2024 Accommodations Tax Funds Request Application

Organization Name: The First Tee of The Lowcountry

Project/Event Name: Increasing Learning Center Visitations

Executive Summary

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

2024

Accommodations Tax Funds Request Application

Date Received: 08/29/2023 Time Received: 01:39 PM By: Online Submittal

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

A. SUMMARY OF GRANT REQUEST:

ORGANIZATION NAME: The First Tee of The Lowcountry

Project/Event Name: Increasing Learning Center Visitations

Contact Name: Pat Zuk Title: Executive Director

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

Email Address: pzuk@thefirstteelowcountry.org Contact Phone: 843-686-2680

Event Date: Event Location: 151 Gumtree Rd.

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

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

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

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

The chapter's driving range and courses provide visitor recreational opportunities year-round. It is a place for multi-generational play where families can enjoy time together learning, practicing or playing golf or disc golf. The par 3 golf course and disc golf course are open every day and are the only courses of their kind open to both locals and tourists in Beaufort County. Every guest registers their visit on our computer and notes where they reside. Through August 29, 2023, our records show that 40% of our guests were from more than 50 miles away. All statistics and data in this application are as of August 29, 2023

A. Total Number of Physical Tourists Served: 2,298

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: 635

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: 2,812

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): 5,745

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

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

B. DESCRIPTION OF OPERATIONS:

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

The First Tee is a highly regarded and effective international organization that attracts support from individuals and major brands across the country. Since 1997, The First Tee chapters, together with the support of the Professional Golfers Association, the Untited State Golf Association, the PGA Tour, the LPGA and the Masters torunament have introduced the game of golf and its inherent values to more than six million young people. The First Tee of The Lowcountry was created through the collaboration of The Boys & Girls Club of Hilton Head Island and The First Tee beginning in 2013. The initiative's outcome was to open a local First Tee chapter in order to provide golf and life skill education for all young people, including those that would otherwise not be exposed to the game of golf.

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

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

The Town of Hilton Head Island ATAX grant funds will be used for tourist based marketing programs. We have seen a substantial increase in the number of out of town visitors to our property this year, largely due to the effective use of the funding we received from the 2023 ATAX grant. By the end of this year we are projecting that the total number of visitors to the property will exceed 7,000 guests, an increase of over 20% from 2023. The increase in marketing resources has had a direct relationship on the increase in our visitors and we fully expect that expanding our marketing resources in 2024 will continue to grow the number of tourists to our facility.

Successful marketing vehicles that we have used this year and would continue to use include print advertising, direct mail campaigns, email blasts and Facebook ads, brochures, rack cards, newsletters and TV and radio spots. Future intiatives would include these again as well as increased effort to market to other First Tee Chapters east of the Mississippi River. We are also becoming more involved with supplying our rack cards and brochures to the Welcome Centers in South Carolina.

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

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

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

Vacationers are often seeking new experiences and family-oriented activities when they select a destination. Initiatives spent communicating our unique offerings to potential visitors should result in new visitors to the area. As previously noted, over 40% of our visitors report that they are from more than 50 miles away. As of August 31, 2022 we had 1,514 tourists visit our facility. As of August 29, 2023 we have had 2,812 tourist visit our facility. While the percentage of tourists has dropped slightly we are attracting more tourists. Our 2023 tourist total (2,812) already exceeds our 2022 total of 1,909.

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.	0	%
1 - Destination Advertising/Promotion Advertising and promotion of tourism so as to develop and increase tourist attendence through the generation of publicity.	100	%

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

In 2022 we established a co-marketing agreement with the Island Rec Center to promote our summer classes and camps. We continued this program in 2023 and the number of individuals coming to us through the Rec Center increased over 100%. We have always partnered with the Boys & Girls Club of Hilton Head to promote our facility and programs. In addition, the PGA Tour Superstore displays posters in their Bluffton store promoting our facility.

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

The many positive outcomes during the history of First Tee - The Lowcountry could not have been achieved without our many partnerships and collaboration with other organizations, professional groups, generous donors, businesses and hard working

volunteers. Our philosophy is that "Teams Win" and that our success can only be maintained and increased with and through our partnerships. A partial list of our partners is provided below.

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

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

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7. Additional comments. (250 words or less)

Please note for future reference in this application.

Our budget process begins September 1st. Therefore, I submitted our 2023 budget.

We do have a customer survey.

C. FUNDING:

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

All figures listed are for fiscal year 2022 unless other wise noted

Individual contributions - 11%

Events - 37%

Corporate Sponsorship - 5%

Grants - 16%

Gov't - 12%

Program Fees - 7%

Chapter paid Program Fees - 4%

Facility Revneue - 8%

	2.	Please	also estimate, as a percentage, the sou	ırce of	the organization's total annual funding.
		12	Government Sources	27	Private Contributions, Donations and Grants
		5	Corporate Support, Sponsors	7	Membership, Dues, Subscriptions
		37	Ticket Sales, or Sales and Services	12	Other
	3.	organiz	e organization requested other ATAX or cations? No <u>X</u> _	any ot	her funding from other public sources or
		If so, pl	lease list top 3 sources and amounts.		
D. I	FINAI	NCIAL I	NFORMATION:		
ı	Fiscal	Year D	isclosure: Start Month: January E	nd Mor	nth: December
I	Finan	cial Sta	atement Requirements:		
	1.	The <u>up</u>	coming fiscal year's operating budget	for the	organization.
		E	Budget Provided: Yes		
	2.	The <u>pre</u>	evious two fiscal years and current year- cation.	<u>-to-date</u>	e profit and loss reports for the
		(Current fiscal year Profit Loss Report Pr	ovided	: Yes
		F	Previous fiscal year Profit Loss Reports	Provide	ed:
			2022- Previous FY 1 2021- Previous FY 2		
	3.	The pre	evious two fiscal years and current year-	-to-date	<u>e</u> balance sheets.
		(Current fiscal year Balance Sheet Provid	ded: Ye	es .
		F	Previous fiscal year Balanace Sheets Pr	ovided	:
			2022 - Previous FY 1		
			2021 - Previous FY 2		

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

Current year IRS Form 990 or 990T Provided: Yes

Previous IRS Form 990 or 990T Years Provided:

2022 - Previous FY 1

2021 - Previous FY 1

2020 - Previous FY 2

E. FINANCIAL GUARANTEES AND PROCEDURES:

 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 \$30,000.00 Off Cycle New Marketing Initiatives

2022 \$40,000.00 Increasing Learning Center Visitations

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

The funds approved for our use in 2023 have been utilized to advertise and promote our driving range, golf and disc golf courses to the general public and Island visitors in various publications including Island Events Magazine and The Golf Guide, by producing postcards, rackcards and handouts and purchasing various social media opportunities. Social media initiatives included populating and enhancing our website with our amenity offerings and programs, email blasting contacts from various data bases and purchasing Facebook banner ads. We also publish quarterly newsletters. The results of our various marketing programs have resulted in an increase in the number of visitors coming to our

Chapter and using our amenities. In 2022, through August 31, we had a toal of 3,543 guests visit our property to play golf or disc golf and we have already had 5,745 visitors through August 29, 2023. We are projecting another @1,300 guests will visit by the end of the year, resulting in a total of @7,000 visitors, a 20% increase.

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

The impact from the grant money this year was substantial. The 20% growth we are seeing in the number of visitors utilizing our property this year has resulted in additional donations to the chapter and increased exposure for our mission. With the registration of each visit, our program pops up with a suggested donation based on the age and number of people in each party. While everybody is always welcome regardless of whether they make a donation or not, there is a strong correlation between the number of visitors and our facility related donations. Compared to the first seven months last year, we have seen a 14% increase in revenues here (from \$32,684 to \$37,971). Likewise the increase in visitors has helped us gain exposure for The First Tee mission, both locally and nationally. While more difficult to trace this exposure to the number of children that attend our classes, we are projecting a 10% increase in the number of students participating in The First Tee of The Lowcountry programs this year. As our programs are about teaching core values, healthy habits and golf, we are providing a valuable education that is benefitting Lowcountry children, their families and the community.

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

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

Visitors are projected to increase from 5,615 in 2022 to 7,000 in 2023. Kids in The First Tee Programs at golf facilities are projected to increase from 536 in 2022 to 590 in 2023.

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

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.

Signature: Patrick M. Zuk

Title/Position:

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

Email Address: patrickmzuk@gmail.com

Office Phone Number: 843-686-2680

Home Phone Number: 913-706-1631

_			F: (F	T	
			First Lee	- The Lowcountry	2023
					<u>Budget</u>
	ome				
			perating In		
	Tota	al 41	000 · Don	ations	62,750
	420	00 ·	Special Ev	rents	
	Tota	al 42	2000 · Spe	cial Events	194,000
	Tota	al 43	8000 · Cor	oorate Sponsorships	35,000
	Tota	al 44	l000 ⋅ Grai	nts	136,000
	Tota	al 45	000 · Pro	grams	56,000
	Tota	al 46	000 · Golf	Facility	43,200
	Tota	al 49	000 · Misc	cellaneous Income	348
	Total	400	00 · Opera	ting Income	527,298
Exp	ense	!			
	Busin	ess	Operating	Expenses	
	Tota	al 61	000 · Payı	roll Expenses	193,389
	Tota	al 62	2000 · Mar	keting	61,079
	Tota	al 63	000 · Prof	essional Services	19,700
	Tota	al 64	1000 · Buil	ding & Ground Maintenance	70,305
		Tota	l 65100 · I	nsurance	16,665
		Tota	l 65200 · ·	Travel	3,950
		Tota	ıl 65300 · I	J tilities	2,850
		Tota	ıl 65400 · I	Membership Fees & Subscriptions	1,800
		Tota	ıl 65500 · (Other Administrative Expenses	71,040
	Tota	al 65	000 · Adm	inistration	96,305
	Tota	al 67	'000 · Eve	nts	74,000
	685	00 ·	Capital Re	serve	12,000
	Total	Bus	iness Ope	rating Expenses	526,778
	Inco			G Panasa	520

First Tee of the Lowcountry 2023 Profit Loss

			Performance Rer	ort			
	JUL 23	Budget	Variance	JAN-JUL 23	YTD Budget	Variance	Annual Budget
Ordinary Income/Expense							
Income							
40000 · Operating Income							
41000 · Donations							
41100 · General	4,157.10	3,166.67	990.43	16,541.56	22,166.69	-5,625.13	38,000.00
41300 · Memorials	2,938.43	0.00	2,938.43	12,981.68	1,000.00	11,981.68	2,000.00
41400 · Golf Club/Ball Sales	730.00	1,225.00	-495.00	13,080.00	8,575.00	4,505.00	14,700.00
41800 · End of Year Appeal	0.00	0.00	0.00	0.00	50.00	-50.00	8,050.00
Total 41000 · Donations	7,825.53	4,391.67	3,433.86	42,603.24	31,791.69	10,811.55	62,750.00
42000 · Special Events							
42100 · Champions Tournament	1,200.00	0.00	1,200.00	11,200.00	0.00	11,200.00	150,000.00
42200 · Awards Banquet	275.00	0.00	275.00	46,249.55	26,500.00	19,749.55	26,500.00
42300 ⋅ Palmetto Bluff Event	0.00	0.00	0.00	14,197.77	12,500.00	1,697.77	12,500.00
42400 · Other Events	1,000.00	0.00	1,000.00	1,000.00	2,500.00	-1,500.00	2,500.00
Total 42000 · Special Events	2,475.00	0.00	2,475.00	72,647.32	41,500.00	31,147.32	191,500.00
43000 · Corporate Sponsorships							
43200 · PGA Tour	0.00	0.00	0.00	5,000.00	5,000.00	0.00	5,000.00
43300 · Other	0.00	5,000.00	-5,000.00	15,000.00	25,000.00	-10,000.00	30,000.00
Total 43000 · Corporate Sponsorships	0.00	5,000.00	-5,000.00	20,000.00	30,000.00	-10,000.00	35,000.00
44000 · Grants							
44200 · Local Government ATAX	0.00	0.00	0.00	0.00	0.00	0.00	40,000.00
44300 · Grants	9,500.00	5,500.00	4,000.00	38,944.00	38,000.00	944.00	74,000.00
44400 · Schwab Challenge Grant	0.00	0.00	0.00	27,987.00	30,000.00	-2,013.00	30,000.00
Total 44000 · Grants	9,500.00	5,500.00	4,000.00	66,931.00	68,000.00	-1,069.00	144,000.00
45000 · Programs							
45100 · Program Fees	0.00	5,850.00	-5,850.00	22,310.15	26,100.00	-3,789.85	34,000.00
45150 · Scholarship Program Fees	0.00	0.00	0.00	1,660.66	5,000.00	-3,339.34	22,000.00
Total 45000 · Programs	0.00	5,850.00	-5,850.00	23,970.81	31,100.00	-7,129.19	56,000.00
46000 · Golf Facility							
46100 · Golf/Range Revenue	4,189.00	3,500.00	689.00	37,127.50	24,500.00	12,627.50	42,000.00
46200 · Disc Golf Revenue	161.00	100.00	61.00	670.00	700.00	-30.00	1,200.00
Total 46000 · Golf Facility	4,350.00	3,600.00	750.00	37,797.50	25,200.00	12,597.50	43,200.00
49000 · Miscellaneous Income							
49300 · Interest Earned	34.21	29.00	5.21	264.51	203.00	61.51	348.00
Total 49000 · Miscellaneous Income	34.21	29.00	5.21	264.51	203.00	61.51	348.00
Total 40000 · Operating Income	24,184.74	24,370.67	-185.93	264,214.38	227,794.69	36,419.69	532,798.00
Total Income	24,184.74	24,370.67	-185.93	264,214.38	227,794.69	36,419.69	532,798.00

First Tee of the Lowcountry 2023 Profit Loss

		ı	Performance Rer	oort				
	JUL 23	Budget	Variance	JAN-JUL 23	YTD Budget	Variance	Annual Budget	
Expense								
Business Operating Expenses								
61000 · Payroll Expenses								
61100 · Executive Director	6,075.00	6,075.00	0.00	42,525.00	42,525.00	0.00	72,900.00	
61200 · Program Director	3,600.00	3,600.00	0.00	25,200.00	25,200.00	0.00	43,200.00	
61275 · Office Administration	0.00	2,800.00	2,800.00	6,207.50	19,600.00	13,392.50	33,600.00	
61300 · Payroll Taxes	1,094.29	1,471.25	376.96	6,524.96	10,298.75	3,773.79	17,655.00	
61400 · Payroll Benefits	1,211.83	1,700.00	488.17	8,342.10	11,900.00	3,557.90	20,400.00	
61500 · Payroll Expenses - Other	0.00	0.00	0.00	0.00	0.00	0.00	5,700.00	
Total 61000 Payroll Expenses	11,981.12	15,646.25	3,665.13	88,799.56	109,523.75	20,724.19	193,455.00	
62000 · Marketing								
62100 · Advertising / Promotion	3,943.93	4,583.33	639.40	34,010.31	32,083.31	-1,927.00	55,000.00	
62200 · Website	0.00	1,250.00	1,250.00	2,350.00	1,850.00	-500.00	2,350.00	
62300 · Database	39.00	3,300.00	3,261.00	3,573.00	3,534.00	-39.00	3,729.00	
Total 62000 · Marketing	3,982.93	9,133.33	5,150.40	39,933.31	37,467.31	-2,466.00	61,079.00	
63000 · Professional Services								
63300 · Tax/Financial Services	0.00	0.00	0.00	51.85	1,200.00	1,148.15	1,200.00	
63600 · Accounting & IT Services	590.16	600.00	9.84	9,031.12	4,400.00	-4,631.12	7,500.00	
63700 · Coach Training	0.00	0.00	0.00	1,146.57	4,000.00	2,853.43	4,000.00	
63750 · Instructor Payments	4,240.00	2,000.00	-2,240.00	8,555.00	4,000.00	-4,555.00	7,000.00	
Total 63000 · Professional Services	4,830.16	2,600.00	-2,230.16	18,784.54	13,600.00	-5,184.54	19,700.00	
64000 · Building & Ground Maintenance								
64300 · Equipment Repairs	0.00	600.00	600.00	604.32	3,800.00	3,195.68	6,800.00	
64500 · Ground Maintenance	3,000.00	3,000.00	0.00	21,000.00	21,000.00	0.00	36,000.00	
64600 · Course Maintenance								
64610 · Plant Seed Sod	0.00	0.00	0.00	820.24	0.00	-820.24	1,500.00	
64620 · Sand & Top Dressing	0.00	0.00	0.00	693.95	600.00	-93.95	900.00	
64630 · Fertilizer	0.00	0.00	0.00	1,052.00	3,900.00	2,848.00	4,900.00	
64640 · Fuel, Gas, Oil	130.62	590.00	459.38	765.32	1,330.00	564.68	2,405.00	
64650 · Chemicals	2,145.09	500.00	-1,645.09	5,670.23	3,500.00	-2,170.23	6,000.00	
64670 · Other Maintenance	784.25	300.00	-484.25	3,545.58	1,300.00	-2,245.58	1,600.00	
64690 · Course Labor	949.50	850.00	-99.50	3,369.50	5,950.00	2,580.50	10,200.00	
Total 64600 · Course Maintenance	4,009.46	2,240.00	-1,769.46	15,916.82	16,580.00	663.18	27,505.00	
Total 64000 · Building & Ground Maintenance	7,009.46	5,840.00	-1,169.46	37,521.14	41,380.00	3,858.86	70,305.00	
65000 · Administration								
65100 · Insurance								
65110 · General & Liability	0.00	0.00	0.00	5,411.00	9,106.00	3,695.00	14,465.00	
65120 · Directors & Officers	0.00	0.00	0.00	5,676.00	1,000.00	-4,676.00	1,000.00	
65150 · Workers Comp	0.00	0.00	0.00	614.00	1,200.00	586.00	1,200.00	
Total 65100 · Insurance	0.00	0.00	0.00	11,701.00	11,306.00	-395.00	16,665.00	

