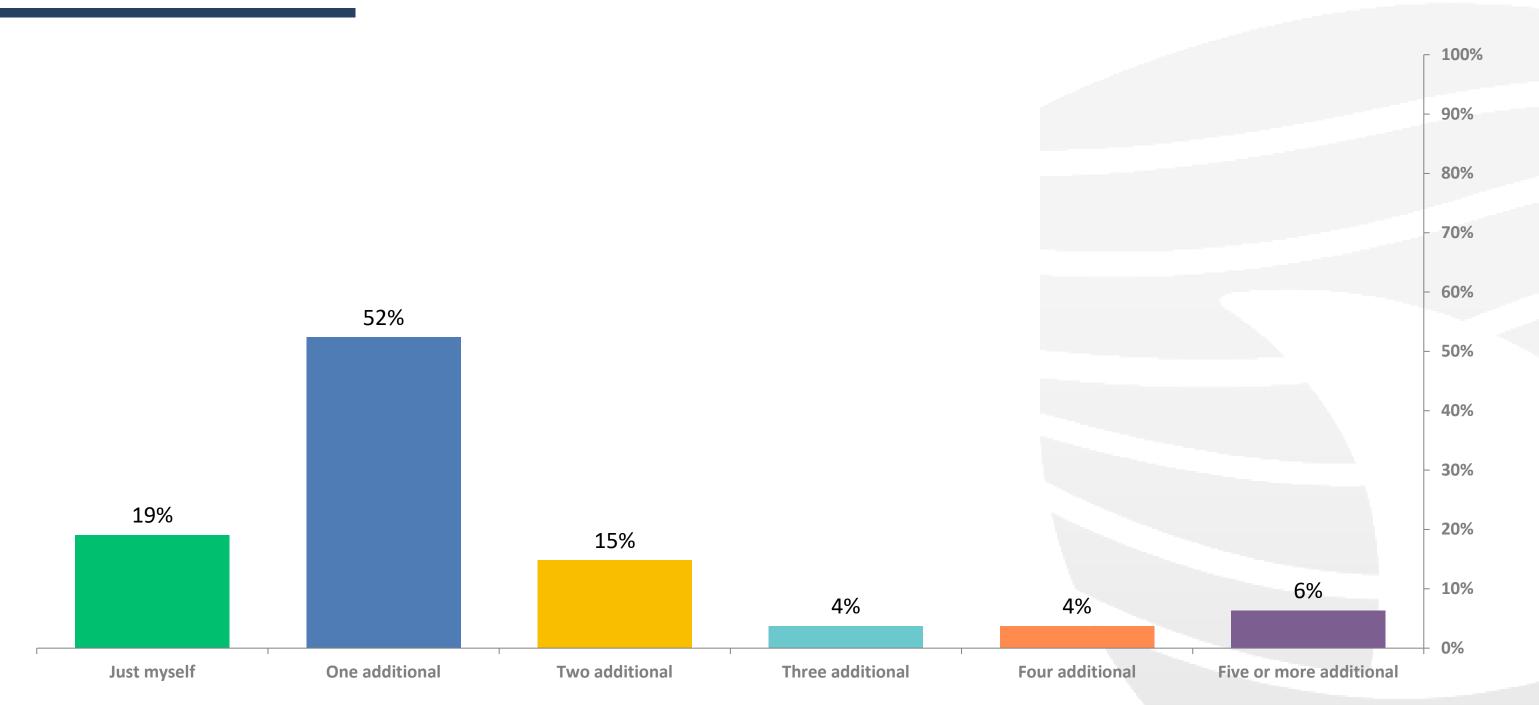


What was the primary reason for this visit to Hilton Head Island?



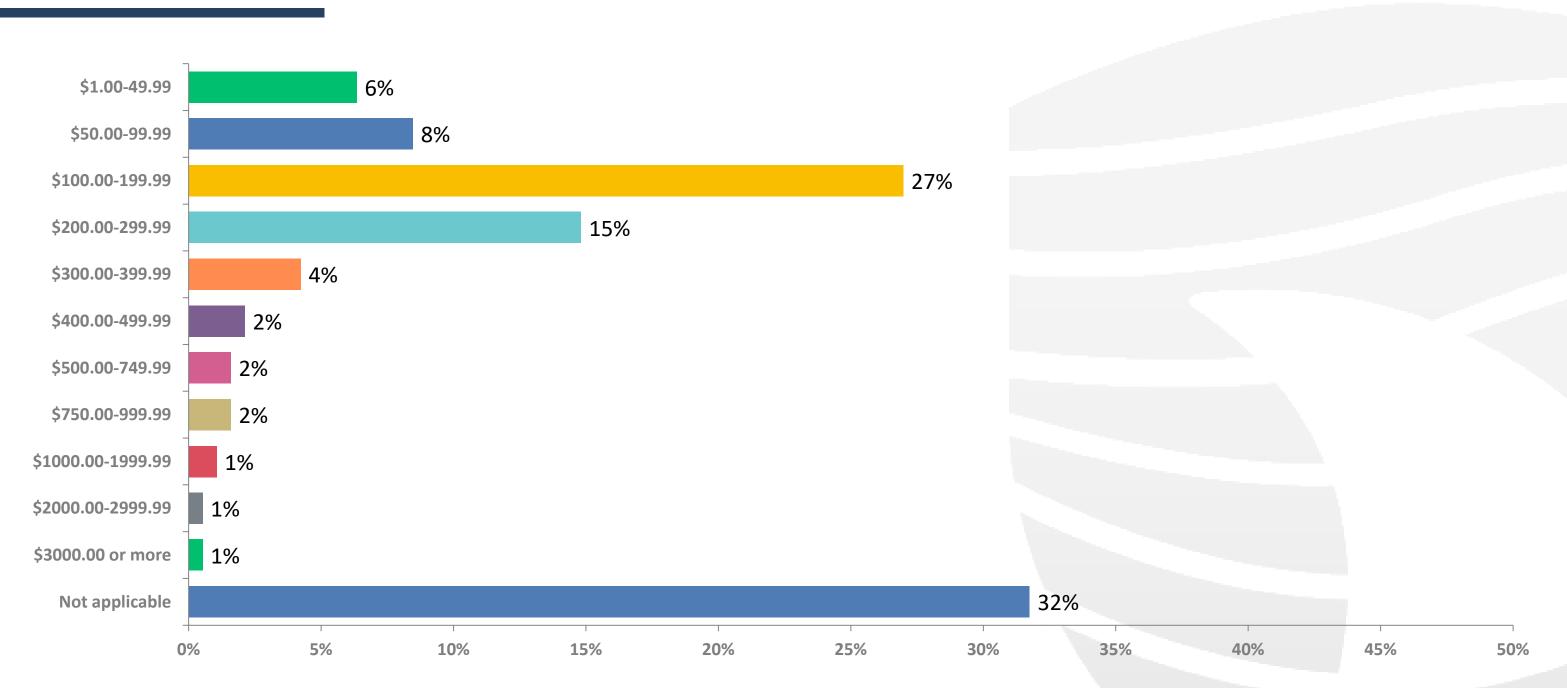


How many additional people are your financially responsible for during this trip?





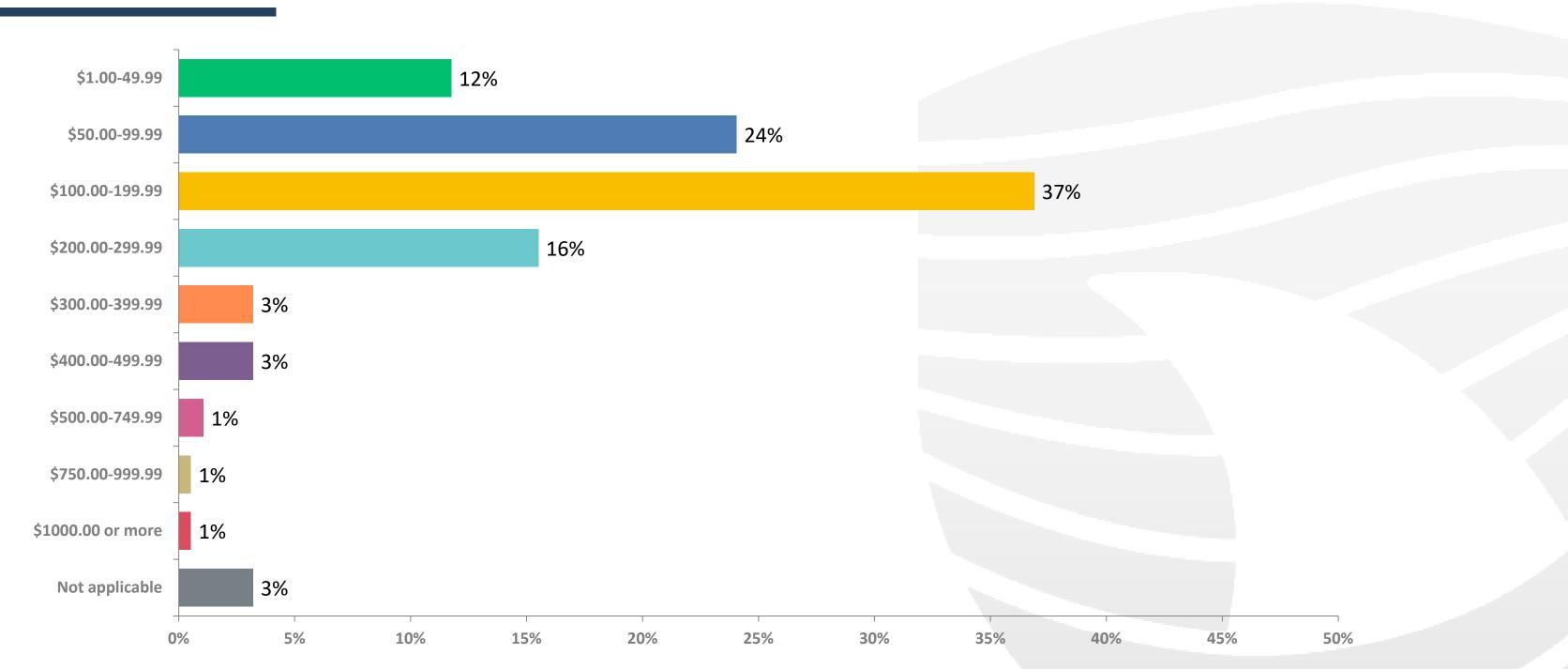
Approximately, how much will you spend on lodging per night?





Approximately, how much will you spend on restaurant dining PER DAY?

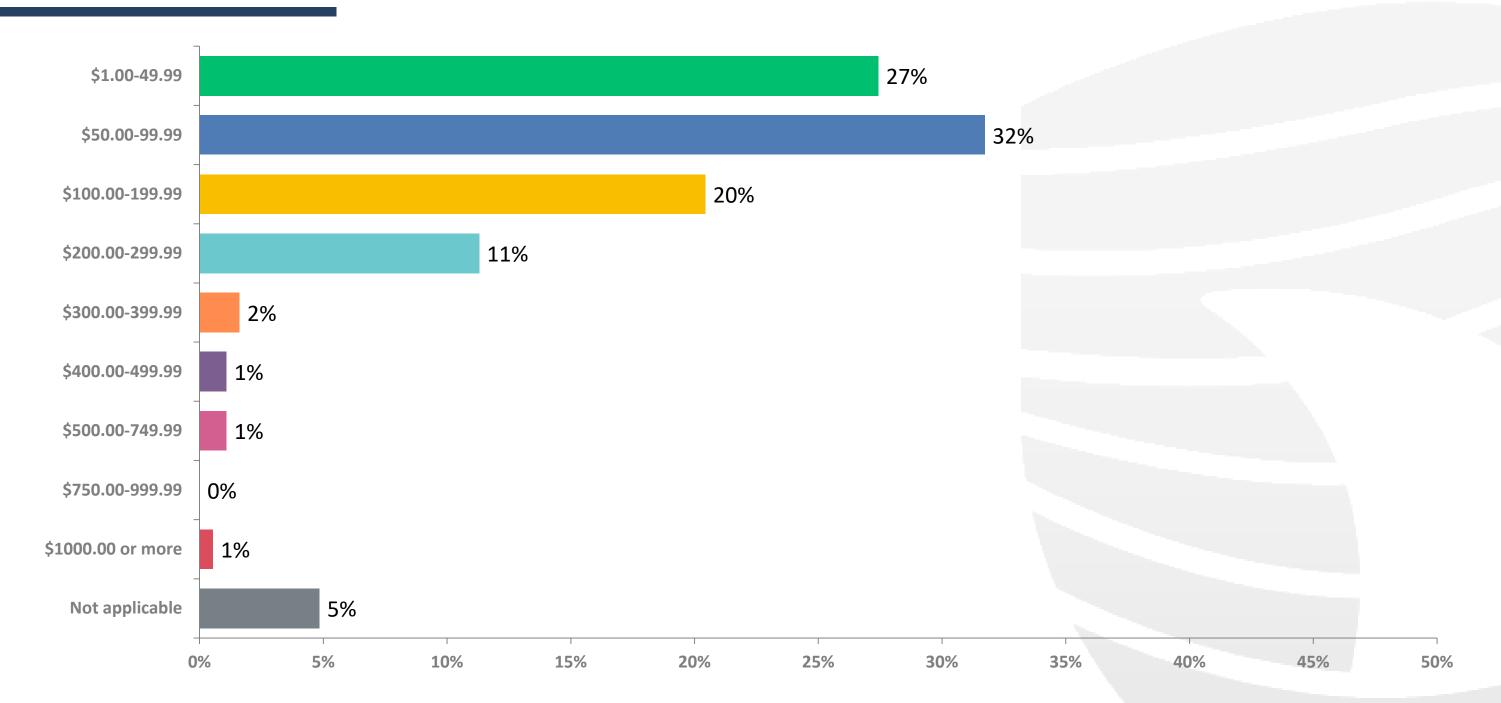
Answered: 187 Skipped: 218





How much do you think you'll spend on retail purchases PER DAY (i.e. gifts, souvenirs, etc.?)

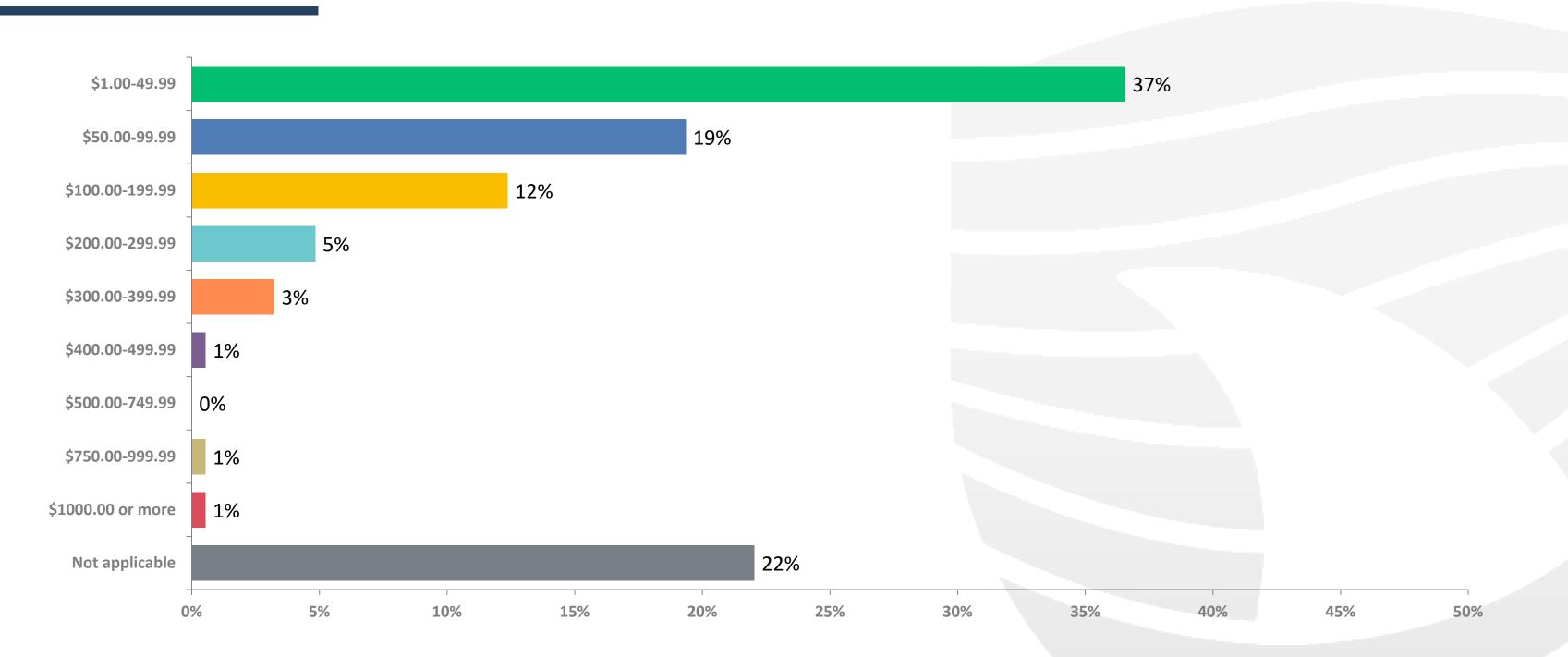
Answered: 186 Skipped: 219





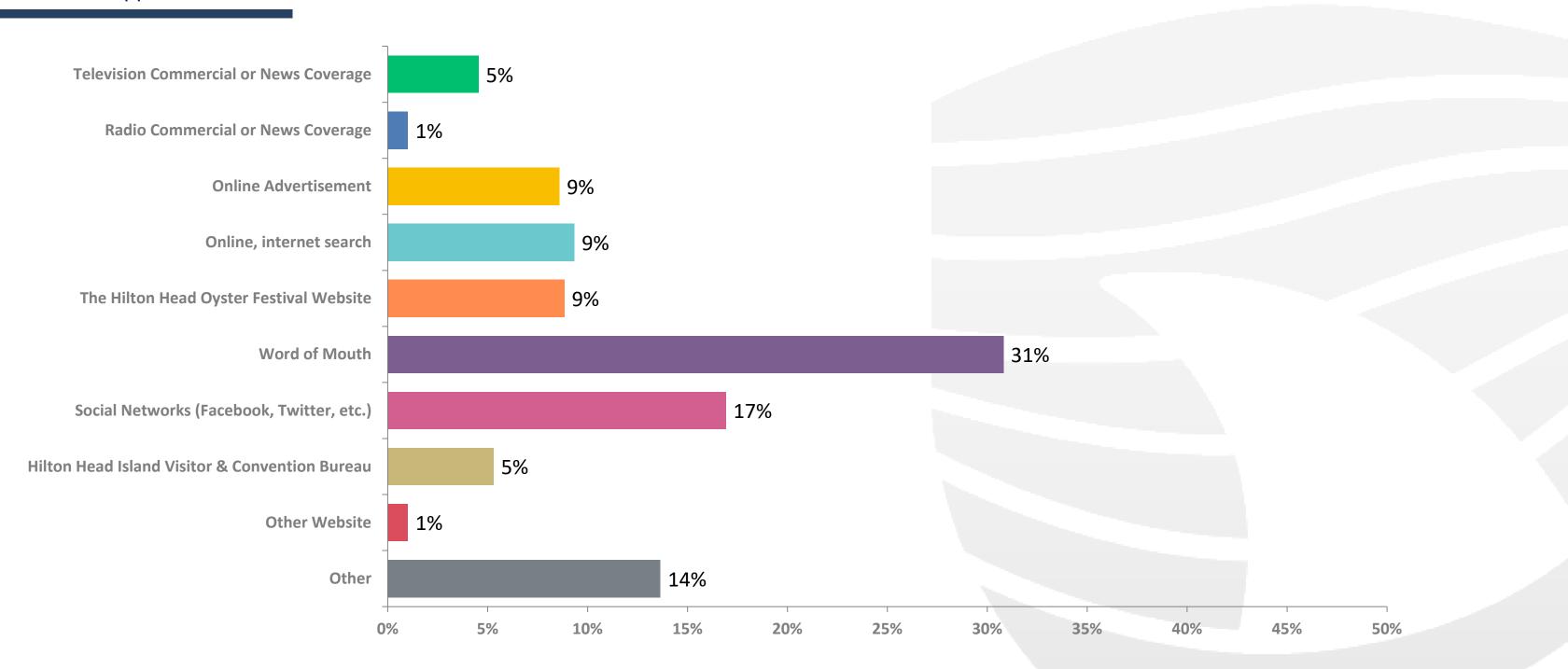
Approximately, how much will you spend on recreation (i.e., golf, bicycling, etc.) PER DAY?

Answered: 186 Skipped: 219



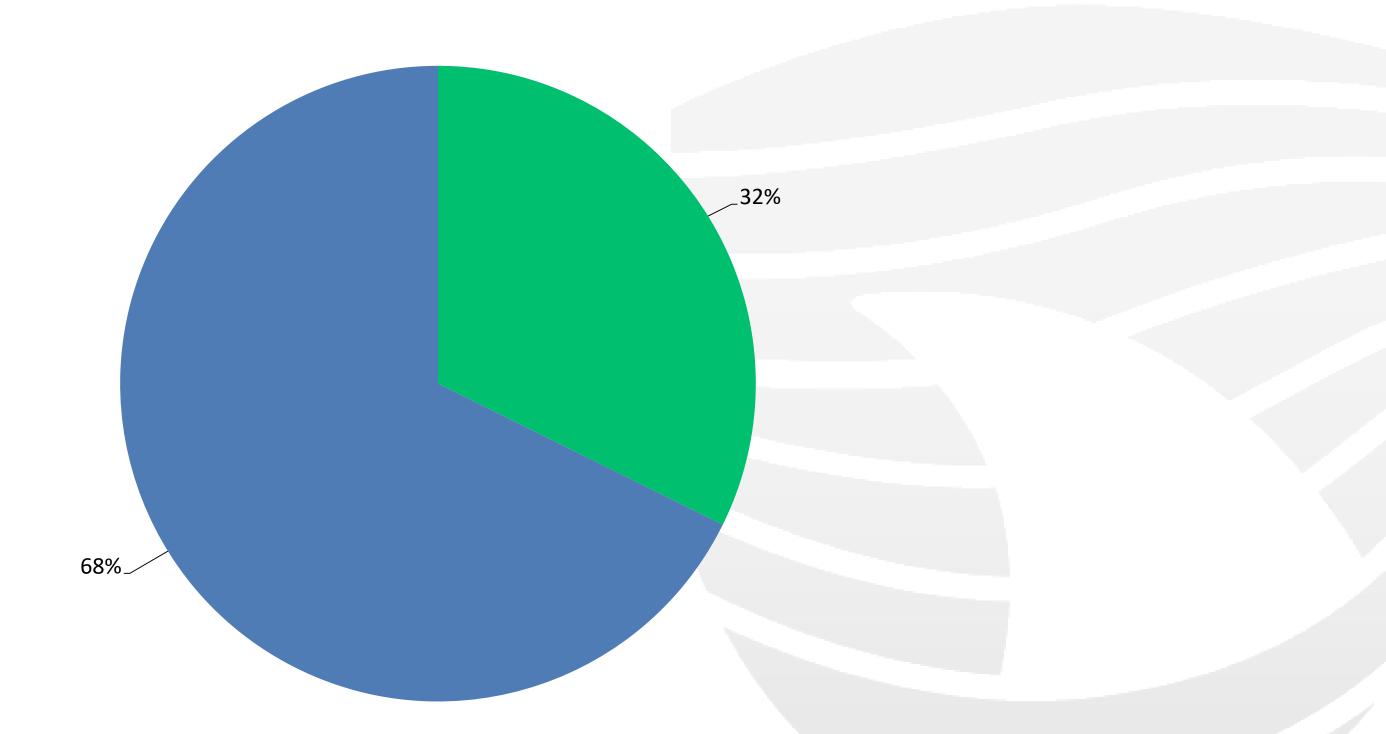


How did you first learn of the Hilton Head Oyster Festival?



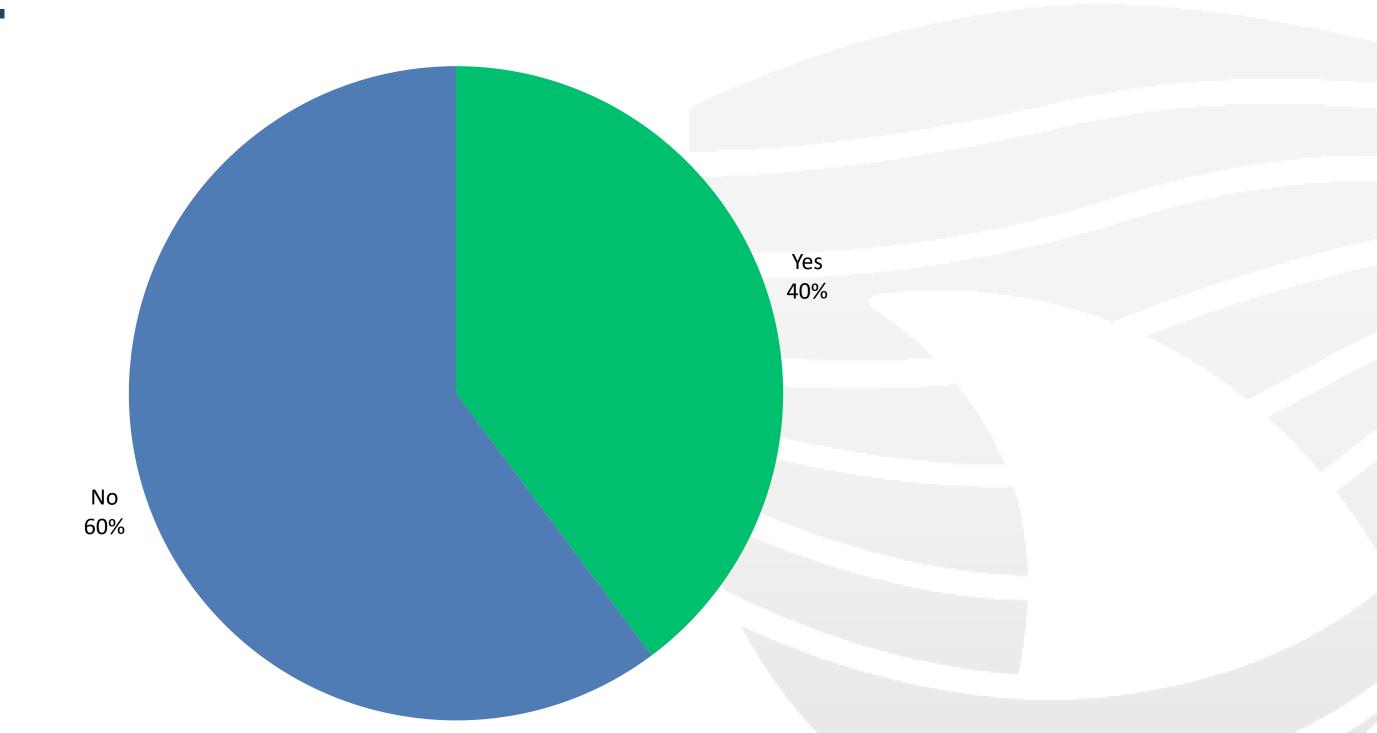


Did you attend last year's Hilton Head Island Oyster Festival?



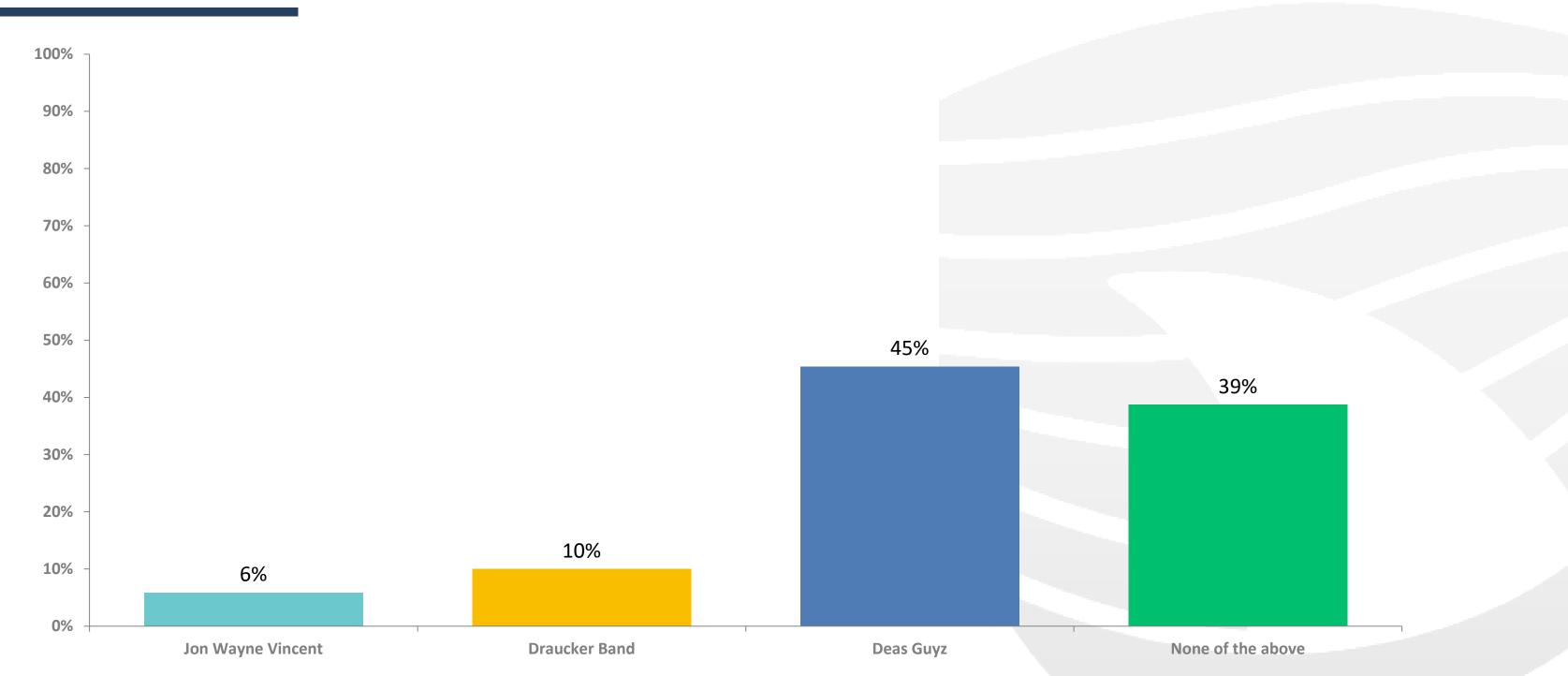


Were the bands influential in your decision to attend today's event?





Which band did you primarily come to see?





	VERY POOR	POOR	AVERAGE	GOOD	VERY GOOD	WEIGHTED AVERAGE
	0.540/	0.770/	6.440/	20.200/	64.400/	4.55
Music	0.51%	0.77% 3	6.14% 24	28.39% 111	64.19% 251	4.55
Ambiance	0.26%	0.26%	5.90% 23	30.51% 119	63.08% 246	4.56
Cost	0.51%	2.82%	19.74% 77	35.13% 137	41.79% 163	4.15
Staff Friendliness	1.03%	0.78%	3.62% 14	19.64% 76	74.94% 290	4.67



	VERY POOR	POOR	AVERAGE	GOOD	VERY GOOD	WEIGHTED AVERAGE
Quality of Food You	0.51%	0.26%	9.74%	32.82%	56.67%	4.45
Purchased	2	1	38	128	221	
Quality of Beverage	0.26%	0.26%	12.37%	29.38%	57.73%	4.44
You Purchased	1	1	48	114	224	
Quantity of Food	0.26%	0.77%	17.69%	31.03%	50.26%	4.30
Items per Purchase	1	3	69	121	196	
Quantity of Beverage	0.52%	1.04%	16.10%	32.99%	49.35%	4.30
Items per Purchase	2	4	62	127	190	
Food Vendor Variety	0.26%	1.30%	17.40%	32.21%	48.83%	4.28
	1	5	67	124	188	



	VERY POOR	POOR	AVERAGE	GOOD	VERY GOOD	WEIGHTED AVERAGE
Location	0% 0	0.77% 3	5.36% 21	20.41% 80	73.47% 288	4.67
	•				100	
Parking	0.77%	3.86%	14.91%	28.28%	52.19%	4.27
	3	15	58	110	203	
Availability of Public	0.77%	3.87%	17.78%	32.22%	45.36%	4.18
Seating	3	15	69	125	176	
Datail Vanday Variaty	0.530/	1 550/	1.000/	26.019/	AF QF0/	4.25
Retail Vendor Variety	0.52% 2	1.55% 6	16.06% 62	36.01% 139	45.85% 177	4.25



	VERY POOR	POOR	AVERAGE	GOOD	VERY GOOD	WEIGHTED AVERAGE
Event Layout and	0.25%	1.02%	7.63%	34.10%	57.00%	4.47
Design	1	4	30	134	224	
Crowd Flow	0.51%	0.77%	8.46%	35.13%	55.13%	4.44
	2	3	33	137	215	
Overall Value of the	0.26%	0.77%	8.72%	31.54%	58.72%	4.48
Event	1	3	34	123	229	

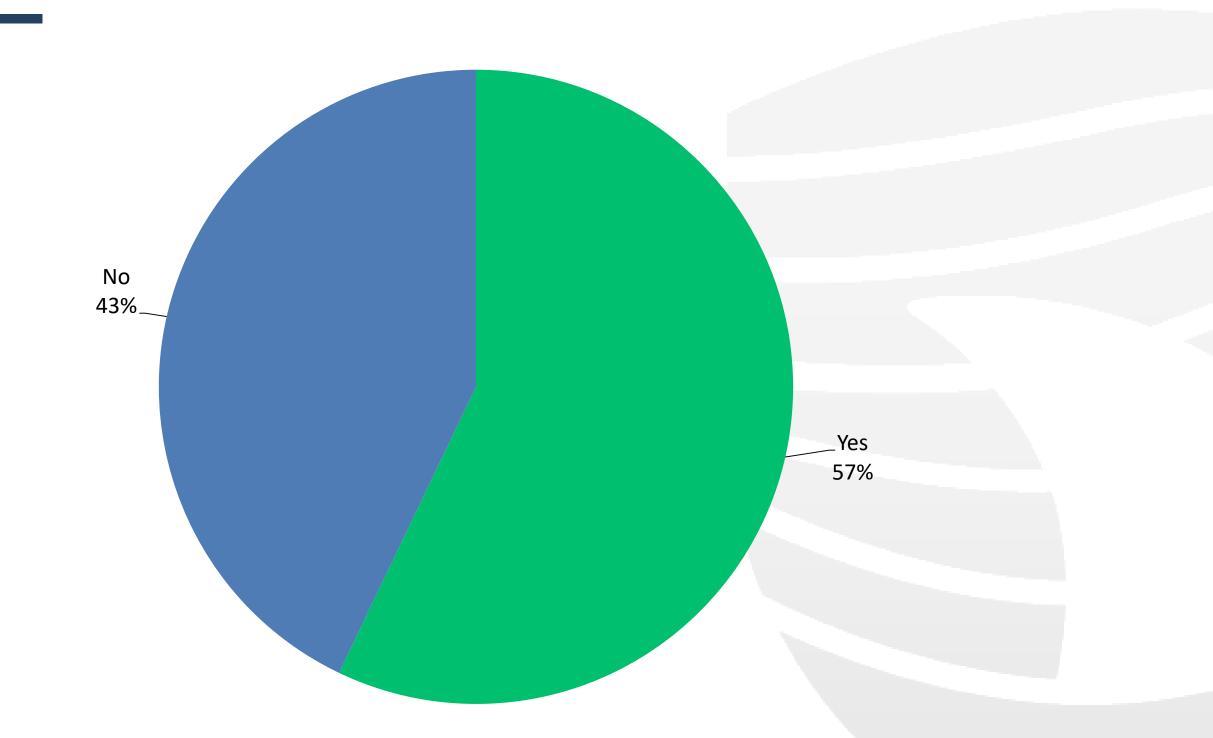


How likely are you to return to next year's festival and recommend the festival to friends?

	EXTREMELY UNLIKELY	UNLIKELY	MODERATE	LIKELY	EXTREMELY LIKELY	WEIGHTED AVERAGE
Return to next year's festival	2.84% 11	3.87% 15	11.08% 43	28.35% 110	53.87% 209	4.27
Recommend the	1.55%	2.07%	8.01%	31.01%	57.36%	4.41
festival to friends	6	8	31	120	222	

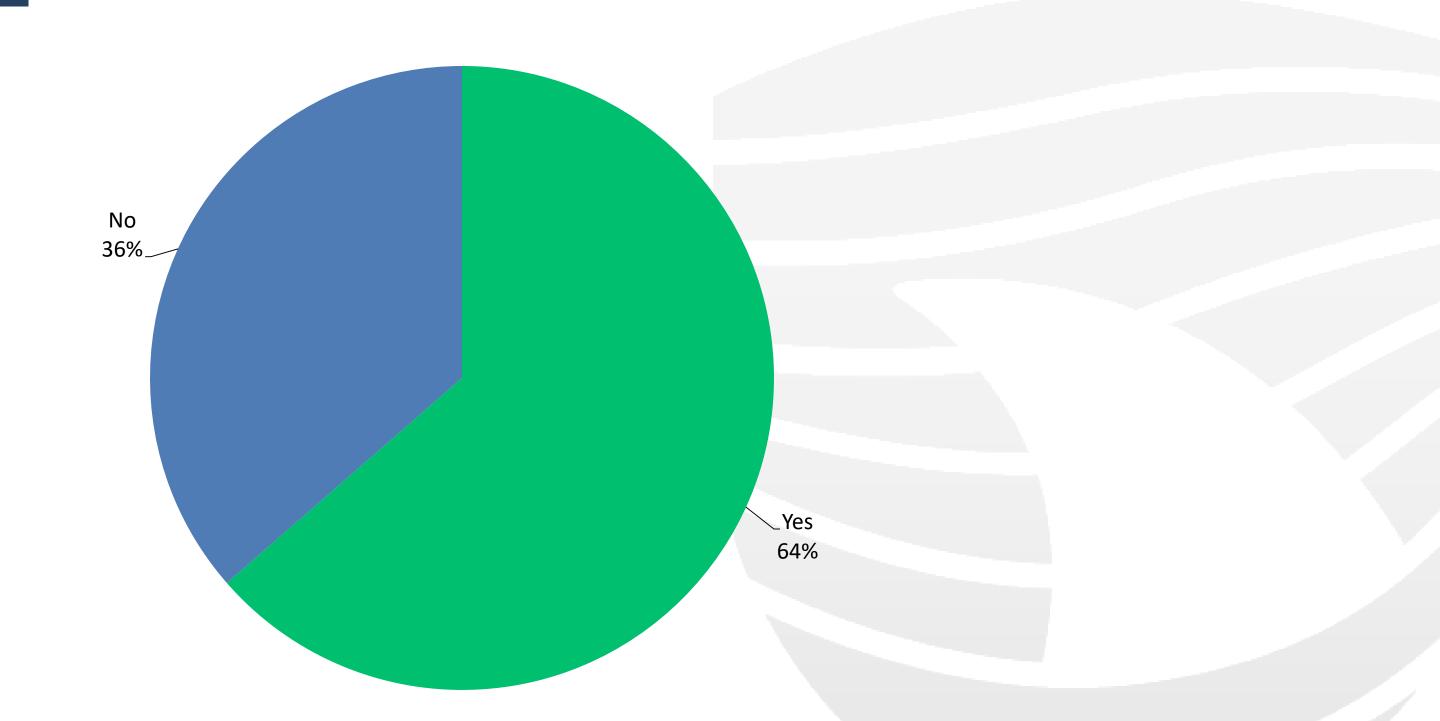


Will you be shopping or dining at Coligny Plaza stores or restaurants during this event?



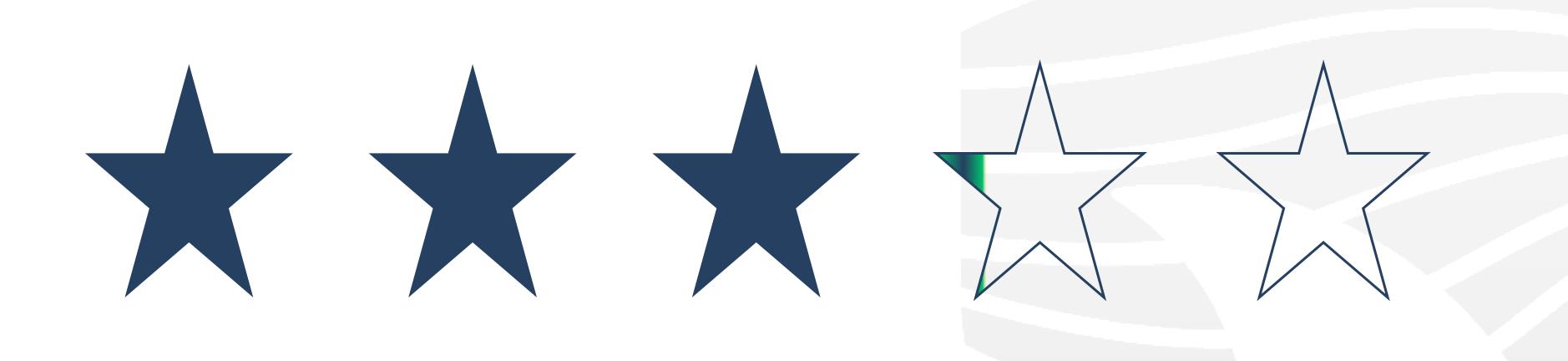


Do you plan to attend the Lantern Parade today after the Oyster Festival?





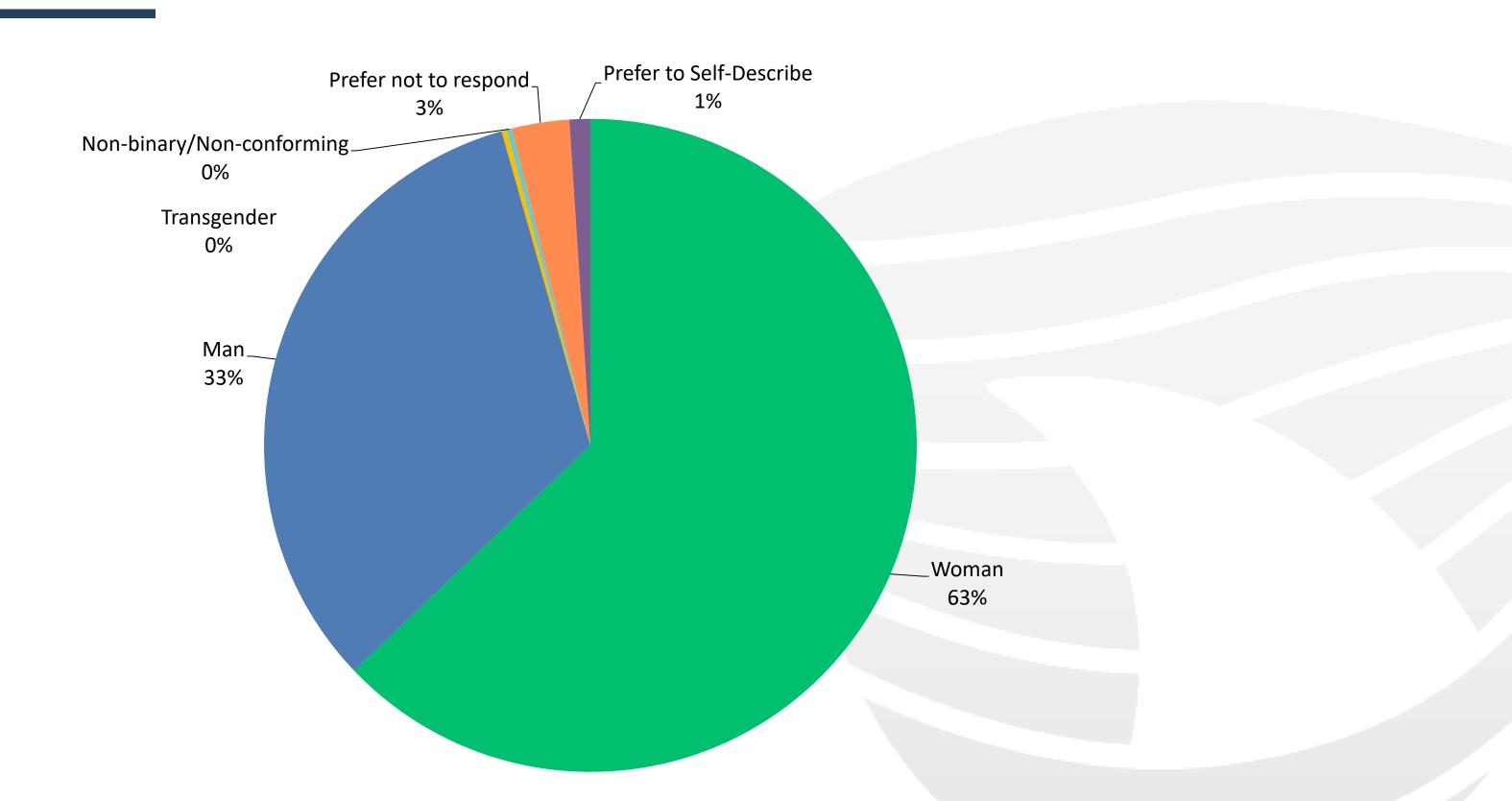
Rate the quality and use of the CrowdBlink app for cashless purchases at today's festival?





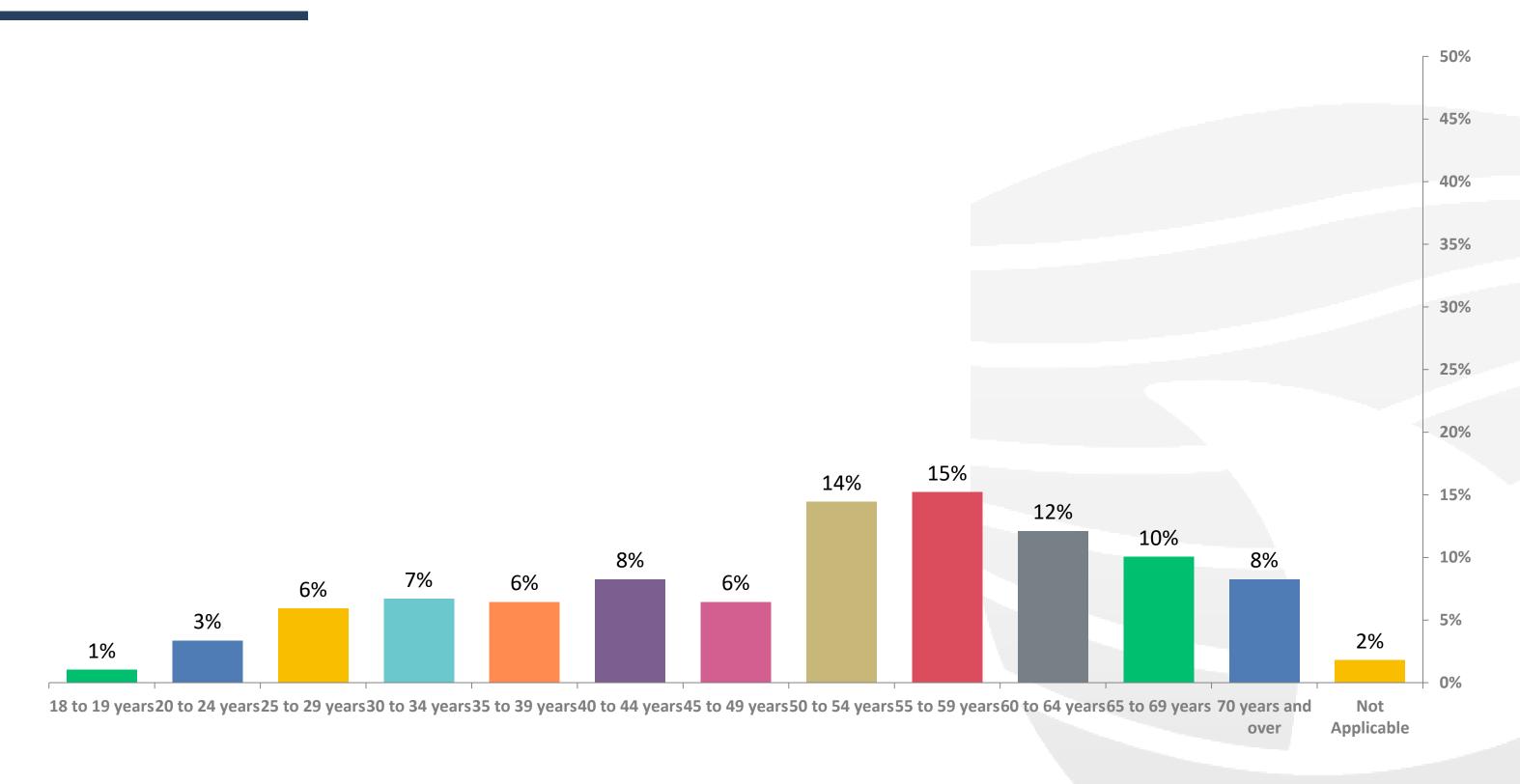


How do you identify?