First Tee of the Lowcountry 2023 Profit Loss

	JUL 23	Budget	Variance	JAN-JUL 23	YTD Budget	Variance	Annual Budget
65200 · Travel							
65210 · Mileage Reimbursement	0.00	100.00	100.00	0.00	550.00	550.00	950.00
65220 · Conferences	0.00	0.00	0.00	1,939.53	500.00	-1,439.53	3,000.00
Total 65200 · Travel	0.00	100.00	100.00	1,939.53	1,050.00	-889.53	3,950.00
65300 · Utilities							
65310 · Telephone	175.59	175.00	-0.59	1,225.43	1,225.00	-0.43	2,100.00
65320 · Electric	193.00	62.50	-130.50	678.00	437.50	-240.50	750.00
Total 65300 · Utilities	368.59	237.50	-131.09	1,903.43	1,662.50	-240.93	2,850.00
65400 · Membership Fees & Subscriptions							
65430 · Subscriptions	432.00	385.00	-47.00	1,825.00	1,355.00	-470.00	1,800.00
Total 65400 · Membership Fees & Subscriptions	432.00	385.00	-47.00	1,825.00	1,355.00	-470.00	1,800.00
65500 · Other Administrative Expenses							
65505 ⋅ Credit Card Processing	135.25	225.00	89.75	1,839.08	1,500.00	-339.08	3,000.00
65510 · BGC Rental	1,500.00	1,500.00	0.00	10,629.06	10,500.00	-129.06	18,000.00
65515 · Office Supplies	250.27	375.00	124.73	2,413.80	2,625.00	211.20	4,500.00
65520 · Postage	21.19	220.00	198.81	702.56	1,090.00	387.44	1,990.00
65525 · Printing	0.00	100.00	100.00	2,869.24	2,887.00	17.76	7,000.00
65530 · Meals/Entertainment	0.00	75.00	75.00	891.11	525.00	-366.11	900.00
65550 · Program Supplies	182.44	1,500.00	1,317.56	10,062.05	17,500.00	7,437.95	29,000.00
65556 · Background Checks	0.00	100.00	100.00	410.00	700.00	290.00	1,200.00
65560 · Miscellaneous	643.23	100.00	-543.23	3,559.47	1,450.00	-2,109.47	5,450.00
Total 65500 · Other Administrative Expenses	2,732.38	4,195.00	1,462.62	33,376.37	38,777.00	5,400.63	71,040.00
Total 65000 · Administration	3,532.97	4,917.50	1,384.53	50,745.33	54,150.50	3,405.17	96,305.00
67000 · Events							
67100 · Champions Tournament	0.00	0.00	0.00	0.00	0.00	0.00	44,000.00
67200 · Awards Banquet	0.00	0.00	0.00	29,045.70	20,000.00	-9,045.70	20,000.00
67300 · Palmetto Bluff Event	0.00	0.00	0.00	3,201.96	2,500.00	-701.96	2,500.00
67400 · New Stewardship Event	0.00	0.00	0.00	1,879.40	7,500.00	5,620.60	7,500.00
Total 67000 · Events	0.00	0.00	0.00	34,127.06	30,000.00	-4,127.06	74,000.00
68000 · Operating Reserve	0.00		0.00	22,933.37		-22,933.37	0.00
68500 · Capital Reserve	1,000.00	1,000.00	0.00	22,000.00	7,000.00	-15,000.00	12,000.00
Total Business Operating Expenses	32,336.64	39,137.08	6,800.44	314,844.31	293,121.56	-21,722.75	526,844.00
Total Expense	32,336.64	39,137.08	6,800.44	314,844.31	293,121.56	-21,722.75	526,844.00
Ordinary Income	-8,151.90	-14,766.41	6,614.51	-50,629.93	-65,326.87	14,696.94	5,954.00
me e	-8,151.90	-14,766.41	6,614.51	-50,629.93	-65,326.87	14,696.94	5,954.00

First Tee of the Lowcountry 2022 Profit Loss Performance Report

		DEC 22	Budget	Variance	YTD	YTD Budget	Variance	Annual Budget
linary In	come/Expense							
Income								
40	0000 · Operating Income							
	41000 · Donations							
	41100 · General	748.75	2,500.00	-1,751.25	35,869.97	41,750.00	-5,880.03	41,750.00
	41300 · Memorials	1,180.00	0.00	1,180.00	2,403.00	2,000.00	403.00	2,000.00
	41400 · Golf Club/Ball Sales	850.00	1,000.00	-150.00	17,735.00	12,650.00	5,085.00	12,650.00
	41800 · End of Year Appeal	2,330.00	8,000.00	-5,670.00	5,330.00	8,050.00	-2,720.00	8,050.00
	Total 41000 · Donations	5,108.75	11,500.00	-6,391.25	61,337.97	64,450.00	-3,112.03	64,450.00
	42000 · Special Events		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	7,11	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	, , , , ,		, , , , ,
	42100 · Champions Tournament	0.00	5,500.00	-5,500.00	176,187.64	150,000.00	26,187.64	150,000.00
	42200 · Awards Banquet	0.00	0.00	0.00	33,576.00	26,500.00	7,076.00	26,500.00
	42300 Ferguson Auction	0.00	0.00	0.00	0.00	17,500.00	-17,500.00	17,500.00
	42400 · Other Events	1,250.00	0.00	1,250.00	1,250.00	2,500.00	-1,250.00	2,500.00
	Total 42000 · Special Events	1,250.00	5,500.00	-4,250.00	211,013.64	196,500.00	14,513.64	196,500.00
	43000 · Corporate Sponsorships	,	,	,	,	,	,	,
	43200 · PGA Tour	5,000.00	0.00	5,000.00	5,000.00	5,000.00	0.00	5,000.00
	43300 · Other	5,000.00	0.00	5,000.00	25,000.00	30,000.00	-5,000.00	30,000.00
	Total 43000 · Corporate Sponsorships	10,000.00	0.00	10,000.00	30,000.00	35,000.00	-5,000.00	35,000.00
	44000 · Grants							
	44200 · Local Government ATAX	0.00	40,000.00	-40,000.00	70,000.00	40,000.00	30,000.00	40,000.00
	44300 · Grants	16,775.00	1,000.00	15,775.00	67,479.11	74,000.00	-6,520.89	74,000.00
	44500 · PGA First Tee Grant	0.00	0.00	0.00	25,000.00	0.00	25,000.00	0.00
	Total 44000 · Grants	16,775.00	41,000.00	-24,225.00	162,479.11	114,000.00	48,479.11	114,000.00
	45000 · Programs							
	45100 · Program Fees	550.00	150.00	400.00	37,752.00	28,100.00	9,652.00	28,100.00
	45150 · Scholarship Program Fees	1,600.00	2,000.00	-400.00	24,825.00	18,500.00	6,325.00	18,500.00
	Total 45000 · Programs	2,150.00	2,150.00	0.00	62,577.00	46,600.00	15,977.00	46,600.00
	46000 · Golf Facility							
	46100 · Golf/Range Revenue	1,315.00	2,800.00	-1,485.00	45,193.55	33,600.00	11,593.55	33,600.00
	46200 · Disc Golf Revenue	30.00	180.00	-150.00	1,301.00	2,160.00	-859.00	2,160.00
	Total 46000 · Golf Facility	1,345.00	2,980.00	-1,635.00	46,494.55	35,760.00	10,734.55	35,760.00
	49000 Miscellaneous Income							
	49300 · Interest Earned	38.50	29.00	9.50	384.01	348.00	36.01	348.00
	Total 49000 · Miscellaneous Income	38.50	29.00	9.50	384.01	348.00	36.01	348.00
То	otal 40000 · Operating Income	36,667.25	63,159.00	-26,491.75	574,286.28	492,658.00	81,628.28	492,658.00
	ncome	36,667.25	63,159.00	-26,491.75	574,286.28	492,658.00	81,628.28	492,658.00

First Tee of the Lowcountry 2022 Profit Loss Performance Report

		DEC 22	Budget	Variance	YTD	YTD Budget	Variance	Annual Budget
Evnonce		52022	Daaget	7 di lance	115	. 15 Baaget	741141100	, amadi baaget
Expense	and Operating Evypanes							
	ess Operating Expenses							
61	000 · Payroll Expenses	5.005.00	5 005 00	0.00	07.500.00	07.500.00	0.00	07.500.00
	61100 · Executive Director	5,625.00	5,625.00	0.00	67,500.00	67,500.00	0.00	67,500.00
	61200 · Program Director	3,333.34	3,333.37	0.03	40,000.08	40,000.00	-0.08	40,000.00
	61275 · Office Administration	1,060.00	2,800.00	1,740.00	18,333.75	29,900.00	11,566.25	29,900.00
	61300 · Payroll Taxes	1,177.91	938.13	-239.78	11,227.22	10,980.06	-247.16	10,980.06
	61400 · Payroll Benefits	1,135.08	1,700.00	564.92	12,534.88	20,400.00	7,865.12	20,400.00
	61500 · Payroll Expenses - Other	5,700.00	5,000.00	-700.00	5,700.00	5,000.00	-700.00	5,000.00
То	otal 61000 · Payroll Expenses	18,031.33	19,396.50	1,365.17	155,295.93	173,780.06	18,484.13	173,780.06
62	2000 · Marketing							
	62100 · Advertising / Promotion	1,463.32	4,583.37	3,120.05	44,532.89	55,000.00	10,467.11	55,000.00
	62200 · Website	0.00	100.00	100.00	1,325.55	1,935.00	609.45	1,935.00
	62300 · Database	39.00	39.00	0.00	3,484.45	6,268.00	2,783.55	6,268.00
То	otal 62000 · Marketing	1,502.32	4,722.37	3,220.05	49,342.89	63,203.00	13,860.11	63,203.00
63	8000 · Professional Services							
	63300 · Tax/Financial Services	0.00	0.00	0.00	1,150.00	1,200.00	50.00	1,200.00
	63600 · Accounting & IT Services	490.16	600.00	109.84	6,502.44	6,400.00	-102.44	6,400.00
	63700 · Coach Training	194.96	0.00	-194.96	3,550.57	4,000.00	449.43	4,000.00
	63750 · Instructor Payments	0.00	0.00	0.00	6,885.00	6,700.00	-185.00	6,700.00
То	otal 63000 · Professional Services	685.12	600.00	-85.12	18,088.01	18,300.00	211.99	18,300.00
64	1000 · Building & Ground Maintenance							
	64300 · Equipment Repairs	770.53	500.00	-270.53	6,088.36	6,000.00	-88.36	6,000.00
	64500 · Ground Maintenance	2,916.00	3,000.00	84.00	34,992.00	36,000.00	1,008.00	36,000.00
	64600 · Course Maintenance							
	64610 · Plant Seed Sod	0.00	0.00	0.00	0.00	1,500.00	1,500.00	1,500.00
	64620 · Sand & Top Dressing	0.00	0.00	0.00	0.00	900.00	900.00	900.00
	64630 · Fertilizer	0.00	0.00	0.00	3,738.34	2,200.00	-1,538.34	2,200.00
	64640 · Fuel, Gas, Oil	123.86	100.00	-23.86	2,128.54	1,200.00	-928.54	1,200.00
	64650 · Chemicals	392.40	500.00	107.60	3,759.63	6,000.00	2,240.37	6,000.00
	64670 · Other Maintenance	6.30	0.00	-6.30	1,715.05	1,450.00	-265.05	1,450.00
	64690 · Course Labor	487.50	750.00	262.50	7,788.75	9,000.00	1,211.25	9,000.00
	Total 64600 · Course Maintenance	1,010.06	1,350.00	339.94	19,130.31	22,250.00	3,119.69	22,250.00
То	otal 64000 · Building & Ground Maintenance	4,696.59	4,850.00	153.41	60,210.67	64,250.00	4,039.33	64,250.00
	5000 · Administration	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	,		,	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	,	1,22113
	65100 · Insurance							
	65110 · General & Liability	0.00	0.00	0.00	12,379.24	13,150.00	770.76	13,150.00
	65120 · Directors & Officers	0.00	0.00	0.00	850.00	900.00	50.00	900.00
	65150 · Workers Comp	0.00	0.00	0.00	848.00	1,000.00	152.00	1,000.00
	Total 65100 · Insurance	0.00	0.00	0.00	14,077.24	1,000.00	132.00	1,000.00

First Tee of the Lowcountry 2022 Profit Loss Performance Report

		DEC 22	Budget	Variance	YTD	YTD Budget	Variance	Annual Budget
	65200 · Travel	32322		7 41141170		112 Zuaget		7 amaan Daagot
	65210 · Mileage Reimbursement	0.00	100.00	100.00	499.20	1,550.00	1,050.80	1,550.00
	65220 · Conferences	1,568.71	2,500.00	931.29	6,753.14	7,500.00	746.86	7,500.00
	Total 65200 · Travel	1,568.71	2,600.00	1,031.29	7,252.34	9,050.00	1,797.66	9,050.00
	65300 · Utilities	450.00	450.00	0.00	0.000 75	1 000 00	200 75	4 000 00
	65310 · Telephone	150.00	150.00	0.00	2,083.75	1,800.00	-283.75	1,800.00
	65320 · Electric	0.00	62.50	62.50	829.00	750.00	-79.00	750.00
	Total 65300 · Utilities	150.00	212.50	62.50	2,912.75	2,550.00	-362.75	2,550.00
	65400 · Membership Fees & Subscriptions							
	65430 · Subscriptions	0.00	0.00	0.00	2,214.75	1,750.00	-464.75	1,750.00
	Total 65400 · Membership Fees & Subscriptions	s 0.00	0.00	0.00	2,214.75	1,750.00	-464.75	1,750.00
	65500 · Other Administrative Expenses							
	65505 · Credit Card Processing	61.31	50.00	-11.31	2,428.91	2,250.00	-178.91	2,250.00
	65510 · BGC Rental	1,500.00	1,500.00	0.00	18,061.00	18,000.00	-61.00	18,000.00
	65515 · Office Supplies	160.75	175.00	14.25	4,753.51	2,100.00	-2,653.51	2,100.00
	65520 · Postage	401.25	475.00	73.75	1,871.16	1,900.00	28.84	1,900.00
	65525 · Printing	159.26	850.00	690.74	4,326.09	4,100.00	-226.09	4,100.00
	65530 · Meals/Entertainment	9.78	100.00	90.22	857.68	1,200.00	342.32	1,200.00
	65550 · Program Supplies	48.01	1,000.00	951.99	5,720.80	29,000.00	23,279.20	29,000.00
	65556 · Background Checks	0.00	300.00	300.00	615.00	3,600.00	2,985.00	3,600.00
	65560 · Miscellaneous	17.50	100.00	82.50	6,605.96	1,200.00	-5,405.96	1,200.00
	Total 65500 · Other Administrative Expenses	2,357.86	4,550.00	2,192.14	45,240.11	63,350.00	18,109.89	63,350.00
	Total 65000 · Administration	4,076.57	7,362.50	3,285.93	71,697.19	91,750.00	20,052.81	91,750.00
	67000 · Events							
	67100 · Champions Tournament	0.00	22,500.00	22,500.00	49,169.84	44,000.00	-5,169.84	44,000.00
	67150 · Ferguson Auction	0.00	0.00	0.00	0.00	2,800.00	2,800.00	2,800.00
	67200 · Awards Banquet	0.00	0.00	0.00	19,716.38	20,000.00	283.62	20,000.00
	67600 · Other Events	0.00	0.00	0.00	0.00	2,500.00	2,500.00	2,500.00
	Total 67000 · Events	0.00	22,500.00	22,500.00	68,886.22	69,300.00	413.78	69,300.00
	68500 · Capital Reserve	1,000.00	1,000.00	0.00	12,000.00	12,000.00	0.00	12,000.00
To	otal Business Operating Expenses	29,991.93	60,431.37	30,439.44	435,520.91	492,583.06	57,062.15	492,583.06
	Expense	29,991.93	60,431.37	30,439.44	435,520.91	492,583.06	57,062.15	492,583.06
Net Ordina	·	6,675.32	2,727.63	3,947.69	138,765.37	74.94	138,690.43	74.94
Orania	.,	6,675.32	2,727.63	3,947.69	138,765.37	74.94	138,690.43	74.94

First Tee of the Lowcountry 2021 Profit Loss Performance Report

December 2021											
		Dec 21	Budget	Variance	YTD 21	YTD Budget	Variance	Annual Budget			
dinary Inc	ome/Expense										
Income											
400	00 · Operating Income										
	41000 · Donations										
	41100 · General	26,621.00	2,500.00	24,121.00	47,137.64	41,750.00	5,387.64	41,750.00			
	41300 · Memorials	0.00	0.00	0.00	7,822.00	2,000.00	5,822.00	2,000.00			
	41400 · Golf Club/Ball Sales	1,750.00	0.00	1,750.00	21,797.58	11,500.00	10,297.58	11,500.00			
	41800 · End of Year Appeal	1,399.87	8,000.00	(6,600.13)	1,399.87	8,500.00	(7,100.13)	8,500.00			
	Total 41000 · Donations	29,770.87	10,500.00	19,270.87	78,157.09	63,750.00	14,407.09	63,750.00			
	42000 · Special Events										
	42100 · Champions Tournament	-9,351.26	0.00	(9,351.26)	170,033.76	125,000.00	45,033.76	125,000.00			
	42200 · Awards Banquet	0.00	0.00	0.00	0.00	26,500.00	(26,500.00)	26,500.00			
	42300 · Ferguson Auction	0.00	0.00	0.00	0.00	17,500.00	(17,500.00)	17,500.00			
	42400 · Other Events	0.00	0.00	0.00	0.00	2,500.00	(2,500.00)	2,500.00			
	Total 42000 · Special Events	-9,351.26	0.00	(9,351.26)	170,033.76	171,500.00	(1,466.24)	171,500.00			
	43000 · Corporate Sponsorships										
	43200 · PGA Tour	0.00	0.00	0.00	5,000.00	5,000.00	0.00	5,000.00			
	43300 · Other	0.00	0.00	0.00	21,200.00	25,000.00	(3,800.00)	25,000.00			
	Total 43000 · Corporate Sponsorships	0.00	0.00	0.00	26,200.00	30,000.00	(3,800.00)	30,000.00			
	44000 · Grants										
	44200 · Local Government ATAX	0.00	25,000.00	(25,000.00)	25,000.00	25,000.00	0.00	25,000.00			
	44300 · Grants	2,500.00	1,000.00	1,500.00	49,500.00	62,000.00	(12,500.00)	62,000.00			
	44400 · HHI Town Budget	0.00	0.00	0.00	0.00	50,000.00	(50,000.00)	50,000.00			
	Total 44000 · Grants	2,500.00	26,000.00	(23,500.00)	74,500.00	137,000.00	(62,500.00)	137,000.00			
	45000 · Programs										
	45100 · Program Fees	750.00	1,100.00	(350.00)	31,086.50	34,750.00	(3,663.50)	34,750.00			
	45150 · Scholarship Program Fees	13,350.00	2,500.00	10,850.00	18,797.50	10,000.00	8,797.50	10,000.00			
	Total 45000 · Programs	14,100.00	3,600.00	10,500.00	49,884.00	44,750.00	5,134.00	44,750.00			
	46000 · Golf Facility										
	46100 · Golf/Range Revenue	2,807.40	1,375.00	1,432.40	31,350.80	22,200.00	9,150.80	22,200.00			
	46200 · Disc Golf Revenue	95.00	165.00	(70.00)	1,743.00	3,260.00	(1,517.00)	3,260.00			
	Total 46000 · Golf Facility	2,902.40	1,540.00	1,362.40	33,093.80	25,460.00	7,633.80	25,460.00			
	49000 · Miscellaneous Income										
	49300 · Interest Earned	34.24	18.00	16.24	287.56	207.00	80.56	207.00			
	49500 · PPP Loan Forgiveness	31,708.00		31,708.00	31,708.00		31,708.00	0.00			
	Total 49000 · Miscellaneous Income	31,742.24	18.00	31,724.24	31,995.56	207.00	31,788.56	207.00			
Tota	al 40000 · Operating Income	71,664.25	41,658.00	30,006.25	463,864.21	472,667.00	(8,802.79)	472,667.00			
	00 · Capital Reserve Funding		, 1			, ,	, , , ,				
	57000 · Interest Earned	0.00	7.00	(7.00)	10.96	84.00	(73.04)	84.00			
Tota	al 50000 · Capital Reserve Funding	0.00	7.00	(7.00)	10.96	84.00	(73.04)	84.00			
Total Inc		71,664.25	41,665.00	29,999.25	463,875.17	472,751.00	(8,875.83)	472,751.00			