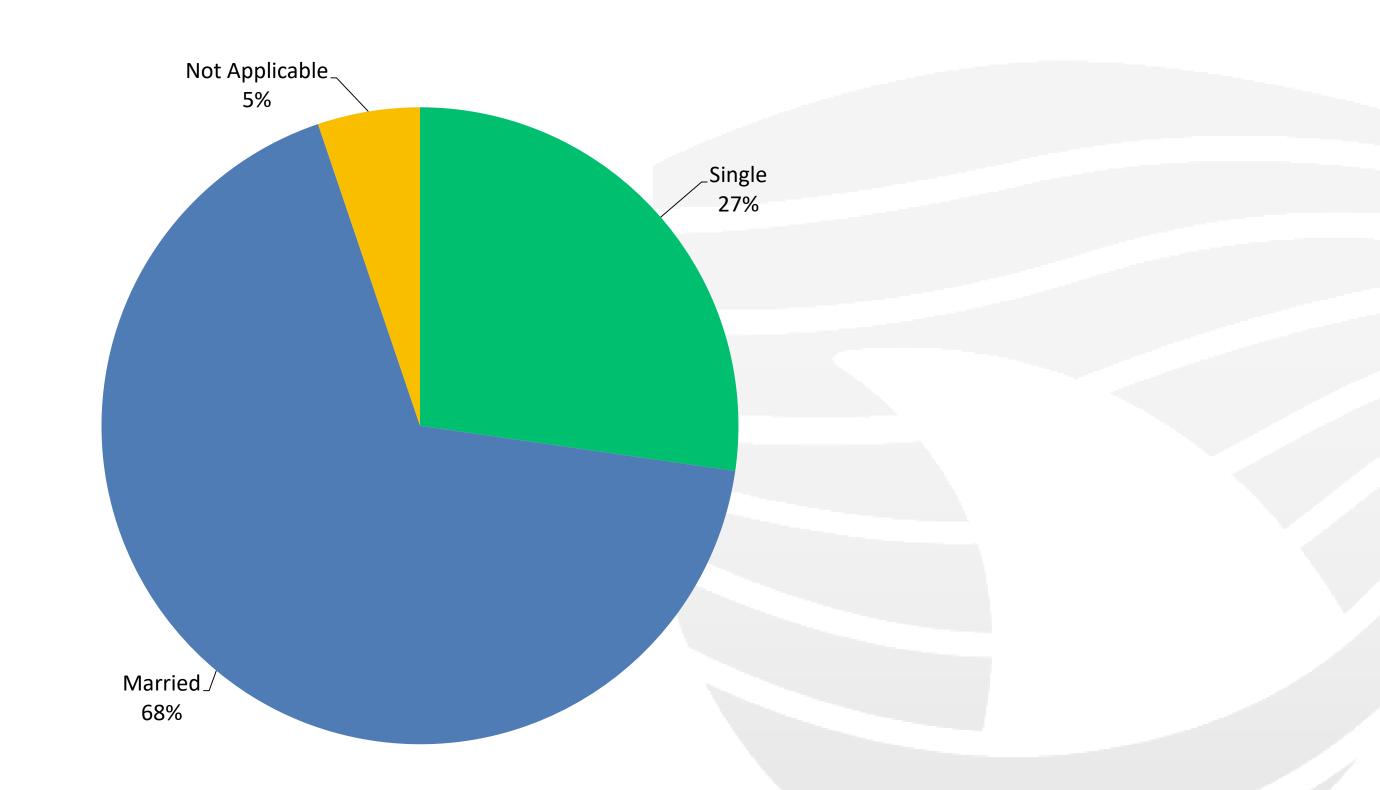


Indicate your age below.



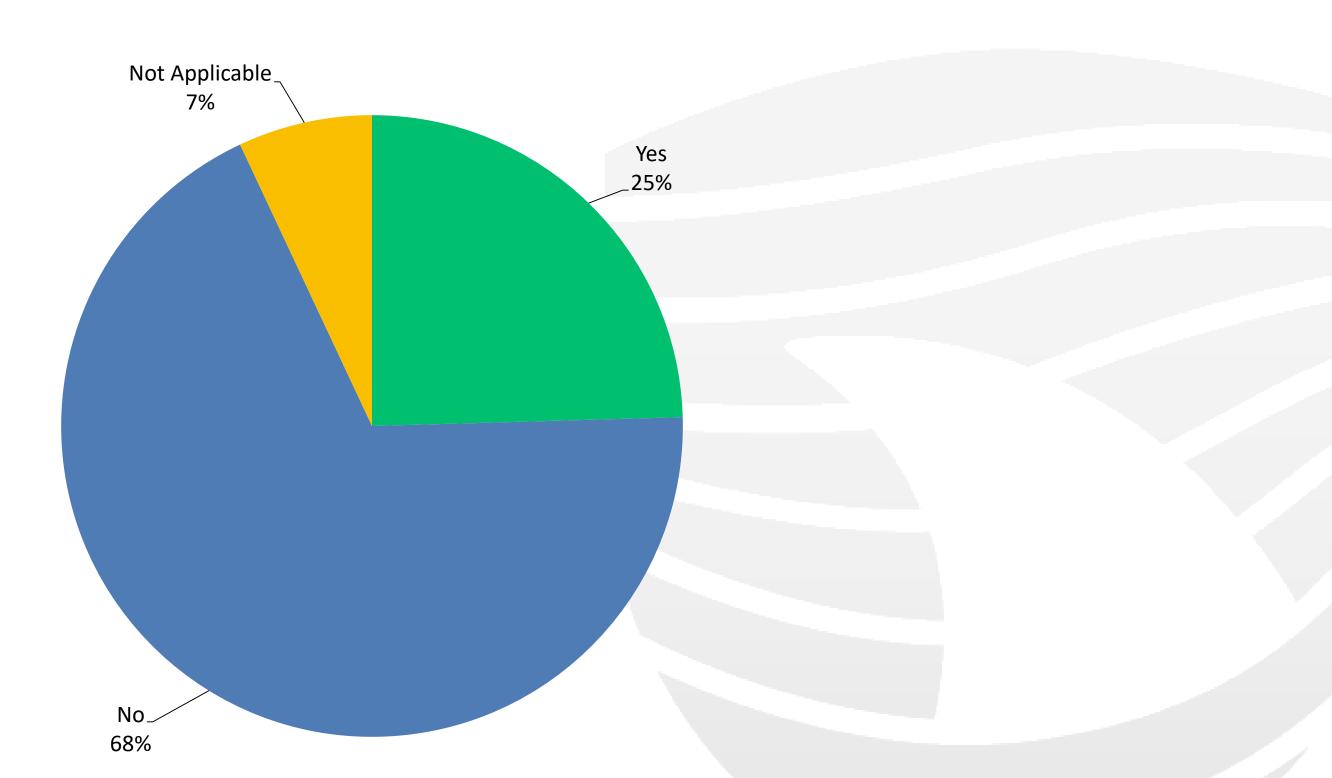


Please i ndicate your marital status.



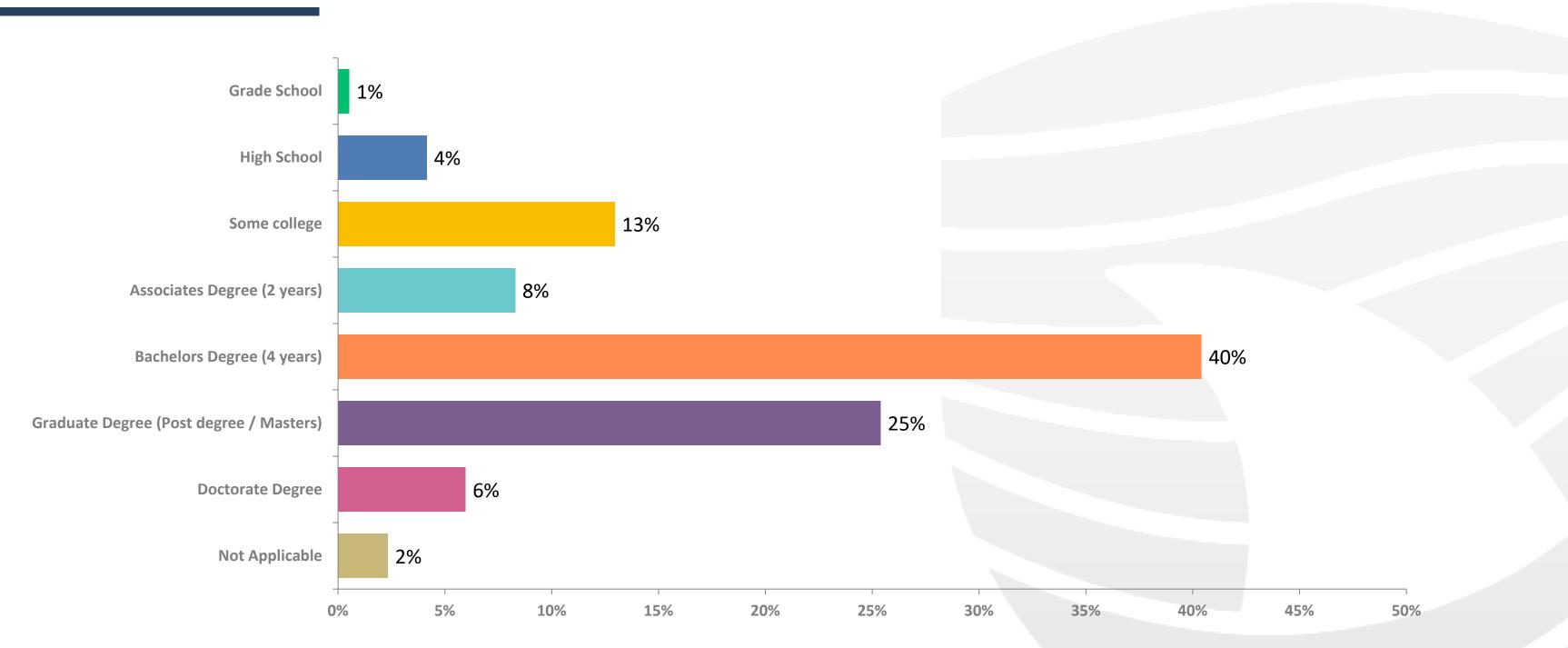


Do you have any children under 18 living at home?



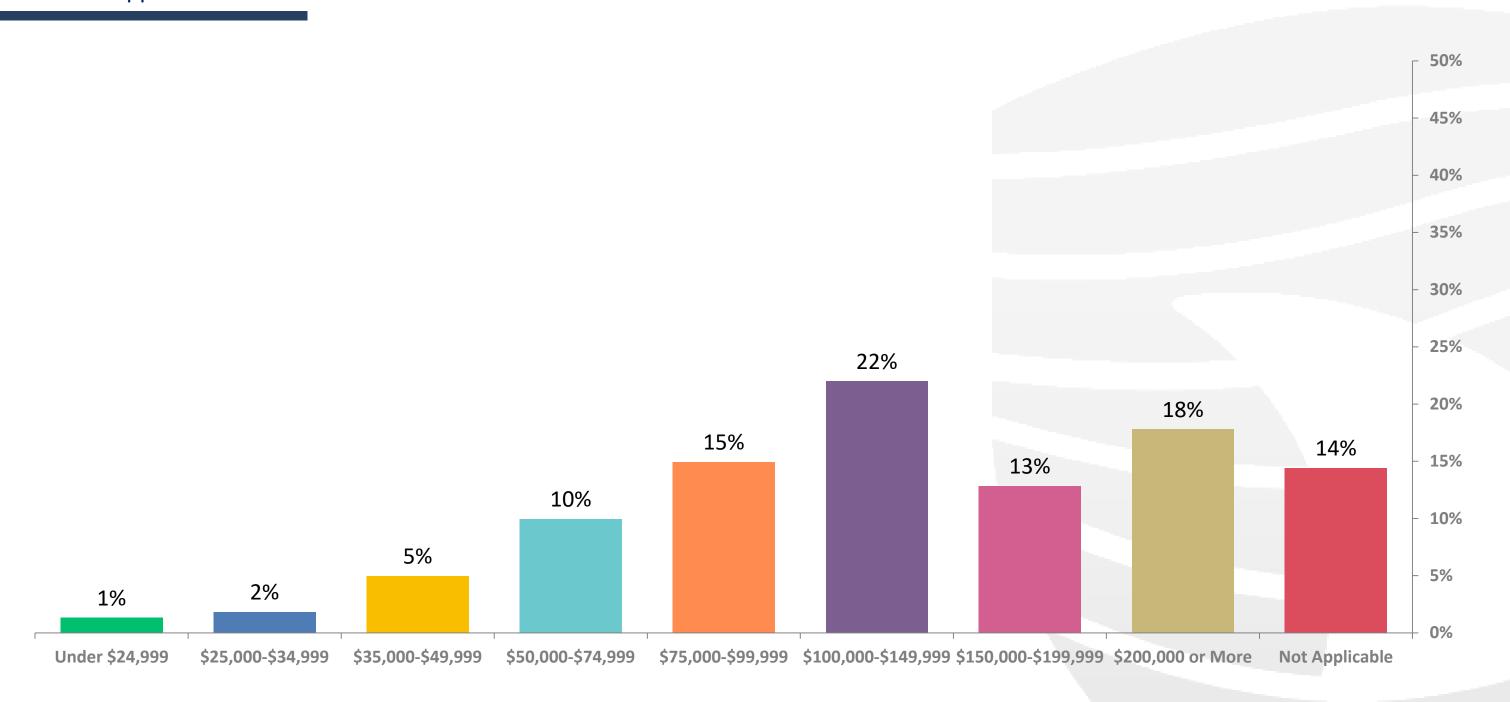


Please indicate your highest level of education.





Which of the following includes your annual household income?



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Infographic

Female



Age

50 +

No children under 18 living at home





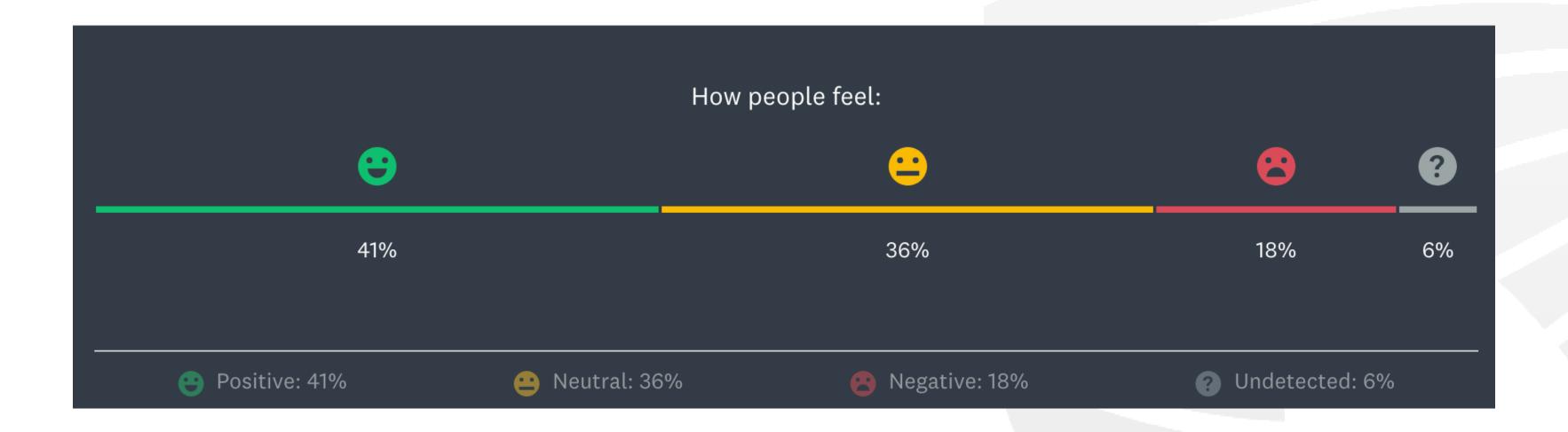


Income > \$100,000





Answered: 137





- Great time
- 1st time here and I am loving it
- Fun
- Shuck yeah!!!!
- Loved it
- Yay! Fun!
- Love it!
- First time with my wife and it is a great weekend. Will be returning next year with family and friends.
- Awesome
- Great event
- Very fun event
- Such a surprise..we stayed the day just for this!
- Love this festival!!!!!
- Very good event for the community and guests
- Great festival hosting

- Stumbled upon the festival while we were visiting and staying at the Holiday Inn but so glad we did! Really enjoyed ourselves!!!
- Good festival
- Great job!! More seating if possible.
- Love the festival. Love the lantern parade. Will move here eventually .
- Great time. Great weather. Very happy to have found the event on line
- Great
- Wonderful fest[iv]al
- Great job!
- This is a fun festival. Second time here.
- Excellent
- Great job vent
- Great event!!
- Great local event
- Cash is still a good idea



- Great event!! Suggest an armband price to cover all kid zone activities
- Great event!
- Good
- Great
- Awesome
- Great event! Melina is the best!
- Great event
- This was a great event.
- We stumbled on this. We dont like using the app.
- Music was great but SO FREAKIN LOUD.
- Fun time
- Good
- Very nice festival

- Great [v]enue
- Nice time .. beautiful day!!
- Great job
- Awesome!!!
- Awesome event and will come again next year!
- Had an awesome time!!!
- Great venue
- Love it
- Great event
- Outstanding
- Great time
- Best festival in Hilton Head!!! Love it!!!
- Very nice!!
- Great event



- Great day
- It's a great event
- Thank you
- Smiley face emoji
- Thumbs up emoji
- Funnel cakes
- offer/sell good COFFEE
- Better bathroom signage on Saturday. Maybe a trailer like Friday.
- Get rid of the scann[e]r
- Thanks
- Do away with the phone for purchase
- App made things more difficult
- Sell tickets for food and drinks. The app is too slow.
- More seating / tables at Friday event. Food lines too long at Friday event. More parking for Saturday event.
- Need wet naps to clean hands. Allow cash or credit cards

- Need Kettle Korn, and Funnel Cake vendor.
- Loved the festival but app was probably hard for older adults!
- No heavy metal bands. Look at country next year. Maybe acoustic?
- Better PA for stage 2
- Continue to grow each year.
- Blink app was a little difficult to setup and add tix but love not having to have cash or card.
- Thank you
- More kid friendly food. Hot dogs, hamburgers, chicken tenders.
- Allow cash purchases
- The touching of the phones to pay for things was too much. We liked the tickets last year. Loved the flower truck last year.
- More food and craft vend[o]rs



- Ditch CrowdBlink
- Allow cash purchas[e]
- We never heard anything about the lantern festival until this afternoon. We loved it last year and thought it wasn't this year. Need better advertising to out of town visitors.
- Get a better QR code app for next year
- If you have to use crowdblink to keep it cashless, use it to sell tickets. Tickets were 10 times faster at each venue
- Thank you!
- Festival needs more shade.
- Thank you!
- Please find some shade for the guests, too hot and sunny!
- Cashless system to get in was a hassle

- Hands washing stations by food vendors
- Need a place to wash hands!!!!
- Keep doing what you do!!!
- Had a blast!
- A little too loud
- A little pricey for [o]ysters
- Fix the app. It's terrible. Otherwise everything was amazing.
- Thanks
- App didn't work very well
- Poor handicap parking option
- need easier way to pay
- Some more tables more centrally located between stages, so that both are visible from most tables.



- Allow people to pay with cash or credit card. There's no need for scanning and a tracking system. Many people over 55 don't understand using the bar code.
- Get rid of the app to pay
- Do not like paying with the app
- Hated the CrowdBlink requirement!!! I saw many, many people leave before signing up for the app. Cash & credit cards are the way to go!!
- Get rid of the app pay.
- Never use the App system again.
- It was a hassle to get in; took about 15 minutes. Ridiculous. My husband left!
- Don't make me download an app to come attend. It's frustrating and inconvenient for groups. Food vendors all had to take my phone and physically go in the shade with my phone. If the app is required next year we will not return
- Get rid of app for paying
- App was horrible
- The pay app is not good. Confusing when first coming into the event. Then everyone grabbing your phone is annoying. Then someone scanning my phone without me seeing the total.
- Find an app that shows a total then I can scan and the other device turns green.
- The app was a little hard.
- All no cash is not a good idea

- Hate the cash app!!!
- App was a little challenging but possible. Sometimes had trouble with the app working at vendor sites
- Had more food vendors last year
- The App idea is awful
- CrowdBlink made 1/3 of people leave without entering
- The crowd blink app is ridiculous get rid of it. And running out of the long sleeve shirts was ridiculous, really upset I paid money for the event and y'all ran out of shirts to buy
- Drop the woke gender ID question. Stop feeding that beast
- Some phones didn't support Crowd blink purchases at food vendors
- Accessible bathroom would not lock
- QR code was not user friendly
- The app is difficult. Slowed down entrance. Can't see in the sun. Don't [m]ind getting my ticket by app but too long getting in. People trying to download app. Sun creating a glare so it didn't work.
- The blink app did not work on my phone or my partner. We had to ask a friend to help us buy things. You should [have] alternative forms of payment.
- App kept crashing and not allowing payment for tickets. Other than that the festival was great and fun!!
- I think the cashless payment app might discourage people from attending especially [o]lder people. I also don't think the app should tell you you have to transfer tickets if you purchased more than one.



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Oyster Festival Budget 2024

Sponsors	Business	2022	2023	2024
Title Sponsor	South State Bank	\$5,500	\$6,000	\$6,000
Sponsorship	Sponsors	\$8,500	\$9,000	\$9,500
Holiday Craft Show	29 Vendors	\$1,350	\$2,025	\$2,250
Presale Tickets		\$7,328	\$0	\$9,000
Town of HHI	ATAX	\$22,500	\$25,000	\$25,000
	Total Sponsorship	\$45,178	\$42,025	\$51,750

Day of Income	Purpose	2022	2023	2024
Entrance	Friday	\$12,430	\$30,665	\$32,000
Entrance	Saturday	\$13,819	\$17,162	\$18,000
Tickets	Saturday (20%)	\$5,336	\$4,046	\$5,000
Beer /Soda	Friday	\$1,996	\$3,897	\$4,000
Beer	Saturday	\$17,066	\$9,210	\$10,000
Oyster	Saturday	\$11,902	\$12,797	\$14,000
Soda	Friday	\$0	\$0	\$0
Soda	Saturday	\$1,623	\$1,338	\$1,500
Silent Auction-Wine Pull	Saturday/Friday	\$64	\$0	\$0
Silent Auction-Wine Pull	Sunday/Saturday	\$0	\$0	\$0
Merchandise	Friday	\$659	\$1,113	\$1,500
Merchandise	Saturday	\$5,054	\$3,087	\$3,500
	Total Day of Income	\$69,949	\$83,315	\$89,500

Total Income \$115,127 \$125,340 \$141,250
--

	2022	2023	2024
Total Income	\$115,127	\$125,340	\$141,250
Total Expenses	\$92,766	\$120,291	\$134,000
Total Profit	\$22,361	\$5,050	\$7,250

Concessions	Purpose	2022	2023
Coca Cola	Soda	\$1,365	\$1,250
Pearlstines	Beer	\$4,166	\$6,003
Ice Shack	Ice	\$50	\$0
Rollers	Wine + Liquor	\$3,287	\$0
Southern Glazer	Wine Pull	\$0	\$0
Hudson's	Shrimp	\$4,200	\$7,600
Roy's Place	Oysters	\$22,006	\$35,134
Misc	Bar mops, fire wood	\$800	\$500
	Concession Expenses	\$35,874	\$50,487

Entertainment	Purpose	2022	2023
All Events LLC	Stage	\$0	\$2,050
InnAVation	Sound	\$2,000	\$2,000
Friday Night	Entertainer	\$500	\$850
Opening Band	Entertainer	\$500	\$750
Deas Guys	Entertainer	\$1,250	\$1,500
Drauker	Entertainer	\$500	\$1,500
	Entertainment Expenses	\$4,750	\$8,650

Operations	Purpose	2022	2023
Amazing Event Rentals	Tents, tables, chairs	\$3,644	\$4,587
Crowdblink	Cashless System	\$0	\$6,328
Coastal Security	Security	\$2,076	\$1,964
Republic Waste	Trash Cans/Dumpster	\$4,600	\$5,975
Royal Restrooms	Restrooms	\$3,297	\$3,297
American Pride Waste	Portalets	\$0	\$0
Discount Mugs	USCB Giveaway	\$3,987	\$0
Shuttle	USCB / Palmetto Breeze	\$275	\$413
Discount Mugs	Barefoot Sports	\$0	\$0
Lowcountry Golf Carts	2 Shuttles	\$0	\$0
Esigns	Signage	\$500	\$600
Leftover Ladies	Oyster Shucking Trophy	\$30	\$0
Leftover Ladies	USCB Giveaway	\$0	\$7,553
Lowcountry Oyster Co.	Oyster Shucking	\$0	\$0
Amazon	Oyster Shucking	\$150	\$200
Volunteer Lunch		\$200	\$200
Bartender		\$0	\$0
	Operation Expenses	\$18,759	\$31,116

Marketing	Purpose	2022	2023
Adventure Radio	2 Remotes	\$200	\$200
Esigns	banners / signs	\$750	\$1,000
Eat It and Like It	Jesse Blanco	\$10,000	\$2,250
WTOC	ATAX	\$12,500	\$15,250
	Marketing Expenses	\$23,450	\$18,700

Misc.	Purpose	2022	2023
Custom Outfitters	T-Shirts	\$1,446	\$3,170
Salty Dog	T-Shirts	\$8,398	\$4,438
Community Groups	Volunteers	\$1,500	\$6,900
Town of Hilton Head	Vendor Permits	\$35	\$0
	Misc. Expenses	\$9,933	\$11,338

Total Expenses	\$92,766	\$120,291

FY 24 Budget

Revenues

Programs	\$ 1,559,390
Government Income	\$ 1,183,766
Other Income	\$ 711,500
Total	\$ 3,454,656

Expenses

Programs	\$ 430,950
Other Income	\$ 387,019
General Admin	\$ 771,818
Payroll	\$ 1,594,174
Payroll Expenses	\$ 270,695

\$ 3,454,656

Jeep Island 2024 Budget

Paid	Check/Donor	2023	2024
SPONSORSHIPS			
Hampton Inn	Title Sponsor	\$1,500	\$1,500
AutoNation	Assisting	\$1,000	\$1,000
T-Mobile	Sponsor	\$200	\$200
Gaal Custom Homes	Sponsor	\$0	\$200
Town of HHI	ATAX	\$10,000	\$10,000
	Sponsorship Income	\$12,700	\$12,900

Paid	Check/Donor	2023	2024
ENTRANCE AND CONCESSIONS			
Jeep Entries		\$4,805	\$6,454
Jeep Raffle		\$13,937	\$31,451
Raflle Tickets Merchandise		\$1,503	\$698
Liquor Pull		\$620	\$0
Concessions	Soda, Water & Beer -Friday Night	\$2,492	\$1,639
	Entrance Income	\$23,357	\$40,242

Check/Donor	2023	2024
Income	\$36,057	\$53,142
Expenses	\$26,698	\$39,505
Total Profit	\$9,359	\$13,637

Paid to:	Purpose	2023	2024
CONCESSIONS			
Southern Eagle	Beer	\$200	\$350
Coca-Cola	Soda	\$300	\$400
	Concession Expenses	\$500	\$750

Paid to:	Purpose	2023	2024
BUSINESS			
Web Domain	Website	\$21	\$136
Fiesta Fresh	Staff Lunch	\$200	\$0
Melly Mel's	Friday Night- Meal Tickets	\$804	\$0
	Entertainment Expenses	\$1,025	\$136

Paid to:	Purpose	2023	2024
OPERATIONS / ENTERTAINMENT			
Artistic Concrete	Purchase of Jeep	\$11,000	\$9,000
Dave Peck	Jeep Camper	\$0	\$6,203
Dave Fucci	Raffle Jeep repairs	\$1,442	\$0
Quality Logo	Koozies	\$259	\$250
Custom Outfitters	Shirts	\$0	\$8,250
U Printing	Jeep Raffle Tickets	\$50	\$61
Sticker Mule	Stickers	\$170	\$140
4 All Promos	Good Bag Supplies	\$0	\$2,250
Custom Imprint	Rubber Duckies	\$302	\$815
B-Town Players	Entertainment-Saturday	\$400	\$400
Retro Roxx	Entertainment-Friday	\$800	\$500
Idlewild South	Entertainment-Friday	\$0	\$0
Innovation	Lights and Sounding	\$0	\$0
Amazing Event Rentals	Fencing	\$450	\$450
Holiday Inn Express	Entertainment-Friday	\$0	\$0
	Operation Expenses	\$14,873	\$28,319

Paid to:	Purpose	2023	2024
MARKETING			
APEX Radio	Live Remote	\$200	\$200
Social Media	Facebook, Snapchat, Instagr	\$3,500	\$3,500
WTOC		\$6,500	\$6,500
In House Printing	Posters and flyers	\$100	\$100
	Marketing Expense	\$10,300	\$10,300

Wing Fest 2024-BUDGET

Paid	Description	2022	2023	2024
SPONSORSHIPS				
Town of HHI	ATAX Grant	\$17,500	\$25,000	\$25,000
Hargray	Title Sponsor	\$6,000	\$6,000	\$600
SAV HHI Airport	Title Sponsor	\$7,000	\$7,000	\$7,000
Summit Services	Sponsor	\$3,500	\$4,000	\$4,000
Leaf Filter	Sponsor	\$1,000	\$1,000	\$1,000
Lowcountry Living	Sponsor	\$1,500	\$0	\$0
Gutter Solutions	Sponsor	\$1,000	\$0	\$0
Tournament Promotions	Sponsor	\$1,000	\$0	\$0
	Sponsorship Income	\$38,500	\$43,000	\$37,600

Paid	Description	2022	2023	2024
DAY OF INCOME				
PP Entrance Saturday		\$10,986	\$15,269	\$16,000
Entrance-Saturday		\$22,286	\$30,953	\$32,000
Vendor Income-Saturday		\$30,513	\$30,214	\$32,000
Wings- Saturday		\$36,635	\$30,507	\$32,000
T-Shirts-Saturday		\$3,461	\$3,098	\$3,500
Soda and Water-Saturday		\$2,986	\$1,977	\$2,000
Beer-Saturday		\$27,298	\$25,636	\$27,000
Liquor-Saturday		\$8,678	\$6,267	\$7,000
Da	y of Income	\$142,843	\$143,921	\$151,500

\$186,921

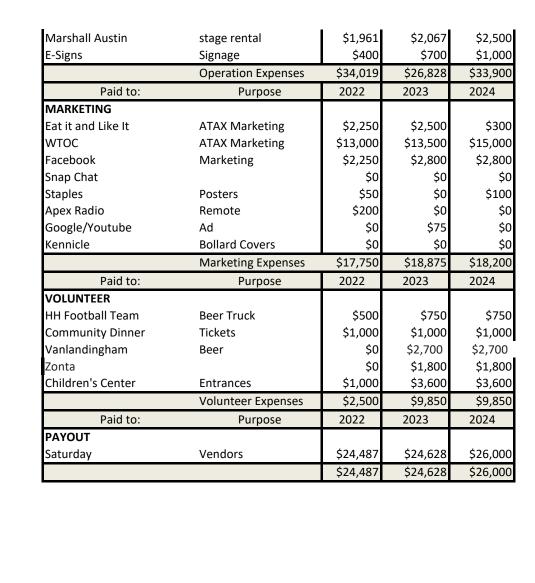
Total Expenses 2023	\$120,448
Total Profit 2023	\$66,474
Total Income 2022	\$181,343

Total Income 2023

Total Expenses 2022	\$136,112
Total Profit 2022	\$45,231
Total Income 2024	¢190 100

Total Income 2024	\$189,100
Total Expenses 2024	\$136,350
Total Profit 2024	\$52,750

Paid to:	Purpose	2022	2023	2024
CONCESSIONS				
Sysco	Wings for restaurants \$27,500 \$12,600		\$15,000	
Southern Eagle	Beer	\$8,500	\$8,200	\$9,000
Coca-Cola	Sodas	\$2,000	\$1,300	\$1,700
Piggly Wiggly	Bags of ice	\$250	\$0	\$200
Sysco	Paper products	\$2,500	\$0	\$3,000
Amazon	beer rags, openers, win	\$500	\$200	\$500
Burnt Church Distellery	liquor	\$5,206	\$6,267	\$6,500
	Concession Expenses	\$46,456	\$28,567	\$35,900
Paid to:	Purpose	2022	2023	2024
ENTERTAINMENT				
Innovation	Sound Services	\$2,000	\$3,000	\$3,200
True Gentlemen	Band	\$1,800	\$1,200	\$1,500
Crosstown Traffic	Band	\$600	\$600	\$800
Naked Karate Girls	Band	\$6,500	\$6,900	\$7,000
	Entertainment Expense	\$10,900	\$11,700	\$12,500
Paid to:	Purpose	2022	2023	2024
OPERATIONS				
Town of HHI	Bollard Repair	\$600	\$0	\$0
Shuttle	Palmetto Breeze	\$907	\$990	\$1,000
Coastal Security	Park security	\$2,255	\$2,299	\$3,000
Royal Restrooms	Restrooms	\$2,500	\$2,825	\$3,000
Town Cleaning	Clean Restroom	\$0	\$300	\$400
Steve Hart	Trash pick-up	\$4,363	\$4,525	\$5,000
Amazing Event Rentals	Tents/tables/portalet	\$7,782	\$5,060	\$6,000
SC SLED	beer / liquor license	\$60	\$75	\$100
Sheriffs		\$0	\$1,164	\$1,500
Staffing		\$1,500	\$1,350	\$1,500
NYCP	Volunteer Lunch	\$500	\$100	\$250
Crown Awards	Plaques	\$200	\$250	\$300
Far Out Awards	Belt and 1st Place	\$835	\$700	\$1,000
Salty Dog	T-Shirts	\$4,129	\$0	\$2,500
Custom Outfitters		\$2,502	\$3,730	\$4,000
Ivonel Art	Balloon Numbers	\$625	\$0	\$0
Custom Ink	Beer Discount Cups	\$0	\$409	\$500
WebstaurantStore	Beer Pitchers	\$0	\$46	\$50
Discount Mugs	Koozies	\$3,500	\$238	\$300
Lowcountry Golf Carts	shuttle golf carts	\$0	\$0	\$0



Month Bank Statements	Amount	Amount		Amount	
	FY 24	FY 23		FY 22	
July	\$ 23,973	\$	(33,927)	\$	(87,765)
August		\$	6,384	\$	74,198
Sept		\$	64,993	\$	94,248
Oct		\$	703	\$	99,683
Nov		\$	60,078	\$	28,474
Dec		\$	(142,336)	\$	(85,579)
Jan		\$	40,805	\$	6,604
Feb		\$	15,643	\$	8,433
Mar		\$	155,115	\$	63,696
Apr		\$	(58,630)	\$	7,451
May		\$	38,525	\$	84,129
June		\$	(30,856)	\$	19,129
Total	\$ 23,973	\$	116,497	\$	400,466

990

Department of the Treasury Internal Revenue Service

rn of Organization Exempt From come Tax

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

OMB No. 1545-0047 2022

Open to Public Inspection

For the 2022 calendar year, or tax year beginning 07/01/22, and ending 06/30/23D Employer identification number C Name of organization Check if applicable: Hilton Head Island Recreation Address change 57-0827128 Doing business as Name change Number and street (or P.O. box if mail is not delivered to street address) P.O. Box 22593 843-681-7273 Initial return City or town, state or province, country, and ZIP or foreign postal code Final return/ Hilton Head Island 4,203,344 SC 29925 G Gross receipts\$ Amended return Name and address of principal officer: H(a) Is this a group return for subordinates? Yes Application pending Steve Stauffer PO Box 22593 H(b) Are all subordinates included? Hilton Head Island SC 29925 If "No." attach a list. See instructions X 501(c)(3) 501(c) () (insert no.) 4947(a)(1) or www.islandreccenter.org Website: H(c) Group exemption number X Corporation Trust L Year of formation: 1985 Form of organization: Association M State of legal domicile: Part I Summary 1 Briefly describe the organization's mission or most significant activities: Community Recreation Activities & Governance if the organization discontinued its operations or disposed of more than 25% of its net assets. 3 Number of voting members of the governing body (Part VI, line 1a) 17 4 Number of independent voting members of the governing body (Part VI, line 1b) 17 5 Total number of individuals employed in calendar year 2022 (Part V, line 2a) 109 6 Total number of volunteers (estimate if necessary) 437 7a Total unrelated business revenue from Part VIII, column (C), line 12 b Net unrelated business taxable income from Form 990-T, Part I, line 11 **Current Year** 1,501,554 1,591,927 8 Contributions and grants (Part VIII, line 1h) Revenue 2,077,245 9 Program service revenue (Part VIII, line 2g) 1,981,595 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) -66,12543,574 364,118 490,598 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 3,781,142 4,203,344 12 Total revenue – add lines 8 through 11 (must equal Part VIII, column (A), line 12) 13 Grants and similar amounts paid (Part IX, column (A), lines 1–3) 14 Benefits paid to or for members (Part IX, column (A), line 4) 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 1,452,933 1,656,953 16a Professional fundraising fees (Part IX, column (A), line 11e) b Total fundraising expenses (Part IX, column (D), line 25) 1,872,657 2,184,643 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 18 Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25) 3,325,590 3,841,596 455,552 361,748 19 Revenue less expenses. Subtract line 18 from line 12 Beginning of Current Year End of Year 3,802,830 4,146,434 20 Total assets (Part X, line 16) 21 Total liabilities (Part X, line 26) 362,997 344,853 439,833 801,581 22 Net assets or fund balances. Subtract line 21 from line 20 Part II Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. Signature of officer Sign Executive Director Here Frank Soule Type or print name and title Print/Type preparer's name Check Paid Patrick P. Carey, Jr., CPA self-employed P00033247 Preparer Carey & Company P.A 57-0927046 Firm's EIN Use Only 70 Main Street, Suite 100 29926 843-681-4430 Hilton Head Island, May the IRS discuss this return with the preparer shown above? See instructions X Yes

Part IIII Statement of Program Service Accomplishments Check if Schedule O contains a response or note to any line in this Part III	Page :
Briefly describe the organization mission:	X
Community Recreation 2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-E2? If "Yes," describe these new services on Schedule O. 3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? If "Yes," describe these changes on Schedule O. 4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported. 4a (Code:) (Expenses \$ 216,161 including grants of \$) (Revenue \$ 193, Aquatics program 4b (Code:) (Expenses \$ 697,406 including grants of \$) (Revenue \$ 827, Athletic Program	. 23
2 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. 3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? If "Yes," describe these changes on Schedule O. 4 Describe the organization's program service accomplishments for each of its three targest program services, as measured by expenses. Section 501(6)3 and 501(6)40 organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported. 4a (Code:) (Expenses \$ 216,161 including grants of \$) (Revenue \$ 193, Aquatics program 4b (Code:) (Expenses \$ 697,406 including grants of \$) (Revenue \$ 827, Aquatics Program	
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4b (Code:) (Expenses \$ 697,406 including grants of \$) (Revenue \$ 827, Athletic Program	13
Athletic Program	
Athletic Program	48
4c (Code:) (Expenses \$ 540,885 including grants of \$) (Revenue \$ 740.	
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Youth/Teen Programs	
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Ad. Other program carricgs (Describe on Schadula O.)	
4d Other program services (Describe on Schedule O.) (Expenses \$ 1,961,055 including grants of \$) (Revenue \$ 315,644)	
(Expenses \$ 1,961,055 including grants of \$) (Revenue \$ 315,644) 4e Total program service expenses 3,415,507	

1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"		Yes	No
-	complete Schedule A	1	х	
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 public office? If "Yes," complete Schedule C, Part I	3		x
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		x
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors	··· -		
•	have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If			
	"Yes," complete Schedule D, Part I	6		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		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
0	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		X
1	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,			
	VII, VIII, IX, or X, as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"			:
	complete Schedule D, Part VI	11a	X	
b	Did the organization report an amount for investments—other securities in Part X, line 12, that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
С	Did the organization report an amount for investments—program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		х
d				
	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	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
2a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a		Х
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If			
	"Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
3	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E			X
4a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
þ	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
5	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		x
6	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
7	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on			
	Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		X
8	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	x	
9	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?			ı
	If "Yes," complete Schedule G, Part III			<u>X</u>
0a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H			X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
1	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 (2022) Hilton Head Is_and Recreation
Part IV Checklist of Required Schedules (continued)

	Oncokist of Required Concurred						
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individu	als on				Yes	No
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III				22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the						
	organization's current and former officers, directors, trustees, key employees, and highest compensa	ted					
	employees? If "Yes," complete Schedule J				23	ļ	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 like	nes 24	1b				.,
	through 24d and complete Schedule K. If "No," go to line 25a				24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?						
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the to defease any tax-exempt bonds?	e year			24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year'		• •		24d		
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an exce		nef	it			
	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 pric	ог				
	year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 9	90-EZ	<u>z?</u>				
	If "Yes," complete Schedule L, Part I				25b	<u></u>	X
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to an	y curre	∍nt	t			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%						
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II				26		X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trust		эy				
	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 the	se					v
00	persons? If "Yes," complete Schedule L, Part III				27	2011	X
28	Was the organization a party to a business transaction with one of the following parties (see the Sche	eaule L	-,				
а	Part IV, instructions for applicable filing thresholds, conditions, and exceptions): A current or former officer, director, trustee, key employee, creator or founder, or substantial contribu	tor2 If			F-1584.6	ALCHED S	23862
а	"Yes," complete Schedule L, Part IV	101 : 11			28a		x
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV				28b		X
c	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b?	lf				 	
	"Yes," complete Schedule L, Part IV				28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedu	ile M			29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualifications are contributions of art, historical treasures, or other similar assets, or qualifications are contributions of art, historical treasures, or other similar assets, or qualifications are contributions of art, historical treasures, or other similar assets, or qualifications are contributions of art, historical treasures, or other similar assets, or qualifications are contributions of art, historical treasures, or other similar assets, or qualifications are contributions of art, historical treasures, or other similar assets, or qualifications are contributions of art, historical treasures, or other similar assets, or qualifications are contributions of art, historical treasures, and the contributions are contributed as a contribute are contributed as a contributed are con	ed					
	conservation contributions? If "Yes," complete Schedule M				30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Sched	ule N,	Pa	art I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"						
	complete Schedule N, Part II				32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Reg	ulation	าร				
	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, Par				24		v
25-	or IV, and Part V, line 1 Did the organization have a controlled entity within the meaning of section 512(b)(13)?	· · · · · ·			34 35a		X
35a b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a				354		
b	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line				35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitate						
	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	nizatio					
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R,	Part VI	7		37		X
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines	11b ar	nd				
	19? Note: All Form 990 filers are required to complete Schedule O.				38	X	<u> </u>
Pa	ort V Statements Regarding Other IRS Filings and Tax Compliance						
<u>. </u>	Check if Schedule O contains a response or note to any line in this Part V		<u></u>				
		ایا	}	0.2	e House	Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable	1a	-	92 0			
b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable Did the organization comply with backup withholding rules for reportable payments to vendors and	1b		<u> </u>			
С	reportable gaming (gambling) winnings to prize winners?						secondary
						L	4

Pa	art V Statements Regarding Other IRS Filings and Tax Compliance (contin	ued)			Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			1000		
	Statements, filed for the calendar year ending with or within the year covered by this return	2a	109			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax retuined	ns?		2b		X
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?			3-		X
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		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other					<u> </u>
	a financial account in a foreign country (such as a bank account, securities account, or other financia	l accou	int)?	4a		x
b	If "Yes," enter the name of the foreign country					
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial A					
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transact	tion?		5b		X
С	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	е	*******			<u> </u>
	organization solicit any contributions that were not tax deductible as charitable contributions?			6a		x
b	If "Yes," did the organization include with every solicitation an express statement that such contribution	ns or				
	gifts were not tax deductible?			6b		
7	Organizations that may receive deductible contributions under section 170(c).			··· Jalias		
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for g	oods				
	and services provided to the payor?			7a	W-14 131 27 F.	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	• • • • • • •		7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was					
	required to file Form 8282?			7c		
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d		14683		
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit co		?	~~~~		10000000
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit control		* ***************	7f		
g	If the organization received a contribution of qualified intellectual property, did the organization file Fo		9 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization					
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintaine					
	anaparing arganization have average hypinage heldings at any time during the year?			8	and and a	
9	Sponsoring organizations maintaining donor advised funds.				HE HE	
а	Did the energy exemination make any tayable distributions under certify 40002			9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?					
10	Section 501(c)(7) organizations. Enter:					484616
а	Initiation fees and capital contributions included on Part VIII, line 12	10a				
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b				
11	Section 501(c)(12) organizations. Enter:	L				
а	Gross income from members or shareholders	11a				
b	Gross income from other sources. (Do not net amounts due or paid to other sources					
	against amounts due or received from them.)	11b				
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form)	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b				man
13	Section 501(c)(29) qualified nonprofit health insurance issuers.					
а	In the organization licensed to inque qualified health place in more than one state?			13a		
	Note: See the instructions for additional information the organization must report on Schedule O.			14/48		
b	Enter the amount of reserves the organization is required to maintain by the states in which					
	the organization is licensed to issue qualified health plans	13b			urna: Urna:	
С	Enter the amount of reserves on hand	13c	· · · · · · · · · · · · · · · · · · ·			
14a	Did the organization receive any payments for indoor tanning services during the tax year?			14a		X
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedul	e O		14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuner			···		
	excess parachute payment(s) during the year?			15		х
	If "Yes," see instructions and file Form 4720, Schedule N.					
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment	incom	≘?	16	, g galactiga	X
	If "Yes," complete Form 4720, Schedule O.		••••••		SUM	Mili
17	Section 501(c)(21) organizations. Did the trust, any disqualified or other person engage in any activi	ties		C 250 (2514)	Augrania (CE)	agroffel.
	that would result in the imposition of an excise tax under section 4951, 4952 or 4953?			17		
	If "Yes," complete Form 6069.					

Form 990 (2022) Hilton Head Island Recreation 57-08-1128 Page 6 Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" Part VI response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI Section A. Governing Body and Management Yes No 1a Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O. 17 Enter the number of voting members included on line 1a, above, who are independent 1b Did any officer, director, trustee, or key employee have a family relationship or a business relationship with X 2 any other officer, director, trustee, or key employee? Did the organization delegate control over management duties customarily performed by or under the direct 3 X supervision of officers, directors, trustees, or key employees to a management company or other person? Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? Did the organization become aware during the year of a significant diversion of the organization's assets? 5 6 Did the organization have members or stockholders? 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? X 7a Are any governance decisions of the organization reserved to (or subject to approval by) members, b X 7b stockholders, or persons other than the governing body? Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: X The governing body? X 8b Each committee with authority to act on behalf of the governing body? Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at X the organization's mailing address? If "Yes," provide the names and addresses on Schedule O Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Yes No X 10a Did the organization have local chapters, branches, or affiliates? 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 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? b Describe on Schedule O the process, if any, used by the organization to review this Form 990. X 12a 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 X 12b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," X describe on Schedule O how this was done 12c 13 Did the organization have a written whistleblower policy? 13 X Did the organization have a written document retention and destruction policy? 14 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? X The organization's CEO, Executive Director, or top management official 15a 15b Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions. 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement X 16a with a taxable entity during the year? b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? Section C. Disclosure SC List the states with which a copy of this Form 990 is required to be filed Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c) (3)s only) available for public inspection. Indicate how you made these available. Check all that apply. Own website Another's website X Upon request Other (explain on Schedule O) Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year. State the name, address, and telephone number of the person who possesses the organization's books and records 70 Main Street, Suite 100 John Britschge

843-681-4430

SC 29926

Hilton Head Island

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, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. See the instructions for the order in which to list the persons above.

Check this box if neith	er the organization no	r any related o	rganization :	compensated a	any current of	fficer, director, or trustee	

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.										
(A) Name and title					rson i lirecto	than or s both r/truste	an	(D) Reportable compensation from the	(E) Reportable compensation from related	(F) Estimated amount of other compensation
	(list any hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/ 1099-MISC/ 1099-NEC)	organizations (W-2/ 1099-MISC/ 1099-NEC)	from the organization and related organizations
(1) Steve Stauffer										
	0.50									
President	0.00	X		X				0	0	0
(2) Susan Hughson	0.50									
	0.50	٦,		4,				ام		^
Vice President	0.00	X		X	_	ļļ		0	0	0
(3) Ray Craver	0.50									
Secretary	0.50	x		x				o	o	0
(4) John Britschge										
(.,	0.50									
Treasurer	0.00	X		x				ol	0	0
(5) Kate Boardman		+==		==						
(0) 2120 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	0.50							,		
Board Director	0.00	X						ol	0	0
(6) Bubba Gillis										
(0) —	0.50									
Board Director	0.00	x						l ol	0	0
(7) Mary Hall										
(,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	0.50									
Board Director	0.00	X						ol	o	0
(8) Butch Kisiah										
(-,	0.50									
Board Director	0.00	X						o	o	0
(9) Keller Kristuck										
	0.50									
Board Director	0.00	X						ol	ol	0
(10) Mike Manesiotis										
(,	0.50									
Board Director	0.00	х						0	o	0
(11) Keri Olivetti						\vdash				
	0.50									
Board Director	0.00	x						0	0	0
	 	*								Form 990 (2022)

Part VII Section A. Officers	s, Director	ıstee	s, K	ey E	mpl	oyee	s, a	nd Highest Compense.	Employees (continued)	1 490
(A)	(B)			Pos check		than o		(D)	(E)	(F)
Name and title	Average hours per week	of	ficer a	nd a	directo	is both or/trust	ee)	Reportable compensation from the	Reportable compensation from related	Estimated amount of other compensation
	(list any hours for related	dividua	nstitutional	Officer	Key employee	ighest c	ormer	organization (W-2/ 1099-MISC/ 1099-NEC)	organizations (W-2/ 1099-MISC/ 1099-NEC)	from the organization and related organizations
	organizations below	or director	nal trustee		loyee	Highest compensated employee		1000-1120)	1035-NEO)	
	dotted line)	°	fee			ated				
(12) Marty Pauls	0.50									
Board Director	0.00	X			<u> </u>		ļ	0	0	(
(13) Reid Perry	0.50									
Board Director	0.00	X						0	0	(
(14) Danny Ragland	0.50									
Board Director	0.00	X						0	0	(
(15) Bob Stevens	0.50									
Board Director	0.00	x						0	o	C
(16) Barry Taylor	0.50									
Board Director	0.50	x						0	0	C
(17) Kyle Theodore	•									
Board Director	0.50	x	:					0	0	C
(18) Frank Soule										
Executive Director	40.00 X 107,232 0								C	
Incutative bilector	0.00			1				107,232	<u> </u>	
1b Subtotal								107,232		
c Total from continuation shee								107,232		
d Total (add lines 1b and 1c) . Total number of individuals (in	cluding but not I	imite	d to	thos	e lis	ted a	bove			
reportable compensation from	the organization	1	1_							Yes No
3 Did the organization list any fo employee on line 1a? If "Yes,"										a a a a a a a a a a a a a a a a a a a
4 For any individual listed on line	e 1a, is the sum	of re	porta	able	com	pens	atio	n and other compensation	from the	
organization and related organ										4 X
5 Did any person listed on line 1 for services rendered to the or	a receive or acc	rue o	comp	ens	ation	tron	n an	y unrelated organization or	' individual	
Section B. Independent Contracto	rs									
 Complete this table for your five compensation from the organization. 										ear.
Name and	(A) business address							Descript	(B) tion of services	(C) Compensation
							ļ			
							<u> </u>			
2 Total number of independent of								se listed above) who	0	

Part VIII Statement of Revenue

		Check it	Sch	edule O cont	ains a	a response or no	te to any line in th	is Part VIII		
		·	***************************************				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
ats Its	1a	Federated camp	paigns		1a					
Contributions, Gifts, Grants and Other Similar Amounts	b	Membership du			1b					
S, G	С	Fundraising eve			1c					
ar ar	d	Related organiz			1d					
S, C	е	Government grants (co	ontributio	ns)	1e	1,367,98	7			
ion	f	All other contributions,		•		000 04				
the E	a	and similar amounts no Noncash contributions			1f	223,94	4			
E O	9	lines 1a-1f			1g	\$				
S E	h						1,591,927			
						Business Co		100		
æ	2a	After-scho	ol cl	ub			277,380	277,380		
Program Service Revenue	b	Summer day	camp	,			246,330	246,330		
Sch	С	Fitness Pr	ogram	New			180,272	180,272		
Rev	d	Beaufort C	ounty				145,000	145,000		
5	e	Youth socc	er	.,			127,134	127,134		
LX.	f	All other program	n serv				1,101,129	1,101,129		
	g	Total. Add lines	2a-2f				2,077,245			
	3	Investment inco	me (in	cluding dividend	s, inte	rest, and		-		
		other similar am	ounts)	.,,,		, , , ,	43,574			43,574
	4	Income from inv	estme	nt of tax-exemp	t bond	proceeds				
	5	Royalties								
				(i) Real		(ii) Personal				male and
	6a	Gross rents	6a							
	b	Less: rental expenses	6b							Assessment of
	С	Rental inc. or (loss)	6c						77	
	d	Net rental incom	e or (I	oss)		<u> </u>				
	/a	Gross amount from sales of assets		(i) Securities		(ii) Other				
		other than inventory	7a							10000
ne	b	Less: cost or other						100	100	3 1 2 3 3 3 3 3
Other Revenue		basis and sales exps.	7b							
Re	С	Gain or (loss)	7c			<u> </u>				4
ler	d	Net gain or (loss	s)		بنشنش					
ö	8a	Gross income from	n fundra	ising events						
		(not including \$								
		of contributions rep	orted o	n line						
		1c). See Part IV, lir	ne 18		8a	490,59	8			
	b	Less: direct expe			8b					
	С	Net income or (I			events		490,598			
	9a	Gross income fr								
		activities. See P	art IV,	line 19	9a					
		Less: direct expe			9b					
	i i	Net income or (I			ities .					
	10a	Gross sales of in								
		returns and allow			10a					
	b	b Less: cost of goods sold 10b								
	С	Net income or (I	oss) fr	om sales of inve	entory					
Sn						Business Co	de			
e a	11a									
llar	b									
Miscellaneous Revenue	С									
Ξ		All other revenue								
								0 0== 0:=	-	
	12	Total revenue.	See in	structions			4,203,344	2,077,245	0	43,574

Part IX Statement of Functional Expenses

Secti	on 501(c)(3) and 501(c)(4) organizations must contains a response			mplete column (A).	X
Do n	ot include amounts reported on lines 6b, 7b,	(A)	(B)	(C)	(D)
	b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and				
	foreign individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees				
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
_	persons described in section 4958(c)(3)(B)	1,421,904	1,111,261	310,643	
7	Other salaries and wages	1,421,904	1,111,201	210,043	
8	Pension plan accruals and contributions (include				
^	section 401(k) and 403(b) employer contributions)	116,021	116,021		
9	Other employee benefits	119,028	119,021		
10 11	Payroll taxes Fees for services (nonemployees):	113,020	110,020		
	Management				
a b	Legal				
	Accounting	70,807	70,807		
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				
7	(A) amount, list line 11g expenses on Schedule O.)				
12	Advertising and promotion	55,757	55,757		
13	Office expenses				
14	Information technology				
15	Royalties				
16	Occupancy	267,273	267,273	05 100	
17	Travel	25,103	3	25,100	
18					
	for any federal, state, or local public officials	04 055	04 077		
19	Conferences, conventions, and meetings	24,277	24,277		
20	Interest				
21	Payments to affiliates	162 200	162,298		
22	Depreciation, depletion, and amortization	162,298	102,298		
23	Other eveness Itemize eveness not covered				
24	Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If				
	line 24e amount exceeds 10% of line 25, column				
	(A) amount, list line 24e expenses on Schedule O.)				
а	Special Events - Other Ex	441,509	441,509		THE PROPERTY OF SECURITIES SECURITIES AND ASSESSMENT OF THE PROPERTY OF THE PR
b	Recreation center cleanin	103,300	103,300		
Б	Youth soccer	98,154	98,154		
d	Rec Center pool	76,959	76,959		
e	All other expenses	859,206	768,860		
25	Total functional expenses. Add lines 1 through 24e	3,841,596	3,415,507	426,089	
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				
	following SOP 98-2 (ASC 958-720)				Form 990 (2022)

Form 990 (2022) Hilton Head Land Recreation

(e) Seginning of year End of year Seginning of year End of year End of year 1, 764, 452 1, 1, 215, 22 3 3 2 1, 307, 3 Pledges and grains receivable, net 1,500 3 1, 4 Accounts receivable, net 1,500 3 1, 4 Accounts receivable, net 1,500 3 1, 4 Accounts receivable, net 4 5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% 5 1 1 1 1 1 1 1 1 1	Part	X Balance Sheet Check if Schedule O contains a response or note	to any	line in this	Part X				
1 Cash—non-interest-bearing 1,764,452 1 1,215, 2 2 3 3 3 3 3 3 3 3									1 ' '
2 2 2 3 3 2 3 3 3 3							L		
2 Savings and temporary cash investments 3 Peleges and grants receivable, net 4 Accounts receivable, net 5 Loans and other receivable from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or farmly member of any of these persons 6 Loans and other receivables from their disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) 7 Notes and loans receivable, net 8 Inventories for sale or use 9 Prepaid expenses and deferred charges 10 Lady buildings, and equipment: cost or other basis. Complete Part VI of Schedule D 10 Less: accumulated deputyment cost or other basis. Complete Part VI of Schedule D 10 Less: accumulated deputyment cost or other basis. Complete Part VI of Schedule D 11 Investments—publicly traded securities 12 Investments—other securities. See Part IV, line 11 13 Investments—other securities. See Part IV, line 11 14 Intangible assets 15 Loans and cher receivables from the receivable for the securities of the securities	1	Cash—non-interest-bearing							1,215,317
A Accounts receivable, net 4 Canna 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 Canna and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) 6 7 Notes and loans receivable, net 7 Notes and loans receivable, net 8 Inventories for sale or use 9 Prepaid expenses and deferred charges 22,754 9 43, 10a Land, buildings, and equipment: cost or other basis. Complete Part Vi of Schedule D 10a 2,329,316 10b 852,150 1,389,366 10c 1,477, 11 Investments—publicity fueded securities 10b 852,150 1,389,366 10c 1,477, 11 Investments—publicity fueded securities 95,497 11 11 11 12 12 Investments—publicity fueded securities 95,497 11 11 11 13 Intangible assets 14 Intangible assets 15 Other assets. See Part IV, line 11 15 101, 16 Total assets. Add lines 1 through 15 (must equal line 33) 3,802,830 16 4,146, 146, 146, 146, 146, 146, 146, 14	2	Savings and temporary cash investments			1,307,173				
A Accounts receivable, net 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 6 Loans and other receivables from other disqualified persons (as defined under section 4958/(t/11), and persons described in section 4958(c)(3)(B) 7 Notes and loans receivable, net 8 Inventories for sale or use 9 Prepaid expenses and deferred charges 10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D 11b Notes and pulpment cost or other basis. Complete Part VI of Schedule D 12 Investments—publicly traded securities 13 Investments—publicly traded securities 14 Intrangible assets 15 Other assets. See Part IV, line 11 16 Total assets. Add lines 11 through 15 (must equal line 33) 17 Accounts payable and accrued expenses 18 Grants payable 19 Deferred revenue 20 Tax-exempt bond liabilities 21 Escrow or custodial ascount liability. Complete Part IV of Schedule D 22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% control early or family member of any of these persons 22 Unsecured notes and loans payable to unrelated third parties 23 Unsecured notes and loans payable to unrelated third parties 24 Unsecured notes and loans payable to unrelated third parties 25 Other liabilities (including federal income tax, payables to related third parties) 26 Total liabilities. Add lines 17 through 25 27 Organizations that do not follow FASB ASC 958, check here and complete lines 27, 27, 8, 2, and 33. 28 Net assets with donor restrictions 29 Paich in or capital surplus, or land, building, or equipment fund 31 Retained earnings, endowment, accumulated income, or other funds 31 A 3, 439, 833, 32 3, 439, 833, 32 3, 801, 18 3, 1839, 833, 32 3, 1801, 1839, 1833, 33 3, 1801, 1839, 1830, 1839, 1831, 1839, 1831, 1839, 1831, 1839, 1831, 1839, 1831	3	Pledges and grants receivable, net		1,500	3	1,484			
trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons 6 Loans and other receivables from other disqualified persons (as defined under section 4958/(c)(1)), and persons described in section 4958(c)(3)(B) 7 Notes and loans receivable, net 8 Inventories for sale or use 9 Prepaid expenses and deferred charges 10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D 1	4	Accounts receivable, net			4				
Controlled entity or family member of any of these persons 5	5	Loans and other receivables from any current or former	n (S. 11) julienium va – "Ziji Vilo						
Under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)					5				
1 1 1 1 1 1 1 1 1 1	6	Loans and other receivables from other disqualified pers	sons (a	s defined					
Notes and loans receivable, net 7 8 Inventories for sale or use 7 8 Inventories for sale or use 9 Prepaid expenses and deferred charges 22,754 9 43,	S	under section 4958(f)(1)), and persons described in sec	tion 49	58(c)(3)(B)				6	
10	7 38							7	
Pepaid expenses and deferred charges 22,754 9 43,	8 ¥							8	
10a 2,329,316	9	Prepaid expenses and deferred charges					22,754	9	43,441
b Less: accumulated depreciation	10a		1	[
b Less: accumulated depreciation	-	- · · · · · · · · · · · · · · · · · · ·	10a	2,	,329	, 316			
11 Investments—publicly traded securities 95,497 11 12 Investments—other securities. See Part IV, line 11 12 Investments—program-related. See Part IV, line 11 13 Intrangible assets 144 15 16 Total assets. See Part IV, line 11 16 Total assets. See Part IV, line 11 17 18 18 101, and a seeks. Add lines 1 through 15 (must equal line 33) 3,802,830 16 4,146, and a seeks. Add lines 1 through 15 (must equal line 33) 3,802,830 16 4,146, and a seeks. Add lines 1 through 15 (must equal line 33) 3,802,830 16 4,146, and a seeks. Add lines 1 through 15 (must equal line 33) 3,802,830 16 4,146, and a seeks. Add lines 1 through 15 (must equal line 33) 18 Grants payable 18 208,475 19 219, and a seeks with control line and a coround liabilities 20 Tax-exempt bond liabilities 20 Ta	Ь	Less: accumulated depreciation	10b					10c	1,477,166
12 Investments—other securities. See Part IV, line 11 13 Investments—program-related. See Part IV, line 11 14 15 16 16 17 17 18 18 19 19 19 19 19 19		Investments—publicly traded securities							
13 Investments—program-related. See Part IV, line 11 14 Intangible assets	12	Investments—other securities. See Part IV, line 11					<u> </u>		
14	13	Investments—program-related. See Part IV, line 11						13	
15 Other assets. See Part IV, line 11 16 Total assets. Add lines 1 through 15 (must equal line 33) 3,802,830 16 4,146, 146, 147 17 18 18 19 18 18 19 18 19 18 19 18 19 19	14	1.1						14	
16 Total assets. Add lines 1 through 15 (must equal line 33) 3,802,830 16 4,146, 17 Accounts payable and accrued expenses 38,867 17 63, 18 Grants payable 18 19 Deferred revenue 208,475 19 219, 20 Tax-exempt bond liabilities 20 21 Escrow or custodial account liability. Complete Part IV of Schedule D 21 22 Loans and other payables to any current or former officer director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons 22 23 Secured mortgages and notes payable to unrelated third parties 23 24 Unsecured notes and loans payable to unrelated third parties 24 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D 115,655 25 61, 26 Total liabilities. Add lines 17 through 25 362,997 26 344, 27 Net assets with donor restrictions 3,439,833 27 3,801, 28 Net assets with donor restrictions 28 29 Capital stock or trust principal, or current funds 29 30 Paid-in or capital surplus, or land, building, or equipment fund 30 31 Retained earnings, endowment, accumulated income, or other funds 3,439,833 32 3,801,	15				15	101,853			
17 Accounts payable and accrued expenses 38,867 17 63, 18 Grants payable 208,475 19 219, 20 22 20 21 22 20 22 20 22 20 23 24 25 25 25 25 25 25 25	16	Total assets, Add lines 1 through 15 (must equal line 3)	,	3,802,830	16	4,146,434			
18 Grants payable 18 208,475 19 219,	17					63,501			
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20 Tax-exempt bond liabilities 20	19	Deferred revenue		208,475	19	219,718			
21 Escrow or custodial account liability. Complete Part IV of Schedule D 22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons 23 Secured mortgages and notes payable to unrelated third parties 24 Unsecured notes and loans payable to unrelated third parties 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D 26 Total liabilities. Add lines 17 through 25. 27 Organizations that follow FASB ASC 958, check here and complete lines 27, 28, 32, and 33. 28 Net assets with donor restrictions 29 Net assets with donor restrictions 29 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 Paid-in or capital surplus, or land, building, or equipment fund 30 Retained earnings, endowment, accumulated income, or other funds 31 Retained earnings, endowment, accumulated income, or other funds 31 Total net assets or fund balances 31 A 39, 833 32 3, 801,	20							20	
22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons 22	21							21	
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23 Secured mortgages and notes payable to unrelated third parties 24 Unsecured notes and loans payable to unrelated third parties 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D 26 Total liabilities. Add lines 17 through 25 27 Organizations that follow FASB ASC 958, check here and complete lines 27, 28, 32, and 33. 28 Net assets with donor restrictions 29 Net assets with donor restrictions 20 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 30 Paid-in or capital surplus, or land, building, or equipment fund 31 Retained earnings, endowment, accumulated income, or other funds 32 Total net assets or fund balances 3,439,833 32 3,801,	ig							22	The second second of Arise Arise Arise (Arise Arise)
24 Unsecured notes and loans payable to unrelated third parties 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D 26 Total liabilities. Add lines 17 through 25 27 Organizations that follow FASB ASC 958, check here and complete lines 27, 28, 32, and 33. 28 Net assets without donor restrictions 29 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 30 Paid-in or capital surplus, or land, building, or equipment fund 30 Retained earnings, endowment, accumulated income, or other funds 31 Total net assets or fund balances 32 A 4 4	☐ ₂₃							23	.,,
25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D 26 Total liabilities. Add lines 17 through 25 Corganizations that follow FASB ASC 958, check here and complete lines 27, 28, 32, and 33. 27 Net assets without donor restrictions 28 Net assets with donor restrictions 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 Capital stock or trust principal, or current funds 30 Paid-in or capital surplus, or land, building, or equipment fund 30 Retained earnings, endowment, accumulated income, or other funds 31 Retained earnings, endowment, accumulated income, or other funds 31 Total net assets or fund balances								24	
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26 Total liabilities. Add lines 17 through 25 362,997 26 344,		- (O -) 1 - D					115,655	25	61,634
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Organizations that do not follow FASB ASC 958, check here and complete lines 29 through 33. Capital stock or trust principal, or current funds Paid-in or capital surplus, or land, building, or equipment fund Retained earnings, endowment, accumulated income, or other funds Total net assets or fund balances Organizations that do not follow FASB ASC 958, check here and complete lines 29 through 33. Retained earnings, endowment, accumulated income, or other funds 30 31 31 32 33,801,	· 전 28	***************************************						28	
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30 Paid-in or capital surplus, or land, building, or equipment fund 31 Retained earnings, endowment, accumulated income, or other funds 32 Total net assets or fund balances 33,439,833,32,3,801,	ნ 29	· · · · · · · · · · · · · · · · · · ·		over the second of the second	29	an your move super meaning section of a section and superior in a			
31 Retained earnings, endowment, accumulated income, or other funds 31 32 32 Total net assets or fund balances 33 3439,833 32 3,801,	\$ 30								
32 Total net assets or fund balances 3,439,833 32 3,801,	88 31								
2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	ਰੂ 32						3,439,833		3,801,581
Total liabilities and net assets/fund balances 3,802,830 33 4,146,	Ž 33	****************					3,802,830	33	4,146,434

Form **990** (2022)

orr	1990 (2022) Hilton Head Island Recreation	57-08-7128			Pa	ge 12
Pa	irt XI Reconciliation of Net Assets					
	Check if Schedule O contains a response or note to any line in	this Part XI		<u> </u>		
1	Total revenue (must equal Part VIII, column (A), line 12)		1	4,2		
2	Total expenses (must equal Part IX, column (A), line 25)		2	3,8		
3	m 1 014 18 05 18 1		3		<u>61,</u>	
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, colu	mn (A))	4	3,4	39,	833
5	Net unrealized gains (losses) on investments		5			
6	Donated services and use of facilities		6			
7	Investment expenses		7			
8	Prior period adjustments		8			
9	Other changes in net assets or fund balances (explain on Schedule O)		9			
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equ					
	32, column (B))		10	3,8	01,	<u>581</u>
Pa	rt XII Financial Statements and Reporting					
	Check if Schedule O contains a response or note to any line in	this Part XII				للا
					Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual	Other				
	If the organization changed its method of accounting from a prior year or checked	"Other," explain on				
	Schedule O.					
2a	Were the organization's financial statements compiled or reviewed by an indepen	dent accountant?		2a		X
	If "Yes," check a box below to indicate whether the financial statements for the ye	ar were compiled or				
	reviewed on a separate basis, consolidated basis, or both:					
	Separate basis Consolidated basis Both consolidated and se	eparate basis				
b	Were the organization's financial statements audited by an independent accounta	int?		2b		X
	If "Yes," check a box below to indicate whether the financial statements for the ye	ar were audited on a				
	separate basis, consolidated basis, or both:					
	Separate basis Consolidated basis Both consolidated and se	eparate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes re	sponsibility for oversight of				
	the audit, review, or compilation of its financial statements and selection of an ind	ependent accountant?		2c		
	If the organization changed either its oversight process or selection process durin	g the tax year, explain on				
	Schedule O.					
За	As a result of a federal award, was the organization required to undergo an audit	or audits as set forth in the				
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?			3a		
b	If "Yes," did the organization undergo the required audit or audits? If the organization	ion did not undergo the				

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

3b

Form **990** (2022)

DAA

990

Department of the Treasury Internal Revenue Service

n of Organization Exempt From I ome 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.

For the 2021 calendar year, or tax year beginning 07/01/21, and ending 06/30/22

2021 Open to Public Inspection

OMB No. 1545-0047

_	FOI the 2021 C	aleridar year, or tax year beginning 07701721, and ending 0075072			
В	Check if applicable:	C Name of organization		D Employer	identification number
	Address change	Hilton Head Island Recreation			
	Name change	Doing business as			827128
\exists	AND	Number and street (or P.O. box if mail is not delivered to street address) P.O. Box 22593	Room/suite	E Telephone	681-7273
Н	Initial return Final return/	City or town, state or province, country, and ZIP or foreign postal code		043-	001-7273
	terminated			en consideration	0 701 140
	Amended return	Hilton Head Island SC 29925 F Name and address of principal officer:		G Gross rece	eipts\$ 3,781,142
$\overline{\Box}$	Application pending		H(a) Is this a gro	oup return for su	bordinates? Yes X No
ш	Application pending	Mary Hall	13:750707077-04800323-05003		.
		c/o P.O. Box 22593	H(b) Are all sub		
		Hilton Head Island SC 29925	If "No,	" attach a list. !	See instructions
1	Tax-exempt status:	X 501(c)(3) 501(c) () ◀ (insert no.) 4947(a)(1) or 527			
J	Website: ► W	ww.islandreccenter.org	H(c) Group exe	mption number	
K	Form of organization:	X Corporation Trust Association Other ► L Y	ear of formation: 1	985	м State of legal domicile: SC
F	Part I Su	mmary			
	1 Briefly de	scribe the organization's mission or most significant activities:			
0		unity Recreation	******		
Activities & Governance	**********				
Ē	*******				
Ne.	2 Check th	s have N I if the assemblation discontinued its executions as discoord of more than 25	0/ of its not as		
တိ		s box if the organization discontinued its operations or disposed of more than 25		1 - 1	16
ంద		of voting members of the governing body (Part VI, line 1a)		3	16
ties	4 Number	of independent voting members of the governing body (Part VI, line 1b)		4	16
Ξ	5 Total nun	ber of individuals employed in calendar year 2021 (Part V, line 2a)		. 5	115
t		ber of volunteers (estimate if necessary)		_	448
-	7a Total unre	elated business revenue from Part VIII, column (C), line 12		7a	0
	b Net unrel	ated business taxable income from Form 990-T, Part I, line 11		7b	0
_	D IVEC UNITED	ated business taxable income from 1 offin 550-1, Fart 1, line 11	Prior Ye		Current Year
	8 Contribut	ons and grants (Part VIII, line 1h)		7,239	1,501,554
ne	0 December	ons and grants (Part VIII, line 1h)		1,761	1,981,595
en,	9 Program	service revenue (Part VIII, line 2g)			
Revenue	10 Investme	nt income (Part VIII, column (A), lines 3, 4, and 7d)		6,910	-66,125
L	11 Other rev	enue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	6	4,679	364,118
	12 Total reve	enue – add lines 8 through 11 (must equal Part VIII, column (A), line 12)	2,85	0,589	3,781,142
	13 Grants ar	d similar amounts paid (Part IX, column (A), lines 1–3)			0
		paid to or for members (Part IX, column (A), line 4)			0
	4- 0 1	other compensation, employee benefits (Part IX, column (A), lines 5–10)	1 26	5,676	1,452,933
Expenses	15 Salaries,	outlet compensation, employee benefits (Fart IX, column (X), lines 5–10)	1,20	3,070	1,402,000
ens	16a Professio	nal fundraising fees (Part IX, column (A), line 11e)		. Selection in the sele	
xp	b Total fund	fraising expenses (Part IX, column (D), line 25) ▶ 0			EMPERIOR NO PORTOR
Ш	17 Other ext	enses (Part IX, column (A), lines 11a-11d, 11f-24e)		4,156	1,872,657
	18 Total exp	enses. Add lines 13–17 (must equal Part IX, column (A), line 25)	2,73	9,832	3,325,590
	19 Revenue	less expenses. Subtract line 18 from line 12	11	0,757	455,552
20	3		Beginning of Cu		End of Year
ets	20 Total ass	ets (Part X, line 16)	3,15	4,741	3,802,830
ASS	21 Total liab	lities (Part X, line 26)		0,414	362,997
Net Assets or	22 Net accel	s or fund balances. Subtract line 21 from line 20		4,327	3,439,833
		Inature Block	2,00	1,52,	3/433/033
_		· · · · · · · · · · · · · · · · · · ·			A CONTRACTOR OF THE CONTRACTOR
		erjury, I declare that I have examined this return, including accompanying schedules and stateme emplete. Declaration of preparer (other than officer) is based on all information of which preparer h			owledge and belief, it is
	de, correct, and co	implete. Declaration of preparer (other than officer) is based on all information of which preparer in	as any knowledg	je.	
	_				
Siç	gn 🛭 🗗 s	gnature of officer		Date	
He	re 👠	Frank Soule Execut	tive Dia	rector	
		rpe or print name and title			
	Print/Type	preparer's name Preparer's signature	Date /	/ Check	if PTIN
Pai	4	1011 151 - 1 De a De a De	1/25	755	
	norer	k P. Carey, Jr., CPA Patricy Darrey, Ir., CPA	10/01/	self-em	
	parer Firm's nar		F	irm's EIN	57-0927046
USE	Only	70 Main Street, Suite 100 //			
	Firm's add	ross > Hilton Head Island, SC 2992/6	F	hone no.	843-681-4430
May	y the IRS discus	s this return with the preparer shown above? See instructions			X Yes No
		ction Act Notice, see the separate instructions.			Form 990 (2021)

Form 9	990 (2021) Hilton Head		57-082.128	Page 2
Par		m Service Accomplishments		ভ
		contains a response or note to a	iny line in this Part III	X
	Briefly describe the organization's mi			
Cç	ommunity Recreation	n		
,				
	•			
2 [Did the organization undertake any s	ignificant program services during the y	ear which were not listed on the	
				Yes X No
	If "Yes," describe these new services	s on Schedule O.		
		ng, or make significant changes in how i	t conducts, any program	
	services?			Yes X No
1	If "Yes," describe these changes on			
4 [Describe the organization's program	service accomplishments for each of its	s three largest program services, a	s measured by
6	expenses. Section 501(c)(3) and 501	(c)(4) organizations are required to repo	ort the amount of grants and alloca	itions to others,
t	the total expenses, and revenue, if a	ny, for each program service reported.		
		213,216 including grants	s of \$)	(Revenue \$ 168,629)
Αç	quatics program	·····		
	•			
		·		.,
4h /	(Code:) (Expenses \$	618 667 including grants	e of \$	(Revenue \$ 691,703)
	thletic Program			
,				
	•			
	•		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
•				
•				
				-
	(Code:) (Expenses \$	483,235 including grants	s of \$)	(Revenue \$ 819,519)
Υc	outh/Teen Programs			
			,	
,				
	Other program services (Describe on	Schedule O.)	\	301 743 \
		19 including grants of \$) (Revenue \$	301,743)
4e	Total program service expenses 🕨	2,933,937		

Checklist of Required Schedules Part IV Yes No Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," X complete Schedule A 1 X Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? 2 2 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 X Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) X 4 election in effect during the tax year? If "Yes," complete Schedule C, Part II Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, 5 X assessments, or similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III 5 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I X 6 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II X Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes, complete Schedule D, Part III X 8 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 X debt negotiation services? If "Yes," complete Schedule D, Part IV Did the organization, directly or through a related organization, hold assets in donor-restricted endowments 10 X or in quasi endowments? If "Yes," complete Schedule D, Part V If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, 11 VII. VIII. IX. or X. as applicable. a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," 11a | X complete Schedule D, Part VI b Did the organization report an amount for investments—other securities in Part X, line 12, that is 5% or more X of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII 11b c Did the organization report an amount for investments—program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII Х 11c d Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX X 11d 11e | X e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses X the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X 11f 12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete X Schedule D, Parts XI and XII 12a 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 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E 13 14a Did the organization maintain an office, employees, or agents outside of the United States? 14a b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV X 14b Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or X for any foreign organization? If "Yes," complete Schedule F, Parts II and IV 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 X Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions 17 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on 18 Х Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II 18 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? 19 X 19 If "Yes," complete Schedule G, Part III 20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H 20a 20b b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or Х domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II.

Pa	art 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	and the second		i
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the			ĺ
	organization's current and former officers, directors, trustees, key employees, and highest compensated			17
	employees? If "Yes," complete Schedule J	23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than			ĺ
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b	04-		v
	through 24d and complete Schedule K. If "No," go to line 25a	24a		X
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	24c		
	to defease any tax-exempt bonds?	24d		
d 25-	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
25a	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		х
h	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior			
b	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	,		
2.0	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		х
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key			
	employee, creator or founder, substantial contributor or employee thereof, a grant selection committee	•		
	member, or to a 35% controlled entity (including an employee thereof) or family member of any of these			
	persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L,			
	Part IV, instructions for applicable filing thresholds, conditions, and exceptions):			i.
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV	28a		X
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
С	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If			
	"Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
	conservation contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"			
	complete Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			1
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33	ļ	X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III,			v
	or IV, and Part V, line 1			X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	ļ	X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a	25%		
	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b	 	\vdash
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable	36		x
07	related organization? If "Yes," complete Schedule R, Part V, line 2 Did the organization conduct more than 5% of its activities through an entity that is not a related organization			- 22
37	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		·	
20	19? Note: All Form 990 filers are required to complete Schedule O.	38	х	
P	art V Statements Regarding Other IRS Filings and Tax Compliance			
. : # 1;5	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a 69		40.5	
b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b 0		Hadi	
c	Did the organization comply with backup withholding rules for reportable payments to vendors and	44 6		
-	reportable gaming (gambling) winnings to prize winners?	1c	<u> </u>	

Pa	art V Statements Regarding Other IRS Filings and Tax Compliance (contin	ued)		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 115	Selling.		NE:
b	If at least one is reported on line 2a, did the organization file all required federal employment tax retur	ns?	2b		Х
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. See instructions	***************************************	9.44		N.
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?		3a		Х
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule	0	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other a		, .		
	a financial account in a foreign country (such as a bank account, securities account, or other financial	-	4a		х
b	If "Yes " enter the name of the foreign country		. 100	15-11-5	
-	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial A				
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		5a	1.4 / 1.50	X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction.	tion2	5b		X
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	((O)):	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	•	30		
va	organization solicit any contributions that were not tax deductible as charitable contributions?	C	6a		х
h			Oa		
b	If "Yes," did the organization include with every solicitation an express statement that such contribution after were not toy deductible?	1115 01	C h		l
	gifts were not tax deductible?		6b	Maria h	Norm
7	Organizations that may receive deductible contributions under section 170(c).				iky.
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for g	joods	1882/19		474.2
	and services provided to the payor?		7a		ſ
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	S			l
	required to file Form 8282?	r	7c	Section in	1,514
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit or		7e		·
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contra	*******************	7f		
g	If the organization received a contribution of qualified intellectual property, did the organization file Fo		. 7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization		7h	. 11 AU 1 L	
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintaine	d by the		Eggineral.	
	sponsoring organization have excess business holdings at any time during the year?		. 8	Part I et	D. Trans
9	Sponsoring organizations maintaining donor advised funds.		Mirikie		
a	Did the sponsoring organization make any taxable distributions under section 4966?		9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	***************************************	9b	Galernian.	Na a
10	Section 501(c)(7) organizations. Enter:	امدا	r skands Patients		da de Balan
а	Initiation fees and capital contributions included on Part VIII, line 12	10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b			
11	Section 501(c)(12) organizations. Enter:	11	12 (13 (13) 12 (14)		1 1 1
а	Gross income from members or shareholders	11a			1
b	Gross income from other sources. (Do not net amounts due or paid to other sources				
	against amounts due or received from them.)	11b			- 1
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form		. 12a	994, 1 J J S	
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		Tily Ha		<u> </u>
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.		Makki Makki		
b	Enter the amount of reserves the organization is required to maintain by the states in which				
	the organization is licensed to issue qualified health plans	13b			
С	Enter the amount of reserves on hand	13c			
14a	Did the organization receive any payments for indoor tanning services during the tax year?		14a		X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedul	e O	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuner	ation or			
	excess parachute payment(s) during the year?		15		X
	If "Yes," see instructions and file Form 4720, Schedule N.			Man J	#1.E
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.		1.585		p#11-
17	Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in				
	activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953?		. 17		
	If "Yes," complete Form 6069.		1403		

Form 990 (2021) Hilton Head Island Recreation 57-082,128 Page 6 Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" Part VI response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI Section A. Governing Body and Management Yes No 16 Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O. Enter the number of voting members included on line 1a, above, who are independent 16 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with X any other officer, director, trustee, or key employee? 2 Did the organization delegate control over management duties customarily performed by or under the direct 3 supervision of officers, directors, trustees, or key employees to a management company or other person? Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? Did the organization become aware during the year of a significant diversion of the organization's assets? 5 Did the organization have members or stockholders? 6 6 Did the organization have members, stockholders, or other persons who had the power to elect or appoint X one or more members of the governing body? Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? X Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: 8 The governing body? 8a X 8b Each committee with authority to act on behalf of the governing body? Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at X the organization's mailing address? If "Yes," provide the names and addresses on Schedule O. Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Yes No 10a Did the organization have local chapters, branches, or affiliates? 10a b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? 10b 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? b Describe on Schedule O the process, if any, used by the organization to review this Form 990. X 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 Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes." describe on Schedule O how this was done X 12c 13 Did the organization have a written whistleblower policy? 13 X 14 14 Did the organization have a written document retention and destruction policy? Did the process for determining compensation of the following persons include a review and approval by 15 independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? The organization's CEO, Executive Director, or top management official X 15a Х Other officers or key employees of the organization 15b If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions. 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement X with a taxable entity during the year? 16a b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? 16b Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed ▶ SC Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c) (3)s only) available for public inspection. Indicate how you made these available. Check all that apply. Own website Another's website X Upon request Other (explain on Schedule O) Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year. State the name, address, and telephone number of the person who possesses the organization's books and records Kate Boardman 88 Main Street, Suite A 843-681-7273

Hilton Head Island

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

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

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

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

See the instructions for the order in		•				Ŭ		, ,		
Check this box if neither the org	anization nor an	y rela	ated	orga	niza	tion	com	pensated any current office	er, director, or trustee.	
(A) Name and title	(B) Average hours per week	bo	x, unle	Pos check ess pe	rson	than c is both or/trust	an	(D) Reportable compensation from the	(E) Reportable compensation from related	(F) Estimated amount of other compensation
	(list any hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/ 1099-MISC/ 1099-NEC)	organizations (W-2/ 1099-MISC/ 1099-NEC)	from the organization and related organizations
(1)Mary Hall		†				 	ļ			
<u>-</u>	0.50									
President	0.00	X		X				0	0	0
(2) Susan Hughson		1			ļ		<u> </u>			
	0.50				ĺ					
Vice President	0.00	X		Х				o	0	0
(3) Steve Stauffer		1								
•	0.50									
Treasurer	0.00	X		Х				0	0	0
(4) John Britschge										
. ,	0.50									
Secretary	0.00	X		x				ol	0	0
(5) Kate Boardman		1								
(-,	0.50	ŀ								
Board Director	0.00	X						0	0	0
(6) John Brighton		 -			-					
(1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1	0.50									
Board Director	0.00	X						o	0	0
(7) Ray Craver		1==								
(,	0.50									
Board Director	0.00	X						o	0	0
(8) Bubba Gillis		1								
(*/= ***********************************	0.50									
Board Director	0.00	X						o	0	0
(9) Mike Manesiotis	0.00	 								
(1,111111111111111111111111111111111111	0.50									
Board Director	0.00	X						o	0	0
(10) Danny Ragland										
(10)=011112 1103=0110	0.50									
Board Director	0.00	x						o	o	0
(11) Keri Olivetti		 								
, ,	0.50									
Board Director	0.00	X						o	o	0
				لـــــــا				·		

Part VII	Section A. Officers	, Directors	stee	s, K	ey E	mpl	oyee	s, a	nd Highest Compensa	Employees (continued)	***************************************			
	(A) Name and title	(B) Average hours	(C) Position (do not check more than or box, unless person is both officer and a director/truste						(D) Reportable compensation	(E) Reportable compensation		(F) mated a of othe	er	
		per week (list any hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	from the organization (W-2/ 1099-MISC/ 1099-NEC)	from related organizations (W-2/ 1099-MISC/ 1099-NEC)	org	ompens from the anization d organ	ne	S
(12) M	arty Pauls	0.50	x						0	0				
(13) A	lan Perry	0.50							O					
Board D:	irector ob Stevens	0.00	X						0	0				
Board D:	irector arry Taylor	0.00	х					·	0	0				(
Board D:	irector yle Theodore	0.50	х						0	0				(
Board D:	_	0.50 0.00	х						0	0			······	(
	ve Director	40.00 0.00			x				104,763	0				(
		• · · · · · · · · · · · · · · · · · · ·		, and the state of										
1b Subtot	al	ets to Part VII, S	Secti	on A	 		· · · · · · · · · · · · · · · · · · ·	>	104,763					
2 Total n	add lines 1b and 1c) umber of individuals (ind ble compensation from				thos	e list	ted a	bove	104,763 e) who received more than	\$100,000 of				
employ 4 For any	ree on line 1a? If "Yes," y individual listed on line ation and related organ	complete Schede 1a, is the sum	<i>dule</i> of re	J for porta	<i>suci</i> able	h ind com	lividu pens	al . atio	n and other compensation omplete Schedule J for suc	from the			Yes	X X
5 Did any									y unrelated organization or for such person	individual		5		X
1 Comple		e highest comp							actors that received more t lar year ending with or with		ar.			
		(A) business address								(B) ion of services		Соп	(C) npensati	ion
													,	

	umber of independent c d more than \$100,000 c								se listed above) who	0				

Pa	rt V	III Stateme	ent of	Revenue	oine a	raenon	se or note	to any line in thi	s Part VIII		
		CHECKII	SCITE	edule O conta	31115 6	respon	se of flote	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
ts st	1a	Federated camp	aigns		1a						
irar	b	Membership due			1b					April Dirther by the	
S, G	С	Fundraising ever			1c						
Sift	d	Related organiza			1d						
ini)	е	Government grants (co	ntribution	is)	1e	1,	293,005				
Contributions, Gifts, Grants and Other Similar Amounts	f	All other contributions, and similar amounts no			1f		208,549				
ğ	g	Noncash contributions i	included	in							
ont		lines 1a-1f			1g			1 501 554			
a C	h	Total. Add lines	1a-1f				P	1,501,554			
							Business Code	242,193	242,193		
ice	2a	Summer day					····	226,512			
ie Š	b	b Discovery club state grants c After-school club d Beaufort County pool					163,370				
am (4					135,000					
Program Service Revenue	u	Fitness Pro	· · · · · · ·					127,605			
٣	f	All other program						1,086,915			
		Total. Add lines						1,981,595		2.96	
	3	Investment incor									
		other similar am	•	-			>	-66,125			-66,125
	4	Income from inv					•				
	5	Royalties									
		•		(i) Real		l	'ersonal				
	6a	Gross rents	6a					September 1985			100
	b	Less: rental expenses	6b								
	С	Rental inc. or (loss)	6с						4		
	_d	Net rental incom	e or (I	oss)			<u></u>				
	7a	Gross amount from sales of assets		(i) Securities		(ii)	Other	and the second			
		other than inventory	7a		- ,						
re	b	Less: cost or other							and the second second		
ven		basis and sales exps.	7b			ļ		1000			
Re	С	Gain or (loss)	7c			1		100			
her Revenue		Net gain or (loss			· · · · · · · ·		<u></u>				
õ	8a	Gross income from		ising events				100			
		(not including \$							100000000000000000000000000000000000000		
		of contributions rep		on line			264 110	The second second			
		1c). See Part IV, lir	,		8a 8b	<u> </u>	364,118			-	
	ł .	Less: direct expe		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	<u></u>	<u> </u>		364,118			
	ł	Net income or (I Gross income fr			events	1		304,210			5.0
	эа	activities. See P			9a						
	l in	Less: direct exp			9b						
	ŀ	Net income or (I				L	>				
	1	Gross sales of in			VILICS.					4	200
	IVa	returns and allow			10a						
	h	Less: cost of go			10b				16.0	of the second	
		Net income or (I					>				
·s			/				Business Code	1967年 - EAPTE		- A5	
e e	11a										
ane	b	*									
cell	С										
Miscellaneous Revenue	d	All other revenu									
	<u>е</u>	Total. Add lines	11a-	11d		<u></u>			11.55		-
	40	Total rayanya	Coo in	atrustiana				3 781 142	1.981.595	1 0	-66.125

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 (D) Fundraising (B) Program service expenses (A) Do not include amounts reported on lines 6b, 7b, Management and Total expenses 8b, 9b, and 10b of Part VIII. general expenses expenses Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 Grants and other assistance to domestic individuals. See Part IV, line 22 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 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(f)(1)) and persons described in section 4958(c)(3)(B) 1,233,284 959,903 273,381 Other salaries and wages 7 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) 111,550 Other employee benefits 111,550 108,099 108,099 10 Payroll taxes Fees for services (nonemployees): 11 Management Legal b 65,602 65,602 Accounting Lobbying Professional fundraising services. See Part IV, line 17 Investment management fees Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.) 27,629 27,629 12 Advertising and promotion Office expenses 13 Information technology 14 15 Royalties 214,284 214,284 Occupancy 16 31,472 95 31,567 17 Payments of travel or entertainment expenses 18 for any federal, state, or local public officials 24,360 24,360 Conferences, conventions, and meetings 19 20 Payments to affiliates 21 147,641 147,641 Depreciation, depletion, and amortization 22 23 Other expenses, Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.) 331,311 331,311 Special Events 109,003 109,003 Recreation center cleanin Youth soccer 90,833 90,833 С 58,930 58,930 Summer day camp 771,497 684,697 86,800 e All other expenses 3,325,590 2,933,937 391,653 Total functional expenses. Add lines 1 through 24e 25 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)

Part X Balance Sheet

Check if Schedule O contains a response or note to any line in this Part X (B) Beginning of year End of year 1,246,948 1,764,452 Cash—non-interest-bearing Savings and temporary cash investments 505,711 2 529,261 Pledges and grants receivable, net 3 3 Accounts receivable, net 4 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 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) 6 7 Notes and loans receivable, net 8 Inventories for sale or use 18,790 22,754 Prepaid expenses and deferred charges 9 10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D 2,090,837 10a b Less: accumulated depreciation 701,471 1,269,969 1,389,366 10b 10c 113,323 95,497 11 11 Investments—publicly traded securities Investments—other securities. See Part IV, line 11 12 12 13 Investments—program-related. See Part IV, line 11 13 14 14 Intangible assets Other assets. See Part IV, line 11 15 15 3,154,741 3,802,830 16 16 Total assets. Add lines 1 through 15 (must equal line 33) 45,894 38,867 17 Accounts payable and accrued expenses 17 18 18 Grants payable 182,405 208,475 19 19 Deferred revenue 20 20 Tax-exempt bond liabilities Escrow or custodial account liability. Complete Part IV of Schedule D 21 Loans and other payables to any current or former officer, director, 22 Liabilities trustee, key employee, creator or founder, substantial contributor, or 35% 22 controlled entity or family member of any of these persons Secured mortgages and notes payable to unrelated third parties 23 24 Unsecured notes and loans payable to unrelated third parties ______ 24 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X 115,655 92,115 of Schedule D 320,414 362,997 26 26 Total liabilities. Add lines 17 through 25 Organizations that follow FASB ASC 958, check here ▶ X Net Assets or Fund Balances and complete lines 27, 28, 32, and 33. Net assets without donor restrictions 3,439,833 2,834,327 27 27 Net assets with donor restrictions 28 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 Paid-in or capital surplus, or land, building, or equipment fund 30 30 Retained earnings, endowment, accumulated income, or other funds 31 2,834,327 3,439,833 Total net assets or fund balances 32 32 3,154,741 3,802,830 33 Total liabilities and net assets/fund balances

Form 990 (2021)

Schedule O.

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

b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits

Single Audit Act and OMB Circular A-133?

Form 990 (2021)

3a

3b

SCHEDULE A (Form 990)

Pu_lic Charity Status and Public Support

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

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

Part I

► Attach to Form 990 or Form 990-EZ.