First Tee of the Lowcountry 2021 Profit Loss Performance Report

December 2021									
	Dec 21	Budget	Variance	YTD 21	YTD Budget	Variance	Annual Budget		
Expense	20021	Buaget	Variation	11021	115 Budgot	Variance	Aimaai Baagot		
Business Operating Expenses									
61000 · Payroll Expenses									
61100 · Executive Director	5,206.26	5,206.25	(0.01)	62,475.12	62,475.00	(0.12)	62,475.00		
61200 · Program Director	3,333.34	3,519.37	186.03	17,224.70	42,232.00	25,007.30	42,232.00		
61250 · Superintendent	0.00	3,416.63	3,416.63	20,499.96	41,000.00	20,500.04	41,000.00		
61275 · Office Administration	870.00	0.00	(870.00)	8,940.00	0.00	(8,940.00)	0.00		
61300 · Payroll Taxes	1,239.16	910.66	(328.50)	9,083.84	10,928.03	1,844.19	10,928.03		
61400 · Payroll Benefits	1,069.21	1,700.00	630.79	15,931.85	20,400.00	4,468.15	20,400.00		
61500 · Payroll Expenses - Other	6,000.00	6,526.46	526.46	6,700.00	6,526.46	(173.54)	6,526.46		
Total 61000 · Payroll Expenses	17,717.97	21,279.37	3,561.40	140,855.47	183,561.49	42,706.02	183,561.49		
62000 · Marketing	,	21,210.01	5,5510	1.10,000.11	,	12,100.02	.55,5510		
62100 · Advertising / Promotion	12,669.49	3,333.37	(9,336.12)	63,199.01	40,000.00	(23,199.01)	40,000.00		
62200 · Website	0.00	100.00	100.00	900.00	1,935.00	1,035.00	1,935.00		
62300 · Database	39.00	39.00	0.00	1,160.50	3,268.00	2,107.50	3,268.00		
Total 62000 · Marketing	12,708.49	3,472.37	(9,236.12)	65,259.51	45,203.00	(20,056.51)	45,203.00		
63000 · Professional Services	12,1 00.10	0,112.01	(0,200.12)	00,200.01	10,200.00	(20,000.01)	10,200.00		
63300 · Tax/Financial Services	0.00	0.00	0.00	1,176.85	1,250.00	73.15	1,250.00		
63600 · Accounting & IT Services	549.99	600.00	50.01	4,664.19	6,400.00	1,735.81	6,400.00		
63650 · Development Services	0.00	0.00	0.00	9,000.00	0.00	(9,000.00)	0.00		
63700 · Coach Training	0.00	0.00	0.00	405.00	6,000.00	5,595.00	6,000.00		
63750 · Instructor Payments	0.00	0.00	0.00	4,760.00	7,000.00	2,240.00	7,000.00		
Total 63000 · Professional Services	549.99	600.00	50.01	20,006.04	20,650.00	643.96	20,650.00		
64000 · Building & Ground Maintenance	0.000								
64300 · Equipment Repairs	151.24	650.00	498.76	2,150.97	7,800.00	5,649.03	7,800.00		
64500 · Grounds Maintenance	2,916.00	0.00	(2,916.00)	17,497.34	0.00	(17,497.34)	0.00		
64600 · Course Maintenance	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		(,,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,	, , ,		(, ,			
64610 · Plant Seed Sod	0.00	0.00	0.00	662.87	3,000.00	2,337.13	3,000.00		
64620 · Sand & Top Dressing	0.00	0.00	0.00	500.00	1,800.00	1,300.00	1,800.00		
64630 · Fertilizer	0.00	0.00	0.00	1,300.85	2,200.00	899.15	2,200.00		
64640 · Fuel, Gas, Oil	68.12	100.00	31.88	1,380.28	1,200.00	(180.28)	1,200.00		
64650 · Chemicals	0.00	675.00	675.00	4,539.06	8,100.00	3,560.94	8,100.00		
64670 · Other Maintenance	0.00	0.00	0.00	1,448.58	1,450.00	1.42	1,450.00		
64690 · Course Labor	570.00	500.00	(70.00)	2,643.75	6,000.00	3,356.25	6,000.00		
Total 64600 · Course Maintenance	638.12	1,275.00	636.88	12,475.39	23,750.00	11,274.61	23,750.00		
Total 64000 · Building & Ground Maintenance	3,705.36	1,925.00	\$ (1,780.36)	32,123.70	31,550.00	-573.70	31,550.00		
65000 · Administration	,	,	. (,,		,		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
65100 · Insurance									
65110 · General & Liability	0.00	0.00	0.00	10,641.52	13,150.00	2,508.48	13,150.00		
65120 · Directors & Officers	0.00	0.00	0.00	850.00	1,000.00	150.00	1,000.00		
65150 · Workers Comp	0.00	0.00	0.00	1,551.00	800.00	(751.00)	800.00		
Total 65100 · Insurance	0.00	0.00	0.00	13,042.52	14,950.00	1,907.48	14,950.00		

First Tee of the Lowcountry 2021 Profit Loss Performance Report

			Decemb	oer 2021				
		Dec 21	Budget	Variance	YTD 21	YTD Budget	Variance	Annual Budget
	65200 · Travel	20021	Daugot	Variation	11521	115 Baaget	variance	Ailliadi Badgot
	65210 · Mileage Reimbursement	0.00	100.00	100.00	0.00	1,550.00	1,550.00	1,550.00
	65220 · Conferences	0.00	7,500.00	7,500.00	0.00	7,500.00	7,500.00	7,500.00
	Total 65200 · Travel	0.00	7,600.00	7,600.00	0.00	9,050.00	9,050.00	9,050.00
	65300 · Utilities	0.00	7,000.00	7,000.00	0.00	9,000.00	9,030.00	9,000.00
	65310 · Telephone	150.00	150.00	0.00	1,800.00	1,800.00	0.00	1,800.00
	65320 · Electric	95.00	25.00	(70.00)	613.00	1,500.00	887.00	1,500.00
	Total 65300 · Utilities	245.00		· · · · ·	_	3,300.00		3,300.00
		245.00	175.00	(70.00)	2,413.00	3,300.00	887.00	3,300.00
	65400 · Membership Fees & Subscriptions 65430 · Subscriptions	189.75	275.00	85.25	2,727.95	1,770.00	(957.95)	1,770.00
	· · · · · · · · · · · · · · · · · · ·							
	Total 65400 · Membership Fees & Subscriptions	189.75	275.00	85.25	2,727.95	1,770.00	(957.95)	1,770.00
	65500 · Other Administrative Expenses	07 45	E0.00	(27.45)	2.025.42	2 250 00	244 50	2 250 00
	65505 · Credit Card Processing	1 500 00	50.00	(37.45)	2,035.42	2,250.00	214.58	2,250.00
	65510 · BGC Rental	1,500.00	1,500.00	(120.77)	18,000.00	18,000.00	(750.07)	18,000.00
	65515 · Office Supplies	270.77	150.00	(120.77)	2,550.97	1,800.00	(750.97)	1,800.00
	65520 · Postage	269.34	10.00	(259.34)	1,508.08	1,200.00	(308.08)	1,200.00 3,250.00
	65525 · Printing	0.00	0.00	0.00	3,551.18	3,250.00	(301.18)	,
	65530 · Meals/Entertainment	425.22	100.00	(325.22)	781.04	1,200.00	418.96	1,200.00
	65550 · Program Supplies	0.00	150.00	150.00	11,457.11	29,600.00	18,142.89	29,600.00
	65556 · Background Checks	0.00	300.00	300.00	922.50	3,600.00	2,677.50	3,600.00
	65560 · Miscellaneous	339.62	350.00	10.38	5,123.08	13,400.00	8,276.92	13,400.00
	Total 65500 · Other Administrative Expenses	2,892.40	2,610.00	(282.40)	45,929.38	74,300.00	28,370.62	74,300.00
	Total 65000 · Administration	3,327.15	10,660.00	7,332.85	64,112.85	103,370.00	39,257.15	103,370.00
	67000 · Events							
	67100 · Champions Tournament	42,204.63	16,000.00	(26,204.63)	45,723.46	37,500.00	(8,223.46)	37,500.00
	67150 · Ferguson Auction	0.00	0.00	0.00	0.00	2,800.00	2,800.00	2,800.00
	67200 · Awards Banquet	0.00	0.00	0.00	0.00	20,000.00	20,000.00	20,000.00
	67600 · Other Events	0.00	0.00	0.00	0.00	2,500.00	2,500.00	2,500.00
	Total 67000 · Events	42,204.63	16,000.00	(26,204.63)	45,723.46	62,800.00	17,076.54	62,800.00
	68000 · Operating Reserve	1,600.00	1,600.00	0.00	19,200.00	19,200.00	0.00	19,200.00
	68500 · Capital Reserve	30,500.00	500.00	(30,000.00)	36,000.00	6,000.00	(30,000.00)	6,000.00
	Total Business Operating Expenses	112,313.59	56,036.74	(56,276.85)	423,281.03	472,334.49	49,053.46	472,334.49
Tota	al Expense	112,313.59	56,036.74	(56,276.85)	423,281.03	472,334.49	49,053.46	472,334.49
	inary Income	-40,649.34	-14,371.74	(26,277.60)	40,594.14	416.51	40,177.63	416.51
Income		-40,649.34	-14,371.74	(26,277.60)	40,594.14	416.51	40,177.63	416.51

The First Tee of the Lowcountry Balance Sheet As of July 31, 2023

	Jul 31, 23
ASSETS	
Current Assets	
Checking/Savings	
10000 · Cash Funds 10100 · CSB Checking Account	393,178.60
10120 · CSB MM Operating Account	25,007.12
10310 · Fidelity Participant Scholar CD	39,464.08
10410 · Fidelity College Scholars CD	49,466.36
10500 · CSB Capital Reserve Account	139,801.07
10700 · Cash at Facility	100.00
10800 · CSB Operating Reserve CD	100,000.00
Total 10000 · Cash Funds	747,017.23
Total Checking/Savings	747,017.23
Total Current Assets	747,017.23
Fixed Assets	
13000 Leasehold Improvements	10.007.11
13100 · Irrigation System	10,997.41
13200 · Drainage System 13300 · Window Film	3,991.81
13300 · Window Film	2,428.00
Total 13000 · Leasehold Improvements	17,417.22
14000 · Buildings	4,558.00
15000 · Furniture and Equipment 15100 · MX Utility Vehicle	5,000.00
15200 · Exhibition Tent	2,778.01
15300 · Signage	9,261.82
15400 · Mower Deck	4,348.12
15500 · Z-Spayer	19,713.88
15600 · Driving Range Picker	19,043.96
15000 · Furniture and Equipment - Other	1,256.34
Total 15000 · Furniture and Equipment	61,402.13
17999 · Accumulated Depreciation	-13,403.93
Total Fixed Assets	69,973.42
TOTAL ASSETS	816,990.65
LIABILITIES & EQUITY	
Liabilities	
Current Liabilities	
Other Current Liabilities	4.070.00
24000 · Payroll Liabilities 24500 · Health Insurance	4,378.09
<u></u>	1,853.80
Total Other Current Liabilities	6,231.89
Total Current Liabilities	6,231.89
Total Liabilities	6,231.89
Equity	
26100 · WF Participant Scholars Restr.	
26102 · End of Year Appeal	13,950.93
26100 · WF Participant Scholars Restr Other	25,278.15
Total 26100 · WF Participant Scholars Restr.	39,229.08

3:12 PM 08/04/23 **Accrual Basis**

The First Tee of the Lowcountry Balance Sheet As of July 31, 2023

	Jul 31, 23
26200 · WF College Scholars Restricted	49,316.36
31100 · Operating Reserve Restricted	100,000.00
31200 · Capital Reserve Restricted	139,801.07
32000 · Unrestricted Net Assets	533,042.18
Net Income	-50,629.93
Total Equity	810,758.76
TOTAL LIABILITIES & EQUITY	816,990.65

The First Tee of the Lowcountry Balance Sheet

As of December 31, 2022

	Dec 31, 22
ASSETS	
Current Assets	
Checking/Savings 10000 · Cash Funds	
10100 · CSB Operating Account	472,311.62
10300 · WF Participant Scholars	38,523.76
10400 · WF College Scholars	49,543.10
10500 · CSB Capital Reserve Account 10700 · Cash at Facility	136,765.18 100.00
10800 · CSB Operating Reserve Account	77,029.91
Total 10000 · Cash Funds	774,273.57
Total Checking/Savings	774,273.57
Total Current Assets	774,273.57
Fixed Assets	
13000 · Leasehold Improvements 13100 · Irrigation System	10,997.41
Total 13000 · Leasehold Improvements	10,997.41
14000 · Buildings	4,558.00
15000 · Furniture and Equipment	E 000 00
15100 · MX Utility Vehicle 15200 · Exhibition Tent	5,000.00 2,778.01
15300 · Signage	9,261.82
15400 · Mower Deck	4,348.12
15500 · Z-Spayer	19,713.88
15000 · Furniture and Equipment - Other	1,256.34
Total 15000 · Furniture and Equipment	42,358.17
17999 · Accumulated Depreciation	-8,426.23
Total Fixed Assets	49,487.35
TOTAL ASSETS	823,760.92
LIABILITIES & EQUITY	
Liabilities	
Current Liabilities Other Current Liabilities	
24000 · Payroll Liabilities	4,902.55
24500 · Health Insurance	1,768.52
26100 · WF Participant Scholars	
26102 · End of Year Appeal	10,385.00
26100 · WF Participant Scholars - Other	28,138.76
Total 26100 · WF Participant Scholars	38,523.76
26200 · WF College Scholars	49,543.10
Total Other Current Liabilities	94,737.93
Total Current Liabilities	94,737.93
Total Liabilities	94,737.93
Equity	77.000.01
31100 · Operating Reserve Fund 31200 · Capital Reserve Fund	77,029.91 136,765.18
31200 · Capital Reserve Fund 32000 · Unrestricted Net Assets	376,462.53
Net Income	138,765.37
Total Equity	729,022.99
TOTAL LIABILITIES & EQUITY	823,760.92

The First Tee of the Lowcountry Balance Sheet

As of December 31, 2021

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

The First Tee of the Lowcountry Balance Sheet

As of December 31, 2021

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

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.

2022 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.

Α	For th	e 2022 calendar year, or tax year beginning , and ending			
В	Check if a	pplicable: C Name of organization Hilton Head Island Foundation to		D Employe	r identification number
	Address of	shange Support Youth Sports, Inc.			
一	Name cha	Doing business as The First Tee of the LowCountry		46-5	117877
H		Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	E Telephon	
\sqcup	Initial retu			843-	384-1751
	Final return terminated				E04 08E
П	Amended	Hilton Head Island SC 29925	$\overline{}$	G Gross red	peipts\$ 591,875
H		r Name and address of principal officer.	H(a) Is this a gro	oup return for	subordinates? Yes X No
Ш	Application	o bacquerine remoter			H., H.,
		53 Magnolia Blossom Dr.	H(b) Are all sub		
		Bluffton SC 29910	If "No,"	' attach a list	. See instructions
1	Tax-exer	npt status: X 501(c)(3) 501(c) () (insert no.) 4947(a)(1) or 527			
J	Website:		H(c) Group exe		
			Year of formation: 2	014	M State of legal domicile: SC
F	Part I	Summary			
		Briefly describe the organization's mission or most significant activities:			
Governance		The First Tee helps shape the lives of kids and teen			
nai		life by introducing them to values inherent in the g	ame of go	lf. Va	alues
Ver		like integrity, respect and perseverance			
ô	2 (Check this box if the organization discontinued its operations or disposed of more than 25	5% of its net ass	ets.	
ంఠ	3 1	Number of voting members of the governing body (Part VI, line 1a)		3	15
es	4 1	Number of independent voting members of the governing body (Part VI, line 1b)		4	15
έ	5 7	Total number of individuals employed in calendar year 2022 (Part V, line 2a)		5	5
Activities		Total number of volunteers (estimate if necessary)			75
1		Total unrelated business revenue from Part VIII, column (C), line 12			0
		Net unrelated business taxable income from Form 990-T, Part I, line 11		. 7b	0
			Prior Yea		Current Year
<u>@</u>	8 (Contributions and grants (Part VIII, line 1h)		,858	253,670
aun	9 F	Program service revenue (Part VIII, line 2g)	82	2,979	126,807
Revenue	10	nvestment income (Part VIII, column (A), lines 3, 4, and 7d)		480	384
œ	11 (Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		,019	142,128
	12 7	Total revenue – add lines 8 through 11 (must equal Part VIII, column (A), line 12)	418	3,336	522,989
		Grants and similar amounts paid (Part IX, column (A), lines 1–3)			0
	14 E	Benefits paid to or for members (Part IX, column (A), line 4)			0
S	15 8	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	140	,856	155,296
ns.	16a F	Professional fundraising fees (Part IX, column (A), line 11e)			0
Expenses	. b⊺	Professional fundraising fees (Part IX, column (A), line 11e) Total fundraising expenses (Part IX, column (D), line 25) 53,488			
ш	17 (Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	181	,820	204,317
		Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)		,676	359,613
	19 F	Revenue less expenses. Subtract line 18 from line 12	95	,660	163,376
58	ß		Beginning of Cur		End of Year
Assets or	20 ☐	Total assets (Part X, line 16)		,322	818,785
\$ Z	=1	Total liabilities (Part X, line 26)		5,585	6,672
Ž		Net assets or fund balances. Subtract line 21 from line 20	648	737	812,113
F	Part II	Signature Block			
		nalties of perjury, I declare that I have examined this return, including accompanying schedules and state			y knowledge and belief, it is
tr	ue, corre	ect, and complete. Declaration of preparer (other than officer) is based on all information of which preparer	rer has any knowl	edge.	
Si	_	Signature of officer		Date	
He	ere		reasurer		
_		Type or print name and title			
		Print/Type preparer's name Preparer's signature	Date	Check	☐ if PTIN
Pai		Patrick P. Carey, Jr., CPA Patrick P. Carey, Jr., CPA		self-em	ployed P00033247
	eparer	Firm's name Carey & Company P.A.	Fi	irm's EIN	57-0927046
US	e Only	70 Main Street, Suite 100			
		Firm's address Hilton Head Island, SC 29926	P	hone no.	843-681-4430
	<u> </u>	S discuss this return with the preparer shown above? See instructions			
For DAA		vork Reduction Act Notice, see the separate instructions.			Form 990 (2022)

		Island Founda		6-5117877	Page
		m Service Accomple contains a response of		n this Part III	Γ
	ibe the organization's mis		or flote to arry line i	11 tills i alt III	·····
The First life by	st Tee helps introducing	shape the li	es inherent	and teens fro in the game o	m all walks of f golf. Values
prior Form 99	90 or 990-EZ?	gnificant program services		vere not listed on the	Yes X N
		on Schedule O. J, or make significant chan			Yes X N
4 Describe the		service accomplishments for		est program services, as me	-
		c)(4) organizations are rec ly, for each program servic		unt of grants and allocations	to others,
4a (Code:) (Expenses \$	209,499 inclu	ding grants of \$) (Rever	nue \$
statemer					· · · · · · · · · · · · · · · · · · ·
*					
4b (Code:) (Expenses \$	inclu	ding grants of\$) (Rever	nue \$
4c (Code:) (Expenses \$	inclu	iding grants of\$) (Rever	nue \$
			······		
4d Other progra	am services (Describe on	Schedule O.) including grants of\$) (Revenue \$	1
(Evheriges 1	m service expenses	209,499		, (ιτονοιία ο ψ	

. ,	The one of the quired of the q			
			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	<u> </u>
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		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,			
	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		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			
3	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
40	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments	9		
10	an in great and a magnetic 2 ff "Voc." a simplete Calcadida D. Dout V	40		x
44	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,			
	VII, VIII, IX, or X, as applicable.			
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		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	<u> </u>
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
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,			1
	fundraising, business, investment, and program service activities outside the United States, or aggregate			1
	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			
	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		Х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on			
	Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		Х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on			
-	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	х	1
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?			
	If "Yes," complete Schedule G, Part III	19		x
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
_	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
b 21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	200		\vdash
21		24		v
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	990	X

	n 990 (2022) Hilton Head Island Foundation to 46-5117877 art IV Checklist of Required Schedules (continued)		P	age
_ F (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		100	
	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		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			
	to defease any tax-exempt bonds?	24c		_
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior			
	year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?			
	If "Yes," complete Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			١
	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			v
00	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): A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If</i>			
а	"Ves." complete Schedule I. Part IV	28a		X
b	A family member of any individual described in line 2002 if "Vee " complete School/Je 1. Part IV	28b		X
C	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If	200		
C	"Yes," complete Schedule L, Part IV	28c		x
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	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? <i>If "Yes," complete Schedule N, Part I</i>	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes,"</i>			
-	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				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		
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		X
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and			
	19? Note: All Form 990 filers are required to complete Schedule O.	38		X
Pa	art V Statements Regarding Other IRS Filings and Tax Compliance			_
	Check if Schedule O contains a response or note to any line in this Part V			上
			Yes	No
1a				
b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b 0			

c Did the organization comply with backup withholding rules for reportable payments to vendors and

reportable gaming (gambling) winnings to prize winners?