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

Hilton Head Island Recreation

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

The	e organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)							
1								
2	A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).)							
3		A hospital or	a cooperative hospital servi	ce organization described in sec	ction 170	(b)(1)(A)	(iii).	
4				d in conjunction with a hospital of				ospital's name
		city, and stat		,				,
5		-		of a college or university owned	or operat	ed by a d	overnmental unit described in	
			(b)(1)(A)(iv). (Complete Part		o, opola	ou by u g	overmiental and described in	
6	\Box			jovernmental unit described in s	ection 17	70(b)(1)(4	1)(v)	
7	X			substantial part of its support fro				•
•	تت		section 170(b)(1)(A)(vi). (C		om a gov	cimicina	runk or from the general publi	.
8		A community	trust described in section	170(b)(1)(A)(vi). (Complete Part	t II.)			
9		An agricultur	al research organization des	scribed in section 170(b)(1)(A)(i	ix) operat	ed in con	junction with a land-grant colle	ge
	or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or							
		university:					***************************************	
10		An organizat	ion that normally receives (1) more than 33 1/3% of its supp	ort from o	contribution	ons, membership fees, and gro	SS
	receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 331/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses							
11	\Box			0, 1975. See section 509(a)(2).			·	
				exclusively to test for public safe	-			
12				exclusively for the benefit of, to ions described in section 509(a				
				scribes the type of supporting or				. Offeck
	а			erated, supervised, or controlled				na
	_			wer to regularly appoint or elect				119
				omplete Part IV, Sections A a		,		
	b	Type II.	A supporting organization su	pervised or controlled in connec	ction with	its suppo	rted organization(s), by having	
				ting organization vested in the s				
		organizat	tion(s). You must complete	Part IV, Sections A and C.				
	С			supporting organization operated tructions). You must complete				ith,
	d			1. A supporting organization ope				on(s)
				e organization generally must sa				
		requirem	ent (see instructions). You r	nust complete Part IV, Sectior	ns A and	D, and P	art V.	
	е			eived a written determination fro			s a Type I, Type II, Type III	
	,			n-functionally integrated support	ing organ	iization.		
	f		nber of supported organizati	onsne supported organization(s).				
	g			<u> </u>	Ta		T	
(1)		e of supported anization	(ii) EIN	(iii) Type of organization (described on lines 1–10		organization or governing	(v) Amount of monetary support (see	(vi) Amount of other support (see
	Ī			above (see instructions))	1	ment?	instructions)	instructions)
					Yes	No		
(A)								
(B)								
(C)								

(D)								
(E)								
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Schedule A (Form 990) 2021

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

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

Sec	tion A. Public Support					<u> </u>						
	ndar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total					
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	1,282,382	1,589,714	1,639,321	1,387,239	1,501,554	7,400,210					
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf											
3	The value of services or facilities furnished by a governmental unit to the organization without charge											
5	Total. Add lines 1 through 3 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)	1,282,382	1,589,714	1,639,321	1,387,239	1,501,554	7,400,210					
6	Public support. Subtract line 5 from line 4						7,400,210					
	tion B. Total Support						·					
Cale	ndar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total					
7 8	Amounts from line 4 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from	1,282,382	1,589,714	1,639,321	1,387,239	1,501,554	7,400,210					
	similar sources	19,156	15,686	4,227	34,759	-26,320	47,508					
9	Net income from unrelated business activities, whether or not the business is regularly carried on			16,934	41,151		58,085					
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		3			ALLEGE PROPERTY OF THE PARTY OF	7,505,803					
12	Gross receipts from related activities, etc.	(see instructions)				12	5,807,169					
13	First 5 years. If the Form 990 is for the or	ganization's first, s										
	organization, check this box and stop her						>					
Sec	tion C. Computation of Public Su	upport Percent	age									
14	Public support percentage for 2021 (line 6	, column (f) divided	l by line 11, colum	n (f))		14	98.59%					
15	Public support percentage from 2020 School	edule A, Part II, line	e 14				97.80%					
16a	33 1/3% support test—2021. If the organ				3 1/3% or more, o	check this	,					
	box and stop here. The organization qual	ifies as a publicly s	upported organiza	tion			▶ X					
b	33 1/3% support test—2020. If the organ	ization did not ched	ck a box on line 13	or 16a, and line 1	5 is 33 1/3% or m	ore, check						
	this box and stop here. The organization						▶ ∐					
17a	10%-facts-and-circumstances test—202	-										
	10% or more, and if the organization meet				· ·							
	Part VI how the organization meets the fac organization	cts-and-circumstan	_	•			>					
b	10%-facts-and-circumstances test-202											
	15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain											
	in Part VI how the organization meets the organization			•	, ,	•	>					
18	Private foundation. If the organization did											
	instructions						>					

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

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

Sec	tion A. Public Support						
Caler	ndar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that are not an unrelated trade or business under section 513						
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons						
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year			44			
с 8	Add lines 7a and 7b Public support. (Subtract line 7c from line 6.)						
Sec	tion B. Total Support	TO THE PERSONNELLED IN	hali-tuanatan kantan menerahan	is Propertion and Subsection			1
	ndar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
9	Amounts from line 6						
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975					***************************************	
С	Add lines 10a and 10b			·		•	
11	Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12)						
14	and 12.) First 5 years. If the Form 990 is for the or	roanization's first s	econd third fourth	or fifth tay year	as a section 501(c	1(3)	
1-7	organization, check this box and stop her			•		,	▶ □
Sec	tion C. Computation of Public Su						inink ini haintaini haintaini — himo
15	Public support percentage for 2021 (line 8			nn (f))		15	%
16	Public support percentage from 2020 Sch						%
Sec	tion D. Computation of Investme	ent Income Per	rcentage				
17	Investment income percentage for 2021 (I	ine 10c, column (f)	, divided by line 13	s, column (f))		17	%
18	Investment income percentage from 2020 S						%
19a	33 1/3% support tests—2021. If the orga						
	17 is not more than 33 1/3%, check this be		-				> L
b	33 1/3% support tests—2020. If the orga						
20	line 18 is not more than 33 1/3%, check the	-	-			-	·
20	Private foundation. If the organization did	a not check a box (on line 14, 19a, or	iso, check this bo	x and see instructi	UIIS	

Part IV **Supporting Organizations**

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

Section A. All Supporting Organizations

- Are all of the organization's supported organizations listed by name in the organization's governing 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.
- Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below.
- Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination.
- Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- 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.
- 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).
- Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- Substitutions only. Was the substitution the result of an event beyond the organization's control? С
- Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- 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).
- Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI.
- Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 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
1		
		P 6
2		
3a		
3b		
	SINE	
3c		
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4b		
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5b		
5c	estilani isali	Spill in
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dule A	\ (Form 9	90) 20

Schedule A (Form 990) 2021

Par	t IV Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			de
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,			dyna
	provide detail in Part VI.	11c		
Sect	on B. Type I Supporting Organizations			····
			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or			
	more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers,			
	directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s)			
	effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported			
	organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the			
	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported		Haina H.	light is
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part			特结员 .
	VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Secti	on C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed	1,555.1		Ì
	the supported organization(s).	1		l
Secti	on D. All Type III Supporting Organizations			·
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described 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		<u> </u>
Secti	on E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions)			
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 instru	ictions,).	······
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			dian -
	that these activities constituted substantially all of its activities.	2a	7 7 4 7 1 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7	
b	Did the activities described on line 2a, above, constitute activities that, but for the organization's			
	involvement, one or more of the organization's supported organization(s) would have been engaged in? If			
	"Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would		Mishir	la de la constante de la const
	have engaged in 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	501111		
	trustees of each of the supported organizations? If "Yes" or "No," provide details in Part VI.	3a		<u> </u>
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each		47.4	
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		1

Type III Non-runctionally integrated 509(a)(3) Supporting Check here if the organization satisfied the Integral Part Test as a qualifying trust of instructions. All other Type III non-functionally integrated supporting organizations.	on Nov. 20,	1970 (explain in Part VI). :	
Section A – Adjusted Net Income	a must com	(A) Prior Year	(B) Current Year (optional)
1 Net short-term capital gain	1		
2 Recoveries of prior-year distributions	2		
3 Other gross income (see instructions)	3		
4 Add lines 1 through 3.	4		
5 Depreciation and depletion	5		
6 Portion of operating expenses paid or incurred for production or collection			
of gross income or for management, conservation, or maintenance of			
property held for production of income (see instructions)	6		
7 Other expenses (see instructions)	7		
8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
Aggregate fair market value of all non-exempt-use assets (see			
instructions for short tax year or assets held for part of year):			
a Average monthly value of securities	1a		
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d		
e Discount claimed for blockage or other factors			
(explain in detail in Part VI):			
2 Acquisition indebtedness applicable to non-exempt-use assets	2		
3 Subtract line 2 from line 1d.	3		
4 Cash deemed held for exempt use. Enter 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		
Section 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		
Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4 Enter greater of line 2 or line 3.	4		
5 Income tax imposed in prior year	5		
6 Distributable Amount. Subtract line 5 from line 4, unless subject to			
emergency temporary reduction (see instructions).	6		
7 Check here if the current year is the organization's first as a non-functionally integr (see instructions).		I supporting organization	

Schedule A (Form 990) 2021

Page 7

Par	t V Type III Non-Functionally Integrated 509(a)(3) S	Supporting Organiza	tions (continued)	·
Sect	Current Year			
11	Amounts paid to supported organizations to accomplish exempt purpo			
2	Amounts paid to perform activity that directly furthers exempt purpose			
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purposes of supp	orted organizations		
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required—provide det	ails in Part VI)		
6	Other distributions (describe in Part VI). See instructions.			
7	Total annual distributions. Add lines 1 through 6.			
8	Distributions to attentive supported organizations to which the organization	ation is responsive		
	(provide details in Part VI). See instructions.			
9	Distributable amount for 2021 from Section C, line 6			
10	Line 8 amount divided by line 9 amount			
		(i)	(ii)	(iii)
Sect	on E - Distribution Allocations (see instructions)	Excess Distributions	Underdistributions	Distributable
		. That is the section of the section	Pre-2021	Amount for 2021
1	Distributable amount for 2021 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2021			and the second second
	(reasonable cause required–explain in Part VI). See instructions.			
3	Excess distributions carryover, if any, to 2021			100 March 100 Ma
	From 2016			
	From 2017			200
	From 2018			
	From 2019.			
	From 2020	100 100 100 100 100 100 100 100 100 100		
~~~~	Total of lines 3a through 3e		1	
	Applied to underdistributions of prior years			
	Applied to 2021 distributable amount			
i	Carryover from 2016 not applied (see instructions)			
i i	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4	Distributions for 2021 from		And the second second	
·	Section D, line 7: \$			
а	Applied to underdistributions of prior years	1000000		
	Applied to 2021 distributable amount		100	
	Remainder, Subtract lines 4a and 4b from line 4.		Part Age Company	
5	Remaining underdistributions for years prior to 2021, if	1000		
	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	100 miles		
	Part VI. See instructions.			:
7	Excess distributions carryover to 2022. Add lines 3j			
	and 4c.		and the state of the state of	
8	Breakdown of line 7:		Self-resource of the self-resource	
а	Excess from 2017			
b	Excess from 2018			
	Excess from 2019			
	Excess from 2020			
	Excess from 2021			

Schedule A (Forr	n 990) 2021	Hilton Head	Island	Recreation	57-0827128	Page 8
Part VI	Supplemental Info III, line 12; Part IV, B, lines 1 and 2; Pa	Section A, lines 1, 2 art IV, Section C, line	, 3b, 3c, 4b, 4 1; Part IV, S	4c, 5a, 6, 9a, 9b, Section D, lines 2	rt II, line 10; Part II, line 17a or 9c, 11a, 11b, and 11c; Part IV, and 3; Part IV, Section E, lines), lines 5, 6, and 8; and Part V,	Section 1c, 2a, 2b,
	lines 2, 5, and 6. Al	so complete this par	t for any add	<u>litional information</u>	n. (See instructions.)	
Part II	I, Line 10 -	Other Income	e Detail			
Net ind	come from fur	ndraising	\$		0	
			, . ,			
				.,,,,,		
·						
		.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	.,			
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•			•••••			•••••
			* * , , , , ,			

Schedule B (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

Schedule of Contributors

► Attach to Form 990 or Form 990-PF.

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

OMB No. 1545-0047

2021

Employer identification number

Hilton Head Island Recreation 57-0827128

Organization type (check one):							
Filers of:	Section:						
Form 990 or 990-EZ	X 501(c)(3) (enter number) organization						
	4947(a)(1) nonexempt charitable trust not treated as a private foundation						
	527 political organization						
Form 990-PF	501(c)(3) exempt private foundation						
	4947(a)(1) nonexempt charitable trust treated as a private foundation						
	501(c)(3) taxable private foundation						
	covered by the General Rule or a Special Rule.), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See						
General Rule							
	ing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 property) from any one contributor. Complete Parts I and II. See instructions for determining a tributions.						
Special Rules							
regulations under sec 16b, and that received	For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 ¹ / ₃ % support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.						
For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.							
For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year							
must answer "No" on Part IV,	isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line it the filing requirements of Schedule B (Form 990).						

Page 1 of 1

Page 2

Name of organization

Hilton Head Island Recreation

Employer identification number 57-0827128

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.					
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
1		\$ 1,366,554	Person X Payroll Noncash (Complete Part II for noncash contributions.)			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
2		\$ 135 ,000	Person X Payroll Noncash (Complete Part II for noncash contributions.)			
(a) No.	(b) Name, address, and ZIP + 4	(c)	(d) Type of contribution			
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
	name, audiess, and En	\$	Person Payroll Noncash (Complete Part II for noncash contributions.)			
(a)	(b)	(c)	(d)			
No.	Name, address, and ZIP + 4	S	Person Payroll			
(a) No.	(b) Name, address, and ZIP + 4	l .	(d) Type of contribution			
			Person Payroll			

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Upplemental Financial State in ents

► 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

lame	of the organization			Employer	identification number
u	ilton Head Island Recreation			57-0	827128
	organizations Maintaining Donor Advised Full Complete if the organization answered "Yes" on F	nds or C	Other Similar Funds or		
	Complete it the organization and words 100 on i	01111 001	(a) Donor advised funds	<u> </u>	b) Funds and other accounts
1	Total number at and of year		(4) 50.107 24.1004 14.105	<u>'</u>	Dyr and and and account
	Total number at end of year Aggregate value of contributions to (during year)				
2	Aggregate value of contributions to (during year)			<u> </u>	The second secon
3	Aggregate value of grants from (during year)				
4	Aggregate value at end of year		- t Lat 2	L	
5	Did the organization inform all donors and donor advisors in writing tha				
_	funds are the organization's property, subject to the organization's excl				Yes No
6	Did the organization inform all grantees, donors, and donor advisors in				
	only for charitable purposes and not for the benefit of the donor or dono				П., П.,
D		<u></u>	<u> </u>		Yes No
P	Conservation Easements. Complete if the organization answered "Yes" on F	orm 990), Part IV, line 7.		
1	Purpose(s) of conservation easements held by the organization (check	all that ap	ply).		
	Preservation of land for public use (for example, recreation or educ	ation)	Preservation of a historically	/ importan	t land area
	Protection of natural habitat		Preservation of a certified hi	istoric stru	cture
	Preservation of open space				
2	Complete lines 2a through 2d if the organization held a qualified conse	rvation cor	tribution in the form of a cons	ervation	
	easement on the last day of the tax year.			LASSING CO.	Held at the End of the Tax Year
а	Total number of conservation easements			2a	
b	Total acreage restricted by conservation easements				
С	Number of conservation easements on a certified historic structure incl	uded in (a)		2c	
d	Number of conservation easements included in (c) acquired after 7/25/				
	historic structure listed in the National Register			2d	
3	Number of conservation easements modified, transferred, released, ex				g the
	tax year ▶				
4	Number of states where property subject to conservation easement is I	ocated >			
5	Does the organization have a written policy regarding the periodic mon	toring, ins	pection, handling of		
	violations, and enforcement of the conservation easements it holds?				Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting, handling o				
	>				
7	Amount of expenses incurred in monitoring, inspecting, handling of viol	ations, and	d enforcing conservation ease	ments dur	ing the year
	▶ \$				
8	Does each conservation easement reported on line 2(d) above satisfy t	he require	ments of section 170(h)(4)(B)((i)	
	and section 170(h)(4)(B)(ii)?		***************************************		Yes No
9	In Part XIII, describe how the organization reports conservation easeme	ents in its i	evenue and expense stateme	nt and	
	balance sheet, and include, if applicable, the text of the footnote to the	organizatio	on's financial statements that of	describes	the
	organization's accounting for conservation easements.				
Pa	organizations Maintaining Collections of Art, Complete if the organization answered "Yes" on F			Similar	Assets.
1a	If the organization elected, as permitted under FASB ASC 958, not to r			ce sheet v	vorks
	of art, historical treasures, or other similar assets held for public exhibit	•			
	service, provide in Part XIII the text of the footnote to its financial stater			,	
b	If the organization elected, as permitted under FASB ASC 958, to repo			sheet work	s of
	art, historical treasures, or other similar assets held for public exhibition				
	provide the following amounts relating to these items:			•	,
	(i) Revenue included on Form 990, Part VIII, line 1			•	\$
	(ii) Assets included in Form 990, Part X			>	\$
2	If the organization received or held works of art, historical treasures, or	other simi	ar assets for financial gain, pr	ovide the	*
_	following amounts required to be reported under FASB ASC 958 relating		- ·		
а	Revenue included on Form 990, Part VIII, line 1			>	\$
b	Assets included in Form 990, Part X		· · · · · · · · · · · · · · · · · · ·		\$

Par	t III Organizations Maintaining	Collections of	Art, Historic	al Treasures,	or Other Sim	ıilar Assets	(continu	ed)	
3	Using the organization's acquisition, accessic collection items (check all that apply):								
а	Public exhibition	d 🗌 L	oan or exchang	e program					
b	Scholarly research	е 🧻 (Other						
С	Preservation for future generations	Nondamental Principles (No. 1977)							
4	Provide a description of the organization's co	llections and explain	how they further	r the organization	's exempt purpos	e in Part			
	XIII.								
5	During the year, did the organization solicit or	receive donations o	f art, historical t	reasures, or other	similar				
	assets to be sold to raise funds rather than to	be maintained as pa	art of the organi	zation's collection	?		. Yes	, 🔲	No
	t IV Escrow and Custodial Arra								
	Complete if the organization 990, Part X, line 21.	answered "Yes"	on Form 990), Part IV, line	9, or reported	an amount	on Form		
1a	ls the organization an agent, trustee, custodia	ın or other intermedi	ary for contribut	ions or other asse	ts not				
i	included on Form 990, Part X?				. , , , , , , , , , ,		Yes		No
b	If "Yes," explain the arrangement in Part XIII a	and complete the foll	owing table:						
							Amount		
С	Beginning balance					1c			
d /	Additions during the year					1d			
e	Distributions during the year					1e			
f	Ending balance				* * * * * * * * * * * * * * * * * * * *	1f			
2a	Did the organization include an amount on Fo	rm 990, Part X, line	21, for escrow of	or custodial accou	nt liability?		Yes		No
b	f "Yes," explain the arrangement in Part XIII.	Check here if the ex	planation has b	een provided on P	art XIII				
Par	t V Endowment Funds.								
	Complete if the organization	answered "Yes"	on Form 990), Part IV, line	10.				
		(a) Current year	(b) Prior year	(c) Two ye	ars back (d) T	hree years back	(e) Four y	ears ba	ck
1a	Beginning of year balance								
b (Contributions								
	Net investment earnings, gains, and								
	osses								
d (Grants or scholarships								
	Other expenditures for facilities and								
ı	programs								
f /	Administrative expenses	····							
	End of year balance								
2	Provide the estimated percentage of the curre	ent year end balance	(line 1g, colum	n (a)) held as:					
a l	Board designated or quasi-endowment ▶	%							
b l	Permanent endowment ▶ %								
	Term endowment ► %								
•	Γhe percentages on lines 2a, 2b, and 2c shοι	ıld equal 100%.							
3a /	Are there endowment funds not in the posses	sion of the organizat	ion that are hel	d and administere	d for the				
(organization by:							es l	No
(i) Unrelated organizations						3a(i)		
	ii) Related organizations						3a(ii)		
b !	f "Yes" on line 3a(ii), are the related organiza	tions listed as require	ed on Schedule	R?			3b		
	Describe in Part XIII the intended uses of the			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,					
Par	t VI Land, Buildings, and Equip	oment.							
	Complete if the organization	answered "Yes"	on Form 990), Part IV, line	11a. See Forn	n 990, Part	X, line 10	١,	
	Description of property	(a) Cost or other ba		ost or other basis	(c) Accumula		(d) Book va		
		(investment)		(other)	depreciatio	n			
1a l	and			15,000			1	5,0	00
	Buildings			1,513,176			1,51		
c l	easehold improvements								
	Equipment								
	Other	562,	661		701	,471	-13	8,8	10
	Add lines 1a through 1e. (Column (d) must ed			ine 10c.)		>	1,38		

	(a) Description of security or category	(b) Book value	(c) Method of valuation:
	(including name of security)		Cost or end-of-year market value
1) Financial d			
•	d equity interests		
3) Other			
(A)			
(B)			
(C)			
(D)			
(E) (F)			
(G)			
(H)			
	(b) must equal Form 990, Part X, col. (B) line 12.)	>	
Part VIII	Investments – Program Related.		
The property	Complete if the organization answered "Yes"	on Form 990. Part IV. li	ne 11c. See Form 990. Part X. line 13
	(a) Description of investment	(b) Book value	(c) Method of valuation:
			Cost or end-of-year market value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
·····			
(8)			
(8) (9) otal. <i>(Column</i>	(b) must equal Form 990, Part X, col. (B) line 13.)	>	中国企業の中華機能は大阪場合は、2世界である。 (1948年1月 - 1947年 -
(8) (9)	Other Assets.	>	
(8) (9) otal. <i>(Column</i>		▶ on Form 990, Part IV, li	ne 11d. See Form 990, Part X, line 15.
(8) (9) Otal. (Column Part IX	Other Assets.	▶ on Form 990, Part IV, li	ne 11d. See Form 990, Part X, line 15. (b) Book value
(8) (9) otal. (Column Part IX	Other Assets. Complete if the organization answered "Yes"	on Form 990, Part IV, li	
(8) (9) fotal. (Column Part IX	Other Assets. Complete if the organization answered "Yes"	▶ on Form 990, Part IV, li	
(8) (9) Total. (Column Part IX (1) (2) (3)	Other Assets. Complete if the organization answered "Yes"	▶ on Form 990, Part IV, li	
(8) (9) Fotal. (Column Part IX (1) (2) (3) (4)	Other Assets. Complete if the organization answered "Yes"	on Form 990, Part IV, li	
(8) (9) fotal. (Column Part IX (1) (2) (3) (4) (5)	Other Assets. Complete if the organization answered "Yes"	on Form 990, Part IV, li	
(8) (9) Total. (Column Part IX (1) (1) (2) (3) (4) (5) (6)	Other Assets. Complete if the organization answered "Yes"	on Form 990, Part IV, li	
(8) (9) Total. (Column Part IX (1) (2) (3) (4) (5) (6) (7)	Other Assets. Complete if the organization answered "Yes"	▶ on Form 990, Part IV, li	
(8) (9) total. (Column Part IX (1) (1) (2) (3) (4) (5) (6) (7) (8)	Other Assets. Complete if the organization answered "Yes"	on Form 990, Part IV, li	
(8) (9) Total. (Column Part IX (1) (2) (3) (4) (5) (6) (7) (8) (9)	Other Assets. Complete if the organization answered "Yes" (a) Description	▶ on Form 990, Part IV, li	(b) Book value
(8) (9) Total. (Column Part IX (1) (2) (3) (4) (5) (6) (7) (8) (9) Otal. (Column	Other Assets. Complete if the organization answered "Yes" (a) Description (b) must equal Form 990, Part X, col. (B) line 15.)	on Form 990, Part IV, li	
(8) (9) Total. (Column Part IX (1) (2) (3) (4) (5) (6) (7) (8) (9)	Other Assets. Complete if the organization answered "Yes" (a) Description (b) must equal Form 990, Part X, col. (B) line 15.) Other Liabilities.		(b) Book value
(8) (9) Total. (Column Part IX (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column	Other Assets. Complete if the organization answered "Yes" (a) Description (b) must equal Form 990, Part X, col. (B) line 15.) Other Liabilities. Complete if the organization answered "Yes"		(b) Book value
(8) (9) fotal. (Column Part IX (1) (2) (3) (4) (5) (6) (7) (8) (9) fotal. (Column Part X	Other Assets. Complete if the organization answered "Yes" (a) Description (b) must equal Form 990, Part X, col. (B) line 15.) Other Liabilities. Complete if the organization answered "Yes" line 25.		(b) Book value
(8) (9) fotal. (Column Part IX (1) (2) (3) (4) (5) (6) (7) (8) (9) fotal. (Column Part X	Other Assets. Complete if the organization answered "Yes" (a) Description (b) must equal Form 990, Part X, col. (B) line 15.) Other Liabilities. Complete if the organization answered "Yes" line 25. (a) Description of liability		(b) Book value
(8) (9) Fotal. (Column Part IX (1) (2) (3) (4) (5) (6) (7) (8) (9) otal. (Column Part X	Other Assets. Complete if the organization answered "Yes" (a) Description (b) must equal Form 990, Part X, col. (B) line 15.) Other Liabilities. Complete if the organization answered "Yes" line 25. (a) Description of liability		(b) Book value
(8) (9) otal. (Column Part IX (1) (2) (3) (4) (5) (6) (7) (8) (9) otal. (Column Part X (1) Federal ir (2) Accrue	Other Assets. Complete if the organization answered "Yes" (a) Description (b) must equal Form 990, Part X, col. (B) line 15.) Other Liabilities. Complete if the organization answered "Yes" line 25. (a) Description of liability accome taxes and salaries		(b) Book value
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(8) (9) (otal. (Column Part IX (1) (2) (3) (4) (5) (6) (7) (8) (9) otal. (Column Part X (1) Federal in (2) Accrue (3) Accrue (4) Payro (5) Smith	Other Assets. Complete if the organization answered "Yes" (a) Description (b) must equal Form 990, Part X, col. (B) line 15.) Other Liabilities. Complete if the organization answered "Yes" line 25. (a) Description of liability accome taxes and salaries and Other 11 Taxes Payable Barney plan		(b) Book value he 11e or 11f. See Form 990, Part X, (b) Book value 72,77 24,16 15,16 3,41
(8) (9) (otal. (Column Part IX (1) (2) (3) (4) (5) (6) (7) (8) (9) otal. (Column Part X (1) Federal in (2) Accrue (3) Accrue (4) Payro (5) Smith (6) Due to	Other Assets. Complete if the organization answered "Yes" (a) Description (b) must equal Form 990, Part X, col. (B) line 15.) Other Liabilities. Complete if the organization answered "Yes" line 25. (a) Description of liability necome taxes and salaries and other 11 Taxes Payable		(b) Book value he 11e or 11f. See Form 990, Part X, (b) Book value 72,77 24,16 15,16 3,41
(8) (9) (otal. (Column Part IX (1) (2) (3) (4) (5) (6) (7) (8) (9) otal. (Column Part X (1) Federal in (2) Accrue (3) Accrue (4) Payro. (5) Smith (6) Due to	Other Assets. Complete if the organization answered "Yes" (a) Description (b) must equal Form 990, Part X, col. (B) line 15.) Other Liabilities. Complete if the organization answered "Yes" line 25. (a) Description of liability accome taxes and salaries and Other 11 Taxes Payable Barney plan		(b) Book value he 11e or 11f. See Form 990, Part X, (b) Book value 72,77 24,16 15,16 3,41
(8) (9) (otal. (Column Part IX (1) (2) (3) (4) (5) (6) (7) (8) (9) otal. (Column Part X (1) Federal in (2) Accrue (3) Accrue (4) Payro (5) Smith (6) Due to	Other Assets. Complete if the organization answered "Yes" (a) Description (b) must equal Form 990, Part X, col. (B) line 15.) Other Liabilities. Complete if the organization answered "Yes" line 25. (a) Description of liability accome taxes and salaries and Other 11 Taxes Payable Barney plan		(b) Book value

Schedule D (Fo	orm 990) 2021	Hilton	head	Island	Recreation	57-0827128	Page 5
Part XIII	Supplemen	tal Informa	tion (cor	ntinued)	Recreation		
					,.,.,		
						.,	
		, ,					
						.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
			• • • • • • • • • • • • • • • • • • • •				
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					.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
		.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,					
. , . , . ,							

SCHEDULE G (Form 990)

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

Department of the Treasury Internal Revenue Service

Open to Public Inspection

Name of the organization Hilton Head Island	Recreati	on			57-08271	
Part I Fundraising Activities. Complete if	the organization	n an	swer	ed "Yes" on Form 9		
Form 990-EZ filers are not required to	o complete this	s part				
1 Indicate whether the organization raised funds through a	[]					
			-	ernment grants		
b Internet and email solicitations		-		nent grants		
	g Special fur	naraisii	ng ev	ents		
d In-person solicitations2a Did the organization have a written or oral agreement wi	th any individual (includi	na of	ficere directore truetees		
or key employees listed in Form 990, Part VII) or entity in b If "Yes," list the 10 highest paid individuals or entities (fu	n connection with	profes	siona	al fundraising services?		Yes No
compensated at least \$5,000 by the organization.	T	(iii) Di				T
(i) Name and address of individual or entity (fundraiser)	(ii) Activity	raiser custo conti	have	(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
1						
2						
3						
4						
		ereal me constant per me const				
5						
6						
7						
				1		
8						
9						
10						
Total		<u> </u>	D			
List all states in which the organization is registered or li registration or licensing.		contrib	utions	s or has been notified it is	exempt from	

57-0827128

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 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000

	gross receipts g	reater than \$5,000.			
		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
		Special Events		None	(add col. (a) through
a)		(event type)	(event type)	(total number)	col. (c))
Revenue	1 Gross receipts	362,568			362,568
ž	, ,,,,,,				
	2 Less: Contributions				
	3 Gross income (line 1 minus line 2)	362,568			362,568

	4 Cash prizes				
	5 Noncash prizes				
nses	6 Rent/facility costs				
Direct Expenses	7 Food and beverages				
Direct	8 Entertainment				
	9 Other direct expenses				
	10 Direct expense summary.	Add lines 4 through 9 in column (d	l)		
	11 Net income summary. Su	btract line 10 from line 3, column (c	d)	Deat N/ Gen 40 an anna	362,568
۲		plete if the organization answ rm 990-EZ, line 6a.	vered res on Form 990, i	artiv, line 19, or repor	led more than
	ψ10,000 on 1 of		(b) Pull tabs/instant	(1) (1)	(d) Total garning (add
Revenue		(a) Bingo	bingo/progressive bingo	(c) Other gaming	col. (a) through col. (c))
Rev					
	1 Gross revenue				
ses	2 Cash prizes				
Expenses	3 Noncash prizes				
Direct	4 Rent/facility costs				
	5 Other direct expenses				
	3 Other direct expenses	Yes %	Yes %	Yes %	
	6 Volunteer labor	No	No	No	
	7 Direct expense summary.	. Add lines 2 through 5 in column (d	d)	>	
				_	
	8 Net gaming income sumn	nary. Subtract line 7 from line 1, co	lumn (d)	· · · · · · · · · · · · · · · · · · ·	
9		e organization conducts gaming act			
		conduct gaming activities in each			
		s gaming licenses revoked, susper	nded, or terminated during the tax	year?	

Sche	dule G (F	orm 990) 2021	Hilton	nead	Island	Recreation	57-0827128			F	Page 3
11										Yes	No
12						member of a partnership or o					
	formed to	o administer chari	table gaming?					*****		Yes	No
13		the percentage of									
а								13a			%
b							,.,,.,				%
14	Enter the	name and addre	ss of the person	who prep	ares the orgai	nization's gaming/special eve	ents books and				
	records:										
	Name >										
								,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			
	Address	>	*				******				
		,									
15a	Does the	organization hav	e a contract with	a third pa	rty from whor	n the organization receives g	aming				
	revenue'	?								Yes	No
b	If "Yes,"	enter the amount	of gaming reven	ue receive	ed by the orga	nization ▶ \$	and the				
С		enter name and a									
	Name ▶										
	Address	>									
					,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,						
16	Gaming	manager informat	ion:								
	ŭ	· ·									
	Name ▶										
	Gaming	manager compen	sation ► \$								
	· ·										
	Descripti	on of services pro	ovided >								

	Dire	ctor/officer	Employ	ee	Inde	pendent contractor					
17	Mandato	ry distributions:									
а	Is the org	ganization require	d under state lav	v to make	charitable dis	tributions from the gaming pr	oceeds to				
	retain the	e state gaming lice	ense?				,			Yes	☐ No
b	Enter the	amount of distrib	utions required	under stat	e law to be dis	stributed to other exempt org	anizations or				
	spent in	the organization's	own exempt act	ivities dur	ing the tax ye	ar▶ \$					
Pa	rt IV	Supplement	al Informatio	n. Provi	de the exp	lanations required by Pa	art I, line 2b, columns (iii)	and (v); an	d	
							rovide any additional info				
		See instruction	ons.								
							.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				
		, , , ,									

			······································				Sch	edule G	(For	n 990)) 2021

SCHEDULE O (Form 990)

Supplemental Information to Form 990 or 990-EZ

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

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

► Attach to Form 990 or Form 990-EZ.

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

Open to Public Inspection

Name of the organization	Employer identification number
Hilton Head Island Recreation	57-0827128
Form 990, Part III, Line 4d - All Other Accomplishments	
Community Recreation	
Form 990, Part VI, Line 11b - Organization's Process to	Review Form 990
A copy of the 990 is provided to selected Officers of the	e Board and the
Executive Director prior to it being filed. The entire B	soard will review
the return at the next regularly scheduled meeting.	
Form 990, Part VI, Line 12c - Enforcement of Conflicts P	Policy
The Organization regularly and consistently monitors an	d enforces
compliance with its policy.	
Form 990, Part VI, Line 15a - Compensation Process for T	op Official
The process for determining the compensation for the Exe	cutive Director
included a review and approval by independent persons, c	comparibilty data
and contemperaneous substantiation of the deliberation a	nd decision.
Form 990, Part VI, Line 19 - Governing Documents Disclos	ure Explanation
The governing documents are made available to the public	upon request.
	•••••
Form 990, Part IX, Line 24e - Other Expenses	•••••
Description	
Tot/Prog Service Mgt & General	Fundraising
Island Recreation facilit	
\$ 48,242 \$ 0	\$ 0

Schedule O (Form 990) 2021 Name of the organization Employer identification number 57-0827128 Hilton Head Island Recreation Football Camp 43,765 Grounds maintenance Propane 34,512 Fitness Program Cla 33,102 32,756 Youth basketball 32,306 Supplies-swim pool 30,656 Telephone 28,553 Youth-tennis 27,296 Jr Academy Soccer 23,608 Volleyball-girls camp 21,134 After-shool club 20,467 Aquatics Page 1 of 6

Schedule O (Form 990) 2021 Name of the organization Employer identification number 57-0827128 Hilton Head Island Recreation 19,815 Community Youth Events 19,806 Sailing camp 15,162 Parks 15,125 Supplies-office 12,480 Repairs-building 11,909 Exercise Class 11,810 Insurance (General) - senio 11,771 Rec Center pool 11,704 Discovery club 11,257 Cheerleading camp 10,995 Pickleball Expense 10,576 Supplies-general purpose 8,756 Senior Trips 8,585 Page 2 of 6

Schedule O (Form 990) 2021 Name of the organization Page 2 Employer identification number 57-0827128 Hilton Head Island Recreation 4,692 Trash removal 4,649 Soccer Camp 3,668 Telephone-senior program 3,446 Printing-general 3,212 Postage & freight 2,903 Fencing 2,569 Friends Drive 2,535 Youth Fitness 2,475 Senior Classes & Seminars 2,367 Park Rental Agreement 2,300 Copier lease maintenance-2,206 Computer lease-senior pro 2,149 Adult soccer leagues 1,947 0 Page 4 of 6

Schedule O (Form 990) 2021 Name of the organization Page 2 Employer identification number Hilton Head Island Recreation 57-0827128 Other Expense 1,443 Open gym programs 1,215 Printing - newsletters 1,200 Community Foundation Expe 1,150 Gator football 970 Children & teen activitie 789 E-Sports 771 Swim lessons 666 Cordillo Building 649 Roller Hockey 575 Supplies Office 545 Grounds maintenance - She 335 Supplies general purpose-250 Printing gen - senior Page 5 of 6

Schedule O (Form 990 Name of the organization) 2021					Page 2
		d Recreation			Employer identificati	
niiton nea	<u>u islan</u>	a Recreation			57-082712	3
	\$	170	\$	0	\$	0
Program Ut	ilitiy V	Vehicle				******************
	\$	50	\$	0	\$	0
Total						
IOCAL						*****************
	\$	684,697	\$	86,800	\$	0
			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			
				,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
						,,
		••••••				
,				.,,,		
					Page 6 of	6

Form **990**

Event Income and Deduction Worksheet

Description Concessions

2021

Name

Hilton Head Island Recreation

Taxpayer Identification Number 57-0827128

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

Income & Expense Summary:		Expense Details - Indirect Expense:
1. Gross receipts or sales 1.	3,136	Advertising and promotion
2. Advertising income 2.		Office
3. Circulation income 3.		Printing/publication/postage
4. Other income 4.		Info technology/Maintenance
5. Returns and allowances 5.		Royalties & License Fees
6. Contributions received 6.		Occupancy/Real Estate Taxes
7. Total revenue. Add lines 1 through 6 7.	3,136	Travel & Repairs
8. Cost of Goods Sold 8.	······································	Travel/entertainment (officials)
9. Employment Expense 9.		Conferences/meetings
10. Fees for services 10.		Interest
1. Indirect Expense 11.		Insurance
2. Depreciation Expense 12.		Total Indirect Expense
3. Exempt Activity Expense 13.		
14. Fundraising Expense 14.		Expense Details - Depreciation Expense:
15. Total expenses. Add lines 8 through 1415.		On investment property
16. Net Income/Loss. Line 7 minus Line 1516.		
6. Net income/Loss. Line / minus Line 15 jo.		On non-investment property
		Amortization
Turning Datatle Cook of Cooks Colds		Depletion
Expense Details - Cost of Goods Sold:		Total Depreciation Expense
Beginning inventory		Function Details - Function Activity Events
Purchases		Expense Details - Exempt Activity Expense:
Labor		Repairs and Maintenance
Section 263A costs		Bad debts
Other costs		Taxes/licenses
Ending inventory		Charitable contributions
Total Cost of Goods Sold		Dividend recd deductions
		Readership costs
Expense Details - Employment Expense:		Other expenses
Compensation of officers		Total Exempt Activity Expense
Other salaries and wages		
Pension plan contributions		Expense Details - Fundraising Expense:
Other employee benefits		Cash prizes
Payroli taxes		Non-cash prizes
Total Employment Expense		Rent and facility costs
		Food & beverages (Part II only)
Expense Details - Fees for Services:		Entertainment (Part II only)
Management		Other direct expenses
Legal		Total Fundraising Expense
Accounting		
Lobbying		
Professional fundraising		
Investment management		
Other		
Total Fees for Services		
Information is indicated for use on Form 990-T, Sci	hedule A:	Allocation of Expense to Program Service Accomplishment
Schedule A, UBIT Activity Code Seq #_		First
Part V, Debt Financing		
Part VI, Controlled Org Income		Second Third
Part VII, Investments for C(7)(9)(17)		
		All other
Part VIII, Exploited Activities Part IX Advertising Income		

Form **990**

Name

Event Income and Deduction Worksheet

Description Heritage Booth

Hilton Head Island Recreation

2021

Taxpayer Identification Number 57-0827128

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

Income & Expense Summary:		Expense Details - Indirect Expense:
Gross receipts or sales 1.	1,550	Advertising and promotion
2. Advertising income 2.		Office
3. Circulation income 3.		Printing/publication/postage
4. Other income 4.		Info technology/Maintenance
5. Returns and allowances 5.		Royalties & License Fees
6. Contributions received 6.		Occupancy/Real Estate Taxes
7. Total revenue. Add lines 1 through 6 7.	1,550	Travel & Renaire
8. Cost of Goods Sold		Travel/entertainment (officials)
8. Cost of Goods Sold 8.		Travel/entertainment (officials)
9. Employment Expense 9.		Conferences/meetings
0. Fees for services 10.		Interest
1. Indirect Expense 11.		Insurance
2. Depreciation Expense 12.		Total Indirect Expense
3. Exempt Activity Expense 13.		
4. Fundraising Expense 14.		Expense Details - Depreciation Expense:
5. Total expenses. Add lines 8 through 1415.	•	On investment property
6. Net Income/Loss. Line 7 minus Line 1516.	1,550	On non-investment property
		Amortization
		Depletion
Expense Details - Cost of Goods Sold:		Total Depreciation Expense
Beginning inventory		
Purchases	*************************************	Expense Details - Exempt Activity Expense:
Labor		Repairs and Maintenance
Section 263A costs	· · · · · · · · · · · · · · · · · · ·	Bad debts
Other costs		Taxes/licenses
Ending inventory		Charitable contributions
Total Cost of Goods Sold		Dividend recd deductions
		Readership costs
xpense Details - Employment Expense:		Other expenses
Compensation of officers		Total Exempt Activity Expense
Other salaries and wages		
Pension plan contributions		Expense Details - Fundraising Expense:
Other employee benefits		Cash prizes
Payroll taxes		Non-cash prizes
Total Employment Expense		Rent and facility costs
		Food & beverages (Part II only)
xpense Details - Fees for Services:		Entertainment (Part II only)
Management		Other direct expenses
Legal		Total Fundraising Expense
Accounting		
Lobbying		
The formula and for a landator		
Investment management		
Other Total Fees for Services	BETTA 10-12-11-11-11-11-11-11-11-11-11-11-11-11-	
Total Fees for Services		
Information is indicated for use on Form 990-T, Sch	edule A:	Allocation of Expense to Program Service Accomplishments:
Schedule A, UBIT Activity Code Seq #		First
Part V, Debt Financing		Second
Part VI, Controlled Org Income		Th:
Part VII, Investments for C(7)(9)(17)		**************************************
Part VIII, Exploited Activities		All other
Part IX, Advertising Income		
I I arria, auvertionių niconie		

Form **990**

Event Income and Deduction Worksheet

Description Special Events

eduction Worksheet 2021

Name

Hilton Head Island Recreation

Taxpayer Identification Number 57-0827128

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

Income & Expense Summary:		Expense Details - Indirect Expense:
Gross receipts or sales 1	362,568	Advertising and promotion
2. Advertising income 2.		
3. Circulation income 3.		Office Printing/publication/postage
		Info technology/Maintenance
4. Other income 4		Royalties & License Fees
5. Returns and allowances 5.		Occupancy/Real Estate Taxes
6. Contributions received 6 7. Total revenue. Add lines 1 through 6 7	362 568	
P. Cost of Goods Sold	302/300	Travel & Repairs Travel/entertainment (officials)
8. Cost of Goods Sold 8 9. Employment Expense 9		Conferences/meetings
		Conferences/meetings
10. Fees for services 10.		Interest
11. Indirect Expense 11.		Insurance
12. Depreciation Expense 12.		Total Indirect Expense
13. Exempt Activity Expense 13.		Evenes Details Depresention Eveness
14. Fundraising Expense 14.		Expense Details - Depreciation Expense:
15. Total expenses. Add lines 8 through 1415.		On investment property
16. Net Income/Loss. Line 7 minus Line 1516.	302,300	On non-investment property
		Amortization
The same of the sa		Depletion
Expense Details - Cost of Goods Sold:		Total Depreciation Expense
Beginning inventory		
Purchases		Expense Details - Exempt Activity Expense:
Labor		Repairs and Maintenance
Section 263A costs		Bad debts
Other costs		Taxes/licenses
Ending inventory		Charitable contributions
Total Cost of Goods Sold		Dividend recd deductions
		Readership costs
Expense Details - Employment Expense:		Other expenses
Compensation of officers	AL	Total Exempt Activity Expense
Other salaries and wages	A	
Pension plan contributions		Expense Details - Fundraising Expense:
Other employee benefits		Cash prizes
Payroll taxes		Non-cash prizes
Total Employment Expense		Rent and facility costs
		Food & beverages (Part II only)
Expense Details - Fees for Services:		Entertainment (Part II only)
Management		Other direct expenses
Legal		Total Fundraising Expense
Accounting		
Lobbying	· · · · · · · · · · · · · · · · · · ·	
Professional fundraising	······································	
Investment management		
Other		
Total Fees for Services		
Information is indicated for use on Form 990-T, \$		Allocation of Expense to Program Service Accomplishments:
Schedule A, UBIT Activity Code Seq #	r	First
		Second
Part VI, Controlled Org Income		Third
Part VII, Investments for C(7)(9)(17)		All other
Part VIII, Exploited Activities		
Part IX, Advertising Income		

1520 Hilton Head Island Recre

pn

Federal Statements

10/21/2022 10:47 AM

57-0827128

FYE: 6/30/2022

Taxable Interest on Investments

Description							
	Amo	ount	Unrelated Business		Postal A	Acquired after 6/30/75	US Obs (\$ or %)
Interest from reserve	account						
	\$			14			
Interest							
		2,045		14			
Total	\$	2,045					

	Form 990, Part IX, Line 246	X, Line 24e - All Other Expenses		
Description	Total Expenses	Program Service	Management & General	Fund Raising
101000 DOGGOOT ON FOOT 111				
Recreation	787 787 8	48,242	s	vr-
	43,763	3,70		
Supplies-janitorial	37.414	y, 14	11 75 VIN	
Propane	34,512	4,51	T .	
Fitness Program Cla	33,102	33,102		
Karate-Shotokan	32,756	2,75		
Youth basketball	32,306	2,30		
Supplies-swim pool	30,656	0,65		
Telephone	28,553	8,55		
th-tenni	27,296	7,29		
7	23,608	3,60		
Ų,	21,134	1,13		
After-shool club	20,467	0,46		
Aquatics	19,815	9,81		
1 1	19,806	9,80		
Sailing camp	15, 162	5,16		
rarks 0	15,125	5,12		
Supplies-office	12,480		12,480	
Repairs-building	11,909	1,90		
<i>t</i>)	11,810	1,81		
Insurance (General) -senio	11,771	1,77		
	11,704	1,70		
Discovery club	11,257	11,257		
Cheerleading camp	10,995	0,99		
Fickiedali Expellse Supplies-general purposo	0/0/1		10,5/6	
Sarior grintal parpose Sarior Grins	ро ч ган	0 0	0	
Computer leave	0,000,000) J	(
-	0,323	2	8,323	
í	100 C	200		
itizen	789 7	ρα		
Vending Machines	7.7.8	。 こ い		
Surf Camp	7,292	29		
	7,075	07		
(A)	6,223	6,223		
Leases-office equipment	6,039		6,039	

1520 Hilton Head Island Recreation 57-0827128 FYE: 6/30/2022

Federal Statements

Federal St

Fund Raising	
Management & General	3,212
Program Service	2,444,46 2,2222222 4,666,46 2,2222 2,222 2,224,46 2,246 2,466 2,
Total Expenses	5,444,46,000 3,4692 3,6692 2,000 2,000 1,1000 1,
Description	Gym Floor Challenge program Repairs-swim pool Lacrosse Trash removal Soccer Camp Telephone-senior program Printing-general Postage & freight Friends Drive Youth Fitness Senior Classes & Seminars Park Rental Agreement Copier lease maintenance- Computer lease-senior pro Adult soccer leagues Open gym programs Printing - newsletters Community Foundation Expected tootball Children & teen activitie E-Sports Swim lessons Cordillo Building Roller Hockey Supplies Office Grounds maintenance - She Supplies General purpose- Printing gen - senior

4500 Ulitan Unad Inland Description		MA 71.04 CCOC/14C/04
57-0827128 FYE: 6/30/2022	Federal Statements	10/2 1/2022 10.47 AIVI
	Schedule A, Part II, Line 1(e)	
	Description	Amount
CIP-Town of Hilton Head Town of Hilton Head Therapuetic Leader Gen Fund Reim -Senio Friends Drive		\$ 341,362 926,643 25,000 135,935 72,614 \$ 1,501,554
	Schedule A, Part II, Line 8(e)	
	Description	Amount
Interest from reserve account Interest Unrealized gain(loss)		\$ 2,045 -28,365 \$ -26,320
1 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3		
	Schedule A, Part II, Line 9(e)	Amount
Realized gain Less: Deductions Total		\$ -39,805 -1,000 \$ -40,805
	Schedule A, Part II, Line 12 - Current year	
	Description	Amount
Flag football Open gym programs Miscellaneous income Karate-Shotokan Outdoor Programs Cheerleading camp		\$ 11,364 22,847 3,091 43,630 36,021 10,714

1520 Hilton Head Island Recreation

57-0827128 FYE: 6/30/2022

Federal Statements

Schedule A, Part II, Line 12 - Current year (continued)

Amount	, 43	69,	∞	0,03	53	, 61	5,57	, 58	2,04		, 15	2,33	0,24	6,11	8,26	6,10	60′	4,33	35,00	57,18	10,42	3,37	42,19	4,03	5,52	,24	, 60	0,78	,94			75	, 84	ر م د		450 5,489
Description	Pickleball income	Senior trips	177	Rental-Shelter Cove	Ŧ	Senior Center Membership	sse	cer leagues	rcise CI	Ur Academy Soccer Children & teen activities		Youth Fitness	Youth basketball	Swim lessons		Football Camp	Rec swim	progra	Beaufort County pool	Discovery club	Youth soccer	After-school club	Summer day camp	Vending Machines	ш	Adult basketball leagues	Z	Fitness Program Cla	ecr	(1)	Fast Trackers	•-	Jenter Faci	Town of HHI Other Reimburseme	Youth tennis	Fencing

1520 Hilton Head Island Recreation		10/21/2022 10:47 AM
	Federal Statements	
	Schedule A, Part II, Line 12 - Current year (continued)	•
	Description	Amount
Senior Social Acitivities Discovery club state grants Concessions Heritage Booth Special Events From CSA Import Total		\$ 226,512 3,136 1,550 362,568 \$ 2,345,713

1520 Hilton Head Island Recre on

10/21/2022 10:47 AM

57-0827128 FYE: 6/30/2022

Federal Statements

Concessions

Other Direct Fundraising or Gaming Expenses

Description	An	nount
Heritage Booth	\$	
Total	\$	C

1520 Hilton Head Island Recrection

10/21/2022 10:47 AM

57-0827128 FYE: 6/30/2022

Federal Statements

Heritage Booth

Other Direct Fundraising or Gaming Expenses

Description	Am	ount
Heritage Booth Heritage -senior	\$	
Total	\$	0

990

of Organization Exempt From bme 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.

2020 Open to Public Inspection

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

► Go to www.irs.gov/Form990 for instructions and the latest information. For the 2020 calendar year, or tax year beginning 07/01/20, and ending 06/30/21C Name of organization D Employer identification number Check if applicable: Address change Hilton Head Island Recreation Doing business as 57-0827128 Name change Number and street (or P.O. box if mail is not delivered to street address) E Telephone number 843-681-7273 Initial return P.O. Box 22593 Final return/ City or town, state or province, country, and ZIP or foreign postal code terminated Hilton Head Island SC 29925 2,850,589 G Gross receipts\$ Amended return Name and address of principal officer: X No H(a) Is this a group return for subordinates? Application pending Mary Hall c/o P.O. Box 22593 H(b) Are all subordinates included? Hilton Head Island SC 29925 If "No," attach a list. See instructions **X** 501(c)(3) 501(c) () **◄** (insert no.) Tax-exempt status: www.islandreccenter.org Website: H(c) Group exemption number ▶ X Corporation Trust L Year of formation: 1985 Association Form of organization: M State of legal domicile: Part I Summary 1 Briefly describe the organization's mission or most significant activities: Community Recreation Activities & Governance 2 Check this box ▶ if the organization discontinued its operations or disposed of more than 25% of its net assets. 3 Number of voting members of the governing body (Part VI, line 1a) 16 4 Number of independent voting members of the governing body (Part VI, line 1b) 16 5 Total number of individuals employed in calendar year 2020 (Part V, line 2a) 99 6 Total number of volunteers (estimate if necessary) 350 7a Total unrelated business revenue from Part VIII, column (C), line 12 b Net unrelated business taxable income from Form 990-T. Part I. line 11 7b **Current Year** 1,639,321 8 Contributions and grants (Part VIII, line 1h) 1,387,239 9 Program service revenue (Part VIII, line 2g) 1,856,590 1,321,761 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 22,161 76,910 218,426 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 64,679 3,736,498 2,850,589 12 Total revenue – add lines 8 through 11 (must equal Part VIII, column (A), line 12) 13 Grants and similar amounts paid (Part IX, column (A), lines 1–3) 14 Benefits paid to or for members (Part IX, column (A), line 4) 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10) 1,394,564 1,265,676 16a Professional fundraising fees (Part IX, column (A), line 11e) b Total fundraising expenses (Part IX, column (D), line 25) ▶ 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 1,389,517 1,474,156 18 Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25) 2,784,081 2,739,832 952,417 110,757 19 Revenue less expenses. Subtract line 18 from line 12 Beginning of Current Year End of Year 9 2,937,997 3,154,741 20 Total assets (Part X, line 16) 21 Total liabilities (Part X, line 26) 214,427 320,414 723,570 2,834,327 22 Net assets or fund balances. Subtract line 21 from line 20 Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. Signature of officer Sign Here Frank Soule Executive Director Type or print name and title Print/Type preparer's name Preparer's signature Paid Patrick P. Carey, Jr., CPA P00033247 Preparer Carey & Company P.A. 57-0927046 Firm's EIN Use Only 70 Main Street, Suite 100

May the IRS discuss this return with the preparer shown above? See instructions

Hilton Head Island, SC

843-681-4430

X Yes

76	et III — Ctatamant of Dear	n Canviaa Aasamplichmanta	
		n Service Accomplishments ontains a response or note to any line in this Part III	X
1	Briefly describe the organization's miss		
C	Community Recreation		

2		nificant 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 of	on Schadula O	Yes X No
3		, or make significant changes in how it conducts, any program	
-		, or make signmean shanges in non-k conducts, any program	Yes X No
	If "Yes," describe these changes on So		
4		ervice accomplishments for each of its three largest program services, as measured by	
		c)(4) organizations are required to report the amount of grants and allocations to others,	
	the total expenses, and revenue, if any	r, for each program service reported.	
12	(Code:) (Expenses \$	232,834 including grants of \$) (Revenue \$	143,700
	minting program		
	`*************************************		

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	(Code.) (Expenses 5	DII, 223 including grants of \$ (Revenue \$	532,550
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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,"	ŀ		
	complete Schedule A	1	X	ļ
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	X	<u> </u>
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	ļ	X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)			
	election in effect during the tax year? If "Yes," complete Schedule C, Part II	4	<u> </u>	X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,			l
	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			3,5
	"Yes," complete Schedule D, Part I	66		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,"			x
	complete Schedule D, Part III	8		
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			x
40	debt negotiation services? If "Yes," complete Schedule D, Part IV	9	 	
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? If "Yes," complete Schedule D, Part V	10		x
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,	10		
	VII, VIII, IX, or X as applicable.			
а				
ű	complete Schedule D. Part VI	11a	х	
b				
_	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		х
С	Did the organization report an amount for investments—program related in Part X, line 13, that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		х
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets			
	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		Х
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		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		X
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If			
	"Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
þ	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		<u> </u>
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other			37
	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on			**
40	Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I See instructions	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on	1	3.7	
40	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	<u>X</u>	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?			v
20-	If "Yes," complete Schedule G, Part III	19		X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b 21	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		X
	Someone government on Factor, column (A), line 1: IF 165, complete Someone I, Falts I dilu II	141		<u>~~</u>

57-082. 128 Form 990 (2020) Hilton Head Island Recreation Page 4 Checklist of Required Schedules (continued) Yes No Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on X 22 Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated X employees? If "Yes," complete Schedule J 23 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 X through 24d and complete Schedule K. If "No," go to line 25a 24a b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? 24c d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? 24d 25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I X b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I X 25b 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% X 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 X 27 persons? If "Yes," complete Schedule L, Part III Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions, for applicable filing thresholds, conditions, and exceptions): A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV 28a b A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV 28b c A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If "Yes," complete Schedule L, Part IV 28c Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M 29 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M 30 31 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," X complete Schedule N, Part II 33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I X 33 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 Х 34 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 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 X Did the organization conduct more than 5% of its activities through an entity that is not a related organization 37 and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI 37 X Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note: All Form 990 filers are required to complete Schedule O. Part V Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part V No 49 1a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable c Did the organization comply with backup withholding rules for reportable payments to vendors and

reportable gaming (gambling) winnings to prize winners?

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

If "Yes," complete Form 4720, Schedule O.

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

36	ction A. Governing Body and Management				Т.,	Τ
4.	Enter the number of voting members of the governing heady at the and of the tay year	1-	16		Yes	No
1a	• • • • • • • • • • • • • • • • • • • •	1a	10			
	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					
h	committee, explain on Schedule O. Enter the number of voting members included on line 1a, above, who are independent	4h	16			
b a		1b	10	-		
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	 	X
3	Did the organization delegate control over management duties customarily performed by or under the direct			_		•
	supervision of officers, directors, trustees, or key employees to a management company or other person?			3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed'			4	ļ	
5	Did the organization become aware during the year of a significant diversion of the organization's assets?			5		X
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			_		17
	one or 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?			7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year	ar by th	ne following:			ĺ
а	The governing body?			8a	X	
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		X
Sec	tion B. Policies (This Section B requests information about policies not required by the Inter	nal R	<u>evenue Co</u>	ode.)		
					Yes	No
10a	Did the organization have local chapters, branches, or affiliates?			10a		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,					
	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?			10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing	the fo	rm?	11a		X
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.					
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13			12a	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise	to co	nflicts?	12b	X	
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	X	
13	Did the organization have a written whistleblower policy?			13		X
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?				1 .	
а	The organization's CEO, Executive Director, or top management official			15a	х	
b	Other officers or key employees of the organization			15b		X
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).					
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement				·	
	with a taxable entity during the year?			16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its					
	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the					
	organization's exempt status with respect to such arrangements?			16b		
Sec	tion C. Disclosure	<u></u>		1 105		
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 (Se					
-	(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.	- CIOII	J 1(0)			
	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	et sali	ov and			
. •	financial statements available to the public during the tax year.	at hou	cy, and			
20	State the name, address, and telephone number of the person who possesses the organization's books and record	4n 🏲				
	state the name, address, and telephone number of the person who possesses the organization's books and record the Boardman 88 Main Street, Suite A	ıs 📂				
	Iton Head Island SC 2992	6	0.45	8-68	1 7	272
-1-	5C 2992	J	043	, – 00.	ı — /,	ムノン

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

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

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

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

Check this box if neither the org	(8)	<u> </u>			C)			(D)	(E)	(F)
(A) Name and title	Average hours per week (list any hours for	bo	x, unie	Pos check ess pe	ition more erson i	than on s both a r/trustee	ın e)	(U) Reportable compensation from the organization (W-2/1099-MISC)	Reportable compensation from related organizations (W-2/1099-MISC)	Estimated amount of other compensation from the organization and
	related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(VV-271033-MIIGO)	(11-2) 1000 HIGG)	related organizations
(1)Mary Hall										
President	0.50	$ \mathbf{x} $		x				o	o	0
(2) Susan Hughson		Π								
	0.50									_
Vice President	0.00	X		X				0	0	0
(3) Steve Stauffer	0.50									
Secretary	0.00	X						0	0	0
(4) Kate Boardman										
	0.50								_	
Treasurer	0.00	X		X				0	0	0
(5) John Brighton	0.50									
Board Director	0.50	х						0	0	0
(6) John Brischge	0.00						-	<u> </u>		
(0) Ocini Diiscnge	0.50									
Board Director	0.00	X						0	0	0
(7) Ray Craver										
Board Director	0.50	x						0	0	0
(8) Bubba Gillis	0.00						-			
(0, 2 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3	0.50									
Board Director	0.00	X						0	0	0
(9) Mike Manesiotis										
	0.50								:	
Board Director	0.00	X					_	0	0	0
(10) Joe Mezera	0 = 0									
Board Director	0.50	x						0	0	0
(11) Keri Olivetti							1			
Board Director	0.50 0.00	x						0	0	0
POSER PEECIOE	0.00			- 1		1	- 1	O ₁	U	U

Part VII Section A. Officers	, Directors,	Stee	25, N	ey	mpi	oyee	5, a	nd Highest Compensate	_mpioyees (continuea)				
(A) Name and title	(B) Average hours per week (list any	bo	x, unl	Pos check ess pe	erson	than c is both ir/trust	an	(D) Reportable compensation from the organization	(E) Reportable compensation from related organizations		(F) timated of oth compens from t	amount er sation	
	hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(W-2/1099-MISC)	(W-2/1099-MISC)		ganizati ed orga		ns
(12) Marty Pauls		<u> </u>				<u> </u>							·
Board Director	0.50	x						0	o				0
(13) Alan Perry	0.00	122			ļ								
	0.50												_
Board Director (14) Bob Stevens	0.00	X						0	0			····	0
(14) BOD Scevens	0.50												
Board Director	0.00	X						0	0				0
(15) Barry Taylor	0 50												
Board Director	0.50 0.00	x						0	0				0
(16) Kyle Theodore		Λ	<u> </u>					0	0				
	0.50												
Board Director	0.00	X						0	0				0
(17) Frank Soule	40.00												
Executive Director	0.00			x				101,446	o				0

		ļ											
1b Subtotal	ite to Part VII. 9							101,446	· · · · · · · · · · · · · · · · · · ·				
d Total (add lines 1b and 1c)		ecu.						101,446		····			
2 Total number of individuals (ind				thos	e list	ed al	bove		\$100,000 of				
reportable compensation from	the organization											Yes	No
3 Did the organization list any for								e, or highest compensated	I		2		х
employee on line 1a? <i>If "Yes,"</i> 4 For any individual listed on line	1a, is the sum	of re	porta	ble (com	oens.	atior				3		
organization and related organ individual	izations greater	than	\$15	0,00	0? <i>If</i>	"Yes	s," co	omplete Schedule J for suc	ch		4		X
5 Did any person listed on line 1a									individual		-		
for services rendered to the org		es,"	com	olete	Sch	edul	e J f	or such person			5		X
Section B. Independent Contractor 1 Complete this table for your five		ensat	led in	ndep	ende	ent co	ontra	actors that received more t	han \$100 000 of			·····	
compensation from the organiz	ation. Report co							ar year ending with or withi	n the organization's tax year	ar.		(0)	
Name and b	(A) pusiness address							Descripti	(B) on of services		Соп	(C) npensati	ion

								38 7 11 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1					
									· · · · · · · · · · · · · · · · · · ·				
77.77.17.17.17.17.17.17.17.17.17.17.17.1													
2 Total number of independent co	ontractors (inclu	dina	but i	not li	mite	d to t	hos	e listed above) who					
received more than \$100,000 o	f compensation	from	the	orga	niza	tion	>		0				

Part VIII Statement of Revenue

F-6	art v			nedule O cont	ains a	response or note	e to any line in th	is Part VIII			
			<u> </u>				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514	
Contributions, Gifts, Grantsland Other Similar Amounts	1 1 a	Federated cam	paign	s	1a						
	j t	Membership dues		1b							
	c	Fundraising events			1c			The May see			
	c	Related organizations			1d						
	е	Government grants (contributions)			1e	1,203,768					
	f	f All other contributions, gifts, grants, and similar amounts not included above									
ξĒ					1f	183,471					
ii c	g				1g)					
ပ္ပ	ŀ										
						Business Code			The state of the s	A CONTROL OF THE CONT	
ę,	2a	Summer day camp					140,668	140,668			
Program Service Reventie	, b						137,465	137,465			
Se	c	Beaufort C	ount	y pool			135,000	135,000			
Zar Several	d	Fitness Pr	ogra	- 37			93,965	93,965			
<u>6</u>	е	Discovery	club				90,252	90,252			
L)	f	All other progra	All other program service revenue				724,411	724,411			
	g	Total. Add lines	2a-2	<u>:f</u>		<u></u>	1,321,761	200 mm			
	3	Investment inco	me (ii	ncluding dividend	ls, inter	est, and					
		other similar an	nounts	s)			76,910			76,910	
	4	Income from inv	vestm	ent of tax-exemp	t bond	proceeds	-1110-01-01-01-01-01-01-01-01-01-01-01-0				
	5	Royalties	سنست			<u></u>					
	b c d			(i) Real		(ii) Personal				100 mg	
		Gross rents	6a								
		Less: rental expenses	6b				1.00	4.00			
		Rental inc. or (loss)	6c								
		Net rental incon	ne or ((loss)		<u></u>					
		Gross amount from sales of assets		(i) Securities		(ii) Other	77				
		other than inventory	7a								
ne	b	Less: cost or other					7.00				
Other Revenue		basis and sales exps.	7b								
Re	I	Gain or (loss)	7c				12-13-19-19-19-19-19-19-19-19-19-19-19-19-19-				
ЭĒ	d	Net gain or (loss	s)		 	<u></u>					
₹	8a	Gross income from	n fundr	aising events							
		(not including \$							The second secon		
			ributions reported on line 1c).					Section 2015			
		See Part IV, line 1	See Part IV, line 18		8a	64,679					
		Less: direct expenses		8b			1000				
		Net income or (I		-	events	<u></u>	64,679				
	9a	Gross income from		ng activities.	l						
		See Part IV, line 19			9a						
			ess: direct expenses		9b						
		Net income or (loss) from gaming activities				THE CONTRACTOR OF THE PARTY OF					
	10a	Gross sales of inventory, less returns and allowances									
				10a		200					
		Less: cost of goods sold		10b							
	С	Net income or (I	oss) f	rom sales of inve	ntory .						
sn						Business Code					
ne e	11a							· · · · · · · · · · · · · · · · · · ·			
Miscellaneous Revenue	b										
	С										
	d	All other revenue									
		Total. Add lines				· · · · · · · · · · · · · · · · · · ·		4 444 = -			
	12	Total revenue.	See ir	estructions		>	2.850.589	1,321,761	0	76.910	

Statement of Functional Expenses

360	tion 501(c)(3) and 501(c)(4) organizations must Check if Schedule O contains a res			mpieto column (7 y.	X
	not include amounts reported on lines 6b, Bb, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21			in the state of the state of	
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members			To the Print The Research	
5	Compensation of current officers, directors,	101 446		101 446	
	trustees, and key employees	101,446		101,446	
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
-	persons described in section 4958(c)(3)(B)	944,879	814,127	130,752	
7 8	Other salaries and wages Pension plan accruals and contributions (include	344,019	014,127	130,732	
0	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits	103,583	103,583		
10	Payroll taxes	115,768	115,768		
11	Fees for services (nonemployees):	120,700	110/100		
a	Management				
b	t a mad				······································
c	Accounting	42,906	42,906		
d			······································		
е	Professional fundraising services. See Part IV, line 17			i i i i i i i i i i i i i i i i i i i	
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25, column				
•	(A) amount, list line 11g expenses on Schedule O.)				
12		10,912	10,912		
13	Office expenses				
14	Information technology				
15	Royalties				· · · · / · / · · · · · · · · · · · · ·
16	Occupancy	236,292	236,292		
17	Travel	10,769	95	10,674	
18	Payments of travel or entertainment expenses	1			
	for any federal, state, or local public officials	15 100			
19	Conferences, conventions, and meetings	17,103	17,103		
20	Interest				
21	Payments to affiliates	124 144	124 144		
22	Depreciation, depletion, and amortization	134,144	134,144		
23	Insurance Other expenses. Itemize expenses not covered	e eliganela continue en en en en	To the state of the Control	Detector in alemania lei in terconnocio di sesti.	
24	above (List miscellaneous expenses on line 24e. If				
	line 24e amount exceeds 10% of line 25, column				
	(A) amount, list line 24e expenses on Schedule O.)				
а	Recreation center cleanin	139,990	139,990		and the first state of the first
b	Island Recreation facilit	91,378	91,378		
c	Special Events	77,621	77,621		
ď	Football Camp	56,755	56,755		
_	All other expenses	656,286	590,276	66,010	
25	Total functional expenses. Add lines 1 through 24e	2,739,832	2,430,950	308,882	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				

Balance Sheet Part X

Check if Schedule O contains a response or note to any line in this Part X (B) (A) Beginning of year End of year 1,246,948 985,581 Cash—non-interest-bearing 489,237 505,711 Savings and temporary cash investments 41,451 3 Pledges and grants receivable, net 4 Accounts receivable, net 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 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) Notes and loans receivable, net 7 Inventories for sale or use 18,790 24,464 Prepaid expenses and deferred charges _____ 10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D 1,823,799 10a 10b b Less: accumulated depreciation 553,830 1,309,627 1,269,969 87,637 113,323 Investments—publicly traded securities 11 12 Investments—other securities. See Part IV, line 11 12 Investments—program-related. See Part IV, line 11 13 13 14 Intangible assets 14 Other assets. See Part IV, line 11 15 2,937,997 3,154,741 16 16 Total assets. Add lines 1 through 15 (must equal line 33) 45,894 Accounts payable and accrued expenses 25,930 17 17 18 Grants payable 18 121,745 182,405 19 Deferred revenue 19 Tax-exempt bond liabilities 20 Escrow or custodial account liability. Complete Part IV of Schedule D 21 Loans and other payables to any current or former officer, director, Liabilities trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons Secured mortgages and notes payable to unrelated third parties 23 23 Unsecured notes and loans payable to unrelated third parties 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X 66,752 92,115 214,427 320,414 Total liabilities. Add lines 17 through 25 Organizations that follow FASB ASC 958, check here ▶ X Net Assets or Fund Balances and complete lines 27, 28, 32, and 33. 2,723,570 2,834,327 Net assets without donor restrictions 28 Net assets with donor restrictions Organizations that do not follow FASB ASC 958, check here ▶ and complete lines 29 through 33. Capital stock or trust principal, or current funds 29 Paid-in or capital surplus, or land, building, or equipment fund Retained earnings, endowment, accumulated income, or other funds 31 2,723,570 2,834,327 Total net assets or fund balances 32 2,937,997 3,154,741 Total liabilities and net assets/fund balances

Form 990 (2020)

Forr	n 990 (2020) Hilton Head Island Recreation 57-082.128			Pa	ige 12			
Pi	art XI Reconciliation of Net Assets							
	Check if Schedule O contains a response or note to any line in this Part XI	and the state of t						
1	Total revenue (must equal Part VIII, column (A), line 12)		2,8	50,	589			
2	Total expenses (must equal Part IX, column (A), line 25)	2	2,7	39,	832			
3	Revenue less expenses. Subtract line 2 from line 1	1 2 1	1	10,	757			
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))		2,7	23,	570			
5	Net unrealized gains (losses) on investments							
6	Donated services and use of facilities	6						
7	Investment expenses							
8	Prior period adjustments	اما						
9	Other changes in net assets or fund balances (explain on Schedule O)							
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line							
	32, column (B))							
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				1			
	If the organization changed its method of accounting from a prior year or checked "Other," explain in							
	Schedule O.							
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X			
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or							