Form	990 (2022) Hilton Head Island Foundation to 46-5117877		Р	age 5
Pa	art V Statements Regarding Other IRS Filings and Tax Compliance (continued)		Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			
	Statements, filed for the calendar year ending with or within the year covered by this return 2a 5			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	. 3a		X
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over,			
	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X
b	If "Yes," enter the name of the foreign country			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	l l		X
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	. 5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			
	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or			
_	gifts were not tax deductible?	. 6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods	7a	х	
b	and services provided to the payor? If "Yes," did the organization notify the donor of the value of the goods or services provided?	. 7a	X	_
C	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	. /15	21	
·	required to file Form 8282?	7c		х
d	If "Yes," indicate the number of Forms 8282 filed during the year 7d	. 10		
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		Х
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?			X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?			X
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?			X
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
	sponsoring organization have excess business holdings at any time during the year?	. 8		
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	. 9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
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			
11	Section 501(c)(12) organizations. Enter:			
a	Gross income from members or shareholders 11a			
b	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.) 11b			
120	against amounts due or received from them.) Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	120		
12a b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	. 12a		
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			
С	Enter the amount of reserves on hand			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O			
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			
	excess parachute payment(s) during the year?	15		X
	If "Yes," see instructions and file Form 4720, Schedule N.			
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		X
	If "Yes," complete Form 4720, Schedule O.			
17	Section 501(c)(21) organizations. Did the trust, any disqualified or other person engage in any activities			
	that would result in the imposition of an excise tax under section 4951, 4952 or 4953? If "Yes" complete Form 6069	. 17		
	n res complete form buby			

Form	990 (2022) Hilton Head Island Foundation to 46-5117877		P	age 6
	rt VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, a	and fo		
	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O.		instru	ctions
_	Check if Schedule O contains a response or note to any line in this Part VI	<u></u>		_X_
Sec	tion A. Governing Body and Management			
	1 145		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 1a 15			
	If there are material differences in voting rights among members of the governing body, or			
	if the governing body delegated broad authority to an executive committee or similar			
	committee, explain on Schedule O. Enter the number of voting members included on line 1a, above, who are independent 15 15			
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		Х
3	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?	3		х
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
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		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint			
	one or more members of the governing body?	7a		Х
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,			
	stockholders, or persons other than the governing body?	7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following	:		
а	The governing body?	8a	X	
b	Each committee with authority to act on behalf of the governing body?	8b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at			
	the organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9		X
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenu	<u>e Co</u>	de.)	
			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,	401-		
44-	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		X
11a	0 0 1	11a		
12a	Describe on Schedule O the process, if any, used by the organization to review this Form 990. Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Х	
12a	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X	
C	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"	120	21	
·	describe on Schoolule O how this was done	12c	Х	
13	Did the ergenization have a written whichlehaver policy?	13		Х
14	Did the organization have a written document retention and destruction policy?	14		X
15	Did the process for determining compensation of the following persons include a review and approval by			
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a		X
b	Other officers or key employees of the organization	15b		X
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar 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		
	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed SC			
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)			
	(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.			
40	Own website Another's website W Upon request Other (explain on Schedule O)			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.			
20	State the name, address, and telephone number of the person who possesses the organization's books and records			
	ale M Planicka PO Box 23334			

843-715-0256

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

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

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, 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 neither the organization nor any related organization compensated any current officer, director, or trustee.

(A) Name and title	(B) Average hours per week	box	, unle	ss pe	ition more rson i	than one is both an or/trustee)	(D) Reportable compensation from the	(E) Reportable compensation from related	(F) Estimated amount of other compensation	
	(list any hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Former Highest compensated employee	organization (W-2/ 1099-MISC/ 1099-NEC)	organizations (W-2/ 1099-MISC/ 1099-NEC)	from the organization and related organizations	
(1) Patrick M Zuk	40.00									
Executive Director	40.00			x			71,000	0	12,535	
(2) Jim Capps							,	-	,	
Decad Monkey	5.00	,						0	0	
Board Member (3) Grace Chu	0.00	X					0	U	0	
Vice Chair	5.00 0.00	X		x			0	0	0	
(4) Bob Curri										
Board Member	5.00 0.00	x					0	0	0	
(5) Joe Datillo										
	5.00									
Board Member (6) Chuck Elberly	0.00	X					0	0	0	
(0) Chuck Elberry	5.00									
Prior Treasurer	0.00	X		Х			0	0	0	
(7)Dick Farmer	F 00									
Chair	5.00 0.00	x		х			0	o	0	
(8) John Farrell	0.00	1								
	5.00									
Board member	0.00	X					0	0	0	
(9) Bill Fuentes	5.00									
Board Member	0.00	x					0	0	0	
(10) Paul Gaines										
Board Member	5.00 0.00	x					0	o	0	
(11) Don Krahnke	0.00	^	_				0	0	0	
	5.00									
Board Member	0.00	X					0	0	O Form 990 (2022)	

Form 990 (2022) Hilton Head Island Foundation to 46-5117877

Part VII Section A. Officer	s, Directors, T	ruste	es,	Key	Em	ploy	ees/	, and Highest Compens	ated Employees (continue	ed)		. age e
(A) Name and title	(B) Average hours	box	k, unle	check ess pe	ition more rson	than o is both or/trus	n an	(D) Reportable compensation from the	(E) Reportable compensation		(F) timated an of other	
	per week (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)	from related organizations (W-2/ 1099-MISC/ 1099-NEC)	or	compensat from the ganization ed organi	e and
(12) Chris Lane Secretary	5.00	x		x				0	0			0
Current Treasurer	errotti 5.00 0.00	х						0	0			0
(14) Paul Rothwel Board Member (15) Ed Tiscornia	5.00	х						0	0			0
Board Member (16) Chuck Wisema	5.00 0.00	x						0	0			0
Board Member	5.00	x						0	0			0
1b Subtotal			<u></u>					71,000			12	2,535
c Total from continuation she d Total (add lines 1b and 1c) Total number of individuals (in reportable compensation from	ncluding but not	limit						71,000 ve) who received more that	an \$100,000 of		12	2,535
 3 Did the organization list any free employee on line 1a? If "Yes, 4 For any individual listed on line organization and related organization and related organization." 	ormer officer, d " complete Sche ne 1a, is the sun unizations greate	irecton irecto	J for repo	or su rtabl 150,0	ch in e co 000?	ndivio mpe If "Y	dual nsati es,"	ion and other compensation complete Schedule J for s	n from the		3 4	Yes No
5 Did any person listed on line for services rendered to the of Section B. Independent Contract	organization? <i>If '</i>										5	Х
Complete this table for your f compensation from the organ	ization. Report of							ndar year ending with or w	ithin the organization's tax	year.		(C)
Name and	(A) d business address							Descript	(B) jion of services		Comp	(C) Densation
2 Total number of independent received more than \$100,000								ose listed above) who	0			

Pa	rt V			of Revenue	tains	a respo	onse or not	te to any line in	this Part VIII		
		Onosic II			tairio	и гоорс		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
Program Service Contributions, Gifts, Grants Revenue and Other Similar Amounts	b c d e f f g h	Program Fe Scholarshi Pro Shop S All other progra	es ents zations zations contribution, gifts, ginot include include includes 1a-1	ons) rants, led above d in f ogram Fees		\$	Business Code	253,670 45,194 37,752 26,478 17,383	45,194 37,752 26,478 17,383		sections 512-514
	3 4	Investment inco other similar and Income from inv	me (ir nounts vestme	ncluding dividend) ent of tax-exemp	ds, inte	erest, and		126,807 384			384
	6a b	Royalties Gross rents Less: rental expenses Rental inc. or (loss)	6a	(i) Real			Personal				
Ф	d 7a	Net rental incon Gross amount from sales of assets other than inventory		(i) Securities		(ii) Other				
Other Revenue	c d	Less: cost or other basis and sales exps. Gain or (loss) Net gain or (loss	7c								
ð	8a	Gross income from (not including \$ of contributions red 1c). See Part IV, I	ported	on line	8a		211,014				
	b	Less: direct exp			8b		68,886				
	С	Net income or (Gross income fi	(loss) f rom ga	from fundraising		s		142,128			
		activities. See P			9a						
		Less: direct exp			9b						
		Net income or (uvilles						
	ıva	a Gross sales of inventory, less returns and allowances 10a									
		Less: cost of go Net income or (ods s	old	10b	,					
		14Ct IIICOITIC OI (1033) 1	TOTT Sales of its	CHIOLY		Business Code				
o a	11a										
Miscellaneous Revenue	b										
eve	C										
Nis.	d	All other revenu									
_		Total. Add lines									
	12							522 989	126 807	0	384

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 X (B) Program service (**D**) Fundraising Do not include amounts reported on lines 6b, 7b, (A) Total expenses Management and 8b, 9b, and 10b of Part VIII. expenses general expenses expenses 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 Benefits paid to or for members 5 Compensation of current officers, directors, 7,100 71,000 56,800 7,100 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) Other salaries and wages 60,534 41,500 19,034 8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) Other employee benefits 12,535 10,028 1,254 1,253 8,387 2,238 11,227 Payroll taxes 602 Fees for services (nonemployees): a Management **b** Legal 7,652 7,652 **c** Accounting **d** Lobbying e Professional fundraising services. See Part IV, line 1 Investment management fees f Other. (If line 11g amount exceeds 10% of line 25, column 6,885 (A) amount, list line 11g expenses on Schedule O.) 6,885 44,533 12 Advertising and promotion 44,533 4,326 4,326 13 Office expenses Information technology 14 15 Royalties 18,061 18,061 16 Occupancy 8,110 8,110 17 Payments of travel or entertainment expenses for any federal, state, or local public officials Conferences, conventions, and meetings 19 20 Payments to affiliates 21 4,976 4,851 125 Depreciation, depletion, and amortization 22 Insurance 14,077 14,077 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.) Ground Maintenance 34,992 34,992 Course labor 7,789 7,789 h 7,222 7,222 Miscellaneous c 6,088 6,088 Equipment Repairs d e All other expenses 27,853 11,753 39,606 359,613 209,499 96,626 53,488 Total functional expenses. Add lines 1 through 24e 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

		note to any line i		(A)		(B)					
Т.				Beginning of year		End of year					
	Cash—non-interest-bearing		629,721	1	774,275						
	2 Savings and temporary cash investments			2							
3	,			3							
4				4							
5	•										
	trustee, key employee, creator or founder, substant		5								
١,		controlled entity or family member of any of these persons Loans and other receivables from other disqualified persons (as defined									
	6 Loans and other receivables from other disqualified under section 4958(f)(1)), and persons described in				6						
7					7						
'	7 Notes and loans receivable, net				8						
1,		Inventories for sale or use Prepaid expenses and deferred charges									
- 1	Oa Land, buildings, and equipment: cost or other	1 1			9						
"	hasis Complete Part VI of Schodule D	102	57,914								
	basis. Complete Part VI of Schedule D	10a	13,404	25,601	10c	44,510					
1.		25,001	11	44,510							
1:											
1:	3 Investments—program-related See Part IV line 11	Investments—other securities. See Part IV, line 11 Investments—program-related. See Part IV, line 11									
14	4 1 (91)			13 14							
1:				15							
10			655,322	16	818,785						
17			000,011	17	0207.00						
18			I		18						
19					19						
20					20						
2					21						
22	Loans and other payables to any current or former										
24	trustee, key employee, creator or founder, substant		35%								
	controlled entity or family member of any of these p				22						
2	3 Secured mortgages and notes payable to unrelated				23						
24		inal mantiaa			24						
2											
	parties, and other liabilities not included on lines 17		I								
	of Schedule D			6,585	25	6,672					
20	6 Total liabilities. Add lines 17 through 25			6,585	26	6,672					
Т	Organizations that follow FASB ASC 958, check	k here X									
27	and complete lines 27, 28, 32, and 33.	_									
2	7 Net assets without donor restrictions		584,066	27	724,046						
28	Net assets with donor restrictions	64,671	28	88,067							
20	Net assets with donor restrictions Organizations that do not follow FASB ASC 956	8, check her									
	and complete lines 29 through 33.										
29					29						
30	1 1 7 7 11	ment fund			30						
3	9 /	ne, or other fund	s		31						
30 30 32				648,737	32	812,113					
100	3 Total liabilities and net assets/fund balances			655,322	33	818,785					

Form **990** (2022)

Form	990 (2022) Hilton Head Island Foundation to 46-5117877			Pag	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	<u> </u>			
1	Total revenue (must equal Part VIII, column (A), line 12)	1	52	22,9	89
2	Total expenses (must equal Part IX, column (A), line 25)	2	35	59,6	<u> 513</u>
3	Revenue less expenses. Subtract line 2 from line 1	3	16	53,3	376
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	64	18,7	137
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	81	L2,1	L13
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII	<u> </u>		<u></u>	
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain on				
	Schedule O.				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or				
	reviewed on a separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	X	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a				
	separate basis, consolidated basis, or both:				
	X 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	X	
	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			.	
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?		3a		X
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	<u> </u>	3b		

Form **990** (2022)

SCHEDULE A (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

Public Charity Status and Public Support

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

OMB No. 1545-0047
2022

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 Foundation to Em

Employer identification number

			Support	Yout	th Sports,	Inc.			46-5	5117877	
Par	t l	Reas	on for Public	Charity	/ Status. (All o	rganizatio	ns mus	t comp	lete this part.) See i	nstructions.	
The o	rga	nization is not	a private foundation	on becaus	se it is: (For lines 1	through 12	, check o	nly one b	ox.)		
1	٦	A church, co	nvention of church	es, or as	sociation of church	es described	d in sect i	on 170(l	o)(1)(A)(i).		
2	٦	A school des	scribed in section	170(b)(1))(A)(ii). (Attach Sch	nedule E (Fo	orm 990).))			
3		A hospital or	a cooperative hos	spital serv	rice organization de	scribed in s	section 1	70(b)(1)(A)(iii).		
4		A medical re	search organization	n operate	d in conjunction with	th a hospita	l describe	d in sec	tion 170(b)(1)(A)(iii). En	ter the hospital's na	ame,
_	_	city, and stat	e:								
5		An organizati	ion operated for the	e benefit	of a college or univ	ersity owne	d or oper	ated by a	governmental unit descr	ibed in	
_		section 170)(b)(1)(A)(iv). (Com	nplete Pai	rt II.)	•					
6											
7	X		ion that normally re section 170(b)(1)			its support f	from a go	vernment	al unit or from the genera	al public	
8	\neg				170(b)(1)(A)(vi). (Complete Pa	art II)				
9	┥	-					-	rated in c	onjunction with a land-gra	ant college	
J	_								city, and state of the coll		
10 [An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 331/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.)									
11		An organizati	ion organized and	operated	exclusively to test	for public sa	afety. See	section	509(a)(4).		
12									ions of, or to carry out th		
									509(a)(2). See section 5		
		the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.									
•	а	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.									
ı	b				-			h its sup	ported organization(s), by	having	
		control o	r management of t	he suppo	•	ested in the			t control or manage the	•	
	_	_ ~	` '	•	•		od in oon	nootion v	vith, and functionally integ	aratad with	
,	L	its suppo	orted organization(s	s) (see in	structions). You m i	ust comple	te Part IV	, Section	ns A, D, and E.	grated with,	
(d		•	_		_			tion with its supported or n requirement and an att	• ,	
		requireme	ent (see instruction	ns). You	must complete Pa	art IV, Secti	ons A ar	nd D, and	l Part V.		
	е								is a Type I, Type II, Type	a III	
	_		-		on-functionally integ	grated suppo	orting orga	anization.			
	t		mber of supported								
	g			n about i	the supported orga		la				
(i) N		e of supported janization	(ii) EIN		(iii) Type of orga (described on line		(iv) Is the	organization ur governing	(v) Amount of monetary support (see	(vi) Amo other supp	
	org	jai ii Zadoi i			above (see instri		1	nent?	instructions)	instructi	
							Yes	No			
(A)											
(B)									1		
(C)											
(D)											
(E)											
(-)											
Total										1	