	reviewed on a separate basis, consolidated basis, or both:							
	Separate basis Consolidated basis Both consolidated and separate basis			·				
b	Were the organization's financial statements audited by an independent accountant?		2b		X			
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a							
	separate basis, consolidated basis, or both:							
	Separate basis Consolidated basis Both consolidated and separate basis							
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of							
	the audit, review, or compilation of its financial statements and selection of an independent accountant?		2c					
	If the organization changed either its oversight process or selection process during the tax year, explain on							
	Schedule O.				: '			

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

b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits

Single Audit Act and OMB Circular A-133?

Form **990** (2020)

3b

SCHEDULE A (Form 990 or 990-EZ) Public Charity Status and Public Jupport

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.

20047

Open to Public Inspection

Internal Revenue Service

Name of the organization

Department of the Treasury

Hilton Head Island Recreation

Employer identification number 57-0827128

Pa	rt I	Reas	on for Public Charity	Status. (All organizations	must c	complete	e this part.) See instruction	ons.		
The o	orga	nization is not	a private foundation becaus	se it is: (For lines 1 through 12,	check on	y one box	c.)			
1	П	A church, co	nvention of churches, or ass	sociation of churches described	in sectio	n 170(b)(1)(A)(i).			
2		A school des	scribed in section 170(b)(1)((A)(ii). (Attach Schedule E (Forr	n 990 or	990-EZ).)				
3	basinasar	A hospital or	a cooperative hospital servi	ce organization described in se	ction 170	(b)(1)(A)	(iii).			
4		=		d in conjunction with a hospital				ospital's name,		
		city, and stat	city, and state:							
5	\Box	•		of a college or university owned			overnmental unit described in			
	لــــا	-	(b)(1)(A)(iv). (Complete Part			, 3				
6	П			overnmental unit described in s	ection 1	70(b)(1)(A	λ)(ν).			
	X	•		substantial part of its support fre			·· ·	;		
	لـــا	-	section 170(b)(1)(A)(vi). (C	. ,,			,			
8		A community	trust described in section	170(b)(1)(A)(vi). (Complete Part	t II.)					
9		An agricultur	al research organization des	scribed in section 170(b)(1)(A)(ix) operat	ed in con	junction with a land-grant colle	ge		
				of agriculture (see instructions).						
		university:								
10		An organizat	ion that normally receives: (1) more than 33 1/3% of its supp	port from	contributi	ons, membership fees, and gro	oss		
		•		npt functions, subject to certain						
			•	nd unrelated business taxable in	•		•			
	\Box			0, 1975. See section 509(a)(2)						
11	H	•	•	exclusively to test for public safe	•		, ,, ,			
12	Ш	•	•	exclusively for the benefit of, to zations described in section 50	•					
			, , ,	hat describes the type of suppor				•		
	а		•	erated, supervised, or controlled			·	-		
	_		1, 0	wer to regularly appoint or elect	•			3		
			- · · · · · · · · · · · · · · · · · · ·	omplete Part IV, Sections A a		,				
	b	Type II.	A supporting organization su	pervised or controlled in connec	ction with	its suppo	rted organization(s), by having			
			* * * * * * * * * * * * * * * * * * * *	ting organization vested in the s				ed		
		organizat	tion(s). You must complete	Part IV, Sections A and C.						
	С	Type III 1	functionally integrated. A s	supporting organization operated	in conne	ection with	n, and functionally integrated w	ith,		
				tructions). You must complete						
	d			I. A supporting organization ope						
			•	e organization generally must sa	•		•	ess		
			,	nust complete Part IV, Section		-				
	е			eived a written determination fron n-functionally integrated support			s a Type i, Type ii, Type iii			
	f		nber of supported organizati		01 9 4.	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				
	g		* * * * * * * * * * * * * * * * * * * *	ne supported organization(s).						
(i)		of supported	(ii) EIN	(iii) Type of organization	(iv) Is the	organization	(v) Amount of monetary	(vi) Amount of		
1-7		anization	(,	(described on lines 1–10	1 ' '	ur governing	support (see	other support (see		
				above (see instructions))	docu	ment?	instructions)	instructions)		
					Yes	No				
(A)										
(B)										
							· · · · · · · · · · · · · · · · · · ·			
(C)										
					<u> </u>					
(D)										
(E)										
			· vara · · , Aldisiria, saidu							
[ctol			 Local of the containing the first of 	Lander and Early March of Till on the or in the	1	1				

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

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

Sec	tion A. Public Support							
Cale	ndar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 202	10	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	1,015,313	1,282,382	1,589,714	1,639,321	1,387	7,239	6,913,969
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf							
3	The value of services or facilities furnished by a governmental unit to the organization without charge							
4	Total. Add lines 1 through 3	1,015,313	1,282,382	1,589,714	1,639,321	1,387	7,239	6,913,969
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)							
6	Public support. Subtract line 5 from line 4		Adala deletaria di					6,913,969
*******	tion B. Total Support	<u> </u>						
	ndar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 202	0	(f) Total
7	Amounts from line 4	1,015,313	1,282,382	1,589,714	1,639,321	1,387	,239	6,913,969
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	23,496	19,156	15,686		34,759		97,324
9	Net income from unrelated business activities, whether or not the business is regularly carried on				16,934	41	58,085	
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					etgü Nika S.	: Papar atri	7,069,378
12	Gross receipts from related activities, etc.						12	3,461,456
13	First 5 years. If the Form 990 is for the or	-	econd, third, fourth	ı, or fifth tax year a	as a section 501(c)	(3)		. ,
	organization, check this box and stop her					<u></u>		
	tion C. Computation of Public Su			**************************************			,	
14	Public support percentage for 2020 (line 6			n (f))			14	97.80%
15	Public support percentage from 2019 Sche						15	97.90%
16a	33 1/3% support test—2020. If the organi			•	33 1/3% or more, c	heck this		► (₹9)
	box and stop here. The organization quali							▶ X
b	33 1/3% support test—2019. If the organi				5 is 33 1/3% or mo	ore, check		. —
170	this box and stop here. The organization of	•			10h 15			🟲 🗀
17a	10%-facts-and-circumstances test—20210% or more, and if the organization meet							
	Part VI how the organization meets the "fa							
			-	•				
b	10%-facts-and-circumstances test—201	9. If the organization	on did not chack a	hov on line 13, 16	a 16h or 17a on	d lino		
	15 is 10% or more, and if the organization							
	in Part VI how the organization meets the			•	•	•		
	organization			-	• •	• •		▶ □
18	Private foundation. If the organization did							
	_							>
	instructions							🗲 🔛

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

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

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that are not an unrelated trade or business under section 513						
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons						
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
C	Add lines 7a and 7b	jevinski istorija og ka	ran en	ale remain No. 1 a for N. 1 a series assessed	e va ma il Labellia della d	unica agrafiament to control	
8	Public support. (Subtract line 7c from line 6.)						
	tion B. Total Support			Г			
	ndar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
9	Amounts from line 6						
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975	***************************************	A-10-20-4-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-				
С	Add lines 10a and 10b				***************************************	· · · · · · · · · · · · · · · · · · ·	
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on		***************************************				
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)						
14	First 5 years. If the Form 990 is for the org	ganization's first, s	econd, third, fourtl	h, or fifth tax year a	s a section 501(c)	(3)	
	organization, check this box and stop here	9					>
Sec	tion C. Computation of Public Su				······		
15	Public support percentage for 2020 (line 8,						%%
16	Public support percentage from 2019 Sche						%
	tion D. Computation of Investme)l (0)		1	0.4
17	Investment income percentage for 2020 (li		l lina 17			40	<u>%</u>
	Investment income percentage from 2019 S 33 1/3% support tests—2020. If the organ			14 and line 15 is			%
Jd	17 is not more than 33 1/3%, check this bo						▶ □
b	33 1/3% support tests—2019. If the organ		-				
_	line 18 is not more than 33 1/3%, check th						▶ □
20	Private foundation. If the organization did						

Supporting Organizations Part IV

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

Section A. All Supporting Organizations

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

	Yes	No
1	*	
2		
	1 1/2	
3a		11.11.11
3b		
3с		
4a		
		1.
4b		
4c		
46		
5a		
5b		
5c		
c		
6		
7		
•		1.1
8		
1.1		
9a		
	· [1]	
9b		
9c		
	1 1	
10a	:	
405		
10b	L	EZ) 2020

Pa	rt IV Supporting Organizations (continued)		· · · · · · · · · · · · · · · · · · ·	
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in lines 11b and	100		
	11c below, the governing body of a supported organization?	11a		
b	A family member of a person described in line 11a above?	11b		
С	A 35% controlled entity of a person described in line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide	:		
	detail in Part VI .	11c		
Sect	ion B. Type I Supporting Organizations			
			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or	1.		
	more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers,			1
	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		and t	i i na said
	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,	1.11		
	supervised, or controlled the supporting organization.	2		
Sect	ion 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			- 1. 1
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Secti	on D. All Type III Supporting Organizations			4
			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		v :	4. [1
	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		
Secti	on E. Type III Functionally-Integrated Supporting Organizations	J J		
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (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 instru-	ctions)		
2	Activities Test. Answer lines 2a and 2b below.	ĺ	Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of		1111	
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify		-341	
	those supported organizations and explain how these activities directly furthered their exempt purposes,			41411
	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 line 2a, above, constitute activities that, but for the organization's involvement,			
	one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in			
	Part VI the reasons for the organization's position that its supported organization(s) would have engaged in			
	these activities but for the organization's involvement.	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 Part VI .	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each	- Ju		
-	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		

	rt V Type III Non-Functionally Integrated 509(a)(3) Supporting Org	ganiza	tions	
1	Check here if the organization satisfied the Integral Part Test as a qualifying trust on N			ee
	instructions. All other Type III non-functionally integrated supporting organizations mu			
			(A) Prior Year	(B) Current Year
Sec	tion A – Adjusted Net Income		(A) Phol real	(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		
C	Total (add lines 1a, 1b, and 1c)	1d		
e	Discount claimed for blockage or other factors			
	(explain in detail in Part VI):			, 44, 74, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1,
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,			
	see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 0.035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C – Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions).	6		
7	Check here if the current year is the organization's first as a non-functionally integrated	Type II	I supporting organization	
	(see instructions).			

Schedule A (Form 990 or 990-EZ) 2020

Page 7

Par	t V Type III Non-Functionally Integrated 509(a)(3) S	Supporting Organiza	tions (continued)				
Sect	ion D – Distributions			Current Year			
1	1 Amounts paid to supported organizations to accomplish exempt purposes						
2	Amounts paid to perform activity that directly furthers exempt purposes	s of supported					
	organizations, in excess of income from activity						
3	Administrative expenses paid to accomplish exempt purposes of supp	orted organizations					
4	Amounts paid to acquire exempt-use assets						
5	Qualified set-aside amounts (prior IRS approval required—provide det	ails in Part VI)					
6	Other distributions (describe in Part VI). See instructions.						
	Total annual distributions. Add lines 1 through 6.		· · · · · · · · · · · · · · · · · · ·				
8	Distributions to attentive supported organizations to which the organization	ation is responsive					
	(provide details in Part VI). See instructions.		The state of the s				
9	Distributable amount for 2020 from Section C, line 6						
10	Line 8 amount divided by line 9 amount	T (3)	(ii)	(iii)			
04	ion E. Distribution Allocations (see instructions)	(i) Excess Distributions	Underdistributions	Distributable			
Sect	ion E – Distribution Allocations (see instructions)	Excess Distributions	Pre-2020	Amount for 2020			
1	Distributable amount for 2020 from Section C, line 6		F16-2020	Amount for 2020			
	Underdistributions, if any, for years prior to 2020						
2	(reasonable 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						
<u>e</u>	From 2019		200				
f	Total of lines 3a through 3e	Reference of the control of the cont					
g	Applied to underdistributions of prior years	After the State of					
<u>h</u>	Applied to 2020 distributable amount						
i	Carryover from 2015 not applied (see instructions)		weeps and the second second				
	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.						
4	Distributions for 2020 from						
	Section D, line 7: \$	Control of the Contro					
	Applied to underdistributions of prior years						
	Applied to 2020 distributable amount						
	Remainder. Subtract lines 4a and 4b from line 4.	Company of the compan					
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			Section of the sectio			
Ū	and 4b from line 1. For result greater than zero, explain in		entropy (Carabata) and a				
	Part VI. See instructions.						
7	Excess distributions carryover to 2021. Add lines 3j						
•	and 4c.						
8	Breakdown of line 7:						
	Excess from 2016		The second	production specifical			
	Excess from 2017						
	Excess from 2018						
	Excess from 2019						
	Excess from 2020						

Schedule A (For	n 990 or 990-EZ) 2020	Hilton Head	Island Recr	eation	57-0827128	Page 8
Part VI	Supplemental Info III, line 12; Part IV, B, lines 1 and 2; Pa 3a, and 3b; Part V,	prmation. Provide the Section A, lines 1, 2, 3 art IV, Section C, line 1	explanations requi Bb, 3c, 4b, 4c, 5a, 6 ; Part IV, Section I B, line 1e; Part V,	ired by Part II, line 1 5, 9a, 9b, 9c, 11a, 1 D, lines 2 and 3; Par Section D, lines 5, 6	0; Part II, line 17a or 17 1b, and 11c; Part IV, Se t IV, Section E, lines 1c 5, and 8; and Part V, Se	b; Part ection c, 2a, 2b,
Part I	I, Line 10 -	Other Income	Detail			
Net in	come from fur	ndraising	\$	0		
			• • • • • • • • • • • • • • • • • • • •			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
	•••••					
			,,	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
				,		
						,

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

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

Schedule of Contributors

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

2020

Name of the organization

Employer identification number

Hilton Head	Island Recreation	57-0827128
Organization type (chec	k one):	
Filers of:	Section:	
Form 990 or 990-EZ	$\overline{\mathbf{X}}$ 501(c)(3) (enter number) organization	
	4947(a)(1) nonexempt charitable trust not treated as a private foundat	ion
	527 political organization	
Form 990-PF	501(c)(3) exempt private foundation	
	4947(a)(1) nonexempt charitable trust treated as a private foundation	
	501(c)(3) taxable private foundation	
	n is covered by the General Rule or a Special Rule . (c)(7), (8), or (10) organization can check boxes for both the General Rule and a S	Special Rule. See
General Rule		
	on filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions y or property) from any one contributor. Complete Parts I and II. See instructions to contributions.	-
Special Rules		
regulations under 13, 16a, or 16b, a	on described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 ¹ /3% so sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 9 and that received from any one contributor, during the year, total contributions of the of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Com	90-EZ), Part II, line ne greater of (1)
contributor, during literary, or educat	on described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that receive the year, total contributions of more than \$1,000 exclusively for religious, charitational purposes, or for the prevention of cruelty to children or animals. Complete Po) instead of the contributor name and address), II, and III.	ble, scientific,
contributor, during contributions total during the year fo General Rule app	on described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that receive the year, contributions exclusively for religious, charitable, etc., purposes, but not led more than \$1,000. If this box is checked, enter here the total contributions that in an exclusively religious, charitable, etc., purpose. Don't complete any of the part plies to this organization because it received nonexclusively religious, charitable, or more during the year	o such t were received ts unless the etc., contributions
990-EZ, or 990-PF), but it	that isn't covered by the General Rule and/or the Special Rules doesn't file Scheo must answer "No" on Part IV, line 2, of its Form 990; or check the box on line Ho	of its Form 990-EZ or on its

Page 1 of 1

Page 2

Name of organization

Employer identification number

Hilton Head Island Recreation

57-0827128

Part I	Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.						
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution				
. 1		\$ 1,252,239	Person X Payroll Noncash (Complete Part II for noncash contributions.)				
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution				
. 2		\$ 135,000	Person X Payroll Noncash (Complete Part II for noncash contributions.)				
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution				
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)				
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution				
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)				
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution				
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)				
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution				
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)				

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

► 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.

2020

Open to Public Inspection

Employer identification number Name of the organization 57-0827128 Hilton Head Island Recreation Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Part I Complete if the organization answered "Yes" on Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts Total number at end of year Aggregate value of contributions to (during year) Aggregate value of grants from (during year) 3 Aggregate value at end of year Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of land for public use (for example, recreation or education) Preservation of a historically important land area Protection of natural habitat Preservation of a certified historic structure Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year. Held at the End of the Tax Year a Total number of conservation easements 2a b Total acreage restricted by conservation easements 2b c Number of conservation easements on a certified historic structure included in (a) 2c d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the Number of states where property subject to conservation easement is located ▶ Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements. Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8. 1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items. b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenue included on Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items: Revenue included on Form 990, Part VIII, line 1 b Assets included in Form 990. Part X

Part II	Organizations Maintaining	Collections of Art	, Historical T	reasures,	or Other Sim	ilar Assets	(continue	d)
	ng the organization's acquisition, accessio ection items (check all that apply):							
а	Public exhibition	d Loar	or exchange pro	gram				
-	Scholarly research		er					
} (Preservation for future generations	لسبا						
	vide a description of the organization's coll	lections and explain hov	v they further the	organization's	s exempt purpose	e in Part		
XIII.	,							
5 Dur	ng the year, did the organization solicit or	receive donations of art	, historical treasu	res, or other	similar			
	ets to be sold to raise funds rather than to						Yes	No
Part IV								
	Complete if the organization 990, Part X, line 21.	answered "Yes" on	Form 990, Pa	art IV, line 9), or reported	an amount	on Form	
1a Is th	e organization an agent, trustee, custodia	n or other intermediary	for contributions o	or other asset	s not			
inclu	ided on Form 990, Part X?						Yes	No
b If "Y	es," explain the arrangement in Part XIII a							
							Amount	
c Beg	inning balance					1c		
d Add	itions during the year					1d		
e Dist	ributions during the year					1e	•	
f End	ing balance					1f		
	the organization include an amount on Fo						Yes	No
b If "Y	es," explain the arrangement in Part XIII. (Check here if the explan	ation has been p	rovided on Pa	rt XIII			<u> </u>
Part V								
	Complete if the organization	<u>answered "Yes" on</u>	Form 990, Pa	1			Υ	
		(a) Current year	(b) Prior year	(c) Two yea	rs back (d) T	hree years back	(e) Four ye	ars back
	inning of year balance							
b Con	tributions							
c Net	investment earnings, gains, and							
loss	es	· · · · · · · · · · · · · · · · · · ·						· · · · · · · · · · · · · · · · · ·
	nts or scholarships						<u> </u>	
	er expenditures for facilities and							
	rams						ļ	
	inistrative expenses							
	of year balance			<u> </u>			<u> </u>	
	ide the estimated percentage of the curre	•	e 1g, column (a))	held as:				
	d designated or quasi-endowment	%						
	nanent endowment ▶%							
	n endowment ▶ %							
	percentages on lines 2a, 2b, and 2c should							
	there endowment funds not in the possess	sion of the organization	that are held and	administered	for the		[v	
_	nization by:						7e	s No
(1)	Unrelated organizations						3a(i)	
(11)	Related organizations						3a(ii)	
	es" on line 3a(ii), are the related organizati						3b	
	cribe in Part XIII the intended uses of the c		nt tunas.					
Part V			Form 000 Po	rt IV line 1	1a Saa Earm	000 Bart \	/ line 10	
	Complete if the organization a	ŧ						
	Description of property	(a) Cost or other basis (investment)	(b) Cost or o	1	(c) Accumulate depreciation		(d) Book valu	е
4- 1-		(myesunem)			dabiaciquo		1 E	000
Ta Land	 			15,000			1,376	,000 121
b Build	lings		1,3	76,424			1,3/6	,424
	ehold improvements		_				*************************************	
	pment	120 25	15		EEO	030	_101	AE E
	lines to through to (Column (d) must on	432,37	······································		553	,830		<u>, 455</u>
i otal. Add	lines 1a through 1e. (Column (d) must eq	uai roim 990, Part X, c	oiumn (B), line 10	<i>IC.)</i>	********	<u> </u>	1,269	, 909

Schedule D (Form 990) 2020 Hilton Head Island Recreation Page 3 Investments - Other Securities. Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12. (a) Description of security or category (b) Book value (including name of security) Cost or end-of-year market value (1) Financial derivatives (2) Closely held equity interests (G) Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.) Part VIII Investments - Program Related. Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13. (a) Description of investment (b) Book value (c) Method of valuation: Cost or end-of-year market value (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 13.) \blacktriangleright Part IX Other Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15. (a) Description (b) Book value (1) (2) (3)(4)(5)(6) (7)(8) (9)Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) Part X Other Liabilities. Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, (a) Description of liability (b) Book value (1) Federal income taxes Accrued salaries 47,012 (2) 28,458 (3) Accrued Other Payroll Taxes Payable 13,053 Smith Barney plan (5) Sales Tax Payable (6)(7)(8) 92,115 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 (F	Form 990) 2020	Hilton	Head	Island	Recreation	57-0827128	Page 5
Part XIII	Supplemer	ntal Informat	tion (cor	ntinued)	Recreation		
			1	<u> </u>			******
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•						• • • • • • • • • • • • • • • • • • • •	

SCHEDULE G (Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising of Jaming 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.

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

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

Name of the organization Hilton Head Isla	nd Recreat	ion		Employer identifica	
Part I Fundraising Activities. Complete	e if the organizat	ion answe	red "Yes" on Form		
Form 990-EZ filers are not require					
1 Indicate whether the organization raised funds through					
a Mail solicitations			ernment grants		
b Internet and email solicitations		on of governn	-		
c Phone solicitations	g Special fu	undraising ev	ents		
d In-person solicitations					
2a Did the organization have a written or oral agreemen or key employees listed in Form 990, Part VII) or ent	ity in connection wit	h professiona	al fundraising services	?	Yes No
b If "Yes," list the 10 highest paid individuals or entities compensated at least \$5,000 by the organization.	s (fundraisers) pursu	ant to agreei	ments under which the	fundraiser is to be	
(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fund- raiser have custody or control of contributions?	(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes No			
1					
2					
3					
4					
5					
6					
7					
				*	
8					
9					
0					
			14		
List all states in which the organization is registered or registration or licensing.			or has been notified in	t is exempt from	
registration or noonsing.					
			.,,,,,,,,		

57-0827128

²aqe **2**

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

		gross receipts o	reater than \$5,000.			
			(a) Event #1 Special Events	(b) Event #2	(c) Other events	(d) Total events (add col. (a) through
a)			(event type)	(event type)	(total number)	col. (c))
Revenue	1	Gross receipts	63,179			63,179
		Less: Contributions Gross income (line 1 minus				
	ļ	line 2)	63,179			63,179
	4	Cash prizes			,	
	5	Noncash prizes				
enses	6	Rent/facility costs				
Direct Expenses		Food and beverages				
۵	8	Entertainment				
	9	Other direct expenses				
	10	Direct expense summary.	Add lines 4 through 9 in column (o	(t)	•	
	11	Net income summary. Sul	otract line 10 from line 3, column (d)		63,179
P	art		plete if the organization answ	vered "Yes" on Form 990, I	Part IV, line 19, or repor	ted more than
		\$15,000 011 F01	m 990-EZ, line 6a.	(b) Pull tabs/instant	T	(d) Total gaming (add
Revenue			(a) Bingo	bingo/progressive bingo	(c) Other gaming	col. (a) through col. (c))
Reve						
	1	Gross revenue				
nses	2	Cash prizes				
t Expenses	3	Noncash prizes				
Direct	4	Rent/facility costs		M-1-777		
	5	Other direct expenses		· · · · · · · · · · · · · · · · · · ·		
	6	Volunteer labor	Yes %	Yes %	Yes % No	
	7	Direct expense summary.	Add lines 2 through 5 in column (d	J)	>	
	8	Net gaming income summ	ary. Subtract line 7 from line 1, co	lumn (d)	>	
9	Ent	er the state(s) in which the	organization conducts gaming act	ivities:		
а	is ti		conduct gaming activities in each	***		

			gaming licenses revoked, suspen		year?	Yes No
				•••••	• • • • • • • • • • • • • • • • • • • •	

Sch	edule G (Form 990 or 990-EZ) 2020 Hilton Head Island Recreation 5	7-08271	28	Р	age 3
11	Does the organization conduct gaming activities with nonmembers?			Yes	☐ No
12	Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity				
	formed to administer charitable gaming?			Yes	No
13	Indicate the percentage of gaming activity conducted in:				
а	The organization's facility	13a			%
b	An outside facility	13b			%
14	Enter the name and address of the person who prepares the organization's gaming/special events books and				
	records:				
	Name ▶				
	Address ►				
15a	Does the organization have a contract with a third party from whom the organization receives gaming				
	revenue?		П	Yes	No
b	If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ and the		لـــا	[
-	amount of gaming revenue retained by the third party ▶ \$	•			
С	If "Yes," enter name and address of the third party:				
·	in res, enter hame and address of the time party.				
	Name ▶				
	Name •				
	Address ▶				
	Address •				
16	Coming manager information:				
10	Gaming manager information:				
	Name ▶				
	Name ►				
	Caming manager companyation				
	Gaming manager compensation ▶ \$				
	Description of services provided ▶				
	Description of services provided ▶				
	Director/officer Employee Independent contractor				
	Director/officer Employee Independent contractor				
17	Mandatory distributions:				
	·				
а	Is the organization required under state law to make charitable distributions from the gaming proceeds to		\Box	٧ [٦
.	retain the state gaming license?		Ш	Yes	No
D	Enter the amount of distributions required under state law to be distributed to other exempt organizations or				
Da	spent in the organization's own exempt activities during the tax year ▶ \$ rt IV Supplemental Information. Provide the explanations required by Part I, line 2b, column	ne (iii) and (ν): Ot		
ıa	Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any addition			IU	
	See instructions.	iai iiiiOiiiialiC	111.		
	Oce man detions.				
	Sched	ule G (Form 99	0 or 9	90-EZ)	2020

SCHEDULE 0

(Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

Department of the Treasury Internal Revenue Service Name of the organization

OMB No. 1545-0047

2020

Open to Public Inspection ▶ Go to www.irs.gov/Form990 for the latest information. Employer identification number

Hilton Head Island Recr	ceation		57-0827128	
Form 990, Part III, Line 4d - All	Other Acc	omplishments	3	
Community Recreation				
Form 990, Part VI, Line 11b - Orga	anization'	s Process to	Review Form 990	
A copy of the 990 is provided to s	selected O	fficers of t	the Board and the	
Executive Director prior to it bei	ing filed.	The entire	Board will review	
the return at the next regularly s	scheduled	meeting.		
Form 990, Part VI, Line 12c - Enfo	orcement o	f Conflicts	Policy	
The Organization regularly and co	onsistentl	y monitors a	nd enforces	
compliance with its policy.		••••••		
Form 990, Part VI, Line 15a - Comp	ensation	Process for	Top Official	
The process for determining the co	mpensatio	n for the Ex	ecutive Director	
included a review and approval by	independe	nt persons,	comparibilty data	
and contemperaneous substantiation	of the d	eliberation	and decision.	
Form 990, Part VI, Line 19 - Gover	ning Docu	ments Disclo	sure Explanation	
The governing documents are made a	vailable	to the publi	c upon request.	
Form 990, Part IX, Line 24e - Othe	r Expense	S		
Description				
Tot/Prog Service	Mgt &	General	Fundraising	
Youth soccer		• • • • • • • • • • • • • • • • • • • •	•••••	
\$ 43,929	\$	0	\$ 0	

Page 1 of 5

Grounds maintenance

Page 3 of 5

Schedule O (Form 990 or 990-EZ) 2020 Name of the organization Employer identification number 57-0827128 Hilton Head Island Recreation 2,198 Adult soccer leagues 1,690 Girls Softball 1,600 Elevator Maintenance 1,549 Senior Citizen 1,372 Gator football 1,318 Senior Trips Children & teen activitie 947 SWU Fee - Beaufort 665 Fast trackers Supplies general purpose-499 Open gym programs 454 Copier lease maintenance-404 Loss of fixed assets 354 Page 4 of 5

Event Income and Deduction Worksheet

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

Description Concessions

Taxpayer Identification Number

2020

Name

Hilton Head Island Recreation

57-0827128

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

Name

Event Income and Deduction Worksheet

Description Heritage Booth

Taxpayer Identification Number 57-0827128

2020

Hilton Head Island Recreation

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

Income & Expense Summary:	Expense Details - Indirect Expense:
1. Gross receipts or sales 1. 1,50	Advertising and promotion
2. Advertising income 2.	
3. Circulation income 3.	
4. Other income 4.	
5. Returns and allowances 5.	
6. Contributions received 6.	Occupancy/Real Estate Taxes
7. Total revenue. Add lines 1 through 6 7. 1,50	Travel & Repairs
8. Cost of Goods Sold 8.	Travel/entertainment (officials)
9. Employment Expense 9.	
10. Fees for services 10.	
11. Indirect Expense 11.	Insurance
12. Depreciation Expense 12.	
13. Exempt Activity Expense 13.	
14. Fundraising Expense 14.	
15. Total expenses. Add lines 8 through 1415.	On investment property
16. Net Income/Loss. Line 7 minus Line 1516. 1,50	On non-investment property
	Amortization
	Depletion
Expense Details - Cost of Goods Sold:	Total Depreciation Expense
Beginning inventory	
Purchases	Expense Details - Exempt Activity Expense:
Labor	
Section 263A costs	Bad debts
Other costs	Taxes/licenses
Ending inventory	Charitable contributions
Total Cost of Goods Sold	Dividend recd deductions
	Readership costs
Expense Details - Employment Expense:	Other expenses
Compensation of officers	Total Exempt Activity Expense
Other salaries and wages	
Pension plan contributions	Expense Details - Fundraising Expense:
Other employee benefits	Cash prizes
Payroll taxes	Non-cash prizes
Total Employment Expense	Rent and facility costs
	Food & beverages (Part II only)
Expense Details - Fees for Services:	Entertainment (Part II only)
Management	Other direct expenses
Legal	Total Fundraising Expense
Accounting	
Lateral de la company de la co	
Drefessional fundraising	
Investment management	weenda.
Other	
Total From for Comilian	
lotal Fees for Services	
Information is indicated for use on Form 990-T, Schedule A:	Allocation of Expense to Program Service Accomplishments:
Part V, Debt Financing	
Part VI, Controlled Org Income	2
Part VII, Investments for C(7)(9)(17)	Think
Part VIII, Exploited Activities	A II - 4 - 4 - 4 - 4 - 4 - 4 - 4 - 4 - 4
Part IX, Advertising Income	All Otrier
T Tart IX, Advertising moonie	

Event Income and Deduction Worksheet

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

Description Special Events

Taxpayer Identification Number

2020

Name

Hilton Head Island Recreation

57-0827128

1. Gross receipts or sales 1. 63,179 2. Advertising income 2. Compensation from the composition of the compo	Income & Expense Summary:		Expense Details - Indirect Expense:
2. Advertising income 2. Office 2. Office 3. Circulation income 3. Printing/publication/postage into technology/Maintenance 6. Returns and allowances 5. Royalbes & License Fees 6. Contributions received 6. Occupancy/Real Estate Taxes 7. Total revenue. Add lines 1 through 6 7. 63,179 Travel & Repairs 7. Foreign and allowances 7. Total revenue. Add lines 1 through 6 7. 63,179 Travel & Repairs 7. Total revenue. Add lines 1 through 6 7. 63,179 Travel & Repairs 7. Total Indirect Expense 9. Conferences/meetings 7. Total revenue. Add lines 1 through 6 7. 63,179 Travel & Repairs 7. Total Indirect Expense 9. Conferences/meetings 7. Total Expense Details - Depreciation Expense 9. Conferences/meetings 7. Total Depreciation Expense 9. Conferences/meetings 7. Total Depreciation Expense 9. Conferences/meetings 7. Total Expense Details - Expense Petails - Expense Petails - Fees for Services 7. Total Employment Expense 7. Total Employment Expense 7. Total Employment Expense 8. Conferences 7. Total Employment Expense 8. Conferences 7. Total Employment Expense 9. Conference 7.		63.179	
3. Circulation income 3. Printing/publication/postage 4. Other income 4. Info technology/Maintenance 5. Returns and allowances 5. Contributions received 6. Contributions 6. Travel & Repairs 7			
4. Other income 4. Info technology/Maintenance 5. Returns and allowances 5. Returns and allowances 5. Returns and allowances 5. Rother income 4. Cocupancy/Real Estate Taxes 5. Rother income 5.			Printing/publication/postage
5. Returns and allowances 5. Contributions received 6. Contributions received 6. T. Total revenue, Add lines 1 through 6. T. Total revenue, Add lines 1 through 6. S. Cost of Goods Sold 8. Travel Repairs Total Indirect Expense 10. Interest Interest Interest Interest Interest Total Indirect Expense Total Indirect Expense Total Indirect Expense Total Indirect Expense Total Indirect Expense Total Indirect Expense Total Indirect Expense Total Indirect Expense Expense Details - Depreciation Expense: On investment property Amortization Depletion Depletion Depletion Total Depreciation Expense Expense Details - Cost of Goods Sold: Beginning inventory Total Cost of Goods Sold Expense Details - Expent Activity Expense: Repairs and Maintenance Expense Details - Expent Activity Expense: Compensation of officers Other costs Expense Details - Fundraising Expense: Compensation of officers Other expenses Total Exempt Activity Expense Expense Details - Fundraising Expense: Cash prizes Total Exempt Activity Expense Total Fundraising Expense Total Fu			Info technology/Maintenance
6. Corubnut/ons received 6. Cocupancy/Real Estate Taxes T. 7. Total revenue. Add lines 1 through 6. 7. 63,179 8. Cost of Goods Sold 8. Conferences/meetings 9. Employment Expense 9. Conferences/meetings 11. Indirect Expense 12. Total Indirect Expense 13. Insurance 15. Expense Activity Expense 14. Insurance 15. Total expenses. Add lines 8 through 1415. Indirect Expense 15. Insurance 15. Total expenses. Add lines 8 through 1415. Indirect Expense 15. Insurance 15. Total expenses. Add lines 8 through 1415. Indirect Expense 15. Indirect Expense			Povalties & License Fees
7. Total revenue. Add lines 1 through 6 7. 63 , 179 8. Cost of Goods Sold 8 8. 9. Employment Expense 9 9. Intravel Repairs 9. Intravelenteral animent (officials) 10. Fees for services 10. Intravelenteral animent (officials) 11. Indirect Expense 11. Indirect Expense 12. 12. Depreciation Expense 13. Intravelenteral animent (officials) 14. Fundralising Expense 14. On investment property 15. Total expenses. Add lines 8 through 1415. On investment property 16. Not Income/Loss. Line 7 minus Line 1518. 63 , 179 Expense Details - Cost of Goods Sold: Depletion			
8. Cost of Goods Sold 8. Travel/entertainment (officials) 9. Employment Expense 9. Conferences/meetings Interest Interes	7. Total revenue Add lines 1 through 6. 7	63 179	
9. Employment Expense 9. Conferences/meetings 10. Fees for services 10. Interest 11. Indirect Expense 12. Total Indirect Expense 13. Indirect Expense 13. Indirect Expense 14. Expense Details - Depreciation Expense 14. Expense Details - Depreciation Expense 15. Total expenses. Add lines 8 through 14 15. On investment property On non-investment property On non-investment property Amortization Depletion		·	Travel ontestainment (officials)
Interest Interest Interest Interest Interest Interest Interest Insurance			Conformace/mactings
11. Indirect Expense 12. 12. Depreciation Expense 12. 13. Exempt Activity Expense 13. 14. Fundraising Expense 14. 15. Total expenses. Add lines 8 through 1415. 16. Net Income/Loss. Line 7 minus Line 1516. Expense Details - Cost of Goods Sold: Expense Details - Cost of Goods Sold: Expense Details - Cost of Goods Sold: Expense Details - Exempt Activity Expense Beginning inventory Purchases Labor Section 263A costs Other costs Ending inventory Total Cost of Goods Sold Expense Details - Exempt Activity Expense: Repairs and Maintenance Bad debts Charitable contributions Dividend red deductions Readership costs Expense Details - Exempt Activity Expense: Compensation of officers Other salaries and wages Pension plan contributions Cher employee benefits Payroll taxes Charitable contributions Cher employee benefits Payroll taxes Non-cash prizes Rent and facility costs Food & beverages (Part II only) Cher direct expense Total Fundraising Expense Information is indicated for use on Form 990-T, Schedule A: Part V, Confrolled Org Income Part VII, Investments for C(7/(9)(7)) Part VIII, Exploited Activities 13. Expense Details - Feer for Program Service Accomplishments: First Part VIII, Exploited Activities All Ideation of Expense to Program Service Accomplishments: First Part VIII, Exploited Activities			Interest
12. Depreciation Expense 12. 13. Exempt Activity Expense 13. 14. Fundraising Expense 14. 15. Total expenses. Add lines 8 through 1415. 16. Net Income/Loss. Line 7 minus Line 1516. 16. Net Income/Loss. Line 7 minus Line 1516. Expense Details - Cost of Goods Sold: Expense Details - Exempt Activity Expense: Repairs and Maintenance Bad debts Taxes/licenses Coher costs Expense Details - Exempt Activity Expense: Repairs and Maintenance Bad debts Taxes/licenses Charitable contributions Dividend recd deductions Readership costs Coher expenses and wages Pension plan contributions Other aliances and wages Total Exempt Activity Expense Cash prizes Total Employment Expense Total Fension plan contributions Other employee benefits Cash prizes Total Employment Expense Total Employment Expense Total Fundraising Expenses Total Fundraising Expenses Total Fundraising Expense Total Fundraising Expense Information is indicated for use on Form 990-T, Schedule A: Part VI, Investment property Amortization Expense Details - Fundraising Expense First Allocation of Expense to Program Service Accomplishments: First Part VI, Controlled Org Income Part VII, Investments for C(7)(9)(17) Finit Mainter Expense Total Fundraising Allocation of Expense to Program Service Accomplishments: First Second All Other			Interest
13. Exempt Activity Expense 13. 14. Fundraising Expense 14. 15. Total expenses. Add lines 8 through 1415. 16. Net Income/Loss, Line 7 minus Line 1516. 17. Laber Loss Malientance 18. Expense Details - Exempt Activity Expense: 18. Cash prizes 18. Cash			Table 4 for an analysis
14. Fundraising Expense 14.			lotal Indirect Expense
15. Total expenses. Add lines 8 through 1415. 16. Net Income/Loss. Line 7 minus Line 1516. 16. Net Income/Loss. Line 7 minus Line 1516. Expense Details - Cost of Goods Sold: Beginning inventory Purchases Labor Section 263A costs Add debts Cother costs Ending inventory Total Corner Sold Contributions Total Corner Sold Cost of Goods Sold Dividend reed deductions Readership costs Cother salaries and wages Expense Details - Employment Expense: Compensation of officers Other salaries and wages Pension plan contributions Other employee benefits Cash prizes Total Employment Expense Total Expense Details - Fees for Services: Management Legal Accounting Lobbying Professional fundraising Investment management Other Total Fees for Services Information is indicated for use on Form 990-T, Schedule A: Part VII, Exploited Activities All ocation of Expense to Program Service Accomplishments: First Part VII, Investments for (Cf)(9)(17) Part VIII, Investments for (Cf)(9)(17) Part VIII, Investment Services Amonizant in the first Amonizant property Amonization Depletion Total Fees for Services On non-investment property Amonization Depletion Total Expense Details - Exempt Activity Expense Expense Details - Exempt Activity Expenses Cash prizes Cash prizes Non-cash prizes Rent and facility costs Food 8 beverages (Part II only) Other direct expenses Total Fundraising Expense Total Fundraising Expense Total Fundraising Expense Allocation of Expense to Program Service Accomplishments: First Part VII, Investments for (Cf)(9)(17) Part VIII, Exploited Activities Allocation of Expense to Program Service Accomplishments: First Part VIII, Exploited Activities All other			
18. Net Income/Loss. Line 7 minus Line 1516. 63,179 Amortization Depletion Expense Details - Cost of Goods Sold: Expense Details - Cost of Goods Sold: Beginning inventory Purchases Labor Repairs and Maintenance Section 263A costs Other costs Ending inventory Total Cost of Goods Sold Dividend reed deductions Readership costs Other sold officers Other salaries and wages Pension plan contributions Other expense Other salaries and wages Payroll taxes Total Employment Expense Total Employment Expense Rend and facility costs Food & Deverages (Part II only) Expense Details - Fees for Services: Management Legal Accounting Lobbying Professional fundraising Investment management Other Total Foot of Gory (2016) Information is indicated for use on Form 990-T, Schedule A: Part VI, Controlled Org Income Part VII, Investments for C(7)(9)(17) Part VIII, Exploited Activities All other			· · · · · · · · · · · · · · · · · · ·
Expense Details - Cost of Goods Sold: Expense Details - Cost of Goods Sold: Beginning inventory Purchases Expense Details - Exempt Activity Expense: Labor Repairs and Maintenance Section 283A costs Other costs Expense Details - Exempt Activity Expense: Expense Details - Exempt Activity Expense: Expense Details - Exempt Activity Expense: Expense Details - Expense Details - Exempt Activity Expenses Expense Details - Employment Expense: Other expenses Compensation of officers Other expenses Other expenses Other expenses Other employee benefits Cash prizes Other employee benefits Cash prizes Other employee benefits Part Vil Expense Expense Details - Fees for Services: Expense Details - Fees for Services: Information is indicated for use on Form 990-T, Schedule A: Part Vil, Controlled Org Income Part VII, Investments for C(7)(9)(17) Part VIII, Exploited Activities All other Third Part VII, Exploited Activities All other Third Part VII, Exploited Activities All other			On investment property
Depletion Total Depreciation Expense Beginning inventory Purchases Labor Purchases Bed debts Bed debts Bed debts Other costs Ending inventory Expense Details - Exempt Activity Expense: Repairs and Maintenance Bed debts Other costs Ending inventory Charitable contributions Total Cost of Goods Sold Dividend read deductions Readership costs Compensation of officers Other salaries and wages Pension plan contributions Other employee benefits Cash prizes Total Employment Expense Total Employment Expense Rent and facility costs Food & bewerages (Part II only) Expense Details - Fees for Services: Entertainment (Part II only) Management Legal Dother direct expenses Total Fundraising Expense Legal Total Fundraising Investment management Other Total Fees for Services Information is indicated for use on Form 990-T, Schedule A: Part V, Debt Financing Part VI, Investments for C(7)(9)(17) Part VIII, Exploited Activities All other	16. Net Income/Loss. Line 7 minus Line 1516.	63,179	On non-investment property
Expense Details - Cost of Goods Sold: Purchases Labor Repairs and Maintenance Section 263A costs Other costs Ending inventory Total Cost of Goods Sold Dividend recd deductions Readership costs Expense Details - Exempt Activity Expense: Ending inventory Total Cost of Goods Sold Dividend recd deductions Readership costs Expense Details - Employment Expense: Other expenses Compensation of officers Other salaries and wages Pension plan contributions Other employee benefits Cash prizes Total Employment Expense Total Employment Expense Rent and facility costs Food & beverages (Part II only) Expense Details - Fees for Services: Expense Details - Fees for Services: Total Employment Expense Total Fundraising Expense Expense Details - Fees for Services: Total Employment Expense Total Employment Expense Total Employment Expense Total Fundraising Expense Expense Details - Fees for Services: Entertainment (Part II only) Other direct expenses Total Fundraising Expense Accounting Lobbying Professional fundraising Investment management Other Total Fees for Services Information is indicated for use on Form 990-T, Schedule A: Part V, Debt Financing Part VI, Controlled Org Income Part VI, Investments for C(7)(9)(77) Filid Part VII, Investments for C(7)(9)(77) Fart VII, Investments for C(7)(9)(77) Fart VII, Investments for C(7)(9)(77) Fart VIII, Exploited Activities All other			Amortization
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Part VI, Debt Financing First Part VI, Controlled Org Income Second Part VII, Investments for C(7)(9)(17) Third Part VIII, Exploited Activities All other	Total Fees for Services	******	
Part VI, Debt Financing First Part VI, Controlled Org Income Second Part VII, Investments for C(7)(9)(17) Third Part VIII, Exploited Activities All other	Information is indicated for use on Form 990-T. So	chedule A:	Allocation of Expense to Program Service Accomplishments:
Part VI, Controlled Org Income Second Part VII, Investments for C(7)(9)(17) Third Part VIII, Exploited Activities All other	, 		
Part VII, Investments for C(7)(9)(17) Part VIII, Exploited Activities All other			Second
Part VIII, Exploited Activities All other			
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1520 Hilton Head Island Recre on

Federal Statements

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FYE: 6/30/2021

57-0827128

Taxable Interest on Investments

Description			
	Amount	Unrelated Exclusion Pos Business Code Co	stal Acquired after US ode 6/30/75 Obs (\$ or %)
Interest from reserve	account		
	\$	14	
Interest	7,257	14	
Total	\$ 7,257		

FYE: 6/30/2021	rederai Stă	Federal Statements		10/20/2021 1.35 PINI
ш,	Form 990, Part IX, Line 24e	e - All Other Expenses	S	
Description	Total Expenses	Program Service	Management &	Fund Raising
	COCIOCO I	200		
Youth soccer	3,92	3,92	ψ.	ጭ
Parks	3,58	3,58		
tenni	9,48	9,48		
Summer day camp	7,78	7,78		
Youth basketball	,46	33,464		
	2,24	2,24		
Community Youth Events	9,34	9,34		
Telephone	8,55 6,55	8,55		
Firness Frogram Cla	α, L3	8, I3		
Supplies-swim pool	1,21	1,21	,	
Supplies Janicolia Aftornobool alub	4, L L 0 01	,	7 1 1 1 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7	
Aicei-silooi ciub Karate-shotokan	7, 51 5, 62 6	23,313		
Marace Siloconali Ambatics	00,70	7, V		
Induction Grounds maintenance	7 7 7 0 0	7 T C		
Grounds maintenance Repairs-building	0,00 0,00	0, 00 0, 00 0, 00		
Nollevball-dirls camb	47.0 7.0	7,74		
	6,70	7,00		
th Fitne	0,01	0,01		
Discovery club	8,70	8.70		
Exercise Class	55	55,		
Computer lease	, 22		, 22	
Pickleball Expense	89		7,894	
office eq	88		, 88	
Fitness Program New	52	7,528		
vending Machines	1 X	, 13	[
FIIICIIIG-General		(6,701	
Sirf Camp	ος 1 α	079,0		
	2 Q	001	769	
Sailing camp	63.	63	0	
Postage & freight	10	5,102		
Flag football	, 91	, 91		
Supplies-general purpose	82		4,822	
	81	₩ 87		
irash kemoval Tr nandomu soason	3,632	3,632		
Academy) C ,	, 5/		

10/26/2021 1:33 PM Fund Raising S Management & 665 66,010 General Form 990, Part IX, Line 24e - All Other Expenses (continued) 2,545 2,453 2,198 1,690 1,600 549 1,318 1,372 316 499 454 404 354 303 251 245 100 952 947 640 40 590,276 Program Service Federal Statements ሪን 3,097 2,952 2,952 2,545 2,459 1,690 1,690 1,549 1,372 1,318 640 499 665 404 354 303 251 947 454 245 100 656,286 Expenses Total 1520 Hilton Head Island Recreation Computer lease-senior pro Children & teen activitie Copier lease maintenance-Supplies general purpose-Telephone-senior program Description Postage-senior program Printing gen - senior Adult soccer leagues Loss of fixed assets Dues & subscriptions Elevator Maintenance SWU Fee - Beaufort Challenge program Repairs-swim pool Open gym programs Supplies Office Girls Softball Senior Citizen Property Taxes Gator football Fast trackers Senior Trips FYE: 6/30/2021 Swim lessons Golf school 57-0827128 Total

1520 Hilton Head Island Recreation 57-0827128 FYE: 6/30/2021	Federal Statements	10/26/2021 1:33 PM
	Schedule A, Part II, Line 1(e)	
CIP-Town of Hilton Head Town of Hilton Head Therapuetic Leader Gen Fund Reim -Senio Friends Drive		\$ 259,504 919,264 25,000 116,442 67,029 \$ 1,387,239
	Schedule A, Part II, Line 8(e)) and the state of
Interest from reserve account Interest Unrealized gain(loss) Total		\$ 7,257 27,502 \$
	Schedule A, Part II, Line 9(e) Description	Amount
Realized gain Less: Deductions Total		\$ 42,151 -1,000 \$ 41,151
	Schedule A, Part II, Line 12 - Current year	
1	Description	Am
Flag football Sailing camp Soccer camp Open gym programs Miscellaneous income Karate-Shotokan		\$ 7,720 13,986 345 28,408 30,759 28,679

1520 Hilton Head Island Recreation

57-0827128 FYE: 6/30/2021

Federal Statements

Schedule A, Part II, Line 12 - Current year (continued)

10/26/2021 1:33 PM	\$ 2,000 800 -105 4,833 1,500 63,179 \$ 1,386,440	
Federal Statements	Schedule A, Part II, Line 12 - Current year (continued) Description	
1520 Hilton Head Island Recreation 57-0827128 FYE: 6/30/2021	Girls Softball Fast Trackers Classes & Seminars - Senior Senior Center Facilities Concessions Heritage Booth Special Events From CSA Import Total	

1520 Hilton Head Island Recrement 10/26/2021 1:33 PM

57-0827128 FYE: 6/30/2021

Federal Statements

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\sim	16	-	JJ	10	110

Other Direct Fundraising or Gaming Expenses

Description	Am	Amount	
Heritage Booth	\$		
Total	\$	0	

1520 Hilton Head Island Recre' in **Federal Statements**

57-0827128

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FYE: 6/30/2021

Heritage I	Booth	
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Other Direct Fundraising or Gaming Expenses

Description	Amo	Amount	
Heritage Booth Heritage -senior	\$		
Total	\$	0	

(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.

2019 Open to Public Inspection

OMB No. 1545-0047

For the 2019 calendar year, or tax year beginning 07/01/19 and ending 06/30/20C Name of organization D Employer identification number Check if applicable: Hilton Head Island Recreation Address change Doing business as 57-0827128 Name change Number and street (or P.O. box if mail is not delivered to street address) Room/suite P.O. Box 22593 Initial return 843-681-7273 City or town, state or province, country, and ZIP or foreign postal code Final return/ terminated Hilton Head Island SC 29925 3,736,498 G Gross receipts \$ Amended return Name and address of principal officer: H(a) Is this a group return for subordinates? Application pending Mary Hall c/o P.O. Box 22593 H(b) Are all subordinates included? Hilton Head Island SC 29925 If "No," attach a list, (see instructions) X 501(c)(3) 501(c) () ◀ (insert no.) Tax-exempt status: 4947(a)(1) or 527 www.islandreccenter.org H(c) Group exemption number X Corporation Trust Association Form of organization: Year of formation: 1985 | M State of legal domicile: Part I Summary 1 Briefly describe the organization's mission or most significant activities: Community Recreation Activities & Governance 2 Check this box ▶ if the organization discontinued its operations or disposed of more than 25% of its net assets. Number of voting members of the governing body (Part VI, line 1a) 16 4 Number of independent voting members of the governing body (Part VI, line 1b) 16 4 5 Total number of individuals employed in calendar year 2019 (Part V, line 2a) 5 148 350 6 Total number of volunteers (estimate if necessary) 7a Total unrelated business revenue from Part VIII, column (C), line 12 7a b Net unrelated business taxable income from Form 990-T, line 39 0 7b Prior Year **Current Year** 8 Contributions and grants (Part VIII, line 1h) 1,589,714 1,639,321 9 Program service revenue (Part VIII, line 2g) 1,343,895 1,856,590 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 24,044 22,161 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) <u>85,177</u> 218,426 3,042,830 12 Total revenue – add lines 8 through 11 (must equal Part VIII, column (A), line 12) 3,736,498 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 0 14 Benefits paid to or for members (Part IX, column (A), line 4) 0 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10) 1,466,509 1,394,564 16a Professional fundraising fees (Part IX, column (A), line 11e) b Total fundraising expenses (Part IX, column (D), line 25) ▶ 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 1,556,589 1,389,517 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 2,784,081 3,023,098 19,732 952,417 19 Revenue less expenses. Subtract line 18 from line 12 Beginning of Current Year End of Year 2,937,997 20 Total assets (Part X, line 16) 2,133,804 362,651 21 Total liabilities (Part X. line 26) 214,427 22 Net assets or fund balances. Subtract line 21 from line 20 771,153 2,723,570 Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. true, correct, and complete ≫Signature of office Sign Here Frank Soule Executive Director Type or print name and title Print/Type preparer's name PTIN Paid self-employed P00033247 Patrick P. Carey, Jr., CPA Preparer Company Carey & Firm's EIN 57-0927046 Firm's name Use Only 70 Main Street, Suite 100 Hilton Head Island, 843-681-4430 May the IRS discuss this return with the preparer shown above? (see instructions) X Yes No

Part II	2019) Hilton Head Is Statement of Program S			128	Page 2
Рапы	Check if Schedule O con				X
	ly describe the organization's mission				
Com	nunity Recreation			• • • • • • • • • • • • • • • • • • • •	• • • • • • • • • • • • • • • • • • • •
* * * * *		*******************************	***************************************	. , , , , , , , , , , , , , , , , , , ,	
	he organization undertake any signifi	cant program services during t	he year which were not listed o	n the	
			***************************************		Yes X No
	es," describe these new services on the organization cease conducting, or		ou it conducts, one program		
	cac?	make significant changes in it			Yes X No
	es," describe these changes on Sche		*************************		
	ribe the organization's program serv				
	nses. Section 501(c)(3) and 501(c)(4			d allocations to others,	
the t	otal expenses, and revenue, if any, fo	or each program service report	ea.		
4a (Coo	e:) (Expenses \$	213,514 including g	rants of \$) (Revenue \$	141,526)
Aqua	tics program		************************		
			***************************************		,
	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
	• • • • • • • • • • • • • • • • • • • •		***************************************		

				·····	
4b (Cod		360,057 including gr	rants of \$) (Revenue \$	493,522)
Weiii	etic Program			***************************************	******************
			,	4	
	·····	*******************************			
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	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				
4c (Cod	e:)(Expenses \$ h/Teen Programs	423 226 including or	ante of \$) (Pavanua \$	479 696
Yout	h/Teen Programs	morading gr	anto or \$) (Nevenue \$	

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44 046+	program services (Describe on Sch				

1,417,234 including grants of \$ expenses ▶ 2,414,031

741,846

) (Revenue \$

Form 990 (2019) Hilton Head Island Recreation **Checklist of Required Schedules** Part IV

			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	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to			x
Λ	candidates for public office? If "Yes," complete Schedule C, Part I	3		<u> </u>
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,	4		A
•	assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors	 		
•	have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If			
	"Vos." 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		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		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,			
	VII, VIII, IX, or X as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"			
	complete Schedule D, Part VI	11a	<u> </u>	
b	Did the organization report an amount for investments—other securities in Part X, line 12, that is 5% or more			37
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
С	Did the organization report an amount for investments—program related in Part X, line 13, that is 5% or more			X
4	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		
u	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
۵	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	110	**	
-	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		х
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a		X
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If			
	"Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
þ	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		<u> X</u>
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or			
	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		_X_
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other			37
4-7	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		<u> </u>
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on	4-		x
18	Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		
10	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	x	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?	10		
. •	If "Yes," complete Schedule G, Part III	19		X
20a	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		Х

P	art 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		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the			
	organization's current and former officers, directors, trustees, key employees, and highest compensated			
	employees? If "Yes," complete Schedule J	23	<u> </u>	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		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b	ļ	-
¢	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		<u> </u>
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d	ļ	<u> </u>
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a	ļ	X
þ	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			-quadratus quadratus quadr
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key			
	employee, creator or founder, substantial contributor or employee thereof, a grant selection committee			
	member, or to a 35% controlled entity (including an employee thereof) or family member of any of these	ĺ		
	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	19 10 to	1,57	
	IV instructions, for applicable filing thresholds, conditions, and exceptions):			
a	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If	and the same of th		
	"Yes," complete Schedule L, Part IV	28a	<u> </u>	X
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b	ļ	X
¢	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If			
	"Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	<u> </u>	X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
	conservation contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31	ļ	X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"			
	complete Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III,			
	or IV, and Part V, line 1	34		X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a			
	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b	ļ	ļ
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable			İ
	related organization? If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	4		
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37	<u> </u>	X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and	1		
	19? Note: All Form 990 filers are required to complete Schedule O.	38	X	
Pa	art V ₀ Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V		,	
	1 1	r 	Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 72			
þ	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b 0			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and		255	11,50
	reportable gaming (gambling) winnings to prize winners?	1c	<u></u>	<u></u>

Form 990 (2019) Hilton Head Island Recreation Part V Statements Regarding Other IRS Filings and Tay Compliance

	Statements Regarding Other IKS Flings and Tax Compliance (Continued)		·	1		
2-	Control the annual area of annual area annual are Forms NALO. Transcribed a 6100 and a control of the control o	situa .	Yes	No		
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendary year and included the the control of the things of th					
L.	Statements, filed for the calendar year ending with or within the year covered by this return 2a 148					
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		X		
2-	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	Files:	dies.	37		
3a 5	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	 	X		
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation 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,	١.		v		
b	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).					
F	- · · · · · · · · · · · · · · · · · · ·					
5a b	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X		
c	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b				
6a	If "Yes" to line 5a or 5b, did the organization file Form 8886-T? Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	5c		\vdash		
va	organization solicit any contributions that were not tax deductible as charitable contributions?			7		
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or	6a		X		
IJ	gifts were not tax deductible?	C.				
7	Organizations that may receive deductible contributions under section 170(c).	6b	 	-		
a	a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods					
h	and services provided to the payor?					
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?					
ď		7c	Testere r	 		
e	If "Yes," indicate the number of Forms 8282 filed during the year Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?			1217 s .		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7e 7f				
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?			 		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7g 7h		 		
	8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the					
•	sponsoring organization have excess business holdings at any time during the year?					
9	Sponsoring organizations maintaining donor advised funds.	8				
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:		357 i S au	<u> </u>		
а	Initiation fees and capital contributions included on Part VIII, line 12					