Page 2

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

Sec	tion A. Public Support									
Caler	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total			
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	282,459	214,938	160,706	178,858	253,670	1,090,631			
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf									
3	The value of services or facilities furnished by a governmental unit to the organization without charge									
4 5	Total. Add lines 1 through 3 The portion of total contributions by	282,459	214,938	160,706	178,858	253,670	1,090,631			
	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)						308,150			
6	Public support. Subtract line 5 from line 4						782,481			
	tion B. Total Support						762,461			
	Calendar year (or fiscal year beginning in) (a) 2018 (b) 2019 (c) 2020 (d) 2021 (e) 2022 (f) Total									
7	Amounts from line 4	282,459	214,938	160,706	178,858	253,670	1,090,631			
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	231	348	415	480	384	1,858			
9	Net income from unrelated business activities, whether or not the business is regularly carried on									
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)									
11	Total support. Add lines 7 through 10						1,092,489			
12	Gross receipts from related activities, etc	,				12	1,274,537			
13	First 5 years. If the Form 990 is for the	-	second, third, fou	rth, or fifth tax yea	r as a section 501	1(c)(3)				
<u></u>	organization, check this box and stop he									
	tion C. Computation of Public									
14	Public support percentage for 2022 (line 6					1 1	71.62 %			
15	Public support percentage from 2021 Sch 33 1/3% support test—2022. If the orga	iedule A, Part II, III	ne 14	- 40 15 44 :	- 00 4/00/	15	82.05 %			
168					S 33 1/3% OF MOR	e, check this	v			
b	box and stop here . The organization quantum 33 1/3% support test—2021. If the organization quantum 4 support test—2021 is the organization quantum 4 support test quantum 4 s					more shook	X			
D	this box and stop here . The organization									
17a	10%-facts-and-circumstances test—2					line 14 is	Ц			
	10% or more, and if the organization med	•								
	Part VI how the organization meets the f				-					
	organization		·	,						
b	10%-facts-and-circumstances test—2									
-	15 is 10% or more, and if the organizatio	•								
	in Part VI how the organization meets the									
	organization				, ,	• •				
18	Private foundation. If the organization d									
	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	o qualify under	the tests liste	d below, pleas	se complete Pa	art II.)	
	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1	Gifts, grants, contributions, and membership fees						
	received. (Do not include any "unusual grants.")						
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that are not an unrelated trade or business under section 513						
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons						
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
С	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from line 6.)						
	tion B. Total Support						
Cale	(e) 2022	(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	First 5 years. If the Form 990 is for the	organization's first	, second, third, fo	urth, or fifth tax ye	ar as a section 50)1(c)(3)	_
	organization, check this box and stop he						<u></u>
Sec	tion C. Computation of Public						
15	Public support percentage for 2022 (line	8, column (f), divid	led by line 13, co	lumn (f))		15	%
16	Public support percentage from 2021 Sch					16	%
	ction D. Computation of Investment					T . T	
17	Investment income percentage for 2022			13, column (f))			%
	Investment income percentage from 2021						%
19a	••						Г
ı.	17 is not more than 33 1/3%, check this b						
b	33 1/3% support tests—2021. If the org						I .
	line 18 is not more than 33 1/3%, check t	ms box and stop	nere. The organi	zauon quannes as	a publicly support	ıeu organization	

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

20

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

- Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below.
- Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination.
- Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.
- 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)
- 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?
- Substitutions only. Was the substitution the result of an event beyond the organization's control? С
- Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).
- Did the organization make a loan to a disgualified 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 disgualified 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 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
	Tes

Schedu	ıle A (Form 990) 2022 Hi	lton Hea	d Island	Foundation	to	46-511787	77		Page \$
Par	t IV Supporting Organizat	ions (continu	ed)					1	
								Yes	No
11	Has the organization accepted a gift of		-						
а	A person who directly or indirectly cor		•	persons described on I	lines 11b	and			
	11c below, the governing body of a si						11a		
	A family member of a person describe						11b		
С	A 35% controlled entity of a person de	escribed on line	l1a or 11b above	? If "Yes" to line 11a, 11	lb, or 11c,				
Socti	provide detail in Part VI. on B. Type I Supporting Org	anizations					11c		
Secti	on B. Type I Supporting Org	amzauons						Yes	No
1	Did the governing body, members of t	the governing bo	dy officers actino	in their official canacity	or memb	perchin of one or		res	No
'	more supported organizations have th					•			
	directors, or trustees at all times durin	-			_				
	effectively operated, supervised, or co				_				
	organization, describe how the powers	_							
	supported organizations and what con					_	1		
2	Did the organization operate for the b				_		-		
	organization(s) that operated, supervise		-			Part			
	VI how providing such benefit carried			=					
	supervised, or controlled the supporting	ng organization.					2		
Secti	on C. Type II Supporting Org	ganizations						_	
								Yes	No
1	Were a majority of the organization's	directors or truste	ees during the tax	year also a majority of	the direct	ors			
	or trustees of each of the organization	n's supported or	ganization(s)? <i>If "l</i>	No," describe in Part VI	how conti	rol			
	or management of the supporting orga	anization was ve	sted in the same	persons that controlled	or manag	ed			
0 4	the supported organization(s).	0					1		
Secti	on D. All Type III Supporting	Organizatio	ns						T
	B:1.0	.						Yes	No
1	Did the organization provide to each or		•	•					
	organization's tax year, (i) a written no	_			_				
	year, (ii) a copy of the Form 990 that organization's governing documents in		-				1		
2	Were any of the organization's officers						-		
_	organization(s) or (ii) serving on the g								
	the organization maintained a close a						2		
3	By reason of the relationship describe						_		
	a significant voice in the organization's		•						
	income or assets at all times during th			-					
	supported organizations played in this		•	3			3		
Secti	on E. Type III Functionally Ir		pporting Org	anizations				•	
1	Check the box next to the method that	t the organization	used to satisfy	he Integral Part Test du	iring the y	ear (see instructio	ns).		
а	The organization satisfied the Act	ivities Test. Com	plete line 2 belov	V.					
b	The organization is the parent of	each of its suppo	orted organization	s. Complete line 3 below	W.				
С	The organization supported a gov	ernmental entity.	Describe in Part	t VI how you supported	a governi	mental entity (see in	structio	ons).	
2	Activities Test. Answer lines 2a and	2b below.						Yes	No
а	Did substantially all of the organization	n's activities duri	ng the tax year d	rectly further the exemp	t purpose	s of			
	the supported organization(s) to which	•	•		-				
	those supported organizations and	-							
	how the organization was responsive		-	and how the organization	on determ	ined			
_	that these activities constituted substa						2a		
b	Did the activities described on line 2a			-					
	involvement, one or more of the organ		-	•	_				
	"Yes," explain in Part VI the reasons	_		ιτς supported organizati	ion(s) wol	IIa	24		
•	have engaged in these activities but t	_					2b		
3	Parent of Supported Organizations. A			writy of the officers direct	store or				
а	Did the organization have the power t trustees of each of the supported org				NOIS, UI		3a		
	madeled of each of the supported big	ainzauulio! // /(o or ivo, provid	o actano ni rait VI.			Ja	1	

b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? *If* "Yes," *describe in Part VI* the role played by the organization in this regard.

Sched	ule A (Form 990) 2022 Hilton Head Island Foundati	Lon	to 46-5117	877 Page 6
	t V Type III Non-Functionally Integrated 509(a)(3) Supporting O			<u> </u>
1	Check here if the organization satisfied the Integral Part Test as a qualifying trust on N			//). See
	instructions. All other Type III non-functionally integrated supporting organizations mu	ust coi	mplete Sections A through	h E.
Sec	tion A – Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		, ,
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
5		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		
Sec	tion 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		
k	Average monthly cash balances	1b		
(: Fair market value of other non-exempt-use assets	1c		
	Total (add lines 1a, 1b, and 1c)	1d		
•	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		
Sec	tion 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		

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

5

6

Schedule A (Form 990) 2022

5 Income tax imposed in prior year

(see instructions).

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

emergency temporary reduction (see instructions).

Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued) Section 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 of supported organizations, in excess of income from activity 2 Administrative expenses paid to accomplish exempt purposes of supported organizations 3 4 4 Amounts paid to acquire exempt-use assets Qualified set-aside amounts (prior IRS approval required—provide details in Part VI) 5 5 Other distributions (describe in Part VI). See instructions. 6 6 Total annual distributions. Add lines 1 through 6. 7 Distributions to attentive supported organizations to which the organization is responsive 8 8 (provide details in Part VI). See instructions. 9 9 Distributable amount for 2022 from Section C, line 6 Line 8 amount divided by line 9 amount 10 10 (i) (ii) (iii) Section E - Distribution Allocations (see instructions) **Excess Distributions** Underdistributions Distributable Pre-2022 Amount for 2022 Distributable amount for 2022 from Section C, line 6 Underdistributions, if any, for years prior to 2022 (reasonable cause required-explain in Part VI). See instructions. 3 Excess distributions carryover, if any, to 2022 **a** From 2017 **b** From 2018 **c** From 2019 e From 2021. f Total of lines 3a through 3e g Applied to underdistributions of prior years h Applied to 2022 distributable amount i Carryover from 2017 not applied (see instructions) j Remainder. Subtract lines 3g, 3h, and 3i from line 3f. **4** Distributions for 2022 from Section D, line 7: a Applied to underdistributions of prior years **b** Applied to 2022 distributable amount c Remainder. Subtract lines 4a and 4b from line 4. Remaining underdistributions for years prior to 2022, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions. Remaining underdistributions for 2022. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions. 7 Excess distributions carryover to 2023. Add lines 3j and 4c. 8 Breakdown of line 7: a Excess from 2018 **b** Excess from 2019 c Excess from 2020 d Excess from 2021

Schedule A (Form 990) 2022

e Excess from 2022

Schedule A (Fo	rm 990) 2022	Hilton	Head	Island	Found	ation t	to ·	46-51178	77	Page 8
Part VI	Supplemental III, line 12; Part B, lines 1 and 2 3a, and 3b; Par	Information. Po IV, Section A, li 2; Part IV, Section t V, line 1; Part	rovide the nes 1, 2, n C, line V, Section	e explanation 3b, 3c, 4b, 1; Part IV, n B, line 1e	ons requir , 4c, 5a, 6 Section [e; Part V,	ed by Part 5, 9a, 9b, 9 0, lines 2 a Section D,	II, line c, 11a, nd 3; Pa lines 5,	10; Part II, lii 11b, and 11 art IV, Sectic 6, and 8; ar	ne 17a or c; Part IV, n E, lines	17b; Part Section 1c, 2a, 2b
	lines 2, 5, and	6. Also complete	this part	t for any a	dditional i	nformation.	(See ir	nstructions.)		
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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

Employer identification number

2022

Hilton Head Island Foundation to 46-5117877 Support Youth Sports, Organization type (check one): Filers of: Section: **X** 501(c)(**3**) (enter number) organization Form 990 or 990-EZ 4947(a)(1) nonexempt charitable trust not treated as a private foundation 527 political organization Form 990-PF 501(c)(3) exempt private foundation 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundation Check if your organization is covered by the General Rule or a Special Rule. Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions. General Rule For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions. Special Rules |X| For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 331/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), 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

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

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

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

"N/A" in column (b) instead of the contributor name and address), II, and III.

Schedule B (Form 990) (2022)

Employer identification number 46-5117877

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		\$ 70,000	Person X Payroll Noncash (Complete Part II for noncash contributions.)						
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution						
2		\$ 8,500	Person X Payroll Noncash (Complete Part II for noncash contributions.)						
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution						
3	Nume, address, and En 1 4	\$ 10,000	Person X Payroll Noncash (Complete Part II for noncash contributions.)						
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution						
4	rame, address, and En 1 4	\$ 37,400	Person X Payroll Noncash (Complete Part II for noncash contributions.)						
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution						
5		\$ 20,000	Person X Payroll Noncash (Complete Part II for noncash contributions.)						
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution						
6		\$ 6,500	Person X Payroll Noncash (Complete Part II for noncash contributions.)						

Schedule B (Form 990) (2022) Page 2 of 2 Page 2

Name of organization

Hilton Head Island Foundation to

Employer identification number 46-5117877

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						
7		\$ 6,500	Person X Payroll Noncash (Complete Part II for noncash contributions.)						
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution						
. 8		\$ 10,000	Person X Payroll Noncash (Complete Part II for noncash contributions.)						
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution						
9	Numb, dudition, different in the second seco	\$ 5,975	Person X Payroll Noncash (Complete Part II for noncash contributions.)						
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution						
	Name, address, and Zir 1 4	\$	Person Payroll Noncash (Complete Part II for noncash contributions.)						
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution						
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)						
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution						
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)						

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements
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 Foundation to 46-5117877 Support Youth Sports, Inc. Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts 1 Total number at end of year 2 Aggregate value of contributions to (during year) Aggregate value of grants from (during year) 4 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 Preservation of a certified historic structure Protection of natural habitat 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) d Number of conservation easements included in (c) acquired after July 25, 2006, and not on a historic structure listed in the National Register Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the Number of states where property subject to conservation easement is located 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. Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Part III 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 (iii) 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 FASB ASC 958 relating to these items: a Revenue included on Form 990, Part VIII, line 1 **b** Assets included in Form 990, Part X .

Sche	edule D (Form 990) 2022 Hilton F							Page 2
Pa	art III Organizations Maintaini						ets (con	tinued)
3	Using the organization's acquisition, access collection items (check all that apply):	sion, and other recor	ds, check any of the t	following that m	nake significant	use of its		
а	Public exhibition	d 🗌	Loan or exchange pro	ogram				
b	Scholarly research	е 🗌	Other					
С	Preservation for future generations							
4	Provide a description of the organization's XIII.	collections and expla	in how they further th	e organization's	s exempt purpo	ose in Part		
5	During the year, did the organization solice	t or receive donations	s of art_historical treas	sures or other	similar			
	assets to be sold to raise funds rather tha						Yes	□ No
Pa	art IV Escrow and Custodial		,					
	Complete if the organizati 990, Part X, line 21.	on answered "Ye	es" on Form 990,	Part IV, line	9, or report	ted an amo	unt on Fo	orm
1a	Is the organization an agent, trustee, custo	odian or other interme	ediary for contributions	or other asset	s not			
	included on Form 990, Part X?						Yes	☐ No
b	If "Yes," explain the arrangement in Part X	(III and complete the	following table:					
							Amount	
С	Beginning balance					1c		
d	Additions during the year					1d		
	Distributions during the year					1e		
f	Ending balance					1f		
2a	Did the organization include an amount or	Form 990, Part X, li	ne 21, for escrow or c	ustodial accoun	nt liability?		Yes	☐ No
b	If "Yes," explain the arrangement in Part X	III. Check here if the	explanation has been	provided on Pa	art XIII			
Pa	art V Endowment Funds.							
	Complete if the organizati	on answered "Ye	es" on Form 990,	1				
		(a) Current year	(b) Prior year	(c) Two years	back (d) Th	ree years back	(e) Four ye	ars back
	Beginning of year balance							
b	Contributions							
С	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 c	urrent year end balan	ice (line 1g, column (a)) held as:				
а	Board designated or quasi-endowment	%						
b	Permanent endowment %							
	Term endowment %							
	The percentages on lines 2a, 2b, and 2c s	should equal 100%.						
3a	Are there endowment funds not in the pos	session of the organi	zation that are held ar	nd administered	I for the		_	
	organization by:						Y	es No
	(i) Unrelated organizations						3a(i)	
	(ii) Related organizations						3a(ii)	
b	If "Yes" on line 3a(ii), are the related organ	nizations listed as req	uired on Schedule R?				3b	
4	Describe in Part XIII the intended uses of		dowment funds.					
Pa	art VI Land, Buildings, and E							
	Complete if the organizati	<u>on answered "Ye</u>	<u>s" on Form 990,</u>	<u>Part IV, liņe</u>			art X, line	e 10.
	Description of property	(a) Cost or other	' '		(c) Accumula		(d) Book val	ue
		(investment)	(oth	er)	depreciation	1		
1a	Land							
b	Buildings							
С	Leasehold improvements							
d	Equipment							
	Other							
Tota	I. Add lines 1a through 1e. (Column (d) mu	st equal Form 990, P	art X, column (B), line	10c.)				

Schedule D (Form 990) 2022 Hilton Head Island Fo	oundation to	46-5117877	Page 3
Part VII Investments - Other Securities.			
Complete if the organization answered "Yes" or	Form 990, Part IV,	line 11b. See Form 990, Part	X, line 12.
(a) Description of security or category	(b) Book value	(c) Method of valuation:	
(including name of security)		Cost or end-of-year market va	alue
(1) Financial derivatives			
(2) Closely held equity interests			
(3) Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			

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 Fo	rm 990, Part IV, line 11c. See Form 990, Part X, line 13
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(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.)		

Other Assets. Part IX

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) r	must equal Form 990, Part X, col. (B) line 15.)	

Other Liabilities. Part X

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

1.	(a) Description of liability	(b) Book value
(1)	Federal income taxes	
(2)	Payroll Liabilities	4,903
(3)	Health Insurance	1,769
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total	(Column (h) must equal Form 990, Part X, col. (B) line 25.)	6.672

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

Sche	edule D (Form 990) 2022 Hilton Head Island Foundatio	n to 46-511787	77	Page 4
Pa	art XI Reconciliation of Revenue per Audited Financial Stater		r Retui	rn.
	Complete if the organization answered "Yes" on Form 990,			
1	France ()		1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:	1 1		
а		2a	4	
b		2b		
С	Recoveries of prior year grants	2c		
d		2d		
е			2e	
3	Subtract line 2e from line 1		3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b		4b		
С			4c	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		5	
Pa	art XII Reconciliation of Expenses per Audited Financial State	ements With Expenses	er Re	turn.
	Complete if the organization answered "Yes" on Form 990,			
1	· • • • • • • • • • • • • • • • • • • •		1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
a		2a		
b		2b	-	
C		2c	-	
d		2d	-	
	~ · · · · · · · · · · · · · · · · · · ·		20	
	Add lines 2a through 2d		2e 3	
3	Subtract line 2e from line 1		3	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b			
а	Investment expenses not included on Form 990. Part VIII, line /h	4a		
			-	
b	Other (Describe in Part XIII.)			
С	Other (Describe in Part XIII.) Add lines 4a and 4b	4b	4c	
с 5	Other (Describe in Part XIII.) Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	4b	4c 5	
5 Pa	Other (Describe in Part XIII.) Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) art XIII Supplemental Information.	4b	5	
5 Pa	Other (Describe in Part XIII.) Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) art XIII Supplemental Information. ride the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part I	V, lines 1b and 2b; Part V, line 4	5	line
5 Pa	Other (Describe in Part XIII.) Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) art XIII Supplemental Information.	V, lines 1b and 2b; Part V, line 4	5	line
5 Pa	Other (Describe in Part XIII.) Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) art XIII Supplemental Information. ride the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part I	V, lines 1b and 2b; Part V, line 4	5	line
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5 Pa	Other (Describe in Part XIII.) Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) art XIII Supplemental Information. ride the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part I	V, lines 1b and 2b; Part V, line 4	5	line
5 Pa	Other (Describe in Part XIII.) Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) art XIII Supplemental Information. ride the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part I	V, lines 1b and 2b; Part V, line 4	5	line
5 Pa	Other (Describe in Part XIII.) Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) art XIII Supplemental Information. ride the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part I	V, lines 1b and 2b; Part V, line 4	5	line
5 Pa	Other (Describe in Part XIII.) Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) art XIII Supplemental Information. ride the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part I	V, lines 1b and 2b; Part V, line 4	5	line
5 Pa	Other (Describe in Part XIII.) Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) art XIII Supplemental Information. ride the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part I	V, lines 1b and 2b; Part V, line 4	5	line
5 Pa	Other (Describe in Part XIII.) Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) art XIII Supplemental Information. ride the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part I	V, lines 1b and 2b; Part V, line 4	5	line

Schedule D	(Form 990) 2022 Suppleme	Hillental I	lton nforma	Head tion (cor	Island ntinued)	Foundation	on to	46-5117877	Page 5

SCHEDULE G (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

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

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Open to Public Inspection Inspection

Name of the organization Hilton Head Island			t	0	Employer identifica	
Part I Fundraising Activities. Complete			anev	vered "Ves" on For		
Part I Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.						
1 Indicate whether the organization raised funds through	any of the follow	ing ac	tivities	s. Check all that apply.		
a Mail solicitations	e Solicitation	of no	on-go	vernment grants		
b Internet and email solicitations	F Solicitation	of go	vernr	ment grants		
c Phone solicitations	g Special fu	ndraisi	ing e	vents		
d In-person solicitations			Ü			
2a Did the organization have a written or oral agreement	with any individua	al (incl	uding	officers, directors, trust	ees,	
or key employees listed in Form 990, Part VII) or entity b If "Yes," list the 10 highest paid individuals or entities (1						Yes No
compensated at least \$5,000 by the organization.	<u> </u>	l(iii) Di	id fund-		(A) Amount poid to	(vi) Amount paid to
(i) Name and address of individual	(ii) A -ti-it-		have	(iv) Gross receipts	(v) Amount paid to (or retained by)	(or retained by)
or entity (fundraiser)	(ii) Activity	cont	rol of utions?	from activity	fundraiser listed in col. (i)	organization
		+	No		coi. (i)	
1						
2						
3						
4						
		1				
5						
6						
7						
1						
8						
9						
10						
Total						
List all states in which the organization is registered or registration or licensing.			ibutio	ns or has been notified	it is exempt from	
·						

Schedule G (Form 990) 2022 Hilton Head Island Foundation to 46-5117877 Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported mo than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events w gross receipts greater than \$5,000. (a) Event #1 (b) Event #2 (c) Other events (d) Total events Spring Event Champions for C (add col. (a) through (event type) (event type) (total number) col. (c)) 1 Gross receipts 33,576 176,188 209,764 2 Less: Contributions 3 Gross income (line 1 minus 33,576 176,188 line 2) 209,764 4 Cash prizes 5 Noncash prizes Expenses 6 Rent/facility costs **7** Food and beverages Direct 8 Entertainment 19,716 49,170 68,886 9 Other direct expenses 10 Direct expense summary. Add lines 4 through 9 in column (d) 68,886 140,878 11 Net income summary. Subtract line 10 from line 3, column (d) Part III Gaming. Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a. (b) Pull tabs/instant (d) Total gaming (add Revenue (c) Other gaming bingo/progressive bingo col. (a) through col. (c)) 1 Gross revenue 2 Cash prizes Expenses 3 Noncash prizes 4 Rent/facility costs 5 Other direct expenses Yes Yes 6 Volunteer labor No 7 Direct expense summary. Add lines 2 through 5 in column (d) 8 Net gaming income summary. Subtract line 7 from line 1, column (d) Enter the state(s) in which the organization conducts gaming activities: a Is the organization licensed to conduct gaming activities in each of these states? **b** If "No," explain: 10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year?

b If "Yes." explain:

Sche	edule G (Form 990) 2022 Hilton Head Island Foundation to 46-5117877			Pa	ge 3
11	Does the organization conduct gaming activities with nonmembers?		١	es	No
12	Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity		_	_	_
	formed to administer charitable gaming?		□ \	es	No
13	Indicate the percentage of gaming activity conducted in:		_		_
а	The organization's facility	13a			%
b	An outside facility	13b			%
14	Enter the name and address of the person who prepares the organization's gaming/special events books and				
	records:				
	Name				
	Address				
15a	Does the organization have a contract with a third party from whom the organization receives gaming				
	revenue?			es	No
b	If "Yes," enter the amount of gaming revenue received by the organization \$ and the		_	_	_
	amount of gaming revenue retained by the third party \$				
С	If "Yes," enter name and address of the third party:				
	Name				
	Address				
16	Gaming manager information:				
	Name				
	Gaming manager compensation \$				
	Description of services provided				
	Director/officer				
17	Mandatory distributions:				
а	Is the organization required under state law to make charitable distributions from the gaming proceeds to				_
	retain the state gaming license?		_ \	es_	No
b	Enter the amount of distributions required under state law to be distributed to other exempt organizations or				
	spent in the organization's own exempt activities during the tax year \$				
Pa	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	inform	ation.		
	See instructions.				
	Sche	dule G	(Form	990)	2022

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 2022

Department of the Treasury Internal Revenue Service Name of the organization

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

Open to Public Inspection

Employer identification number

Hilton Head Island Foundation to Support Youth Sports, Inc. 46-5117877 Form 990, Part VI, Line 11b - Organization's Process to Review Form 990 No review was or will be conducted. Form 990, Part VI, Line 12c - Enforcement of Conflicts Policy All board members are required to review the Conflict of Interest Policy annually and reveal any conflicts and provide their signature as appropriate. Form 990, Part VI, Line 19 - Governing Documents Disclosure Explanation No documents available to the public Form 990, Part IX, Line 24e - Other Expenses Description Tot/Prog Service Mqt & General Fundraising Program Services 5,721 Website 4,810 Office Suplies Chemicals 3,760 Fertilizer 3,738

Schedule O (Form 990) Name of the organization	2022				Employer identification	Page 2
		d Foundation	to		46-5117877	
	\$	3,551	\$	0	\$	0
Credit Car	d Proce	ssing				
	\$	2,429	\$	0	\$	0
Subscription						
	\$	0	\$	2,215	\$	0
Fuel, Gas,	Oil					
	\$	2,129	\$	0	\$	0
Telephone						
	\$	0	\$	2,084	\$	0
Postage						
	\$	0	\$	1,871	\$	0
Other main	tenance					
	\$	1,715	\$	0	\$	0
Electric &						
	\$	0	\$	829	\$	0
Total						
	\$	27,853	\$	11,753	\$	0
					Page 1 of 1	L

Depreciation and Amortization

(Including Information on Listed Property)

Attach to your tax return.

OMB No. 1545-0172

Department of the Treasury Attachment Sequence I Go to www.irs.gov/Form4562 for instructions and the latest information. Internal Revenue Service Hilton Head Island Foundation to Name(s) shown on return Identifying number

	Support	Youth Sp	orts, Inc.			46-	511'	7877
Busin	ess or activity to which this form relate							
	ndirect Depreciat							
Pa	rt I Election To Expe							
	Note: If you have a		ty, complete Part V	before you	u complete P	'art I.		1 000 000
1	Maximum amount (see instruction						2	1,080,000
2	Total cost of section 179 property Threshold cost of section 179 pro		3	2,700,000				
4	Reduction in limitation. Subtract limitation	ne 3 from line 2 If 7	on or less enter -0-	uctions)			4	2,700,000
5	Dollar limitation for tax year. Subtract li						5	
6	(a) Description			ost (business use		Elected cost		
7	Listed property. Enter the amount	from line 29			7			
8	Total elected cost of section 179	property. Add amoun	ts in column (c), lines 6	and 7			8	
9	Tentative deduction. Enter the sn						9	
10	Carryover of disallowed deduction		2021 Form 4562				10	
11	Business income limitation. Enter						11	
12	Section 179 expense deduction. A						12	
13	Carryover of disallowed deduction				13			
	Don't use Part II or Part III below	<u> </u>		inting /Da	ania implicata di	-41		Caa inatuustiana \
	rt II Special Depreciat					stea pro	perty	. See instructions.)
14	Special depreciation allowance for during the tax year. See instruction						44	
15							14 15	
16	Property subject to section 168(f) Other depreciation (including ACF	(1) election					16	4,102
	rt III MACRS Deprecia							1,102
			Section A					
17	MACRS deductions for assets pla	aced in service in tax		2022			17	874
17 18	If you are electing to group any assets place	ed in service during the tax	years beginning before year into one or more general	asset accounts, cl	heck here			
	If you are electing to group any assets place	ed in service during the tax	years beginning before year into one or more general rice During 2022 Tax	asset accounts, cl	heck here			
	If you are electing to group any assets place	ed in service during the tax	years beginning before year into one or more general	asset accounts, cl	heck here		Syste	
	If you are electing to group any assets place Section B—Ass	ed in service during the tax sets Placed in Serv (b) Month and year placed in	years beginning before year into one or more general rice During 2022 Tax (c) Basis for depreciation (business/investment use	asset accounts, cl	ne General Dep	reciation	Syste	m
18	If you are electing to group any assets place Section B—Ass (a) Classification of property 3-year property 5-year property	ed in service during the tax sets Placed in Serv (b) Month and year placed in	years beginning before year into one or more general rice During 2022 Tax (c) Basis for depreciation (business/investment use	asset accounts, cl	ne General Dep	reciation	Syste	m
19a b	If you are electing to group any assets place Section B—Ass (a) Classification of property 3-year property 5-year property 7-year property	ed in service during the tax sets Placed in Serv (b) Month and year placed in	years beginning before year into one or more general rice During 2022 Tax (c) Basis for depreciation (business/investment use	asset accounts, cl	ne General Dep	reciation	Syste	m
19a b c	If you are electing to group any assets place Section B—Ass (a) Classification of property 3-year property 5-year property 7-year property 10-year property	ed in service during the tax sets Placed in Serv (b) Month and year placed in	years beginning before year into one or more general rice During 2022 Tax (c) Basis for depreciation (business/investment use	asset accounts, cl	ne General Dep	reciation	Syste	m
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19a b c d e f	If you are electing to group any assets place Section B—Ass (a) Classification of property 3-year property 5-year property 10-year property 15-year property 20-year property 25-year property	ed in service during the tax sets Placed in Serv (b) Month and year placed in	years beginning before year into one or more general rice During 2022 Tax (c) Basis for depreciation (business/investment use	asset accounts, cl (ear Using th (d) Recovery period 25 yrs.	neck herene General Dep	reciation (f) Meth	Syste	m
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19a b c d e f g	If you are electing to group any assets place Section B—Ass (a) Classification of property 3-year property 5-year property 10-year property 15-year property 20-year property 25-year property Residential rental property	ed in service during the tax sets Placed in Serv (b) Month and year placed in	years beginning before year into one or more general rice During 2022 Tax (c) Basis for depreciation (business/investment use	asset accounts, cl (ear Using the content of the country of the c	neek here	oreciation (f) Metr	Syste	m
19a b c d e f g	If you are electing to group any assets place Section B—Ass (a) Classification of property 3-year property 5-year property 7-year property 10-year property 20-year property 25-year property Residential rental	ed in service during the tax sets Placed in Serv (b) Month and year placed in	years beginning before year into one or more general rice During 2022 Tax (c) Basis for depreciation (business/investment use	asset accounts, cl (ear Using the (d) Recovery period 25 yrs. 27.5 yrs.	meck here ne General Dep (e) Convention MM MM MM	S/L S/L S/L	Syste	m
19a b c d e f g	If you are electing to group any assets place Section B—Ass (a) Classification of property 3-year property 5-year property 7-year property 10-year property 20-year property 25-year property Residential rental property Nonresidential real property	ed in service during the tax sets Placed in Serv (b) Month and year placed in service	years beginning before year into one or more general rice During 2022 Tax (c) Basis for depreciation (business/investment use	asset accounts, cl /ear Using th (d) Recovery period 25 yrs. 27.5 yrs. 27.5 yrs. 39 yrs.	MM MM MM MM MM	S/L S/L S/L S/L S/L	Syste	(g) Depreciation deduction
19a b c d e f g h	If you are electing to group any assets place Section B—Ass (a) Classification of property 3-year property 5-year property 10-year property 15-year property 20-year property 25-year property Residential rental property Nonresidential real property Section C—Asse	ed in service during the tax sets Placed in Serv (b) Month and year placed in service	years beginning before year into one or more general rice During 2022 Tax \(\) (c) Basis for depreciation (business/investment use only–see instructions)	asset accounts, cl /ear Using th (d) Recovery period 25 yrs. 27.5 yrs. 27.5 yrs. 39 yrs.	MM MM MM MM MM	S/L S/L S/L S/L S/L	Syste	(g) Depreciation deduction
19a b c d e f g h i	If you are electing to group any assets place Section B—Asset (a) Classification of property 3-year property 5-year property 10-year property 15-year property 20-year property 25-year property Residential rental property Nonresidential real property Section C—Asset	ed in service during the tax sets Placed in Serv (b) Month and year placed in service	years beginning before year into one or more general rice During 2022 Tax \(\) (c) Basis for depreciation (business/investment use only–see instructions)	asset accounts, cl /ear Using th (d) Recovery period 25 yrs. 27.5 yrs. 27.5 yrs. 39 yrs.	MM MM MM MM MM	S/L S/L S/L S/L S/L S/L S/L	Syste	(g) Depreciation deduction
19a b c d e f g h i 20a b	If you are electing to group any assets place Section B—Ass (a) Classification of property 3-year property 5-year property 10-year property 15-year property 20-year property 25-year property Residential rental property Nonresidential real property Section C—Asse	ed in service during the tax sets Placed in Serv (b) Month and year placed in service	years beginning before year into one or more general rice During 2022 Tax \(\) (c) Basis for depreciation (business/investment use only–see instructions)	25 yrs. 27.5 yrs. 39 yrs.	MM MM MM MM MM	S/L	Syste	(g) Depreciation deduction
19a b c d e f g h i 20a b c d d	Section B—Ass (a) Classification of property 3-year property 5-year property 10-year property 15-year property 20-year property Residential rental property Nonresidential real property Class life 12-year 30-year 40-year	ed in service during the tax sets Placed in Serv (b) Month and year placed in service	years beginning before year into one or more general rice During 2022 Tax \(\) (c) Basis for depreciation (business/investment use only–see instructions)	25 yrs. 27.5 yrs. 27.5 yrs. 39 yrs. ar Using the	MM MM MM MM MM Alternative De	S/L	Syste	(g) Depreciation deduction
19a b c d e f g h i	Section B—Ass (a) Classification of property 3-year property 5-year property 10-year property 20-year property Residential rental property Nonresidential real property Section C—Asse Class life 12-year 30-year 40-year Summary (See in	ed in service during the tax sets Placed in Serv (b) Month and year placed in service service	years beginning before year into one or more general rice During 2022 Tax \(\) (c) Basis for depreciation (business/investment use only–see instructions)	25 yrs. 27.5 yrs. 27.5 yrs. 39 yrs. ar Using the	MM MM MM Alternative De	S/L	Systemod nod n System	(g) Depreciation deduction
19a b c d e f g h i 20a b c d Pa 21	If you are electing to group any assets place Section B—Assettion	ed in service during the tax sets Placed in Serv (b) Month and year placed in service service ets Placed in Service structions.) m line 28	years beginning before year into one or more general rice During 2022 Tax \(\) (c) Basis for depreciation (business/investment use only-see instructions)	25 yrs. 27.5 yrs. 27.5 yrs. 39 yrs. 12 yrs. 30 yrs. 40 yrs.	MM MM MM Alternative De	S/L	Syste	(g) Depreciation deduction
19a b c d e f g h i	If you are electing to group any assets place Section B—Assettion	ed in service during the tax sets Placed in Serv (b) Month and year placed in service ets Placed in Service structions.) m line 28 lines 14 through 17,	years beginning before year into one or more general rice During 2022 Tax \(\) (c) Basis for depreciation (business/investment use only-see instructions) ce During 2022 Tax Ye lines 19 and 20 in colur	asset accounts, ci /ear Using the (d) Recovery period 25 yrs. 27.5 yrs. 27.5 yrs. 39 yrs. ar Using the 12 yrs. 30 yrs. 40 yrs.	MM	S/L	Syste	(g) Depreciation deduction
19a b c d e f g h i 20a b c d Pa 21	If you are electing to group any assets place Section B—Assettion	ed in service during the tax sets Placed in Serv (b) Month and year placed in service ets Placed in Service structions.) m line 28 lines 14 through 17, of your return. Partr	years beginning before year into one or more general rice During 2022 Tax \(\) (c) Basis for depreciation (business/investment use only-see instructions) ce During 2022 Tax Ye lines 19 and 20 in colurnerships and S corporation	25 yrs. 27.5 yrs. 27.5 yrs. 27.5 yrs. 39 yrs. 40 yrs. 40 yrs.	MM	S/L	Systemod nod n System	(g) Depreciation deduction

Form **990**

Event Income and Deduction Worksheet

Description Champions for Charity

Name

Hilton Head Island Foundation to

2022

Taxpayer Identification Number

46-5117877

Use this wor	ksheet to verify data entered fo	or a specific activity on your form 990/990EZ
Income & Expense Summary:		Expense Details - Indirect Expense:
1. Gross receipts or sales 1.	176,188	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
		Occupancy/Real Estate Taxes
7. Total revenue. Add lines 1 through 6 7.	176,188	Travel & Repairs
8. Cost of Goods Sold 8.	49,170	Travel/entertainment (officials)
9. Employment Expense 9.		Conferences/meetings
10. Fees for services 10.		Interest
11. Indirect Expense 11.		Insurance
12. Depreciation Expense 12.		Total Indirect Expense
13. Exempt Activity Expense 13.		Total mandet Expende
14. Fundraising Expense 14.		Expense Details - Depreciation Expense:
15. Total expenses. Add lines 8 through 145.	49 170	
16. Net Income/Loss. Line 7 minus Line 156.	127,018	On investment property
10. Net income/2033. Line / minus Line 130.	127,010	On non-investment property
		Amortization
Francis Dataila Cost of Coods Colds		Depletion
Expense Details - Cost of Goods Sold:		Total Depreciation Expense
Beginning inventory		E. C. British E. C. A Arth M. E. C.
Purchases	· 	Expense Details - Exempt Activity Expense:
Labor	·	Repairs and Maintenance
Section 263A costs	40 170	Bad debts
Other costs	49,170	l axes/licenses
Ending inventory		Charitable contributions
Total Cost of Goods Sold	49,170	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		• F
Lobbying		
Professional fundraising		
Investment management	-	
Other	-	
Other Total Face for Services	-	
Total Fees for Services	-	
Information is indicated for use on Form	990-T Schodulo A:	Allocation of Evnense to Program Service Accomplishments
	•	Allocation of Expense to Program Service Accomplishments:
Part V, Debt Financing	Seq #	First
H		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		

Form **990**

Event Income and Deduction Worksheet

Description Jim Ferguson Memorial

Name

Hilton Head Island Foundation to

2022

Taxpayer Identification Number 46-5117877

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

Income & Expense Summary:		Expense Details - Indirect Expense:
1. Gross receipts or sales	1	Advertising and promotion
2. Advertising income	2	Office
	3.	Printing/publication/postage
	4.	Info technology/Maintenance
	5.	Royalties & License Fees
	6.	Occupancy/Real Estate Taxes
7. Total revenue. Add lines 1 thro		Travel & Repairs
	8.	Travel/entertainment (officials)
9. Employment Expense	9.	Conferences/meetings
	10.	Interest
	11.	Insurance
	12.	Total Indirect Expense
	13.	
	14.	Expense Details - Depreciation Expense:
	irough 1 45 .	On investment property
	s Line 1 56.	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		Rad debts
Other costs		Bad debts
Ending inventory	·····	Taxes/licenses
Total Cost of Goods Sold		Charitable contributions
Total Gost of Goods Gold		Dividend recd deductions
Expense Details - Employment E	vnense:	Readership costs
		Other expenses Total Exempt Activity Expense
Other salaries and wages		Total Exempt Activity Expense
Pension plan contributions		Expense Details - Fundraising Expense:
Other employee benefits		
Payroll taxes		Cash prizes
Total Employment Expense		Non-cash prizes
Total Employment Expense		Rent and facility costs
Expense Details - Fees for Service	2051	Entertainment (Part II only)
Management		Entertainment (Part II only)
Logol		Total Fundraising Expense
Legal		Total I unuraising Expense
I alaborina	······	
Lobbying		
Professional fundraising		
Investment management		
Other		
Total Fees for Services		
Information is indicated for use	on Form 990-T Schedule A:	Allocation of Expense to Program Service Accomplishments:
Schedule A, UBIT Activity Code	Seq #	
Part V, Debt Financing		
Part VI, Controlled Org In	como	Second Third
Part VII, Investments for		All others
		All other
Part VIII, Exploited Activit		
☐ Part IX, Advertising Incom	IC .	