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b					
11	Section 501(c)(12) organizations. Enter:					
а	Gross income from members or shareholders					
b	Gross income from other sources (Do not net amounts due or paid to other sources					
	against 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		·		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b	stiars.	s- 1 s			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			٠.		
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.	yekan				
b	Enter the amount of reserves the organization is required to maintain by the states in which			Ď,		
	the organization is licensed to issue qualified health plans					
С	Enter the amount of reserves on hand					
14a Did the organization receive any payments for indoor tanning services during the tax year?						
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b		X		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or					
	excess parachute payment(s) during the year?	15		X		
	If "Yes," see instructions and file Form 4720, Schedule N.					
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		X		
	If "Yes," complete Form 4720, Schedule O.					

Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" Part VI response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI Section A. Governing Body and Management Yes No 1a Enter the number of voting members of the governing body at the end of the tax year 16 If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O. Enter the number of voting members included on line 1a, above, who are independent 16 b 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 X Did the organization delegate control over management duties customarily performed by or under the direct 3 supervision of officers, directors, trustees, or key employees to a management company or other person? X 3 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? Did the organization become aware during the year of a significant diversion of the organization's assets? Did the organization have members or stockholders? 6 Х 6 Did the organization have members, stockholders, or other persons who had the power to elect or appoint 7a one or more members of the governing body? X 7a Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? X 7b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: The governing body? X 8a Each committee with authority to act on behalf of the governing body? X d8 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O X Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Yes No 10a Did the organization have local chapters, branches, or affiliates? 10a If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filling the form? 11a b Describe in Schedule O the process, if any, used by the organization to review this Form 990. 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 X 12a Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? X 12b Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done Х 12c Did the organization have a written whistleblower policy? 13 X 13 Did the organization have a written document retention and destruction policy? 14 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? The organization's CEO, Executive Director, or top management official X 15a Other officers or key employees of the organization X 15b 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? Х 16a b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? Section C. Disclosure 17 List the states with which a copy of this Form 990 is required to be filed Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c) (3)s only) available for public inspection. Indicate how you made these available. Check all that apply. Own website Another's website X Upon request Other (explain on Schedule O) Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year. State the name, address, and telephone number of the person who possesses the organization's books and records > Joe Mezera 7 Wing Shell Lane Hilton Head Island SC 29926 843-681-7273

Form 990 (2019) Hilton Head Island Recreation

Part VII	Compensation of Office	rs, Directors.	Trustees,	Key Employees	Highest	Compensated	Employees,	and
	Independent Contracto	rs						

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

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

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

See instructions for the order in which to list the persons above. Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee. (A) (8) (C) (D) (E) (F) Name and title Position Reportable Reportable Average Estimated amount hours (do not check more than one compensation compensation of other box, unless person is both an from the from related per week compensation (list any officer and a director/trustee) organization organizations from the hours for (W-2/1099-MISC) (W-2/1099-MISC) organization and Individual Institutional trustee Former related lighest compensated related organizations organizations employee below Itrustee dotted line) (1) Mary Hall 0.50 0.00 X President X 0 0 0 (2) Susan Hughson 0.50 X 0.00 X 0 0 Vice President 0 (3) Steve Stauffer 0.50 0.00 X 0 0 0 Secretary (4) Kate Boardman 0.75 0.00 X X 0 0 0 Treasurer (5) John Brighton 0.50 Board Director 0.00 X 0 0 0 (6) John Brischge 0.50 X 0.00 0 0 0 Board Director (7) Ray Craver 0.50 X 0.00 0 0 0 Board Director (8) Bubba Gillis 0.50 X 0.00 0 0 0 Board Director (9) Mike Manesiotis 0.50 0.00 X 0 0 Board Director 0 (10) Joe Mezera 0.50 Board Di<u>rector</u> 0.00 X 0 0 0 (11) Keri Olivetti 0.50 0.00 X 0 0 Board Director

Form 990 (2019)

Part VII Section A. Officers	, Directors, Tru	stee	s, K	ey E	mpl	oyee	s, a	nd Highest Compensated	Employees (continued)	
(A) Name and title	(8) Average hours per week (list any	bo	x, unle	Pos check ess pe	rson i	than c is both	an	(D) Reportable compensation from the organization	(E) Reportable compensation from related organizations	(F) Estimated amount of other compensation from the
	hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(W-2/1099-MISC)	(W-2/1099-MISC)	organization and related organizations
(12) Marty Pauls	0.50									
Board Director (13) Alan Perry	0.00	X						0	0	0
Board Director	0.50 0.00	х						0	0	0
(14) Bob Stevens	0.50									
Board Director (15) Barry Taylor	0.00	X				_		0	0	0
Board Director	0.50 0.00	x						0	0	0
(16) Kyle Theodore Board Director	0.50	x						0	0	0
(17) Frank Soule	40.00									
Executive Director	0.00			Х				100,769	o	0
										
1b Subtotal c Total from continuation shee		,					>	100,769		
d Total (add lines 1b and 1c)							>	100,769		
Total number of individuals (increportable compensation from				thos	e list	ted a	bove	e) who received more than	\$100,000 of	Yes No
3 Did the organization list any fo employee on line 1a? If "Yes,"	complete Sched	dule .	J for	sucl	h ind	ividu	al			3 X
4 For any individual listed on line organization and related organ individual	izations greater	than	\$15	0,00	0? <i>h</i>	"Ye	s," c	omplete Schedule J for suc	ch	4 X
5 Did any person listed on line 1 for services rendered to the or	ganization? <i>If "</i> Y							· •		5 X
Section B. Independent Contracto Complete this table for your five compensation from the organization.	e highest compe									31
	(A) business address	stipe	.11341		OI E	ie ca	36110		(B) ion of services	(C) Compensation

· · · · · · · · · · · · · · · · · · ·										
2 Total number of independent c	ontractore (inclu		but	not 3	imita	ad to	thor	se lieted shove) who	· · · · · · · · · · · · · · · · · · ·	2000 L. C
received more than \$100,000 c								se noted above; will	0	Form 990 (2019)

Form 990 (2019) Hilton Head Island Recreation Part VIII Statement of Revenue Check if Schedule O contains a response or note to any line in this Part VIII (B) Related or exempt function revenue (D) Total revenue Unrelated Revenue excluded business revenue from tax under sections 512-514 Contributions, Gifts, Grants and Other Similar Amounts 1a Federated campaigns 1a b Membership dues 1b c Fundraising events 1c d Related organizations 1d 1,355,196 1e e Government grants (contributions) f All other contributions, gifts, grants, and similar amounts not included above 284,125 1f g Noncash contributions included in lines 1a-1f 1g \$ 1,639,321 h Total. Add lines 1a-1f. Business Code 334,826 334,826 Donations Equipment Program Service 207,154 207,154 Fitness Program New 198,274 198,274 Summer day camp 145,339 145,339 After-school club 135,000 135,000 Beaufort County pool 835,997 835,997 f All other program service revenue 1,856,590 g Total. Add lines 2a-2f. 3 Investment income (including dividends, interest, and 22,161 22,161 other similar amounts) Income from investment of tax-exempt bond proceeds Royalties (i) Real (ii) Personal 6a Gross rents 6a 6b b Less: rental expenses c Rental inc. or (loss) 6c d Net rental income or (loss) 7a Gross amount from (i) Securities (ii) Other sales of assets other than inventory 7a b Less: cost or other Other Revenue basis and sales exps. 7b c Gain or (loss) 7c d Net gain or (loss) 8a Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18 8a 218,426 b Less: direct expenses 8b 218,426 c Net income or (loss) from fundraising events 9a Gross income from gaming activities. See Part IV, line 19 9a b Less: direct expenses c Net income or (loss) from gaming activities 10a Gross sales of inventory, less returns and allowances 10a b Less: cost of goods sold 10b c Net income or (loss) from sales of inventory Business Code d All other revenue > Total. Add lines 11a-11d 3,736,498 1,856,590 22,161 Total revenue. See instructions ...

Part IX Statement of Functional Expenses

D-	Check if Schedule O contains a resp	(A)	(B)	(C)	(D)
	not include amounts reported on lines 6b, Bb, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees	100,769		100,769	
6	Compensation not included above to disqualified		-		
	persons (as defined under section 4958(f)(1)) and		-		
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	1,077,318	888,144	189,174	
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits	108,843			
10	Payroll taxes	107,634	107,634		
11	Fees for services (nonemployees):		de de la constante de la const		
а	Management				
b	Legal				
С	Accounting	50,275	50,275		
d	* *************************		ana na manana manan		
e	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	. •				
	(A) amount, list line 11g expenses on Schedule O.)	1.000	16 007		
	Advertising and promotion	16,207	16,207		
13	Office expenses				
14	Information technology				
15	Royalties	200 602	200,602		
16	Occupancy	200,602 10,612	813	9,799	
17	Travel	10,612	913	9,199	
18	Payments of travel or entertainment expenses				
19	for any federal, state, or local public officials Conferences, conventions, and meetings	19,990	19,990		
20		20/000	20/350		
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	104,690	104,690		
23	Incurance		404/000		
24	Other expenses. Itemize expenses not covered	Janan sa Galeria (1866) de la compaña de	avenus indicas all inicianos (ilias		
	above (List miscellaneous expenses on line 24e. If				
	line 24e amount exceeds 10% of line 25, column				
	(A) amount, list line 24e expenses on Schedule O.)				
а	Special Events	202,390	202,390		romase.
b	Island Recreation facilit	116,736			
c	Recreation center cleanin	85,801	85,801		
d	Rec Center pool	56,556			
е	All other expenses	525,658			
25		2,784,081	2,414,031	370,050	0
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here if following SOP 98-2 (ASC 958-720)				

Part X **Balance Sheet** Check if Schedule O contains a response or note to any line in this Part X (A) (B) Beginning of year End of year 369,094 985,581 Cash—non-interest-bearing 516,969 489,237 Savings and temporary cash investments 2 2 Pledges and grants receivable, net 1,061 3 41,451 Accounts receivable, net 4 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 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 Notes and loans receivable, net 7 Inventories for sale or use 33,390 Prepaid expenses and deferred charges 24,464 10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D 1,765,135 10a 455,508 674,857 1,309,627 b Less: accumulated depreciation 10b Investments—publicly traded securities 451,070 87,637 11 Investments—other securities. See Part IV, line 11 12 Investments—program-related. See Part IV, line 11 13 13 Intangible assets 14 14 Other assets. See Part IV, line 11 87,363 15 15 2,133,804 2,937,997 Total assets. Add lines 1 through 15 (must equal line 33) 16 16 128,729 Accounts payable and accrued expenses 25,930 17 17 18 Grants payable 18 163,770 121.745 19 Deferred revenue 19 20 20 Tax-exempt bond liabilities 21 Escrow or custodial account liability. Complete Part IV of Schedule D 21 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons Secured mortgages and notes payable to unrelated third parties 23 23 Unsecured notes and loans payable to unrelated third parties 24 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X 70,152 66,752 of Schedule D 362,651 Total liabilities. Add lines 17 through 25 ... 26 Organizations that follow FASB ASC 958, check here ▶ X Net Assets or Fund Balances and complete lines 27, 28, 32, and 33. Net assets without donor restrictions 1,771,153 2,723,570 Net assets with donor restrictions Organizations that do not follow FASB ASC 958, check here and complete lines 29 through 33. Capital stock or trust principal, or current funds 29 Paid-in or capital surplus, or land, building, or equipment fund 30 Retained earnings, endowment, accumulated income, or other funds 31 31 1,771,153 2,723,570 Total net assets or fund balances Total liabilities and net assets/fund balances 2,133,804 2,937,997

Form 990 (2019)

Form	990 (2019) Hilton Head Island Recreation 57-0827128			Рa	ge 12
Pa	rt XI Reconciliation of Net Assets				·······
	Check if Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1	3,73	36,	498
2	Total expenses (must equal Part IX, column (A), line 25)	2	2,78		
3	Revenue less expenses. Subtract line 2 from line 1	3			417
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	1,77		
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain on Schedule O)	9			
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line				
	32, column (B))	10	2,72	23,	570
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			90.2	
	If the organization changed its method of accounting from a prior year or checked "Other," explain in		_		
	Schedule O.		1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or				
	reviewed on a separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b		X
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a		1000	ar y jak	
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of				
	the audit, review, or compilation of its financial statements and selection of an independent accountant?		2c		l
	If the organization changed either its oversight process or selection process during the tax year, explain on	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			
	Schedule O.				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the				
	Single Audit Act and OMB Circular A-133?		3a		
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the				
	required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b		
			Form	990	(2019)

SCHEDULE A (Form 990 or 990-EZ) **Public Charity Status and Public Support**

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

OMB No. 1545-0047 **2019**

Department of the Treasury
Internal Revenue Service

► Attach to Form 990 or Form 990-EZ.

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

Open to Public Inspection

Name of the organization

Hilton Head Island Recreation

Employer identification number 57-0827128

P	art I	Reas	on for Public Charity	Status (All organizations	must co	omplete	this part.) See instructio	ns.		
The	orga	nization is not	t a private foundation becaus	se it is: (For lines 1 through 12,	check onl	y one box.)			
1		A church, co	nvention of churches, or ass	sociation of churches described	in section	n 170(b)(1)(A)(i).			
2		A school des	scribed in section 170(b)(1)	(A)(ii). (Attach Schedule E (Forr	n 990 or 9	990-EZ).)				
3		A hospital or	a cooperative hospital servi	ice organization described in se	ction 170	(b)(1)(A)(i	ii).			
4	П	A medical re	nedical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name,							
	_	city, and stat								
5		An organizat	ion operated for the benefit	of a college or university owned	or operat	ed by a go	overnmental unit described in	***********************		
	_	-	(b)(1)(A)(iv). (Complete Part	· · · · · · · · · · · · · · · · · · ·	•	, .				
6		A federal, sta	ate, or local government or g	jovernmental unit described in s	ection 17	70(b)(1)(A)	(v).			
7	X	-	ion that normally receives a section 170(b)(1)(A)(vi). (C	substantial part of its support fr complete Part II.)	om a govi	ernmental	unit or from the general public	;		
8				170(b)(1)(A)(vi). (Complete Par	t II.)					
9	П			scribed in section 170(b)(1)(A)(ed in conju	unction with a land-grant colleg	⊒e		
				of agriculture (see instructions).				-		
10		An organizat	ion that normally receives: (1) more than 33 1/3% of its sup	port from	contributio	ns, membership fees, and gro	oss		
	_	•		npt functions—subject to certair	•		•			
			-	nd unrelated business taxable in	,		•			
			_	30, 1975. See section 509(a)(2)			,			
11	\vdash	-	•	exclusively to test for public saf	-					
12	L	-		exclusively for the benefit of, to	•					
		of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.								
	a	Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving								
		the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the								
		supporting organization. You must complete Part IV, Sections A and B.								
	b	Type II.	A supporting organization su	pervised or controlled in connec	ction with	its support	ted organization(s), by having			
				rting organization vested in the s	same pers	sons that c	control or manage the supporte	∍d		
				Part IV, Sections A and C.						
	C			supporting organization operated				ith,		
	ai.	11	=	structions). You must complete				-(-)		
	đ			 d. A supporting organization oper e organization generally must sa 						
				nust complete Part IV, Section						
	e			ceived a written determination fro						
				n-functionally integrated suppor						
	f		mber of supported organizati							
	g	Provide the for	ollowing information about th	ne supported organization(s).						
(i		of supported	(ii) EIN	(iii) Type of organization	(iv) is the o	organization or governing	(v) Amount of monetary	(vi) Amount of		
	org	anization		(described on lines 1–10 above (see instructions))		ment?	support (see instructions)	other support (see instructions)		
					Yes	No	,	,		
(A)		•								
()				r-man						
(B)						distribution of the state of th				
` '				-						
(C)										
` ′										
(D)										
_ •										
(E)										
			<u> </u>							
						1955 - Sandely (
ota	1		23, 84, 54, 53, 68, 68			100000				

Schedule A (Form 990 or 990-EZ) 2019 Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) Part II (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Sec	tion A. Public Support							
Cale	ndar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total	
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	847,942	1,015,313	1,282,382	1,589,714	1,639,321	6,374,672	
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf							
3	The value of services or facilities furnished by a governmental unit to the organization without charge							
4	Total. Add lines 1 through 3	847,942	1,015,313	1,282,382	1,589,714	1,639,321	6,374,672	
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)							
6	Public support. Subtract line 5 from line 4		cidensily (Attound a Selstagan)	a sellentiti territikan meneralah meneralah		Professional Services	6,374,672	
***************************************	tion B. Total Support	January 10, 10, 10, 10, 10, 10, 10, 10, 10, 10,	[The Mildren Control of the Section Control of			
	ndar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total	
7	Amounts from line 4	847,942	1,015,313	***************************************			6,374,672	
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	1,840						
9	Net income from unrelated business activities, whether or not the business is regularly carried on	***************************************				16,934	16,934	
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	55,698					55,698	
11	Total support. Add lines 7 through 10						6,511,709	
12	Gross receipts from related activities, etc.	(see instructions)			*******	12	2,075,016	
13	First five years. If the Form 990 is for the	•	t, second, third, for	urth, or fifth tax yea	ar as a section 501	(c)(3)		
	organization, check this box and stop her					<u> </u>	▶	
Sec	tion C. Computation of Public Su							
14	Public support percentage for 2019 (line 6			n (f))		14	97.90%	
15	Public support percentage from 2018 Scho						93.27%	
16a	33 1/3% support test—2019. If the organ				33 1/3% or more, o	heck this		
	box and stop here. The organization quali						> X	
đ	33 1/3% support test—2018. If the organ this box and stop here. The organization of					ore, check	>	
17a	10%-facts-and-circumstances test—201	-						
	10% or more, and if the organization meet							
	Part VI how the organization meets the "fa		_	•	. , .,			
_	organization							
b	10%-facts-and-circumstances test—201							
	15 is 10% or more, and if the organization				-			
	Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization							
18	Private foundation. If the organization did	I not chack a have	on line 13 16c 16		ok this have and as		- L	
10	-						.	
	instructions							

Part III

Support Schedule for Organizations Described in Section 509(a)(2)
(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

500	tion A. Public Support	<u> </u>				,	······································
	ndar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1	Gifts, grants, contributions, and membership fees	(a) 2015	(6) 2010	(6) 2017	(u) 2010	(e) 2019	(i) iotai
i	received. (Do not include any "unusual grants.")						
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that are not an unrelated trade or business under section 513					# P P P P P P P P P P P P P P P P P P P	
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total, Add lines 1 through 5	-					
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons						
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
	Add lines 7a and 7b	Land Control of the C			**********		
8	Public support. (Subtract line 7c from						
200	line 6.) tion B. Total Support						
	ndar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
9		(a) 2013	(b) 2010	(C) 2017	(u) 2018	(e) 2019	(I) TOTAL
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources					and the second s	
b	, and the second						
С	Add lines 10a and 10b						
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)					e e e e e e e e e e e e e e e e e e e	
13	Total support. (Add lines 9, 10c, 11, and 12.)				and the same of th		
14	First five years. If the Form 990 is for the	organization's firs	st, second, third, for	urth, or fifth tax vea	ar as a section 501	(c)(3)	
	organization, check this box and stop her					· · · · · · · · · · · · · · · · · · ·	>
Sec	tion C. Computation of Public Sเ	ipport Percen	itage				
15	Public support percentage for 2019 (line 8	, column (f), divide	ed by line 13, colun	nn (f))		15	%
6	Public support percentage from 2018 Scho					., 16	%%
Sec	tion D. Computation of Investme				·		
17	Investment income percentage for 2019 (li			s, column (f))		1 1	%_
8	Investment income percentage from 2018						%
9a	33 1/3% support tests—2019. If the orga						> [
	17 is not more than 33 1/3%, check this bo						> L
b	33 1/3% support tests—2018. If the orga						▶ □
	line 18 is not more than 33 1/3%, check th						
20	Private foundation. If the organization did	not check a box	on line 14, 19a, or	190, check this bo	x and see instruction	ons	🟲 🔝

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.
- 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.
- Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- Was the organization subject to the excess business holdings rules of section 4943 because of section 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		ja bere
3b 3c	File: .	
4a		.:
4b		
4c		
5b		Att e
5c 6		
7		11 111 20 - 12 - 12
8		ALL HE I
9a		
9b		iw.
9c	igue Page	14. 44.[14.
10a		
10b	Hay Vi	

Sched	tule A (Form 990 or 990-EZ) 2019 Hilton Head Island Recreation 57-	0827128	Page 5
<u>Pa</u>	rt IV Supporting Organizations (continued)		
		Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?		
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)		
L-	below, the governing body of a supported organization?	11a	
	A family member of a person described in (a) above?	11b	
Sect	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. tion B. Type I Supporting Organizations	11c	ш
000	uon b. Type I dupporting Organizations		Na
1	Did the directors, trustees, or membership of one or more supported organizations have the power to	Yes	No
•	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	- 4 - 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	
Sect	ion C. Type II Supporting Organizations		1
		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	
Sect	ion 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	ļ
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported	22046 - 0.0004	
	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.		
Sect	ion E. Type III Functionally-Integrated Supporting Organizations	3	<u> </u>
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see in:	ctructions)	
a	The organization satisfied the Activities Test. Complete line 2 below.	saucaons),	
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 instructions)	
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		17.
	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	
þ	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more		l
	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.		
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? Provide details in Part VI.	3a	<u> </u>
þ	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each		
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b	

Hilton Head Island Recreation 57-0827128 Schedule A (Form 990 or 990-EZ) 2019 Page 6 Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E. (B) Current Year Section A - Adjusted Net Income (A) Prior Year (optional) 1 Net short-term capital gain 2 Recoveries of prior-year distributions 2 Other gross income (see instructions) 3 4 4 Add lines 1 through 3. 5 5 Depreciation and depletion 6 Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or 6 maintenance of property held for production of income (see instructions) Other expenses (see instructions) 7 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4) 8 (B) Current Year (A) Prior Year Section B - Minimum Asset Amount (optional) 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 1c ¢ Fair market value of other non-exempt-use assets 1d d Total (add lines 1a, 1b, and 1c) e Discount claimed for blockage or other factors (explain in detail in Part VI): 2 Acquisition indebtedness applicable to non-exempt-use assets 3 Subtract line 2 from line 1d. 4 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, 5 Net value of non-exempt-use assets (subtract line 4 from line 3) 5 6 6 Multiply line 5 by .035. 7 Recoveries of prior-year distributions Minimum Asset Amount (add line 7 to line 6) 8 Section C - Distributable Amount Current Year 1 Adjusted net income for prior year (from Section A, line 8, Column A) 2 Enter 85% of line 1. 3 Minimum asset amount for prior year (from Section B, line 8, Column A) 3 4 4 Enter greater of line 2 or line 3. 5 Income tax imposed in prior year 6 Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).

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

Schedule A (Form 990 or 990-EZ) 2019

instructions).

Par	t V Type III Non-Functionally Integrated 509(a)	(3) Supporting Organiza	tions (continued)					
Sect	ion D - Distributions			Current Year				
1	Amounts paid to supported organizations to accomplish exempt p							
2	2 Amounts paid to perform activity that directly furthers exempt purposes of supported							
	organizations, in excess of income from activity			<u> </u>				
3	Administrative expenses paid to accomplish exempt purposes of	supported organizations						
4	Amounts paid to acquire exempt-use assets							
5	Qualified set-aside amounts (prior IRS approval required)							
6	Other distributions (describe in Part VI). See instructions.		11111					
7	Total annual distributions. Add lines 1 through 6.							
8	Distributions to attentive supported organizations to which the organization details in Part VI). Consider the supported organizations to which the organization is a supported organization.	anization is responsive						
9	(provide details in Part VI). See instructions. Distributable amount for 2019 from Section C, line 6			-				
10	Line 8 amount divided by line 9 amount							
10	Line o amount divided by line 9 amount	(i)	/::\	(:::\				
	Section E - Distribution Allocations (see instructions)	Excess Distributions	(ii) Underdistributions Pre-2019	(iii) Distributable Amount for 2019				
1	Distributable amount for 2019 from Section C, line 6		110 2013	Amount for 2013				
2	Underdistributions, if any, for years prior to 2019							
	(reasonable cause required-explain in Part VI). See							
	instructions.							
3	Excess distributions carryover, if any, to 2019							
a	From 2014							
b	From 2015							
	From 2016							
	From 2017							
	From 2018							
	Total of lines 3a through e							
	Applied to underdistributions of prior years	Mark the New York Mark Control of the New York						
	Applied to 2019 distributable amount							
<u> </u>	Carryover from 2014 not applied (see instructions)							
	Remainder, Subtract lines 3g, 3h, and 3i from 3f.	201215-3-1-10-7-201-3-20-3-10-10-10-10-10-10-10-10-10-10-10-10-10-						
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.							
	Remaining underdistributions for years prior to 2019, if							
3	any. Subtract lines 3g and 4a from line 2. For result							
	greater than zero, explain in Part VI. See instructions.							
6	Remaining underdistributions for 2019, Subtract lines 3h							
	and 4b from line 1. For result greater than zero, explain in							
	Part VI. See instructions.							
7	Excess distributions carryover to 2020. Add lines 3							
	and 4c.							
8	Breakdown of line 7:	eli 1934 policio a disconario di Cili						
а	Excess from 2015							
	Excess from 2016							
	Excess from 2017							
	Excess from 2018							
е.	Excess from 2019							

Schedule A (For	m 990 or 990-EZ) 2	2019 Hilton	n Head	Island	Recreation	57-0827128	Page 8
Part, VI.	Supplement III, line 12; P B, lines 1 an 3a, and 3b; I	tal Information. F eart IV, Section A, d 2; Part IV, Secti Part V, line 1; Part	Provide the lines 1, 2, on C, line V, Sectio	e explanation 3b, 3c, 4b, 4 1; Part IV, S n B, line 1e;	ns required by Pa 4c, 5a, 6, 9a, 9b, 9 section D, lines 2 a Part V, Section D	rt II, line 10; Part II, line 17a or 9c, 11a, 11b, and 11c; Part IV, and 3; Part IV, Section E, lines 9, lines 5, 6, and 8; and Part V, 1. (See instructions.)	17b; Part Section 1c, 2a, 2b,
Doort T	T Time '	10 0+1	T	Datait			
Part 1	I, Line .	10 - Other	Tucome	Detail			
Net in	come from	n fundraisi	ng	\$	55,69	98	
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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.

Open to Public Inspection

OMB No. 1545-0047

ante	or are organization		angley of Indianacti Halling
H	ilton Head Island Recreation		57-0827128
	art I Organizations Maintaining Donor Advised Fu	nds or Other Similar Funds or A	
	Complete if the organization answered "Yes" on I	Form 990, Part IV, line 6.	
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		<u> </u>
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	t the assets held in donor advised	
	funds are the organization's property, subject to the organization's excl	usive legal control?	Yes No
6	Did the organization inform all grantees, donors, and donor advisors in		
	only for charitable purposes and not for the benefit of the donor or donor	or advisor, or for any other purpose	
			Yes No
Pa	rt II. Conservation Easements.	5 000 D-+1/ E 7	
	Complete if the organization answered "Yes" on F		
1	Purpose(s) of conservation easements held by the organization (check		
	Preservation of land for public use (for example, recreation or educ		·
	Protection of natural habitat	Preservation of a certified hist	oric structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualified conse	rvation contribution in the form of a conser	and a state of the
	easement on the last day of the tax year.		Held at the End of the Tax Year
	Number of conservation easements on a certified historic structure incl		2c
ď	Number of conservation easements included in (c) acquired after 7/25/		
_			2d
3	Number of conservation easements modified, transferred, released, ex	tinguished, or terminated by the organization	on during the
	tax year >	annead No.	
4	Number of states where property subject to conservation easement is I	******	
5	Does the organization have a written policy regarding the periodic moni		Yes No
c	violations, and enforcement of the conservation easements it holds? Staff and volunteer hours devoted to monitoring, inspecting, handling o	f violations, and enforcing conservation ea	
6	Stan and volunteer hours devoted to monitoring, inspecting, handling o	Woladons, and emorcing conservation ea	sements during the year
7	Amount of expenses incurred in monitoring, inspecting, handling of viol	ations, and enforcing conservation easem	ents during the year
,	S	ations, and emotoring conservation casessis	site daring the your
8	Does each conservation easement reported on line 2(d) above satisfy t	he requirements of section 170(h)(4)(B)(i)	
	and section 170(h)(4)(B)(ii)?		Yes No
9	In Part XIII, describe how the organization reports conservation easeme		
	balance sheet, and include, if applicable, the text of the footnote to the	organization's financial statements that de	scribes the
	organization's accounting for conservation easements.		
Pa	rt III Organizations Maintaining Collections of Art,		imilar Assets.
	Complete if the organization answered "Yes" on F	form 990, Part IV, line 8.	
1a	If the organization elected, as permitted under FASB ASC 958, not to re-	eport in its revenue statement and balance	sheet works
	of art, historical treasures, or other similar assets held for public exhibit		of public
	service, provide in Part XIII the text of the footnote to its financial stater	nents that describes these items.	
þ	If the organization elected, as permitted under FASB ASC 958, to report		
	art, historical treasures, or other similar assets held for public exhibition	i, education, or research in furtherance of p	oublic service,
	provide the following amounts relating to these items:		
	(i) Revenue included on Form 990, Part VIII, line 1		
	(ii) Assets included in Form 990, Part X	,	
2	If the organization received or held works of art, historical treasures, or	- · · ·	ride the
	following amounts required to be reported under FASB ASC 958 relating		
а	Revenue included on Form 990, Part VIII, line 1		
L	Assets included in Form 000, Bort Y		▶ €

	art III Organizations Maintaining				or Other Sim	lar Assets	(continued)	90
	Using the organization's acquisition, accession collection items (check all that apply):							
а	Public exhibition	d 🗍	Loan or exchange	program				
b	Scholarly research	е 🔲	Other					
С	Preservation for future generations							
4	Provide a description of the organization's coll	ections and explain	how they further	the organization's	s exempt purpose	in Part		
	XIII.							
5	During the year, did the organization solicit or							
	assets to be sold to raise funds rather than to		art of the organiza	tion's collection?			Yes	No
Pa	Complete if the organization a 990, Part X, line 21.		on Form 990,	Part IV, line 9	e, or reported	an amount	on Form	
1a	Is the organization an agent, trustee, custodian	n or other intermed	iary for contributio	ns or other asset	s not			
	included on Form 990, Part X?			.,.,		. ,	Yes	No
b	If "Yes," explain the arrangement in Part XIII a	nd complete the fol	lowing table:			r		
							Amount	
	Beginning balance							
	Additions during the year							
_	Distributions during the year							
f	Ending balance	600 Dad V Can	04 for a second			1f		<u> </u>
	Did the organization include an amount on For							No
	If "Yes," explain the arrangement in Part XIII. (Sheck here if the ex	cpianation has bee	in provided on Pa	at VIII			
H.F.9	Complete if the organization	answered "Yes"	on Form 990	Part IV line 1	10			
	Obinpiete il tito organization i	(a) Current year	(b) Prior year	(c) Two yea	1	ree years back	(e) Four years ba	ack
1a	Beginning of year balance		(,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		<u> </u>		
	Contributions							
	Net investment earnings, gains, and losses							
d	Grants or scholarships							
е	Other expenditures for facilities and programs							
f	Administrative expenses				·			
g	End of year balance					•		
2	Provide the estimated percentage of the current	nt year end balance	e (line 1g, column	(a)) held as:				
а	• -	%	, ,					
b	Permanent endowment ▶ %	,						
	Term endowment ▶ %							
	The percentages on lines 2a, 2b, and 2c should	ld equal 100%.						
3a	Are there endowment funds not in the possess	sion of the organiza	tion that are held	and administered	I for the		,	
	organization by:						Yes	No
	(i) Unrelated organizations						3a(i)	
	(ii) Related organizations						3a(ii)	
b	If "Yes" on line 3a(ii), are the related organization	ions listed as requi	red on Schedule R				3b	
4	Describe in Part XIII the intended uses of the c		wment funds.					
Pa	rt VI Land, Buildings, and Equip							
	Complete if the organization a					1	•	
	Description of property	(a) Cost or other b	asis (b) Cos	t or other basis	(c) Accumulate	1	(d) Book value	
		(investment)		(other)	depreciation		15 ^	~~
1a	Land			15,000		-45.032 (Base)	15,0	
þ	Buildings			,361,583			1,361,5	83
	Leasehold improvements							
	Equipment	200	E E 2		ACE	500		56
	Other	•	, 552	2 100)	455	,508	-66,9	
otal	I. Add lines 1a through 1e. (Column (d) must eq	иал голп ууо, Рап	∧, column (b), lin	8 100.)		<u>,,,,</u>	1,309,6	4/

	Complete if the organization answered "Ye (a) Description of security or category	(b) Book value	(c) Method of valuation:
	(including name of security)	Int popy value	Cost or end-of-year market value
(1) Financial of	derivatives		
	ld equity interests		
/ A \		į	
(B)			
(C)			
(D)			
(E)			
(F) (G)			
<u>(</u> 9) (H)			
	n (b) must equal Form 990, Part X, col. (B) line 12.)	····	
Part VIII	Investments – Program Related.	±±44	
	Complete if the organization answered "Ye	s" on Form 990, Part IV, li	ne 11c. See Form 990, Part X, line 13.
	(a) Description of investment	(b) Book value	(c) Method of valuation:
			Cost or end-of-year market value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7) (8)			
(9)	AND		
	1 (b) must equal Form 990, Part X, col. (B) line 13.)	>	
Part IX	Other Assets.	<u></u>	
a Section	Complete if the organization answered "Ye	s" on Form 990, Part IV, lii	ne 11d. See Form 990, Part X, line 15.
	(a) Descript	lian	(b) Book value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7) (8)	.		
(9)			
	n (b) must equal Form 990, Part X, col. (B) line 15.)		>
Part X	Other Liabilities.		<u>anna an ann an ann ann an ann an an an a</u>
	Complete if the organization answered "Ye	s" on Form 990, Part IV, lii	ne 11e or 11f. See Form 990, Part X,
	line 25.		
1.	(a) Description of liability		(b) Book value
	income taxes	<u> </u>	
	ed salaries		41,949
	oll Taxes Payable		12,74
	ed Other		8,963
	Barney plan		2,433
	Tax Payable		660
(7)			
(8)			
	(b) must equal Form 990, Part X, col. (B) line 25.)		▶ 66,752
	uncertain tax positions. In Part XIII, provide the text of	the footnote to the organization's	
	liability for uncertain tax positions under FASB ASC 74		

Pa	rt XI Reconciliation of Revenue per Audited Financial		ue per Return.	
	Complete if the organization answered "Yes" on Forn	n 990, Part IV, line 12a.	, , , , , , , , , , , , , , , , , , , ,	
1	Total revenue, gains, and other support per audited financial statements		1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:	1 1		
а	Net unrealized gains (losses) on investments	2a		
b	Donated services and use of facilities	2b		
C	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)	2d		
e	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:		120 CO 1	
	Investment expenses not included on Form 990, Part VIII, line 7b			
þ	Other (Describe in Part XIII.)	4b		
	Add lines 4a and 4b		4c	· · · · · · · · · · · · · · · · · · ·
	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 1.			······································
Pa	rt XII Reconciliation of Expenses per Audited Financial		ises per Return.	
	Complete if the organization answered "Yes" on Form	1 990, Part IV, line 12a.		
1			1	
	Amounts included on line 1 but not on Form 990, Part IX, line 25:	1 - 1	16 E A COST. 15 O O O O O O O O O O O O O O O O O O	
a	Donated services and use of facilities	2a		
b	Prior year adjustments	2b		
C.	Other losses	2c		
đ	Other (Describe in Part XIII.)			
é	Add lines 2a through 2d			

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			
D	Other (Describe in Part XIII.)	4b	2000年	
E E	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line		4c 5	
	rt XIII. Supplemental Information.	10.)		
	de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	4: Part IV lines 1h and 2h: Par	t V line A: Part Y line	·
	rt XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to			
., , _		provide any additional interne		
	•••••••••••••••••••••••••••••••••••••••			

Schedule D (F	orm 990) 2019	Hilton	Head	Island	Recreation	57-0827128	Page 5
	Supplemer						
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SCHEDULE G (Form 990 or 990-EZ)

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

Attach to Form 990 or Form 990-EZ.

OMB No. 1545-0047

Internal Revenue Service

Department of the Treasury

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

Open to Public

Name of the organization Hilton Head Island	l Recreat	ion			Employer identifica	
Part I Fundraising Activities. Complete if Form 990-EZ filers are not required				red "Yes" on Form 9	90, Part IV, line	17.
1 Indicate whether the organization raised funds through				Check all that apply.		
a Mail solicitations	e Solicitation	n of no	n-gov	ernment grants		
b Internet and email solicitations	f Solicitation	n of go	vernn	nent grants		
c Phone solicitations	g Special fu	ındrais	ing ev	ents		
d In-person solicitations			_			
2a Did the organization have a written or oral agreement w or key employees listed in Form 990, Part VII) or entity	vith any individual in connection wit	(includ h profe	ling of ssiona	ficers, directors, trustees	1	Yes No
b If "Yes," list the 10 highest paid individuals or entities (f compensated at least \$5,000 by the organization.	undraisers) pursu	ant to	agreer	ments under which the fu	ndraiser is to be	
(i) Name and address of individual or entity (fundraiser)	(ii) Activity	raise cust con	id fund- er have ody or trol of outions?	(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
1						
2						
3						
4						
5	1111					
6			-			
7						
'						
8						
9						
0						
otal						
List all states in which the organization is registered or I registration or licensing.	icensed to solicit	contrib	utions	or has been notified it is	exempt from	l
				.,		, . ,
				• • • • • • • • • • • • • • • • • • • •		

Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more Part II than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000. (a) Event #1 (b) Event #2 (c) Other events (d) Total events Special Events Heritage Booth None (add col. (a) through col. (c)) (total number) (event type) (event type) Revenue 1 Gross receipts 212,426 6,000 218,426 2 Less: Contributions 3 Gross income (line 1 minus 212,426 6,000 line 2) 218,426 4 Cash prizes 5 Noncash prizes 6 Rent/facility costs Direct Expenses 7 Food and beverages 8 Entertainment 9 Other direct expenses 10 Direct expense summary. Add lines 4 through 9 in column (d) 11 Net income summary, Subtract line 10 from line 3, column (d) ... Gaming. Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than Part III \$15,000 on Form 990-EZ, line 6a. (b) Pull tabs/instant (d) Total gaming (add Revenue (c) Other gaming bingo/progressive bingo col, (a) through col, (c)) 1 Gross revenue 2 Cash prizes Direct Expenses 3 Noncash prizes 4 Rent/facility costs 5 Other direct expenses Yes Yes Yes 6 Volunteer labor 7 Direct expense summary. Add lines 2 through 5 in column (d) 8 Net gaming income summary. Subtract line 7 from line 1, column (d) 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:

Sche	edule G (Form 990 or 990-EZ) 2019 Hilton Head Island Recreation 57-0)82712	8	Page 3
11	Does the organization conduct gaming activities with nonmembers?		Ye	s No
12	Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity			
	formed to administer charitable gaming?		Ye	s No
13	Indicate the percentage of gaming activity conducted in:			
а	The organization's facility	13a		%
b	An outside facility	1 4 (%
14	Enter the name and address of the person who prepares the organization's gaming/special events books and			
	records;			
	Name ▶			
		• • • • • • • • • • • • • • • • • • • •	• • • • • • • • • • • • • • • • • • • •	
	Address •			
	Address ►			
152	Does the organization have a contract with a third party from whom the organization receives gaming			
ı va			Ye	s 🗆 No
h	revenue? If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ and the			.5 140
b	amount of gaming revenue retained by the third party > \$			
_	If "Yes," enter name and address of the third party:			
Ç	in res, enter name and address of the third party.			
	Name N			
	Name ▶			
	Address ►			
16	Gaming manager information:			
	Name ▶			
	Gaming manager compensation ▶ \$			
	Description of services provided ▶			
	Director/officer Employee Independent contractor			
17	Mandatory distributions:			
а	Is the organization required under state law to make charitable distributions from the gaming proceeds to			
	retain the state gaming license?		∐ Ye	s 🔛 No
b	Enter the amount of distributions required under state law to be distributed to other exempt organizations or			
	spent in the organization's own exempt activities during the tax year ▶ \$			
Pa	rt.IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (
	Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional in	formation	1.	
	See instructions.			
, .				

Schedule G (Form 990 or 990-EZ) 2019

SCHEDULE O

(Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or 990-EZ.

2019

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

ame of the organization Hilton Head Island Recreation	Employer identification number 57-0827128
Form 990, Part III, Line 4d - All Other Accomp	
Community Recreation	
Form 990, Part VI, Line 11b - Organization's Pr	rocess to Review Form 990
A copy of the 990 is provided to selected Office	ers of the Board and the
Executive Director prior to it being filed. The	entire Board will review
the return at the next regularly scheduled meet	sing.
Form 990, Part VI, Line 12c - Enforcement of Co	onflicts Policy
The Organization regularly and consistently mo	onitors and enforces
compliance with its policy.	
Form 990, Part VI, Line 15a - Compensation Proc	ess for Top Official
The process for determining the compensation for	or the Executive Director
included a review and approval by independent p	persons, comparibilty data
and contemperaneous substantiation of the delik	peration and decision.
Form 990, Part VI, Line 19 - Governing Document	s Disclosure Explanation
The governing documents are made available to t	he public upon request.
Form 990, Part IX, Line 24e - Other Expenses	
Description	
Tot/Prog Service Mgt & Gene	ral Fundraising
Youth soccer	
\$ 46,057 \$	0 \$ 0

Schedule O (Form 990 or 990-EZ) (2	2019)				Page :
Name of the organization Hilton Head Islam	nd Poorcation			Employer identification 57-08271	
MITCON NEAR ISTAI	id Recleation			37-08271	20
Fitness Program 1	∛ew				
\$	42,769	\$	0	\$	0
Community Youth I	Events				
\$	33,410	\$	0	\$	0
				· · · · · · · · · · · · · · · · · · ·	
Youth basketball					
\$	31,114	\$	0	\$	0
Propane					
\$	28,611	\$	0	\$	0
Supplies-janitori	ial				
\$	0	\$	28,313	\$	0
Summer day camp					
\$	26,607	\$	0	\$	0
		······································	······································	······································	
Telephone	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				
\$	25,404	\$	0	\$	0
Supplies-swim poo	ol				
\$	20,993	\$	0	\$	0
Parks					
	17,499	Ś	0	Ś	0
Jr Academy Socce	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			, , ,	
\$	13,143	 \$	0	\$	0
Computer lease					
\$	0	\$	11,338	\$	0
Supplies-general	purpose	.,,			
\$	0	\$	9,919	\$	0
Dues & subscripti	ions				
\$	9,577	\$	0	\$	0
Discovery club					
				Page 1 o	f 5
				rage I O	<u> </u>

ame of the organization	990-EZ) (2019				Employer identificati			
Hilton Head	Island	Recreation			57-082712	8		
	\$	8,676	\$	0	\$	0		
Karate-Shoto	kan							
	\$	8,419	\$	0	\$	0		
Youth-tennis						••		
	\$	8,288	\$	0	\$	0		
After-shool			· · · · · · · · · · · · · · · · · · ·		······································			
AT CET SHOOT		0 0F1						
	\$	8,051	\$	0	\$	0		
Exercise Cla		• • • • • • • • • • • • • • • • • • • •		······································				
***************************************	\$	7,984	\$	0	 \$	0		
Leases-offic	e equip	oment						
	\$	o	\$	7,794	\$	0		
Lacrosse						*****		
	\$	7,470	\$	0	\$	0		
Supplies-off	ice				***************************************			
	\$	0	\$	6,726	\$	0		
Golf school								
	\$	6,660	\$	0	\$	0		
Repairs-swim	pool							
	\$	6,604	\$	0	\$	0		
Senior Trips								
mamataaan#m	\$	5,975	\$	0	\$	0		
Dankama & S.				<u>V</u>	······································	,,		
Postage & fr			,,,.,,,,,,,,,,,,,,,,,,,,,,,,,,,,					
	\$	5,968	\$	0	\$	0		
Fitness Prog								
	\$	5,965	\$	0	\$	0		
Gym Floor								
	\$	5,490	\$	0	\$	0		
					Page 2 of	Page 2 of 5		

Schedule O (Form 990 or 990-EZ) (2019) Name of the organization				i i	Page 2 Employer identification number		
Hilton Head Island	Recreation			57-082712	28		
Sailing camp					****************		
\$	5,460	\$	0	\$	0		
Volleyball-girls c	amp		• • • • • • • • • • • • • • • • • • • •		***************************************		
\$	5,204	\$	0	\$	0		
Grounds maintenance	e						
\$	5,200	\$	0	\$	0		
Gator football							
\$	4,955	\$	0	\$	0		
Youth Fitness							
\$	4,948	\$	0	\$	0		
Repairs-building				***************************************			
\$	3,992	\$	0	\$	0		
CIP Building Upf							
\$	3,562	\$	0	\$	0		
Aquatics			.				
\$	3,373	\$	0	\$	0		
Printing-general				· · · · · · · · · · · · · · · · · · ·			
\$	0	\$	3,318	\$	0		
Senior Citizen	· · · · · · · · · · · · · · · · · · ·		······································	· · · · · · · · · · · · · · · · · · ·			
\$	3,233	\$	0	\$	0		
Trash Removal	······································	· · · · · · · · · · · · · · · · · · ·		· · · · · · · · · · · · · · · · · · ·			
\$	3,177	\$	0	\$	0		
Computer lease-sens		·		······································			
\$	3,088		0	\$	0		
Vending Machines		· · · · · · · · · · · · · · · · · · ·	······				
vending Machines	2 025	\$	0		••••••		
	2,926	.	<u>.</u>	\$	0		
Pickleball Expense	***************************************						
				Page 3 of 5 Schedule O (Form 990 or 990-EZ) (2019)			

Form

Internal Revenue Service

Department of the Treasury

Re'n of Organization Exempt From ome Tax

Under section Jul(c), 527, or 4947(a)(1) of the Internal Revenue Code (encept 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.

2018 Open to Public Inspection

OMB No. 1545-0047

For the 2018 calendar year, or tax year beginning 07/01/18, and ending 06/30/19D Employer identification number C Name of organization Hilton Head Island Recreation Check if applicable: Association, Inc. Address change 57-0827128 Doing business as Name change Number and street (or P.O. box if mail is not delivered to street address) Room/suite E Telephone number 843-681-7273 P.O. Box 22593 Initial return Final return/ City or town, state or province, country, and ZIP or foreign postal code terminated Hilton Head Island SC 29925 3,311,081 G Gross receipts\$ Amended return Name and address of principal officer: X No Yes H(a) Is this a group return for subordinates? Application pending Joe Mezera 7 Wing Shell lane H(b) Are all subordinates included? If "No," attach a list. (see instructions) Hilton Head Island SC 29926 X 501(c)(3) 501(c) () ◀ (insert no.) 4947(a)(1) or www.islandreccenter.org Website: H(c) Group exemption number ▶ X Corporation Trust Association Year of formation: 1985 M State of legal domicile: Form of organization: Part I Summary 1 Briefly describe the organization's mission or most significant activities: Community Recreation Activities & Governance 2 Check this box ▶ if the organization discontinued its operations or disposed of more than 25% of its net assets 3 Number of voting members of the governing body (Part VI, line 1a) 17 4 Number of independent voting members of the governing body (Part VI, line 1b) 4 5 Total number of individuals employed in calendar year 2018 (Part V, line 2a) 5 130 6 Total number of volunteers (estimate if necessary) 430 7a Total unrelated business revenue from Part VIII, column (C), line 12 7a b Net unrelated business taxable income from Form 990-T, line 38 7b Prior Year **Current Year** 8 Contributions and grants (Part VIII, line 1h) 1,282,382 1,589,714 9 Program service revenue (Part VIII, line 2g) 1,295,996 1,343,895 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 19,156 24,044 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 17,368 85,177 2,614,902 3,042,830 12 Total revenue – add lines 8 through 11 (must equal Part VIII, column (A), line 12) 13 Grants and similar amounts paid (Part IX, column (A), lines 1–3) 14 Benefits paid to or for members (Part IX, column (A), line 4) 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10) 1,132,790 1,466,509 16a Professional fundraising fees (Part IX, column (A), line 11e) b Total fundraising expenses (Part IX, column (D), line 25) 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 1,156,008 1,556,589 3,023,098 18 Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25) 2,288,798 326,104 19 Revenue less expenses. Subtract line 18 from line 12 19,732 End of Year Beginning of Current Year 2,133,804 1,986,533 20 Total assets (Part X, line 16) 235,112 362,651 21 Total liabilities (Part X, line 26) 22 Net assets or fund balances. Subtract line 21 from line 20 751,421 1,771,153 Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. Sign Signature of officer Executive Director Here Frank Soule Type or print name and title Print/Type preparer's name Check Paid Patrick P. Carey, Jr., CPA self-employed P00033247 Preparer Carey & Company P.A 57-0927046 Firm's EIN Use Only 70 Main Street, Suite 100 Hilton Head Island, SC 2992 843-681-4430 May the IRS discuss this return with the preparer shown above? (see instructions) X Yes No

	18) Hilton Head I			37-06 128		Page 2
Part III	Statement of Program Check if Schedule O co			in this Part III		X
1 Briefly c	describe the organization's miss		se or note to any line	m mor arem		<u> </u>
	nity Recreation					
* * * * * * * *	, , , , , , , , , , , , , , , , , , , ,					
	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,					
	organization undertake any sig	nificant program sen	vices during the year which	were not listed on the		
	rm 990 or 990-EZ?					Yes X No
	describe these new services of					
services	3 Did the organization cease conducting, or make significant changes in how it conducts, any program					Yes X No
	' describe these changes on So	chedule O				165 22 140
	e the organization's program se		nts for each of its three lar	gest program services.	as measured by	
	es. Section 501(c)(3) and 501(c					
•	expenses, and revenue, if any			ŭ	,	
4a (Code:) (Expenses \$	236,663	including grants of \$) (Revenue \$	124,856)
Aquat	ics program					,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
* ******						
* * * * * * * *						
* * * * * * * * *						
4b (Code:) (Expenses \$	491,581	including grants of \$) (Revenue \$	450,499)
	tic Program		33		, , , , , , , , , , , , , , , , , , , ,	
* * * * * * * * * * * * * * * * * * * *	· · · · · · · · · · · · · · · · · · ·		********************			
			,			
			,			
* * * * * * * * * * * * * * * * * * * *						
				• • • • • • • • • • • • • • • • • • • •		
* * * * * * * * * *						
4c (Code:) (Expenses \$	602 055	including prosts of ¢) (Davis of	650 205 v
	/Teen Programs	002,033	including grants of \$) (Revenue \$	030,293)
1 9 4 9 1	/ ICCII II Ogramo					
* * * * * * * * *						
* * * * * * * * * *						
* * * * * * * * * * * * * * * * * * * *						
* * * * * * * * * *						
*						

	rogram services (Describe in S					_
(Expens		3 including grants	of \$) (Revenue \$	118,245)
4e Total pro	ogram service expenses 🕨	2,652,	872			

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"			
	complete Schedule A	1	X	ļ
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	X	<u> </u>
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to	_		7.
	candidates for public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)			
	election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,	_		v
	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			x
_	"Yes," complete Schedule D, Part I	6		
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	7		х
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	/		A
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"	8		х
•	complete Schedule D, Part III			
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 temporarily restricted			
10	endowments, permanent endowments, or 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		X
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets			
	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
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			ĺ
	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		X
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If			
	"Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,			
	fundraising, business, investment, and program service activities outside the United States, or aggregate			
	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		X_
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or			
	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other			v
47	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on			v
10	Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	10	х	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?	18	- 1	
15	If "Yes," complete Schedule G, Part III	19		х
20a	Did the experientian encycle and as more hamital facilities? If "Van " complete Cohedule II	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20a 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
	2 San Paris Transport Control of the Control of Control	لنت		

Form 990 (2018) Hilton Head Is Ind Recreation

Part IV Checklist of Required Schedules (continued)

	art 14 Checkinst of Required Schedules (communal)	,	Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			1
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the			
	organization's current and former officers, directors, trustees, key employees, and highest compensated			
	employees? If "Yes," complete Schedule J	23	<u> </u>	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		X
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	24-		
	to defease any tax-exempt bonds?	24c 24d		
d 250	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	<u> 24u</u>		-
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		х
b		238		
b	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, 6, or 22 for receivables from or payables to any		·····	
	current or former officers, directors, trustees, key employees, highest compensated employees, or			
	disqualified persons? If "Yes," complete Schedule L, Part II	26		x
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee,			
	substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	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):			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete			
	Schedule L, Part IV	28b		X
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof)	4		
	was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	ļ	X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			37
•	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,"	22		х
33	complete Schedule N, Part II Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	32		
33	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		Х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III,	33		1
•	or IV, and Part V, line 1	34		Х
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a			
	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		ĺ
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		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		Х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and			1
	19? Note. All Form 990 filers are required to complete Schedule O.	38	X	L
Pa	rt 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		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	ᆜ
		ſ 	Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 56			l
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b 0			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and			
	reportable gaming (gambling) winnings to prize winners?	1c		L

1520 03/16/2020 3:01 PM Form 990 (2018) Hilton Head Is. ind Recreation Page 5 Statements Regarding Other IRS Filings and Tax Compliance (continued) Yes No Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax 130 Statements, filed for the calendar year ending with or within the year covered by this return X If at least one is reported on line 2a, did the organization file all required federal employment tax returns? 2b Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) Х Did the organization have unrelated business gross income of \$1,000 or more during the year? За If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O 3b 4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, Х a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If "Yes," enter the name of the foreign country: ▶ b See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). 5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? X Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? If "Yes" to line 5a or 5b, did the organization file Form 8886-T? 5c С Does the organization have annual gross receipts that are normally greater than \$100,000, and did the Х organization solicit 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 aifts were not tax deductible? Organizations that may receive deductible contributions under section 170(c). Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods 7a and services provided to the payor? If "Yes," did the organization notify the donor of the value of the goods or services provided? 7b b Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? If "Yes," indicate the number of Forms 8282 filed during the year Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? 7a g If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? 7h Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the 8 sponsoring organization have excess business holdings at any time during the year? Sponsoring organizations maintaining donor advised funds. 9 Did the sponsoring organization make any taxable distributions under section 4966? Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? 9b b Section 501(c)(7) organizations. Enter: 10 Initiation fees and capital contributions included on Part VIII, line 12 10a Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b b Section 501(c)(12) organizations. Enter: 11 Gross income from members or shareholders 11a a Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 11h Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 12a 12a b If "Yes," enter the amount of tax-exempt interest received or accrued during the year

Section 501(c)(29) qualified nonprofit health insurance issuers. 13 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. Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans 13b Enter the amount of reserves on hand 13c С

X 14a Did the organization receive any payments for indoor tanning services during the tax year? b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O 14b Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or X excess parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N. X Is the organization an educational institution subject to the section 4968 excise tax on net investment income?

Form 990 (2018)

If "Yes," complete Form 4720, Schedule O.

1520 03/16/2020 3:01 PM Form 990 (2018) Hilton Head Is Ind Recreation 57-08 Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI Section A. Governing Body and Management Yes No Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O. 17 1b Enter the number of voting members included in line 1a, above, who are independent Did any officer, director, trustee, or key employee have a family relationship or a business relationship with X any other officer, director, trustee, or key employee? Did the organization delegate control over management duties customarily performed by or under the direct X supervision of officers, directors, or trustees, or key employees to a management company or other person? Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4 X Did the organization become aware during the year of a significant diversion of the organization's assets? Did the organization have members or stockholders? Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? X 7a Are any governance decisions of the organization reserved to (or subject to approval by) members, X stockholders, or persons other than the governing body? 7b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: X The governing body? X Each committee with authority to act on behalf of the governing body? 8b Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at X the organization's mailing address? If "Yes," provide the names and addresses in Schedule O Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Yes No X 10a Did the organization have local chapters, branches, or affiliates? 10a b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? 10b 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? b Describe in Schedule O the process, if any, used by the organization to review this Form 990. 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 X 12a X b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12b Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," X describe in 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? 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? Х a The organization's CEO, Executive Director, or top management official 15a X Other officers or key employees of the organization 15b 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 X with a taxable entity during the year? 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 safequard the organization's exempt status with respect to such arrangements? Section C. Disclosure