Form **990**

Event Income and Deduction Worksheet

Description Spring Event

Name

Hilton Head Island Foundation to

Taxpayer Identification Number 46-5117877

2022

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. 33,576	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. 33,576	Travel & Repairs
8. Cost of Goods Sold 8. 19,716	Travel/entertainment (officials)
9. Employment Expense 9.	Conferences/meetings
10. Fees for services 10.	Interest
11. Indirect Expense 11.	Insurance
12. Depreciation Expense 12.	Total Indirect Expense
13. Exempt Activity Expense 13.	
14. Fundraising Expense 14.	Expense Details - Depreciation Expense:
15. Total expenses. Add lines 8 through 145. 19,716	On investment property
16. Net Income/Loss. Line 7 minus Line 1 56. 13,860	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 19,716	Taxes/licenses
Ending inventory	Charitable contributions
Total Cost of Goods Sold 19,716	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	<u> </u>
Lobbying	
Professional fundraising	
Investment management	
Other	
Total Fees for Services	
··········· ·	
Information is indicated for use on Form 990-T, Schedule A:	Allocation of Expense to Program Service Accomplishments:
Schedule A, UBIT Activity Code Seq #	First
Part V, Debt Financing	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	

Name

Form **990**

Event Income and Deduction Worksheet

Hilton Head Island Foundation to

Description Other Events

2022

Taxpayer Identification Number 46-5117877

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

Income & Expense Summary:		Expense Details - Indirect Expense:
1. Gross receipts or sales1.	1,250	Advertising and promotion
2. Advertising income 2.		Office
3. Circulation income 3.		Printing/publication/postage
4. Other income 4.		Info technology/Maintenance
5. Returns and allowances 5.		Royalties & License Fees
6. Contributions received 6.		Occupancy/Real Estate Taxes
7. Total revenue. Add lines 1 through 6 7.	1,250	Travel & Repairs
8. Cost of Goods Sold 8.		Travel/entertainment (officials)
9. Employment Expense 9.		Conferences/meetings
10. Fees for services 10.		Interest
11. Indirect Expense 11.		Insurance
12. Depreciation Expense 12.		Total Indirect Expense
13. Exempt Activity Expense 13.		
14. Fundraising Expense 14.		Expense Details - Depreciation Expense:
15. Total expenses. Add lines 8 through 145.		On investment property
16. Net Income/Loss. Line 7 minus Line 156.		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
Expense Details - Employment Expense:		Other expenses
Compensation of officers		Total Exempt Activity Expense
Other salaries and wages		Total Exempt Notify Expense
Pension plan contributions		Expense Details - Fundraising Expense:
Other employee benefits		•
Payroll taxes		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)
• • • • • • • • • • • • • • • • • • • •		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, Sche		Allocation of Expense to Program Service Accomplishments:
Schedule A, UBIT Activity Code Seq #	_	First
Part V, Debt Financing		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		

Federal Statements

5/12/2023 11:45 AM

FYE: 12/31/2022

Total

46-5117877

Taxable Interest on Investments

Description						
	_	Amount	Unrelated Business		Acquired after 6/30/75	US Obs (\$ or %)
Interest Earned	\$	384		14		
				1 4		

\$ 384

46-5117877

FYE: 12/31/2022

Federal Statements

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

E	Total Expenses			Managemer General	
\$	6,885	\$	6,885	\$	
\$	6 , 885	\$	6 , 885	\$	
	 \$ \$	\$ 6,885	Expenses \$ 6,885 \$	Expenses Service \$ 6,885 \$ 6,885	Expenses Service G \$ 6,885 \$ 6,885 \$

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

Description	 Total Expenses	Program Service	nagemer General
Program Services	\$ 5,721	\$ 5,721	\$
Website	4,810	4,810	
Office Suplies	4,754		4,
Chemicals	3 , 760	3 , 760	
Fertilizer	3 , 738	3 , 738	
Coach Training	3 , 551	3 , 551	
Credit Card Processing	2,429	2,429	
Subscriptions	2,215		2,
Fuel, Gas, Oil	2,129	2,129	
Telephone	2,084		2,
Postage	1,871		1,
Other maintenance	1,715	1,715	
Electric & Gas	829		
Total	\$ 39,606	\$ 27,853	\$ 11,

Federal Statements

5/12/2023 11:45 AM

FYE: 12/31/2022

46-5117877

Schedule A, Part II, Line 5 - Excess Gifts

Donor Name	 Total	 Excess
Town of Hilton Head Island ATAX	\$ 165,000	\$ 143,150
Ken Campbell	20,000	
The Devlin Foundation	44,000	22,150
Breedlove Foundation	126,000	104,150
Heritage Classic	5 , 750	
American Junior Golf Foundation	5 , 884	
The Tiscornia Foundation	42,400	20,550
PGA Tour Superstore	40,000	18,150
PGA Tour Players Prize Escrow Fund	5 , 000	
Dave Wetmore	10,000	
The James & Martha Hutchinson Gifit	5 , 000	
The Purvis J & Karen S Ferree Charit	10,000	
Morgan Stanley	6 , 500	
Steve Shuckenbrock	13,500	
Long Cove Foundation	6,500	
Compass Group USA		
Community Foundation Lowcountry	10,000	
Pam Norley	 5 , 975	
Total	\$ 521,509	\$ 308 , 150



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33. Number of volunteers

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

33.

75

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

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

Filing Instructions

Hilton Head Island Foundation to Support Youth Sports, Inc.

Exempt Organization Tax Return

Taxable Year Ended December 31, 2021

Date Due: May 16, 2022

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

balance due.

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

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

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

organization and returned to:

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

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

8879-TE has been received by this office.

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

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

processing of your return.

Form **8879-TE**

IRS e-file Signature Authorization for a Tax Exempt Entity

For calendar year 2021, or fiscal year beginning

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

2021

Department of the Treasury Internal Revenue Service Name of file

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

-*7877

FIN or SSN

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

Treasurer

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

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

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

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

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

PIN: check one box only

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

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

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

Signature of officer or person subject to tax

Certification and Authentication Part III

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

Do not enter all zeros

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

Patrick P. Carey, Jr., CPA

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

Department of the Treasury Internal Revenue Service

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

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

OMB No. 1545-0047 2021 Open to Public Inspection

<u>A</u>	For the 202	1 calendar year, or tax year beginning , and ending					
В	Check if applicat	e: C Name of organization Hilton Head Island Foundation to		D Employe	r identificatio	n number	
	Address change	Support Youth Sports, Inc.					
亓	Name change	Doing business as The First Tee of the LowCountry			**7877	7	
Ħ	ŭ	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	E Telephon		7.51	
-	Initial return	P.O. Box 23334		843-	<u> 384-17</u>	<u>'51</u>	
	Final return/ terminated	City or town, state or province, country, and ZIP or foreign postal code					
П	Amended return	Hilton Head Island SC 29925		G Gross re	ceipts\$	464,059	
=		F Name and address of principal officer:	H(a) Is this a gr	nun raturn for	subordinatos	Yes X No	
Ш	Application pend	Circon Diberty	in(a) is this a gi	oup return for	Suborumates_	= =	
		PO Box 23334	H(b) Are all sub	ordinates ind	cluded?	Yes No	
		Hilton Head Island SC 29926	If "No,"	attach a list	. See instruction	ns	
T	Tax-exempt sta	tus: X 501(c)(3) 501(c) () t (insert no.) 4947(a)(1) or 527]				
	Website: U	http://www.thefirstteelowcountry.org/	H(c) Group exe	mption numb	er u		
ĸ	Form of organiz		ear of formation: 2			egal domicile: SC	
		Summary				<u> </u>	
•		describe the organization's mission or most significant activities:					
ģ		e First Tee helps shape the lives of kids and teens	from al		rg of		
ũ	11						
Ĕ	***	fe by introducing them to values inherent in the ga	mie or go	TT • V	itues		
Governance		ke integrity, respect and perseverance					
		this box \mathbf{u} if the organization discontinued its operations or disposed of more than	25% of its net	assets.			
⋖		er of voting members of the governing body (Part VI, line 1a)			17		
ies	4 Numb	er of independent voting members of the governing body (Part VI, line 1b)		. 4	17		
ξ	5 Total	number of individuals employed in calendar year 2021 (Part V, line 2a)		. 5	6		
Activities		number of volunteers (estimate if necessary)		۱ ۵	75		
1		unrelated business revenue from Part VIII, column (C), line 12				0	
		nrelated business taxable income from Form 990-T, Part I, line 11				0	
	2 . 151 0		Prior Yea		Curr	ent Year	
ø	8 Contri	outions and grants (Part VIII, line 1h)	160	,706		178,858	
Ž		am service revenue (Part VIII, line 2g)		,658		82,979	
Revenue		ment income (Part VIII, column (A), lines 3, 4, and 7d)		415		480	
8	11 Other	revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	110	,452		156,019	
	1	revenue – add lines 8 through 11 (must equal Part VIII, column (A), line 12)		,231		418,336	
		s and similar amounts paid (Part IX, column (A), lines 1–3)	310	,,251		110/550	
	l	ts paid to or for members (Part IX, column (A), line 4)	177	620		140 056	
ses	15 Saları	es, other compensation, employee benefits (Part IX, column (A), lines 5–10)	1/3	629	140,856		
ens	16a Profes	sional fundraising fees (Part IX, column (A), line 11e)				0	
Expenses	b Total	undraising expenses (Part IX, column (D), line 25) u 61,147					
ш	17 Otner	expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		,454		181,820	
	18 Total	expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		.083		<u>322,676</u>	
	19 Rever	ue less expenses. Subtract line 18 from line 12		148		95 , 660	
Net Assets or	2		Beginning of Cur			l of Year	
Sset	20 Total	assets (Part X, line 16)		777		655,322	
Ä	21 Total	iabilities (Part X, line 26)		2,547		71,256	
<u> </u>	22 Net a	ssets or fund balances. Subtract line 21 from line 20	488	3,230		<u>584,066</u>	
P	Part II	Signature Block					
U	Inder penalties	of perjury, I declare that I have examined this return, including accompanying schedules and sta	tements, and to	the best of	f my knowle	dge and belief, it is	
tr	ue, correct, a	d complete. Declaration of preparer (other than officer) is based on all information of which prepare	arer has any kn	owledge.			
Sig	an 📗	Signature of officer		Date			
He		Chuck Elberly Treasu	ırer				
		Type or print name and title	<u></u>				
_	Print	Type of print name and title Type preparer's name Preparer's signature	Date		if PTIN	<u></u>	
Pai			Date	Check	□"		
	1 4 4	rick P. Carey, Jr., CPA Patrick P. Carey, Jr., CPA	<u> </u>			******	
		name } Carey & Company P.A.	F	irm's EIN }	**-*	***7046	
US	e Only	70 Main Street, Suite 100					
	Firm'	address } Hilton Head Island, SC 29926	P	hone no.		<u>81-4430</u>	
Ma	y the IRS di	cuss this return with the preparer shown above? See instructions			X	Yes No	

Form 990 (2021) HIITOII Head I		Page Z
	n Service Accomplishments	
	ontains a response or note to any line in this Part III	<u> </u>
1 Briefly describe the organization's mis	sion:	
The First Tee helps	shape the lives of kids and teens from	all walks of
life by introducing	them to values inherent in the game of	golf. Values
like integrity, resp	pect and perseverance	···· ··· ·······
2 Did the organization undertake any sig	gnificant program services during the year which were not listed on the	
		□ v ∵ u.
		Yes X No
If "Yes," describe these new services of		
3 Did the organization cease conducting	, or make significant changes in how it conducts, any program	
services?		Yes X No
If "Yes," describe these changes on S		- -
4 Describe the organization's program se	ervice accomplishments for each of its three largest program services, as mea	asured by
	c)(4) organizations are required to report the amount of grants and allocations	
the total expenses, and revenue, if any		10 011010,
the total expenses, and revenue, if an	y, for each program service reported.	
	000 000	
4a (Code:) (Expenses \$	202,882 including grants of\$) (Revenue inge for use in objectives outlined in	• \$)
	nge for use in objectives outlined in	mission
statement.		
• • • • • • • • • • • • • • • • • • • •		
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41- (O-da) \ (E		
	including grants of \$ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	, ¢
NT / 7\	including grants of\$) (Revenue	\$)
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N/A 4c (Code:) (Expenses \$		
4c (Code:) (Expenses \$ N/A	including grants of\$) (Revenue	
4c (Code:) (Expenses \$ N/A 4d Other program services (Describe on	including grants of\$) (Revenue	
Ac (Code:) (Expenses \$ N/A	including grants of\$) (Revenue	

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

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

Form	990 (2021) Hilton Head Island Foundation to **-***7877		P	age 5
	art V Statements Regarding Other IRS Filings and Tax Compliance (continued)			No
	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			
	Statements, filed for the calendar year ending with or within the year covered by this return 2a 6			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х	
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. See instructions.			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over,			
	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X
b	If "Yes," enter the name of the foreign country ${f u}$			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5с		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			
	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or			
	gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods			
	and services provided to the payor?	7a		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			
	required to file Form 8282?	7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		X
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		X
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the	_		
_	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
a	Initiation fees and capital contributions included on Part VIII, line 12 Cross respires included on Form 200. Part VIII, line 12 10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
11	Section 501(c)(12) organizations. Enter:			
a b	Gross income from members or shareholders Gross income from other sources. (Do not net amounts due or paid to other sources			
b				
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	120		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
_	Note: See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which			
	the organization is licensed to issue qualified health plans			
С	Enter the amount of reserves on hand			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		Х
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			
	excess parachute payment(s) during the year?	15		X
	If "Yes," see instructions and file Form 4720, Schedule N.			
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		X
	If "Yes," complete Form 4720, Schedule O.			
17	Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in			
	activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953?	17		
	If "Ves" complete Form 6060			

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

PO Box 23334

SC 29925

843-715-0256

Dale M Planicka

Hilton Head Island

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

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

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

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

(A) Name and title	(B) Average hours per week	box, un		ss pe	ition more rson	than one is both an or/trustee)	(D) Reportable compensation from the	(E) Reportable compensation from related	(F) Estimated amount of other compensation
	(list any hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Former Highest compensated employee	organization (W-2/ 1099-MISC/ 1099-NEC)	organizations (W-2/ 1099-MISC/ 1099-NEC)	from the organization and related organizations
(1) Jim Capps									
	5.00								
Board Member (2) Mike Cerrati	0.00	X					0	0	0
(2) MIRE CEITACI	5.00								
Secretary	0.00	x		х			0	0	0
(3) Grace Chu	0.00	1		22					
(0,01000 0110	5.00								
Vice Chair	0.00	x		X			0	0	0
(4) Joe Datillo									
	5.00								
Board Member	0.00	X					0	0	0
(5) Chuck Elberly									
<u></u>	5.00								
Treasurer	0.00	X		Х			0	0	0
(6)Jeremiah Faber	5.00								
Board Member	0.00	$ \mathbf{x} $					0	0	0
(7) Dick Farmer	0.00						1		<u> </u>
(//DICH TAIMEL	5.00								
Chair	0.00	x		х			0	0	0
(8) John Farrell									
	5.00								
Board member	0.00	X					0	0	0
(9)Bill Fuentes									
	5.00								
Board Member	0.00	X					0	0	0
(10)Paul Gaines									
Doord Mombon	5.00	\						_	
Board Member (11) Ken Groff	0.00	X					0	0	0
(11)Kell GLOLL	5.00								
Board Member	0.00	x					0	0	0
			_				<u> </u>		F 990 (2024)

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

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

Check if Schedule O contains a response or note to any line in this Part IX St. 20 and 10th of Part VIII. Part VIIII		on 501(c)(3) and 501(c)(4) organizations must co	mplete all columns. All o		complete column (A).	
St. 90, and Table of Pair VIII. Compared for advances or present compared compar			nse or note to any line in			
and strongly comments. See Part IV, line 22 Grants and other assistance to direction individuals. See Part IV, line 12 Grants and other assistance to foreign operations. See Part IV, line 12 Grants and other assistance to foreign operations. See Part IV, line 12 Grants and other assistance to foreign operations. See Part IV, line 12 Grants and other assistance to depart IV, line 12 Grants and other assistance to foreign operations. See Part IV, line 12 Fees on the see Part IV, line 12 Grants and value of the see Part IV, line 12 Fees of see Part IV, line 12 Fees for services (nonemployees): a Management Legal Fees for services (nonemployees): b Legal for Payroll taxes 15,932 15,932 15,932 17,932 18,932 19,084 11 Fees for services (nonemployees): a Management Legal Legal Legal 6 Caccounting 5,841 5,841 5,841 1 Legal 6 Lobbying 7 Investment management fees 9 One // line 19 management fees 10 Caccounting 10 Avantating and promotion 11 Ayrold 12 Advantating and promotion 12 Advantating and promotion 13 Office expenses 14 Information technology 15 Reyallics 16 Cocupancy 17 Time 1 18 Peyments of travel or emertainment expenses 19 Conferences, conventions, and meetings 10 Interest 10 Rey Caccounting 10 Avantating and promotion 11 Ayrol 12 Advantating and promotion 12 Advantating and promotion 13 Insurance 14 Information technology 16 Conferences, conventions, and meetings 17 Ayrol 17 Time 1 18 Peyments of travel or emertainment expenses 19 Conferences, conventions, and meetings 10 Interest 11 Ayrol 11 Ayrol 11 Ayrol 12 Advantation departers, telling travers, and meetings 17 Ayrol 17 Ayrol 17 Ayrol 17 Ayrol 17 Ayrol 17 Ayrol 18 Peyments of travel or emertainment expenses 19 Conferences on School (1) O, 642 20 Department to affiliation of travers on School (1) O, 642 21 All other expenses 21 All other expenses 22 Department to affiliation or management fees on School (1) O, 642 24 All other expenses 25 Tool int		•	(A) Total expenses	Program service	Management and	Fundraising
2 Grants and other assistance to domestic individuals. See Part IV, lines 15 and 16 4 Benefits paid to not for members 5 Compensation of current officers, directors, trustees, and known proposes 6 Compensation of current officers, directors, trustees, and known proposes 6 Compensation of current officers, directors, trustees, and known proposes 6 Compensation of induced above to dequalited persons (as delined under section 4900(f)) and postures discribed in section 4900(f) and 4000(f) employer contributions 9 Cher employee benefits 9 Cher solutions and accounting and propose to section 490(f) and 4000(f) employer contributions 9 y, 084 9, 084 10 Payroll taxes 9 y, 084 9, 084 11 Foes for services (nonemployees): a Management b Legal 6 Accounting 6 Lobbying 6 Professional fundating services See Part IV line for linestense management fees 9 Check if his 19 amort access tills of line 35, cutum (A) amort is the 19 capacite on School of 10 and 4000 (f) and 4000	1	Grants and other assistance to domestic organizations				
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3 Grafts and other assistance to foreign organizations, foreign progratations, foreign progrations, foreign progrations, foreign progrations, foreign progrations, foreign programs, foreign programs of the p	2					
3 Grafts and other assistance to foreign organizations, foreign progratations, foreign progrations, foreign progrations, foreign progrations, foreign progrations, foreign programs, foreign programs of the p		individuals. See Part IV, line 22				
tereign individuals. See Part IV, lines 15 and 16 A Benefits paid to or for members 5 Compensation of current officers, directors, trustees, and key employees 6 Compensation of current officers, directors, trustees, and key employees 6 Compensation of included above to dequalfied persons disorbed in section 4988(0)(0)(1) and possins disorbed in section 4988(0)(0)(1) and possins disorbed in section 4988(0)(0) employee contributions (include section 401(1)) and 402(1)) and 402(1) a	3					
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section 401(k) and 403(b) employer contributions) 15	7	Other salaries and wages	53,365	53,365		
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11 Fees for services (nonemployees):	10		9,084	9,084		
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Information technology	13	Office expenses				
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Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here u if						C1 14E
organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here u if			322,676	202,882	58,647	61,147
from a combined educational campaign and fundraising solicitation. Check here u if	26					
		from a combined educational campaign and				
10110W1114 30C Y8-2 (ASC Y86-12U)						
	DAA	IUIIUWIIII SUP 98-2 (ASC 958-120)				Form 990 (2021)

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

Form **990** (2021)

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

SCHEDULE A

(Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

Public Charity Status and Public Support

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

OMB No. 1545-0047 **2021**

Open to Public Inspection

u Attach to Form 990 or Form 990-EZ.