- SC List the states with which a copy of this Form 990 is required to be filed
- Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A if applicable), 990, and 990-T (Section 501(c)

(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.

- Own website Another's website X Upon request Other (explain in Schedule O)
- 19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
- State the name, address, and telephone number of the person who possesses the organization's books and records >

Frank Soule

P.O. Box 22593

843-681-7273

SC 29925

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

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

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

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

Check this box if neither the org	T	T Tell	ateu			tion com	1		/P\		
(A) Name and Title	(B) Average hours per week (list any	bo	(do not che box, unless		(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)			is both an	(D) Reportable compensation from the	(E) Reportable compensation from related organizations	(F) Estimated amount of other compensation
	hours for related organizations below dotted line)	Individual trustee or director		Officer		Former Highest compensated employee	organization (W-2/1099-MISC)	(W-2/1099-MISC)	from the organization and related organizations		
(1) Joe Mezera		1									
President	0.75	x		x			o	0	0		
(2) Mary Hall											
Vice President	0.50	x		x			o	o	0		
(3) Susan Hughson											
	0.50										
Treasurer	0.00	X		X		ļ	0	0	0		
(4) Kate Boardman	0.50										
Secretary	0.00	x		х			o	0	0		
(5) Dana Millen	0.00	1		42		 					
(-, =	0.50										
Board Member	0.00	X					0	0	0		
(6) Alan Perry								100 100 100 100 100 100 100 100 100 100			
	0.50								_		
Board Director	0.00	X					0	0	0		
(7) Mike Manesiotis	0.50										
Board Director	0.00	x					ol	o	0		
(8) Bubba Gillis	0.00	1				 	<u> </u>		<u> </u>		
(-,	0.50										
Board Director	0.00	X					0	0	0		
(9) Kyle Theodore											
	0.50										
Board Director	0.00	X					0	0	0		
(10) Anne Delvecchio	0.50										
Board Director	0.50	x					o	۸	0		
(11) Matt Clark	0.00	^					U	0	0		
(II)PACCO CLAIR	0.50										
Board Director	0.00	x					o	0	0		

Part VII Section A. Onicers	, Director:	12166	5, N	ey c	mpi	oyee	5, a	nu mignest compensa	imployees (continued)				
(A) Name and title	(B) Average hours per week (list any hours for	bo	x, unle	Pos check ess pe	rson i	than c s both	an	(D) Reportable compensation from the organization	(E) Reportable compensation from related organizations (W-2/1099-MISC)		(F) Estima amour othe compens	ated nt of er sation	
	related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(W-2/1099-MISC)	(**21633-8633)		organiz and rel organiza	ation lated	
(12) Marty Pauls		-		-	-	<u>a</u>	ļ						
(12) Marty Pauls	0.50												
Board Director	0.00	X						0	0				(
(13) Chris Maldana		1			 								
	0.50												
Board Director	0.00	X	ļ					0	0				
(14) Bob Stevens													
Books Birthan	0.50								0				c
Board Director (15) Keri Olivett:	0.00	X		ļ				0	U				
(13) ReII OIIVecc.	0.50												
Board Director	0.00	X						0	0				(
(16) Barry Taylor													
-	0.50												
Board Director	0.00	X	ļ	<u> </u>				0	0				
(17) John Brighton										İ			
	0.50	**							0				c
Board Director (18) Frank Soule	0.00	X			_			0	0				
(18) FIANK Soure	40.00												
Executive Director	0.00	_		х				89,384	0			4,	445
1b Sub-total							>	89,384				4,	445
c Total from continuation she	ets to Part VII,	Secti	on A	١				00 204					A A F
d Total (add lines 1b and 1c) 2 Total number of individuals (in	oluding but not I	limita	d to	thos	o lic	tod a	hov	89,384	\$100,000 of	··········		4,	445
reportable compensation from			_	1103	C 113	icu a	DOV					V	1 11-
3 Did the organization list any fo	ormer officer dir	recto	r or	trust	ا مو	(ev e	mal	ovee or highest compensa	ted			Yes	No
employee on line 1a? If "Yes,"	" complete Sched	dule .	J for	suci	h ind	lividu	ıal				3		X
4 For any individual listed on line													
organization and related orgar individual	nzations greater	llian	ιφισ	0,00	10 ! 1	16	S, C	omplete Schedule 3 for Sut	Л		4		X
5 Did any person listed on line 1									individual				
for services rendered to the or		/es,"	com	plete	Sci	nedu	le J	for such person			5	L	X
Section B. Independent Contractor 1 Complete this table for your fix		ensa	ted i	nder	end	ent c	ontr	ractors that received more t	han \$100 000 of				
compensation from the organi	zation. Report co							dar year ending with or with	in the organization's tax ye	ar.			
Name and	(A) business address							Descript	(B) ion of services		Co	(C) impensal	ition
											l		
						·	 		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				
											i		

							<u> </u>		P. Park Charles				
2 Total number of independent of	contractors (incl.	udina	but	not l	imite	ed to	thos	se listed above) who					
received more than \$100,000									0		* * .		

Part VIII Statement of Revenue Check if Schedule O contains a response or note to any line in this Part VIII (A) (C) (D) Revenue Total revenue Unrelated exempt function excluded from tax under sections revenue 512-514 revenue 1a 1a Federated campaigns 1b b Membership dues 1c c Fundraising events d Related organizations 1d 1,353,127 e Government grants (contributions) 1e f All other contributions, gifts, grants, and similar amounts not included above 236,587 1f g Noncash contributions included in lines 1a-1f: 1,589,714 h Total. Add lines 1a-1f Program Service Revenue Busn, Code 246,930 246,930 Summer day camp 161,469 161,469 After-school club 120,883 120,883 Youth soccer 108,273 108,273 Fitness Program New 75,886 75,886 SOAR - Special Olympics 630,454 630,454 f All other program service revenue g Total. Add lines 2a-2f. 1,343,895 3 Investment income (including dividends, interest, 24,044 24,044 and other similar amounts) Income from investment of tax-exempt bond proceeds Royalties (i) Real (ii) Personal 6a Gross rents b Less: rental exps. c Rental inc. or (loss) d Net rental income or (loss) 7a Gross amount from (ii) Other (i) Securities sales of assets other than inventory b Less: cost or other basis & sales exps c Gain or (loss) d Net gain or (loss) 8a Gross income from fundraising events (not including \$ of contributions reported on line 1c). 353,428 See Part IV, line 18 b Less: direct expenses 268,251 c Net income or (loss) from fundraising events 85,177 48,072 9a Gross income from gaming activities. See Part IV, line 19 b Less: direct expenses c Net income or (loss) from gaming activities 10a Gross sales of inventory, less returns and allowances b Less: cost of goods sold c Net income or (loss) from sales of inventory Miscellaneous Revenue Busn. Code 11a b d All other revenue Total. Add lines 11a-11d 3,042,830 Total revenue. See instructions. 1,343,895 72,116

Part IX Statement of Functional Expenses

	Check if Schedule O contains a resp			produktion de la la la la la la la la la la la la la 	X
	ot include amounts reported on lines 6b, b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16			:	
4	Benefits paid to or for members				
5	Compensation of current officers, directors,			00.000	
	trustees, and key employees	93,829		93,829	
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)	1 164 050	1 010 566	154 006	
7	Other salaries and wages	1,164,852	1,010,566	154,286	
8	Pension plan accruals and contributions (include				
_	section 401(k) and 403(b) employer contributions)	00 400	00 400		
9	Other employee benefits	80,490 127,338	80,490 127,338		
10	Payroll taxes	121,338	127,338		
11	Fees for services (non-employees):				
a	Management				
b	Legal	56,329	56,329		
C	Accounting	30,329	30,329		
d	Lobbying				
e	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25, column				
40	(A) amount, list line 11g expenses on Schedule O.)	33,451	33,451	,	
12	Advertising and promotion	33,431	33,431		
13 14	Office expenses				······································
15	Information technology Royalties				<u> </u>
16		116,139	116,139		
17		32,241	1,279	30,962	
	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	26,961	26,961		
20	Interest		= -/		
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	79,705	79,705		terminar to a wearing and the first three terminary
23	Insurance	63,803	63,803		
24	Other expenses. Itemize expenses not covered				
	above (List miscellaneous expenses in line 24e. If				
	line 24e amount exceeds 10% of line 25, column				
	(A) amount, list line 24e expenses on Schedule O.)				
а	CIP Building Upfit	127,274	127,274		
b	Rec Center pool	95,531	95,531		
С	Recreation center cleanin	81,558	81,558		
d	Youth soccer	69,661	69,661		
е	All other expenses	773,936	682,787	91,149	
25	Total functional expenses. Add lines 1 through 24e	3,023,098	2,652,872	370,226	0
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here following SOP 98-2 (ASC 958-720)				

Part X **Balance Sheet** Check if Schedule O contains a response or note to any line in this Part X (A) (B) Beginning of year End of year 798,836 369,094 Cash—non-interest bearing 1 222,060 516,969 Savings and temporary cash investments 2 33,249 3 1,061 Pledges and grants receivable, net 4 4 Accounts receivable, net Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L 6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L 6 Notes and loans receivable, net 7 Inventories for sale or use 8 29,124 33,390 Prepaid expenses and deferred charges 10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D 1,077,757 10a b Less: accumulated depreciation 402,900 717,743 674,857 10b 10c Investments—publicly traded securities 451,070 11 12 Investments—other securities. See Part IV, line 11 12 13 Investments—program-related. See Part IV, line 11 13 14 Intangible assets 14 185,521 87,363 15 15 Other assets. See Part IV, line 11 2,133,804 1,986,533 Total assets. Add lines 1 through 15 (must equal line 34) 65,382 128,729 17 17 Accounts payable and accrued expenses 18 Grants payable 18 106,957 163,770 19 19 Deferred revenue Tax-exempt bond liabilities 20 Escrow or custodial account liability. Complete Part IV of Schedule D 21 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L Secured mortgages and notes payable to unrelated third parties 23 Unsecured notes and loans payable to unrelated third parties Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X 62,773 70,152 of Schedule D 235,112 362,651 Total liabilities. Add lines 17 through 25 Organizations that follow SFAS 117 (ASC 958), check here ▶ Balances complete lines 27 through 29, and lines 33 and 34. Unrestricted net assets 1,751,421 1,771,153 27 Temporarily restricted net assets 28 Net Assets or Fund Permanently restricted net assets 29 Organizations that do not follow SFAS 117 (ASC 958), check here complete lines 30 through 34. Capital stock or trust principal, or current funds 30 31 Paid-in or capital surplus, or land, building, or equipment fund 31 Retained earnings, endowment, accumulated income, or other funds 32 32 1,751,421 Total net assets or fund balances 33 1,771,153 2,133,804 Total liabilities and net assets/fund balances ... 1,986,533

Form 990 (2018)

Form	1 990 (2018) Hilton Head Is .nd Recreation 57-08 128			Pa	ge 12
Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1	3,0		
2	Total expenses (must equal Part IX, column (A), line 25)	2	3,0		
3	Revenue less expenses. Subtract line 2 from line 1	اما			<u>732</u>
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	1,7	51,	<u>421</u>
5	Net unrealized gains (losses) on investments	5		· · · · · · · · · · · · · · · · · · ·	
6	Donated services and use of facilities				
7	Investment expenses	i i	···		
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)				
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line				
	33, column (B))	10	1,7	71,	<u> 153</u>
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?		2a	X	
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or				
	reviewed on a separate basis, consolidated basis, or both:				
	X Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b		X
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a				
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight				
	of the audit, review, or compilation of its financial statements and selection of an independent accountant?		2c		
	If the organization changed either its oversight process or selection process during the tax year, explain in			-	
	Schedule O.		ŀ		:
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in		ŀ		
	the Single Audit Act and OMB Circular A-133?		3a		Х
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the				
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.		. 3b		

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Name of the organization

Pulic Charity Status and Public Support

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

OMB No. 1545-0047

Open to Public Inspection

► Attach to Form 990 or Form 990-EZ.

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

Hilton Head Island Recreation Association, Inc.

Employer identification number 57-0827128

P	art l	Reas	on for Public Charity	Status (All organizations	must co	omplete	this part.) See instruction	ns.					
The	orga	nization is not	a private foundation becaus	se it is: (For lines 1 through 12,	check onl	y one box	(.)						
1		A church, co	nvention of churches, or ass	ociation of churches described	in sectio	n 170(b)(1)(A)(i).						
2		A school des	cribed in section 170(b)(1)(A)(ii). (Attach Schedule E (Forr	n 990 or 9	990-EZ).)							
3				ce organization described in se			'iii).						
4		•	•	ch organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name,									
•	LJ	city, and stat	= '	a m conjunction that a mospital	4000,1000	0001.0	(2)()(). 2(toopital o traitro,					
5	\Box	•	*****************	of a college or university owned	or operat	ed by a d	overnmental unit described in						
•	Ш	-	ganization operated for the benefit of a college or university owned or operated by a governmental unit described in on 170(b)(1)(A)(iv). (Complete Part II.)										
6	\Box			local government or governmental unit described in section 170(b)(1)(A)(v).									
	X			at normally receives a substantial part of its support from a governmental unit or from the general public									
7	[21]	-	-	nat normally receives a substantial part of its support from a governmental unit or from the general public ion 170(b)(1)(A)(vi). (Complete Part II.)									
8	П			170(b)(1)(A)(vi). (Complete Par	+ 11)								
9				cribed in section 170(b)(1)(A)(ed in con	iunction with a land-grant colle	100					
J	ئـــا			of agriculture (see instructions).				.yc					
		university:			2.1101 1.10	marrio, o	ity, and state of the conlege of						
10	П			1) more than 33 1/3% of its sup	port from	contributi	ons, membership fees, and gr	OSS					
	لــــا			npt functions—subject to certain									
		support from	gross investment income ar	nd unrelated business taxable in	ncome (le	ss section	511 tax) from businesses						
		acquired by t	he organization after June 3	0, 1975. See section 509(a)(2)	. (Comple	te Part III	l.)						
11		An organizati	ion organized and operated	exclusively to test for public safe	ety. See s	ection 5	09(a)(4).						
12		An organizati	ion organized and operated	exclusively for the benefit of, to	perform t	he functio	ns of, or to carry out the purpo	oses					
				zations described in section 50									
				nat describes the type of suppor				-					
	a Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving												
				ver to regularly appoint or elect		of the di	rectors or trustees of the						
			= =	omplete Part IV, Sections A a									
	b			pervised or controlled in connec			1,7.						
			- · · · · · · · · · · · · · · · · · · ·	ting organization vested in the s Part IV, Sections A and C.	same pers	sons that	control or manage the support	led					
	_		•	upporting organization operated	d in aanne	ation with	and functionally interested w	ikh					
	С			tructions). You must complete				/itii,					
	d		• , , ,	I. A supporting organization ope			• •	on(s)					
				e organization generally must sa				• •					
		requirem	ent (see instructions). You n	nust complete Part IV, Section	ns Å and	D, and P	art V.						
	е			eived a written determination fro			s a Type I, Type II, Type III						
				n-functionally integrated support	ting orgar	ization.							
	f		nber of supported organizati										
	g	Provide the fo	ollowing information about th	e supported organization(s).									
(i		of supported	(ii) EIN	(iii) Type of organization		organization	(v) Amount of monetary	(vi) Amount of					
	org	anization		(described on lines 1–10 above (see instructions))	1	ir governing ment?	support (see instructions)	other support (see instructions)					
				33372 (333 man 33mana),	Yes	No	instructions)	instructions)					
(A)					1 ,00	110							
(~)													
(B)													
(0)													
(C)													
(C)													
(D)					 								
(D)													
(E)					 								
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Page 2

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

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

	1 archi. If the organization	rans to quality	under the test	noted below, p	oleage complet	c r arcini.	
	tion A. Public Support		,				
Cale	ndar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	880,592	847,942	1,015,313	1,282,382	1,589,714	5,615,943
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4	Total. Add lines 1 through 3	880,592	847,942	1,015,313	1,282,382	1,589,714	5,615,943
5	The portion of total contributions by		A AMANIN				
	each person (other than a		Legardy N. S.				
	governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6	Public support. Subtract line 5 from line 4						5,615,943
	tion B. Total Support			<u> </u>			3,013,343
Cale	ndar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
7	Amounts from line 4	880,592	847,942	1,015,313	1,282,382	1,589,714	5,615,943
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	6,532	1,840	23,496	19,156	15,686	66,710
9	Net income from unrelated business activities, whether or not the business is regularly carried on					i	
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	60,707	55,698	38,441	17,368	85,177	257,391
11	Total support. Add lines 7 through 10			<u> </u>		* * * * * * * * * * * * * * * * * * * *	5,940,044
12	Gross receipts from related activities, etc.					12	1,385,387
13	First five years. If the Form 990 is for the		t, second, third, for	irth, or fifth tax yea	ar as a section 501	(c)(3)	
<u> </u>	organization, check this box and stop her				*****		<u></u>
	tion C. Computation of Public Su						
14	Public support percentage for 2018 (line 6		•	n (f))			94.54%
15	Public support percentage from 2017 Sche					15	92.18%
16a	33 1/3% support test—2018. If the organi				3 1/3% or more, c	heck this	► 1 27
L	box and stop here. The organization quali				5 !- 00 4/00/		▶ <u>X</u>
b	33 1/3% support test—2017. If the organi				5 is 33 1/3% or mo	ore, check	
17a	this box and stop here. The organization of		- · · · · -				P [
ı i a	10%-facts-and-circumstances test—20110% or more, and if the organization meet	-					
	Part VI how the organization meets the "fa						
	organization						>
b	10%-facts-and-circumstances test—201					d line	
	15 is 10% or more, and if the organization				•		
	Explain in Part VI how the organization me	ets the "facts-and-	circumstances" te	st. The organizatio	n qualifies as a pu	blicly	. —
	supported organization						▶ ∐
18	Private foundation. If the organization did						
	instructions						▶ ∐

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

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

Sec	tion A. Public Support	quality direct to	no tests noted i	ociow, piedec e	ompiete i art i	<u>''' / </u>		
	ndar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018		(f) Total
1	Giffs, grants, contributions, and membership fees received. (Do not include any "unusual grants.")							
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose							
3	Gross receipts from activities that are not an unrelated trade or business under section 513							
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf							
5	The value of services or facilities furnished by a governmental unit to the organization without charge							
6	Total. Add lines 1 through 5							
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons		;					
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year							
С	Add lines 7a and 7b							
8	Public support. (Subtract line 7c from						19.6 21.0	
	line 6.)			n a un de a despeta		The same of the same		
	tion B. Total Support	(-) 0044	(1) 0045	(-) 0040	(1) 0047	T (1) 0040		(6) T. (-1
		(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018		(f) Total
9	Amounts from line 6							
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources							
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975	·						
С	Add lines 10a and 10b							
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on							
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)							
13	Total support. (Add lines 9, 10c, 11,				-			
	and 12.) First five years. If the Form 990 is for the		h	All Coll A		1(.)(0)		
14	organization, check this box and stop here	_		-				
Sec	tion C. Computation of Public Su		tane			<u></u>	******	
15	Public support percentage for 2018 (line 8,			n (fl)		1 1	5	%
16	Public support percentage from 2017 Sche	dule A Part III lir	ne 15					
	tion D. Computation of Investmen				44.5.5.5.5.5.5.5.5.5.5.5.5.5.5.5.5.5.5.	·····	<u> </u>	
17	Investment income percentage for 2018 (lin			Column (f))		1	7	%
18	Investment income percentage from 2017		III line 17			ا ا	8	%
19a	33 1/3% support tests—2018. If the organ			14. and line 15 is			<u>- 1</u>	/0
	17 is not more than 33 1/3%, check this bo							▶ □
b	33 1/3% support tests—2017. If the organ						 J	
	line 18 is not more than 33 1/3%, check thi							
20	Private foundation. If the organization did							

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Supporting Organizations Part IV

(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

- 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.
- Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.
- Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination.
- Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.
- Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B)
- 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).
- Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 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.
- 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).
- Was the organization controlled directly or indirectly at any time during the tax year by one or more 9a disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI.
- Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 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.
 - 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		
	447 (1)	
3c	-	
4a	•	
4b		
4c		
5a		
5b		
5c		
	1. 11	
6		
7		
	*.	
8		
9a		
9b		
9c		
10a		· · · · · · · · · · · · · · · · · · ·
10b (Form 990	\ o = 000 I	-7) 2040

Pai	t IV Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?		1	
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)	- 1		
	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		
Sect	ion 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		n Hiju	
	controlled the organization's activities. If the organization had more than one supported organization,	17.34		
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported			
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part			
	VI how providing such benefit carried out the purposes of the supported organization(s) that operated,		÷ .	
	supervised, or controlled the supporting organization.	2		
Sect	ion 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		
Sect	ion 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		4.	
	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		
Secti	on E. Type III Functionally-Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).			
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 instruction)	ons).		
		,		
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	1		
	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.			
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? Provide details in Part VI.	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each	ļ		
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3ь		

Schedule A (Form 990 or 990-EZ) 2018 Hi on Head Island Recrea	ation	57-0827	L28 Page 6
Part V Type III Non-Functionally Integrated 509(a)(3) Supporting (Organizat	tions	
1 Check here if the organization satisfied the Integral Part Test as a qualifying trust of			e
instructions. All other Type III non-functionally integrated supporting organizations	s must comp	olete Sections A through E.	
Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year
Section A - Adjusted Net income		(A) FIIOI real	(optional)
1 Net short-term capital gain	1		
2 Recoveries of prior-year distributions	2		
3 Other gross income (see instructions)	3		
4 Add lines 1 through 3.	4		
5 Depreciation and depletion	5		
6 Portion of operating expenses paid or incurred for production or			
collection of gross income or for management, conservation, or			
maintenance of property held for production of income (see instructions)	6		
7 Other expenses (see instructions)	7		
8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1 Aggregate fair market value of all non-exempt-use assets (see			
instructions for short tax year or assets held for part of year):			in the education of the
a Average monthly value of securities	1a		
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d		
e Discount claimed for blockage or other			
factors (explain in detail in Part VI):			
2 Acquisition indebtedness applicable to non-exempt-use assets	2		
3 Subtract line 2 from line 1d.	3		
4 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount,			
see instructions).	4		
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6 Multiply line 5 by .035.	6		
7 Recoveries of prior-year distributions	7		
8 Minimum Asset Amount (add line 7 to line 6)	8		
Section C - Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2 Enter 85% of line 1.	2		
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4 Enter greater of line 2 or line 3.	4		
5 Income tax imposed in prior year	5		<u>,</u>
6 Distributable Amount. Subtract line 5 from line 4, unless subject to			
emergency temporary reduction (see instructions).	6		
7 Check here if the current year is the organization's first as a non-functionally integra		supporting organization (se	ee
instructions).			- -

Schedule A (Form 990 or 990-EZ) 2018

Schedu Par	t V Type III Non-Functionally Integrated 509(a)		57-0827	128 Page 7				
***************************************	ion D - Distributions			Current Year				
1	Amounts paid to supported organizations to accomplish exempt pu	Irposes	***************************************					
2	Amounts paid to perform activity that directly furthers exempt purporganizations, in excess of income from activity							
3	Administrative expenses paid to accomplish exempt purposes of si	upported organizations						
4								
5	Qualified set-aside amounts (prior IRS approval required)		Levanne and the control of the contr					
6	Other distributions (describe in Part VI). See instructions.							
7	Total annual distributions. Add lines 1 through 6.							
8	Distributions to attentive supported organizations to which the orga	inization is responsive						
	(provide details in Part VI). See instructions.							
9	Distributable amount for 2018 from Section C, line 6							
10	Line 8 amount divided by line 9 amount							
		(i)	(ii)	(iii)				
	Section E - Distribution Allocations (see instructions)	Excess Distributions	Underdistributions Pre-2018	Distributable Amount for 2018				
1	Distributable amount for 2018 from Section C, line 6							
2	Underdistributions, if any, for years prior to 2018							
	(reasonable cause required-explain in Part VI). See	Company of the North						
	instructions.		and the second s					
3	Excess distributions carryover, if any, to 2018							
	From 2013							
	From 2014			The second secon				
	From 2015							
	From 2016							
	From 2017							
	Total of lines 3a through e							
	Applied to underdistributions of prior years							
	Applied to 2018 distributable amount							
	Carryover from 2013 not applied (see instructions)							
	Remainder, Subtract lines 3g, 3h, and 3i from 3f.							
4	Distributions for 2018 from		10 to 10 to					
	Section D, line 7: \$			200				
	Applied to underdistributions of prior years							
	Applied to 2018 distributable amount							
	Remainder. Subtract lines 4a and 4b from 4.							
5	Remaining underdistributions for years prior to 2018, if							
	any. Subtract lines 3g and 4a from line 2. For result							
	greater than zero, explain in Part VI. See instructions.							
6	Remaining underdistributions for 2018. Subtract lines 3h							
	and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.							
7								
7	Excess distributions carryover to 2019. Add lines 3j and 4c.							
8	Breakdown of line 7:							
	Excess from 2014							
	Excess from 2015							
	Excess from 2016							
	Excess from 2017							
	Excess from 2018	The Company of the Co						

Schedule A (Form 990 or 990-EZ) 2018

Schedule A (For	Supplemental Information. Provide the III, line 12; Part IV, Section A, lines 1, 2, B, lines 1 and 2; Part IV, Section C, line	e explanations required by Part II, line 10; Part II, line 17a or 17b; Part 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, n B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E,
		for any additional information. (See instructions.)
Part I	I, Line 10 - Other Income	
Net in	come from fundraising	\$ 257,391
.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		

,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		

Schedule B

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

Schedule of Contributors

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

OMB No. 1545-0047

2018

Name of the organization

Hilton Head Island Recreation Association, Inc.

Employer identification number

57-0827128

Organization type (check one	<i>›</i>
Filers of:	Section:
Form 990 or 990-EZ	X 501(c)(3) (enter number) organization
	4947(a)(1) nonexempt charitable trust not treated as a private foundation
	527 political organization
Form 990-PF	501(c)(3) exempt private foundation
	4947(a)(1) nonexempt charitable trust treated as a private foundation
	501(c)(3) taxable private foundation
	overed by the General Rule or a Special Rule . , (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See
General Rule	
	ng Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 property) from any one contributor. Complete Parts I and II. See instructions for determining a ributions.
Special Rules	
regulations under secti 13, 16a, or 16b, and th	scribed in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 ¹ /3% support test of the ions 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line at received from any one contributor, during the year, total contributions of the greater of (1) e amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.
contributor, during the solution of the soluti	scribed in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one year, total contributions of more than \$1,000 <i>exclusively</i> for religious, charitable, scientific, purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering) tead of the contributor name and address), II, and III.
contributor, during the y contributions totaled me during the year for an e	scribed in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one year, contributions exclusively for religious, charitable, etc., purposes, but no such ore than \$1,000. If this box is checked, enter here the total contributions that were received exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the to this organization because it received nonexclusively religious, charitable, etc., contributions aduring the year
990-EZ, or 990-PF), but it must	isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, t answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Name of organization

Hilton Head Island Recreation

Employer identification number 57-0827128

Part I	Contributors (see instructions). Use duplicate copies of Pa	eded.			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
. 1		\$ 89,513	Person X Payroll Noncash (Complete Part II for noncash contributions.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
2		\$ 1,241,348	Person X Payroll Noncash (Complete Part II for noncash contributions.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
3		\$ 215,000	Person X Payroll Noncash (Complete Part II for noncash contributions.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)		

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Jupplemental Financial State ents ► 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

Employer identification number Name of the organization Hilton Head Island Recreation Association, Inc. 57-0827128 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Part I Complete if the organization answered "Yes" on Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts Total number at end of year Aggregate value of contributions to (during year) 2 Aggregate value of grants from (during year) Aggregate value at end of year Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of land for public use (e.g., recreation or education) Preservation of a historically important land area Protection of natural habitat Preservation of a certified historic structure Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year. Held at the End of the Tax Year a Total number of conservation easements 2a Total acreage restricted by conservation easements 2b c Number of conservation easements on a certified historic structure included in (a) 2c d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the 3 Number of states where property subject to conservation easement is located ▶ Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year 7 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements. Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8. 1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items. b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenue included on Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items: a Revenue included on Form 990, Part VIII, line 1 Assets included in Form 990, Part X

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Par	t III Organizations Maintaining				reasures	or Other	Simil	ar As	sets (contini		aye z
	Using the organization's acquisition, accession								0010 1	3077677	100)	
	collection items (check all that apply):	on, and other record	as, cricci	any or the for	iownig that a	ic a signific	Jane aso	01 110				
аГ	Public exhibition	d 🦳	I can or	exchange pro	arams							
b	Scholarly research	e										
-	Preservation for future generations	c	Other									
C [Preservation for future generations Provide a description of the organization's co	lloctions and ovalai	n hou th	ou further the	organization!	e avamnt n	urnoso i	n Dart				
		niections and explai	n now the	ey further the	organization	s exempt p	urpose i	ii raii				
	XIII. Budana kananan akalahan namadan kalendaran adilah s					almilar						
	During the year, did the organization solicit o									Ye		7 No
-	assets to be sold to raise funds rather than to		part of th	e organization	s collection	<u>(</u>				16	5	No
Par				000 D-) a = = = = =				Corr		
	Complete if the organization	i answered Yes	on Fo	ırm 990, Pa	irtiv, iine s	e, or repo	nted ar	ı ame	ount of	1 FOIII	ı	
	990, Part X, line 21.									 		
	ls the organization an agent, trustee, custodi											٦
	included on Form 990, Part X?									Ye	s	∫No
bІ	If "Yes," explain the arrangement in Part XIII	and complete the fo	ollowing t	able:			_					
										Amount		
c E	Beginning balance							1c				
d A	Additions during the year							1d	····			
е [Distributions during the year							1e				
	Ending balance						L	1f				
2a [Did the organization include an amount on Fo	orm 990, Part X, line	e 21, for	escrow or cust	todial accour	nt liability?				Ye	s 💄	No
b l	f "Yes," explain the arrangement in Part XIII.	Check here if the e	xplanatio	n has been pr	rovided on Pa	art XIII						1
Pari	t V Endowment Funds.											
	Complete if the organization	answered "Yes	on Fo	rm 990, Pa	rt IV, line 1	10.						
		(a) Current year	(b)	Prior year	(c) Two yea	ars back	(d) Thre	e years	back	(e) Four	years	back
1a E	Beginning of year balance										•	
	Contributions											
c N	Net investment earnings, gains, and											
	osses								1			
	Grants or scholarships	•		, ,								
	Other expenditures for facilities and		<u> </u>									
	programs											
	Administrative expenses											
	End of year balance							***************************************				
	Provide the estimated percentage of the curr		e (line 1	r column (a))	held ac.					***************************************		
	Board designated or quasi-endowment ►	%	e (iiie iş	y, column (a))	neiu as.							
	Permanent endowment > %	/0										
	Temporarily restricted endowment ►	%										
	The percentages on lines 2a, 2b, and 2c sho											
	Are there endowment funds not in the posses		ntion that	are held and	administares	t for the						
		ssion of the organiza	ation that	are neio ano	aummistered	i for the				٦	Von	No
	organization by:										Yes	No
										3a(i)		
	ii) related organizations									3a(ii)		
	f "Yes" on line 3a(ii), are the related organiza									3b		
	Describe in Part XIII the intended uses of the		owment f	unds.	·····	·····						
Part	, , , , , , , , , , , , , , , , , , , ,						gan.				_	
	Complete if the organization	1						990, F	1		••••••	
	Description of property	(a) Cost or other		(b) Cost or o	ı		cumulated			(d) Book v	/alue	
	78.79.00.00.00.00.00.00.00.00.00.00.00.00.00	(investment)		(othe		depr	reciation					
1a L	_and				21,724							724
b E	Buildings				02,415							<u>415</u>
c L	Leasehold improvements				86,524							<u>524</u>
	Equipment			3 (67,094							094
	Other	1					402,	900				900
Total.	Add lines 1a through 1e. (Column (d) must e	qual Form 990, Par	t X, colur	nn (B), line 10	c.)			>		67	4,	857

1520 03/16/2020 3:01 PM Schedule D (Form 990) 2018 Hilton . ad Island Recreation 57-0827128 Page 3 Part VII Investments—Other Securities. Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12. (b) Book value (c) Method of valuation: (a) Description of security or category Cost or end-of-year market value (including name of security) (1) Financial derivatives (2) Closely-held equity interests (3) Other (B) (C) (D) (E) (F) (G) (H) Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.) ▶ Part VIII Investments—Program Related. Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13. (a) Description of investment (b) Book value (c) Method of valuation: Cost or end-of-year market value (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 13.) ▶ Part IX Other Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15. (a) Description (b) Book value (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) \blacktriangleright Part X Other Liabilities. Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25. (a) Description of liability (b) Book value 1. (1) Federal income taxes (2) Accrued salaries 70,152 (3) (4) (5) (6)(7)(8)

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

70,152

(9)

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

chedule D (Form 990) 2018 HIICON : Jad ISIANG Recreat.	1011	1-002/120	Page 4
Part XI Reconciliation of Revenue per Audited Financial Stat Complete if the organization answered "Yes" on Form 99		nue per Return.	
Total revenue, gains, and other support per audited financial statements	J, Fait IV, line 12a.	T 1	
2 Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
a Net unrealized gains (losses) on investments	2a		
b Donated services and use of facilities	2b		
c Recoveries of prior year grants	2c		
d Other (Describe in Part XIII.)	2d		
e Add lines 2a through 2d		2e	
3 Subtract line 2e from line 1			
4 Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
a Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b Other (Describe in Part XIII.)	l I		
c Add lines 4a and 4b		4c	
5 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		5	
Part XII Reconciliation of Expenses per Audited Financial Sta	tements With Exp	enses per Return.	
Complete if the organization answered "Yes" on Form 99	D, Part IV, line 12a.	•	
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:			
a Donated services and use of facilities	2a		
b Prior year adjustments			
c Other losses	_ 1		
d Other (Describe in Part XIII.)	2d		
e Add lines 2a through 2d		2e	
3 Subtract line 2e from line 1		3	
4 Amounts included on Form 990, Part IX, line 25, but not on line 1:			
a Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b Other (Describe in Part XIII.)	4b		
c Add lines 4a and 4b		4c	
c Add lines 4a and 4b 5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)			
c Add lines 4a and 4b 5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) Part XIII Supplemental Information.		5	
c Add lines 4a and 4b 5 Total expenses. Add lines 3 and 4c. (<i>This must equal Form 990, Part I, line 18.</i>) Part XIII Supplemental Information. rovide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Pa	irt IV, lines 1b and 2b; F	5 Part V, line 4; Part X, line	
c Add lines 4a and 4b 5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) Part XIII Supplemental Information.	irt IV, lines 1b and 2b; F	5 Part V, line 4; Part X, line	
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c Add lines 4a and 4b 5 Total expenses. Add lines 3 and 4c. (<i>This must equal Form 990, Part I, line 18.</i>) Part XIII Supplemental Information. rovide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Pa	irt IV, lines 1b and 2b; F	5 Part V, line 4; Part X, line	
c Add lines 4a and 4b 5 Total expenses. Add lines 3 and 4c. (<i>This must equal Form 990, Part I, line 18.</i>) Part XIII Supplemental Information. rovide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Pa	irt IV, lines 1b and 2b; F	5 Part V, line 4; Part X, line	
c Add lines 4a and 4b 5 Total expenses. Add lines 3 and 4c. (<i>This must equal Form 990, Part I, line 18.</i>) Part XIII Supplemental Information. rovide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Pa	irt IV, lines 1b and 2b; F	5 Part V, line 4; Part X, line	
c Add lines 4a and 4b 5 Total expenses. Add lines 3 and 4c. (<i>This must equal Form 990, Part I, line 18.</i>) Part XIII Supplemental Information. rovide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Pa	irt IV, lines 1b and 2b; F	5 Part V, line 4; Part X, line	
c Add lines 4a and 4b 5 Total expenses. Add lines 3 and 4c. (<i>This must equal Form 990, Part I, line 18.</i>) Part XIII Supplemental Information. rovide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Pa	irt IV, lines 1b and 2b; F	5 Part V, line 4; Part X, line	
c Add lines 4a and 4b 5 Total expenses. Add lines 3 and 4c. (<i>This must equal Form 990, Part I, line 18.</i>) Part XIII Supplemental Information. rovide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Pa	irt IV, lines 1b and 2b; F	5 Part V, line 4; Part X, line	
c Add lines 4a and 4b 5 Total expenses. Add lines 3 and 4c. (<i>This must equal Form 990, Part I, line 18.</i>) Part XIII Supplemental Information. rovide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Pa	irt IV, lines 1b and 2b; F	5 Part V, line 4; Part X, line	
c Add lines 4a and 4b 5 Total expenses. Add lines 3 and 4c. (<i>This must equal Form 990, Part I, line 18.</i>) Part XIII Supplemental Information. rovide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Pa	irt IV, lines 1b and 2b; F	5 Part V, line 4; Part X, line	
c Add lines 4a and 4b 5 Total expenses. Add lines 3 and 4c. (<i>This must equal Form 990, Part I, line 18.</i>) Part XIII Supplemental Information. rovide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Pa	irt IV, lines 1b and 2b; F	5 Part V, line 4; Part X, line	

Schedule D (F	orm 990) 2018	Hilton	ad	Island	Recreation	57-0827128	Page 5
Part XIII	Suppleme	ntal Informati	on (cor	ntinued)			
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					• • • • • • • • • • • • • • • • • • • •		

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SCHEDULE G (Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising

aming 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.

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

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

Hilton Head Island Recreation Employer identification number Name of the organization 57-0827128 Association, Inc. Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Part I Form 990-EZ filers are not required to complete this part. Indicate whether the organization raised funds through any of the following activities. Check all that apply. Mail solicitations Solicitation of non-government grants Solicitation of government grants Internet and email solicitations Special fundraising events Phone solicitations In-person solicitations 2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. (iii) Did fund (v) Amount paid to (vi) Amount paid to raiser have (i) Name and address of individual (iv) Gross receipts (or retained by) (or retained by) custody or (ii) Activity or entity (fundraiser) from activity fundraiser listed in organization control of contributions col. (i) Yes No 1 2 5 7 8 10 Total List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing

57-0827128

Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more Part II than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000 (a) Event #1 (b) Event #2 (c) Other events (d) Total events Special Events Heritage Booth None (add col. (a) through (event type) (event type) (total number) col. (c)) Revenue 353,428 311,936 41,492 1 Gross receipts 2 Less: Contributions 3 Gross income (line 1 minus 41,492 311,936 353,428 line 2) 4 Cash prizes 5 Noncash prizes Direct Expenses 6 Rent/facility costs 7 Food and beverages 8 Entertainment 263,864 4,387 268,251 9 Other direct expenses 10 Direct expense summary. Add lines 4 through 9 in column (d) 268,251 85,177 11 Net income summary. Subtract line 10 from line 3, column (d) Gaming. Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more Part III than \$15,000 on Form 990-EZ, line 6a. (b) Pull tabs/instant (d) Total gaming (add Revenue (a) Bingo (c) Other gaming bingo/progressive bingo col. (a) through col. (c)) 1 Gross revenue 2 Cash prizes Expenses 3 Noncash prizes 4 Rent/facility costs 5 Other direct expenses Yes Yes 6 Volunteer labor 7 Direct expense summary. Add lines 2 through 5 in column (d) 8 Net gaming income summary. Subtract line 7 from line 1, column (d) 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? 10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? b If "Yes," explain:

Sch	edule G (Form 990 or 990-EZ) 2018 . lton Head Island Recreati	57-0827128	Page 3
11	Does the organization conduct gaming activities with nonmembers?		Yes No
12	Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity	_	
	formed to administer charitable gaming?		Yes No
13	Indicate the percentage of gaming activity conducted in:	1 1	
a	The organization's facility		<u>%</u>
b	An outside facility	[13b]	%
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records:		
	Name ►		
	Address ►		***
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?	ſ	Yes No
b	If "Yes," enter the amount of gaming revenue received by the organization > \$ and t	he	
	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 services provided ▶		
	Director/officer Employee Independent contractor		
17	Mandatory distributions:		
а	Is the organization required under state law to make charitable distributions from the gaming proceeds to		
	retain the state gaming license?		Yes No
b	Enter the amount of distributions required under state law to be distributed to other exempt organizations or		
	spent in the organization's own exempt activities during the tax year ▶ \$		
Pa	rt IV Supplemental Information. Provide the explanations required by Part I, line 2b, colu		and
	Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any addition	onal information.	
	See instructions.		
		• • • • • • • • • • • • • • • • • • • •	

SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

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

2018

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

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

A		ead Island F ion, Inc.	ecreation		57-0827128
Form 990, Pa	rt III,	Line 4d - A	All Other Ac	complishments	
Community Re	creatio	n	***************************************		
			,		
Form 990, Pa	rt VI,	Line 11b - 0	Organization	's Process to	Review Form 990
A copy of th	e 990 i	s provided	to selected	Officers of the	he Board and the
Executive Di	rector	prior to it	being filed	l. The entire	Board will review
the return a	t the n	ext regular	ly scheduled	meeting.	
Form 990, Pa	rt VI,	Line 12c - F	Enforcement	of Conflicts	Policy
The Organiza	tion r	egularly and	d consistent	ly monitors a	nd enforces
compliance w	ith its	policy.			
· · · · · · · · · · · · · · · · · · ·	• • • • • • • • • • • • • • • • • • • •		• • • • • • • • • • • • • • • • • • • •		
Form 990, Pa	rt VI,	Line 15a - 0	Compensation	Process for '	Top Official
The process	for det	ermining the	e compensati	on for the Exe	ecutive Director
included a r	eview a	nd approval	by independ	ent persons, d	comparibilty data
and contempe	raneous	substantiat	tion of the	deliberation a	and decision.
Form 990, Pa	rt VI,	Line 19 - Go	overning Doc	uments Disclos	sure Explanation
The governing	g docum	ents are mad	de available	to the public	upon request.
Form 990, Pa:	rt IX,	Line 24e - C	ther Expens	es	
Description		***************************************			
	Tot/Pro	g Service	Mgt &	General	Fundraising
Summer day ca	amp				
	\$	54,169	\$	0	\$ 0

Schedule O (Form 990 Name of the organization	or 990-EZ) (2	2018))	Employer identifica	Page 2
-	d Islar	nd Recreation			57-082712	
Football C	amp					
	\$	52,184	\$	0	\$	0
Loss of fi	xed ass	sets		************************************		•••••
	\$	51,234	\$	0	\$	0
Island Rec	reation	n facilit				
	\$	40,591	\$	0	\$	0
Fitness Pro	ogram N	lew .		,		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
	\$	36,820	\$	0	\$	0
Propane						
	\$	36,156	\$	0	\$	0
Community :	Youth E	Ivents				
	\$	33,607	\$	0	\$	0
Supplies-ge	eneral	purpose	••••••	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
	\$	0	\$	28,424	\$	0
Senior trip	os	•••••			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
	\$	26,680	\$	0	\$	0
Supplies-sv	wim poc	1				
•	\$	26,531	\$	0	\$	0
Youth baske	etball					
	\$	26,242	\$	0	\$	0
Telephone						
	\$	23,962	\$		\$	0
Computer le	ease		• • • • • • • • • • • • • • • • • • • •			
	\$	0	\$	21,926	\$	0
Discovery o	club		•••••		• • • • • • • • • • • • • • • • • • • •	
	\$	16,418	\$	0	\$	0
Fitness Pro	ogram C	la	• • • • • • • • • • • • • • • • • • • •	//////////////////////////////////////		
					Page 1 of	₹ 6

\$ 10,158

Schedule O (Form 990 or 990-EZ) (201 Name of the organization			; ;	Employer identifica	
Hilton Head Island	Recreation		***************************************	57-082712	28
.	4,147	\$	0	\$	0
Soccer camp					
\$	3,946	\$	0	\$	0
Sailing camp					
\$	3,775	\$	0	\$	0
Printing-general			·····		
\$	0		3 670	 خ	0
	0		3,679	.	
Open gym programs					
	2,823	\$	0	\$	0
Cheerleading camp					
\$	2,784	\$	0	 \$	0
Vending Machines					
\$	2,317	\$	0	\$	0
Trash removal					
\$	2,304	\$	0	\$	0
Telephone-senior p	rogram				
\$	2,274	\$	0	\$	0
Supplies Office	·····	· · · · · · · · · · · · · · · · · · ·			· · · · · · · · · · · · · · · · · · ·
	1 040				
\$	1,940	\$	0	\$	0
Grounds maintenance	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				***************************************
	1,857	\$	0	\$	0
Misc Other			.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
\$	1,737	\$	0	\$	0
Roller hockey					
\$	1,685	\$	0	\$	0
Adult soccer league	es				
\$	1,305	\$	0	\$	0
		· · · · · · · · · · · · · · · · · · ·			
				Page 4 of	6

Schedule O (Form 990 or 990-EZ) (20	918)		- "		Pag
Name of the organization	Employer identification number 57-0827128				
Hilton Head Island				57-082712	<u> </u>
Children & teen a	ctivitie				
\$	1,184	\$	0	\$	0
Girls Softball					
\$	1,144	\$	0	\$	0
CRF Teen Camp					· · · · · · · · · · · · · · · · · · ·
· · · · · · · · · · · · · · · · · · ·	1 000			······································	,
	1,099	\$	0	\$	0
Jr Academy Soccer			*************************		
\$	1,041	\$	0	\$	0
Flag football		***************************************			
\$	990	\$	0	\$	0
Fast trackers					
\$	744	\$	0	\$	0
Supplies general p			******	······································	
\$	707	\$	0	\$	0
Swim lessons					
\$	584	\$	0	\$	0
Gen Admin Expansio	on				
\$	290	\$	0	\$	0
Postage-senior pro	ogram				
\$	232	\$	0	\$	0
Adult basketball l					
\$	186	۸			
	100	\$	0	\$	0
Class & Seminars					
\$	76	\$	0	\$	0
Copier lease maint	enance-		,,	,	
\$	45	\$	0	\$	0
Total					
				Page 5 of	· 6
		· · · · · · · · · · · · · · · · · · ·			

Name

Event Income and Deduction Worksheet

Description Concessions

Hilton Head Island Recreation

2018

Taxpayer Identification Number 57-0827128

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

Income & Expense Summary:	Expense Details - Indirect Expense:
1. Gross receipts or sales 1.	9,049 Advertising and promotion
2. Advertising income 2.	Office
3. Circulation income 3.	
4. Other income 4.	Info technology/Maintenance
5. Returns and allowances 5.	Royalties & License Fees
6. Contributions received 6.	Occupancy/Real Estate Taxes
7. Total revenue. Add lines 1 through 6 7.	9,049 Travel & Repairs
8. Cost of Goods Sold 8.	Travel/entertainment (officials)
9. Employment Expense 9.	Conferences/meetings
10. Fees for services 10.	Interest
11. Indirect Expense 11.	Insurance
12. Depreciation Expense 12.	
13. Exempt Activity Expense 13.	Total mailost Expenso
14. Fundraising Expense 14.	
15. Total expenses. Add lines 8 through 14 15.	
16. Net Income/Loss. Line 7 minus Line 1516.	
Har moomerador and r mindo and to to.	······································
	Amortization
Expense Details - Cost of Goods Sold:	Depletion
	Total Depreciation Expense
Beginning inventory	Fuggers Datalla Fuggers Asticity Fuggers
PurchasesLabor	Expense Details - Exempt Activity Expense:
Section 263A costs	Bad debts
Other costs	Taxes/licenses
Ending inventory	Charitable contributions
Total Cost of Goods Sold	Dividend recd deductions
Maria and Maria Hara Maria Indiana and Maria	Readership costs
Expense Details - Employment Expense:	Total Exempt Activity Expense
Compensation of officers	
Other salaries and wages	Expense Details - Fundraising Expense:
Pension plan contributions	Cash prizes
Other employee benefits	Non-cash prizes
Payroll taxes	Rent and facility costs
Total Employment Expense	Food & beverages (Part II only)
	Entertainment (Part II only)
Expense Details - Fees for Services:	Other direct expenses
Management	Total Fundraising Expense
Legal	
Accounting	
Lobbying	
Professional fundraising	
Investment management	
Other	
Total Fees for Services	
Information is indicated for use on Form 990-T schedule	Allocation of Expense to Program Service Accomplishments:
Schedule E	First
Schedule F	Second
Schedule G	This is a second of the second
Schedule I	teretere en en en en en en en en en en en en en
Schedule J	All other

Event Income and Deduction Worksheet

Description Heritage Booth

Taxpayer Identification Number

Name

Hilton Head Island Recreation

57-0827128

2018

Use this worksheet	to verify data entered for	a specific activity on your form 990/990EZ
Income & Expense Summary:		Expense Details - Indirect Expense:
1. Gross receipts or sales 1.	41,492	Advertising and promotion
2. Advertising income 2.		Office
3. Circulation income 3.		Printing/publication/postage
4. Other income 4		Info technology/Maintenance
5. Returns and allowances 5.		Royalties & License Fees
6. Contributions received 6.		Occupancy/Real Estate Taxes
7. Total revenue. Add lines 1 through 6 7.	41,492	Travel & Repairs
8. Cost of Goods Sold 8.	***************************************	Travel/entertainment (officials)
9. Employment Expense 9.		Conferences/meetings
10. Fees for services 10	**************************************	Interest
11. Indirect Expense 11.		Insurance
12. Depreciation Expense 12.		Total Indirect Expense
13. Exempt Activity Expense 13.		
14. Fundraising Expense 14.	4,387	Expense Details - Depreciation Expense:
15. Total expenses. Add lines 8 through 1415.	4,387	On investment property
16. Net Income/Loss. Line 7 minus Line 1516.	37,105	On non-investment property
		Amortization
		Depletion
Expense Details - Cost of Goods Sold:		Total Depreciation Expense
Beginning inventory		
Purchases		Expense Details - Exempt Activity Expense:
Labor		Repairs/Maintenance/Other
Section 263A costs		Bad debts
Other costs		Taxes/licenses
Ending inventory		Charitable contributions
Total Cost of Goods Sold		Dividend recd deductions
		Readership costs
Expense Details - Employment Expense:		Total Exempt Activity Expense
Compensation of officers		
Other salaries and wages		Expense Details - Fundraising Expense:
Pension plan contributions		Cash prizes
Other employee benefits		Non-cash prizes
Payroll taxes	***************************************	Rent and facility costs
Total Employment Expense		Food & beverages (Part II only)
	*****	Entertainment (Part II only)
Expense Details - Fees for Services:		Other direct expanses 1 397
Management		Total Fundraising Expense 4,387
Legal		z/Jo
Accounting		
Lobbying		
Desferational formations		
Investment management		
041		
Total Fees for Services		
Information is indicated for use on Form 990-T sc	hedule:	Allocation of Expense to Program Service Accomplishments:
Schedule E		Time.
Schedule F		
Schedule G		Second
Schedule I		ThirdAll other
Schedule J		All other

Schedule J

Event Income and Deduction Worksheet

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

Description Special Events

Name

Hilton Head Island Recreation

Taxpayer Identification Number 57-0827128

2018

Income & Expense Summary:		Expense Details - Indirect Expense:	
1. Gross receipts or sales 1.	311,936	Advertising and promotion	
2. Advertising income 2.		Office	
3. Circulation income 3.		Printing/publication/postage	
4. Other income 4		Info technology/Maintenance	
5. Returns and allowances 5.		Royalties & License Fees	
 Contributions received 6. 		Occupancy/Real Estate Taxes	
7. Total revenue. Add lines 1 through 6 7.	311,936	Travel & Repairs	
8. Cost of Goods Sold 8.		Travel/entertainment (officials)	
9. Employment Expense 9.		Conferences/meetings	
10. Fees for services 10.		Interest	
11. Indirect Expense 11.		Insurance	
12. Depreciation Expense 12.		Total Indirect Expense	
13. Exempt Activity Expense 13.			
14. Fundraising Expense 14.	263,864	Expense Details - Depreciation Expense:	
15. Total expenses. Add lines 8 through 1415.	263,864	On investment property	
16. Net Income/Loss. Line 7 minus Line 1516.	48,072	On non-investment property	
		Amortization	
		Denletion	
Expense Details - Cost of Goods Sold:		Depletion Total Depreciation Expense	
Beginning inventory		Total Depresident Expense	
Purchases		Expense Details - Exempt Activity Expense	•
		Repairs/Maintenance/Other	
Section 263A costs		Bad debts	
Other costs		Bad debts	
Other costs Ending inventory		Taxes/licenses	
Ending inventory Total Cost of Goods Sold		Charitable contributions	
Total Cost of Goods Sold		Dividend recd deductions	
Expense Details - Employment Expense:		Readership costs	
		Total Exempt Activity Expense	
Other salaries and wages		Evenes Dataile - Fundacione Fundacione	
Other salaries and wages	W. W. W. W. W. W. W. W. W. W. W. W. W. W	Expense Details - Fundraising Expense:	
Pension plan contributions		Cash prizes	
Other employee benefits	***************************************	Non-cash prizes	
Payroll taxes		Rent and facility costs	
Total Employment Expense		Food & beverages (Part II only)	
Evenence Dataile - Face for Comission		Entertainment (Part II only)	263,864
Expense Details - Fees for Services:		Other direct expenses	
Management	**************************************	Total Fundraising Expense	263,864
Legal			
Accounting			
Lobbying			
Professional fundraising			
Investment management			
Other			
Total Fees for Services			
Information is indicated for use on Form 990-T so	chedule:	Allocation of Expense to Program Service A	Accomplishments:
Schedule E		First	
Schedule F		Second	
Schedule G		Third	
Schedule I		All other	

Name

Event Income and Deduction Worksheet

Description From CSA Import

Hilton Head Island Recreation

Taxpayer Identification Number

2018

57-0827128

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

Income & Expense Summary:	Expense Details - Indirect Expense:
1. Gross receipts or sales 1.	Advertising and promotion
2. Advertising income 2.	Office
3. Circulation income 3.	Printing/publication/postage
4. Other income 4.	
5. Returns and allowances 5.	Royalties & License Fees
6. Contributions received 6.	
7. Total revenue. Add lines 1 through 6 7.	Travel & Repairs
8. Cost of Goods Sold 8.	
9. Employment Expense 9.	Conferences/meetings
10. Fees for services 10	Interest
11. Indirect Expense 11.	Insurance
12. Depreciation Expense 12.	
13. Exempt Activity Expense 13.	_
14. Fundraising Expense 14.	
15. Total expenses. Add lines 8 through 1415.	
16. Net Income/Loss. Line 7 minus Line 1516.	On non-investment property
	Amortization
	Depletion
Expense Details - Cost of Goods Sold:	Total Depreciation Expense
Beginning inventory	
Purchases	Expense Details - Exempt Activity Expense:
Labor	Repairs/Maintenance/Other
Section 263A costs	Bad debts
Other costs	Taxes/licenses
Ending inventory	Charitable contributions
Total Cost of Goods Sold	Dividend recd deductions
	Readership costs
Expense Details - Employment Expense:	Total Exempt Activity Expense
Compensation of officers	• • • • • • • • • • • • • • • • • • • •
Other salaries and wages	Expense Details - Fundraising Expense:
Pension plan contributions	Cash prizes
Other employee benefits	Non-cash prizes
Payroll taxes	Rent and facility costs
Total Employment Expense	Food & beverages (Part II only)
M-Participal and a second and a	Entertainment (Part II only)
Expense Details - Fees for Services:	Other direct eveness
Management	Total Fundraising Expense
Local	
	
AccountingLobbying	_
Professional fundraising	-
Investment management	-
Investment management	-
Other Total Fees for Services	- -
Information is indicated for use on Form 990-T schedule:	Allocation of Expense to Program Service Accomplishments:
Schedule E	First
Schedule F	Second
Schedule G	Third
Schedule I	Third
Schedule J	All other

HILTON HEAD ISLAND RECREATION ASSOCIATION BOARD OF DIRECTORS MEETING MINUTES August 15, 2023

Meeting called to order at 8:00 a.m. with President Ray Craver presiding.

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

BOARD MEMBERS ABSENT: Alex Brown and Bubba Gillis.

STAFF MEMBERS PRESENT: Frank Soule, Chuck Mullen, Fred Lowery and Leah Arnold

MINUTES: July 2023 minutes were presented. Reid Perry made a motion to accept the minutes. Kristen Keller seconded. The motion passed.

ATAX: ATAX Grant submission was approved.

The meeting adjourned at 8:25 a.m.

Kristen Keller- Secretary

ATAX EFFECTIVENESS MEASUREMENT

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

TOPIC	THE PLAN	BUDGET	ACTUAL SPENT	RESULTS - When possible, provide planned results vs. actual results, and/or current year vs. prior year results .
Marketing to Increase	Tourist Attendance			
Bands	Event Operations	\$ 9,000.00	\$ 9,000.00	We were able to bring in larger bands from outside of the area that have a following to Wingfest and Oyster Festival.
wtoc	Campaign Strategy	\$ 30,000.00	\$ 30,000.00	Target people interested in attending festivals who live in a 50 mile radius outside of Hilton Head Island. Enhance your reach by targeting specific locations, searches online, & keywords. Utilize email marketing to send an email blast to potential visitors out of market
Lowcountry Radio Group	Radio Ads-Regional	\$ 1,000.00	\$ 1,000.00	99.1 Pure Oldies / 104.9 The Surf / SC 103.1
Eat It and Like It	Televion Ads	\$ 5,000.00	\$ 5,000.00	*Production of three :15 second television spots to air during Eat It and Like It with Jesse Blanco. Saturdays at noon on WTOC-TV promoting Oyster Festival and Wingfest *Production of segment featuring Hudson's and one other local restaurant and their oyster program for Oyster Festival and segment for Wingfest featuring Orchid Paullmeier winner of Wingfest for the past 5 years. Segment will air during Eat It and Like It and will be distributed via social media. * logo placement on EIALI Newsletter. 8,300 subscribers as well as on website home page.
Facebook / Instagram	Social Media Marketing	\$ 15,000.00	\$ 15,000.00	Social media marketing through Geofilter
Total		\$ 60,000.00	\$ 60,000.00	

Internal Revenue Service District Director

Date: APR 2 3 1997

Hilton Head Island Recreation Association C/O Island Youth Center Cordillo Pkwa

PO Box 22593

Hilton Head Island, SC 29925-2593

Department of the Treasury

P. O. Box 2508 Cincinnati, OH 45201

Person to Contact: D. A. Downing Telephone Number: 513-241-5199

Fax Number 513-684-5936

Federal Identification Number:

57-0827128

Dear Sir or Madam:

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

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

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

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

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

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

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

Hilton Head Island Recreation Association 57-0827128

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

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

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

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

This letter affirms your organization's exempt status.

Sincerely,

C. Ashley Bullard District Director