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

Hilton Head Island Foundation to Employee

Employer identification number **-***7877

Support Youth Sports, Inc. Part I Reason for Public Charity Status. (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). X An organization that normally receives a substantial part of its support from a governmental unit or from the general public 7 described in section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) 8 An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 331/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) 11 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV. Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV. Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type III, Type III functionally integrated, or Type III non-functionally integrated supporting organization. Enter the number of supported organizations Provide the following information about the supported organization(s) (i) Name of supported (iv) Is the organization (vi) Amount of (iii) Type of organization (v) Amount of monetary listed in your governing organization (described on lines 1-10 support (see other support (see above (see instructions)) document? instructions) instructions) (A) (B) (C) (D) (E)

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

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

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

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

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

Schedule A (Form 990) 2021

Part IV **Supporting Organizations**

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

Section A. All Supporting Organizations

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

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

Schedule A (Form 990) 20

Schedu	e A (Form 990) 2021 Hilton Head Island Foundation to **-***787	7		Page 5
Part	IV Supporting Organizations (continued)			
11	Has the examination accepted a gift or contribution from any of the following persons?		Yes	No
11 a	Has the organization accepted a gift or contribution from any of the following persons? A person who directly or indirectly controls, either alone or together with persons described on lines 11b and			
	11c below, the governing body of a supported organization?	11a		
b	A family member of a person described on line 11a above?	11b		
	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c,			
	provide detail in Part VI.	11c		
Secti	on B. Type I Supporting Organizations			
			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or			
	more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers,			
	directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s)	,		
	effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the	'		
	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported	•		
_	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part			
	VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Secti	on C. Type II Supporting Organizations			
	·		Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
Socti	the supported organization(s). on D. All Type III Supporting Organizations	1		
Secu	D. All Type III Supporting Organizations		Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the		100	110
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described on line 2, above, did the organization's supported organizations have			
	a significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
Section	supported organizations played in this regard. on E. Type III Functionally Integrated Supporting Organizations	3		
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instruction	ions)		
a	The organization satisfied the Activities Test. Complete line 2 below.	0113).		
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
С	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see	instruc	ctions).	
2	Activities Test. Answer lines 2a and 2b below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described on line 2a, above, constitute activities that, but for the organization's			
	involvement, one or more of the organization's supported organization(s) would have been engaged in? If			
	"Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would	26		
3	have engaged in these activities but for the organization's involvement. Parent of Supported Organizations. Answer lines 3a and 3b below.	2b		
ა a	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
u	trustees of each of the supported organizations? If "Yes" or "No," provide details in Part VI.	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			
	of its supported organizations? If "Yes." describe in Part VI the role played by the organization in this regard.	3b		

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

Schedule A (Form 990) 2021

(see instructions).

Schedule A (Form 990) 2021

a Excess from 2017

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

b Excess from 2018

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

DAA Schedule A (Form 990) 2021

Schedule B (Form 990)

Department of the Treasury Internal Revenue Service

Schedule of Contributors

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

2021

Name of the organization

Hilton Head Island Foundation to Support Youth Sports, Inc.

Employer identification number

-*7877

Organization type (check one):							
Filers of:		Section:					
Form 9	90 or 990-EZ	X 501(c)(3) (enter number) organization					
		4947(a)(1) nonexempt charitable trust not treated as a private foundation					
		527 political organization					
Form 9	90-PF	501(c)(3) exempt private foundation					
		4947(a)(1) nonexempt charitable trust treated as a private foundation					
		501(c)(3) taxable private foundation					
	Only a section 501(c)(7	covered by the General Rule or a Special Rule .), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See					
Genera	al Rule						
	•	ng Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 property) from any one contributor. Complete Parts I and II. See instructions for determining a tributions.					
Specia	I Rules						
X	regulations under sect 16b, and that received	escribed in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 ¹ / ₃ % support test of the ions 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.					
	contributor, during the literary, or educational	escribed 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 exclusively for religious, charitable, scientific, purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering stead of the contributor name and address), II, and III.					
	contributor, during the contributions totaled m during the year for an	escribed 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 lore 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 are during the year.					

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

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

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

Schedule B (Form 990) (2021)

Hilton Head Island Foundation to

Employer identification number **-**7877

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

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

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

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

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

OMB No 1545-0047 Open to Public Inspection

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

Schedule D (Form 990) 2021 Hilton 1								ige 2
Part III Organizations Maintaini	ng Collections of	of Art, Historica	I Treasure	s, or Other	Similar As	sets (c	<u>ontin</u>	ued
3 Using the organization's acquisition, acceleration items (check all that apply):	ession, and other reco	ords, check any of th	ne following that	at make signifi	cant use of its			
a Public exhibition	d 🗌	Loan or exchange p	orogram					
b Scholarly research	е 🗌	Other						
c Preservation for future generations	_							
4 Provide a description of the organization	s collections and exp	lain how they further	r the organiza	tion's exempt r	ourpose in Part			
XIII.		, , , , , , , , , , , , , , , , , , , ,	.					
5 During the year, did the organization soli	cit or receive donation	ns of art. historical tr	easures. or of	ther similar				
assets to be sold to raise funds rather th						. Ye	es 🗀	No
Part IV Escrow and Custodial		<u> </u>						
Complete if the organizat		es" on Form 990	. Part IV. li	ne 9. or rep	orted an am	ount or	Forr	m
990, Part X, line 21.			,	,				
1a Is the organization an agent, trustee, cus	todian or other interm	nediary for contribution	ons or other a	esets not				
						Ye	· _	No
included on Form 990, Part X? b If "Yes," explain the arrangement in Part	VIII and complete the	following table:				. 🗀 ''	,s	, 140
b ii res, explain the anangement in Fait	Alli alla complete the	e following table.				Amount		—
- Designing belows					4-	Amoun		—
d Additions during the year								—
e Distributions during the year								
f Ending balance					1f			—
2a Did the organization include an amount of							-	No
b If "Yes," explain the arrangement in Part	XIII. Check here if the	e explanation has be	en provided o	n Part XIII		<u> </u>	<u></u>	
Part V Endowment Funds.								
Complete if the organizat	ion answered "Ye	es" on Form 990	<u>, Part IV, li</u>	ne 10.				
	(a) Current year	(b) Prior year	(c) Two year	rs back (d)	Three years back	(e) Four	years b	oack
1a Beginning of year balance								
b Contributions								
c Net investment earnings, gains, and								
losses								
d Grants or scholarships								
e Other expenditures for facilities and						1		
programs								
f Administrative expenses						+		
g End of year balance						1		
2 Provide the estimated percentage of the	ourrent voor and hale	naa (lina 1a aalumn	(a)) hold oo:					
	•	ince (line 19, column	i (a)) rielu as.					
a Board designated or quasi-endowment t								
b Permanent endowment u %)							
c Term endowment u %	1 11 14000/							
The percentages on lines 2a, 2b, and 2c								
3a Are there endowment funds not in the po	ssession of the organ	nization that are held	d and administ	ered for the		ſ		
organization by:							Yes	No
(i) Unrelated organizations						3a(i)		
(ii) Related organizations						3a(ii)	\longrightarrow	
b If "Yes" on line 3a(ii), are the related orga	anizations listed as re	quired on Schedule	R?			3b	$oldsymbol{ol}}}}}}}}}}}}}}}}}}$	
4 Describe in Part XIII the intended uses of		ndowment funds.						
Part VI Land, Buildings, and E								
Complete if the organizat	ion answered "Ye	es" on Form 990	, Part IV, li	<u>ne 11a. See</u>	Form 990,	Part X,	line '	10.
Description of property	(a) Cost or other	basis (b) Cost or	r other basis	(c) Accumu	ılated	(d) Book	value	
	(investment)	(ot	her)	depreciati	ion			
1a Land								
b Buildings								
c Leasehold improvements								
d Equipment								
e Other								
Total. Add lines 1a through 1e. (Column (d) m		Part X, column (B). I	ine 10c.)		u			
	,	,	/	<u></u>	—			

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

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

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

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

Schedule D (I	Form 990	O) 2021 🗜	lilton	Head	Island	Foundation	to	**-***/877	Page 5
Part XIII	Supp	lementa	Inform	ation (co	ntinued)	Foundation			
• • • • • • • • • • • • • • • • • • • •									
• • • • • • • • • • • • • • • • • • • •									
• • • • • • • • • • • • • • • • • • • •									

SCHEDULE G (Form 990)

Department of the Treasury Internal Revenue Service Name of the organization

Supplemental Information Regarding Fundraising or Gaming Activities

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

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

OMB No. 1545-0047

Open to Public Inspection

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

Employer identification number

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

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

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

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

SCHEDULE O (Form 990)

Supplemental Information to Form 990 or 990-EZ

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

OMB No. 1545-0047

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

Name of the organization Hilton Head Island Foundation to

Open to Public Inspection

Employer identification number

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

2790 05/03/2022 11:10 AM

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

Schedule O (F	Form 990) 2021					Page 2
Name of the or		nd Foundation	to		Employer identification **-**7877	number
					7077	
Meals/	Entertainme	nt				
	\$	0	\$	781	\$	0
Plant	Seed Sod					
	\$	663	\$	0	\$	0
				v		
Electr	ic & Gas					
	\$	0	\$	613	\$	0
Sand 8	Top Dress	ing				
	\$	500	\$	0	\$	0
Googh				····· ·		
Coach	Training					
	\$	405	\$	0	\$	0
I	otal					
	\$	26,067	\$	24,038	\$	0
Form 9	990, Part X	I, Line 9 - O	ther Change	es in Net Ass	sets Explanati	on
Book /	/ Tax Depre	ciation Diffe	rence		\$	176
					Page 2 of	2

Form **4562**

Department of the Treasury Internal Revenue Service

Depreciation and Amortization

(Including Information on Listed Property)

u Attach to your tax return.

OMB No. 1545-0172

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

Identifying number **-***7877

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

Name

Form **990**

Event Income and Deduction Worksheet

Description Champions for Charity

Hilton Head Island Foundation to

Taxpayer Identification Number **-***7877

2021

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

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

33. Number of volunteers

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

Name
Hilton Head Island Foundation to

Taxpayer Identification Number

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

100

33.

75

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

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

Form **8879-EC**

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

OMB	Nο	1545-0047

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

2020

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

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

57507855555

Do not enter all zeros

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

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

ERO Must Retain This Form — See Instructions

_ Date }

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

Return of Organization Exempt From Income Tax

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

OMB No. 1545-0047 2020 Open to Public

Department of the Treasury

mem	iai Revenu	e Service u GO to www.ii	s.gov/Form990 for instructions and the latest i	ilorination.		Inspection			
<u>A</u>	For the	2020 calendar year, or tax year beginning	, and ending						
B (Check if app	plicable: C Name of organization Hilton Hea	C Name of organization Hilton Head Island Foundation to D Employer identification number						
\Box	Address ch	ange Support Yo	Support Youth Sports, Inc.						
H	nuurcss cir	ÿ ===							
	Name chan	Number and street (or P.O. box if mail is not delivered		Room/suite	E Telephone	117877 e number			
\Box	nitial return	l	,			384-1751			
ш	Final return/		oreign postal code						
L t	erminated		SC 29925		- 0	402 221			
\square	Amended re		BC 23323	ı	G Gross rec	eipts \$ 403,231			
Ħ.				H(a) Is this a gro	oup return for s	ubordinates? Yes X No			
\square'	Application	· · · CHACK HIDCITY							
		PO Box 23334		H(b) Are all sub	oordinates incl	uded? Yes No			
		Hilton Head Island	SC 29926	If "No,	" attach a list.	See instructions			
	Tax-exemp		(insert no.) 4947(a)(1) or 527	1					
	Website: 1	1-1		11/2) Crous ava					
				H(c) Group exe					
	Form of or		Other u L Ye	ear of formation: 2	OTA	M State of legal domicile: SC			
_P	art I	Summary							
	1 Bı	riefly describe the organization's mission or most	•						
ø		The First Tee helps shape the	e lives of kids and teens f	rom all	walks o	o£			
ũ		life by introducing them to	values inherent in the game	of golf	. Value	es			
Governance	• • •	like integrity, respect and							
Ş.	2			· · · · · · · · · · · · · · · · · · ·					
ၓ		heck this box u if the organization discontinue				1.0			
⋖ŏ	3 N	umber of voting members of the governing body (Part VI, line 1a)		3	16			
es	4 N	umber of independent voting members of the government	erning body (Part VI, line 1b)		4	16			
Viti	5 To	otal number of individuals employed in calendar ye	ear 2020 (Part V, line 2a)		5	4			
Activities		otal number of volunteers (estimate if necessary)				75			
٩		otal unrelated business revenue from Part VIII, col				0			
		et unrelated business taxable income from Form 9			7u	0			
	DIV	st unrelated business taxable income nom rollins	990-1, Fait i, line 11	Prior Yea		Current Year			
ne		ontributions and grants (Part VIII line 1h)			4,938	160,706			
	0 0	Simpulions and grants (Fart VIII, line III)	outions and grants (Part VIII, line 1h)						
Revenue	9 Pi	rogram service revenue (Part VIII, line 2g)		4	8,950	67,658			
Ş	10 In	vestment income (Part VIII, column (A), lines 3, 4	, and 7d)		348	415			
ш	11 0	ther revenue (Part VIII, column (A), lines 5, 6d, 8d	e, 9c, 10c, and 11e)	9	6,610	119,452			
	12 To	otal revenue – add lines 8 through 11 (must equal	Part VIII, column (A), line 12)	36	0,846	348,231			
	13 G	rants and similar amounts paid (Part IX, column (A), lines 1–3)			0			
		enefits paid to or for members (Part IX, column (A				0			
		alaries, other compensation, employee benefits (P		130	0,405	173,629			
es					0,105	1/3/025			
penses		rofessional fundraising fees (Part IX, column (A), I	ine 11e)						
		otal fundraising expenses (Part IX, column (D), line	′ 						
Ĕ	17 O	ther expenses (Part IX, column (A), lines 11a-11d	d, 11f–24e)		3,567	130,454			
	18 To	otal expenses. Add lines 13-17 (must equal Part I	X, column (A), line 25)	26	3,972	304,083			
		evenue less expenses. Subtract line 18 from line		9	6,874	44,148			
or		•		Beginning of Cur		End of Year			
Net Assets or Fund Balances	20 To	otal assets (Part X, line 16)		52	9,379	560,777			
Ass	21 To			8.	5,297	72,547			
Net	22 N	et assets or fund balances. Subtract line 21 from			4,082	488,230			
	art II	Signature Block							
		alties of perjury, I declare that I have examined this return			•	owledge and belief, it is			
	io, conec	ct, and complete. Declaration of preparer (other than office	ber, is based on an information of which prepare h	as any Miowieug	, <u>I</u>				
Sig	n	Signature of officer			Date				
Her	re l	Chuck Elberly	Treasu	ırer					
		Type or print name and title							
		Print/Type preparer's name	Preparer's signature	Date	Check	if PTIN			
Paic	.			- 310		□ "			
	Ľ	Patrick P. Carey, Jr., CPA	Patrick P. Carey, Jr., CPA		self-em				
•		Firm's name } Carey & Compan		F	Firm's EIN }	57-0927046			
use	Only	70 Main Street	-						
		Firm's address } Hilton Head Is	land, SC 29926	F	Phone no.	843-681-4430			
May	the IRS	discuss this return with the preparer shown above	ve? See instructions			X Yes No			

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

Part IV Checklist of Required Schedules

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

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

X

reportable gaming (gambling) winnings to prize winners?

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

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

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

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

<u>Hilton Head Island</u>

DAA

SC 29925 843-715-0256

Form 990 (2020)

PO Box 23334

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

financial statements available to the public during the tax year.

Dale M Planicka

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

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

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

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

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

(A) Name and title	(B) Average hours per week (list any	box	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)		(D) Reportable compensation from the organization	(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
(1) Patrick M Zuk										
	40.00			٦,				EO 177	0	
Executive Director (2) Jim Capps	0.00			X				59 , 177	0	0
(2) O I III Capps	5.00									
Board Member	0.00	x						0	0	0
(3) Paul Caruso	0.00							•	•	
(0, 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	5.00									
Chairman	0.00	X		x				0	0	0
(4) Mike Cerrati										
	5.00									
Secretary	0.00	X		X				0	0	0
(5) Grace Chu										
	5.00									
Board Member	0.00	X						0	0	0
(6)Joe Datillo										
	5.00	l						•	_	
Board Member	0.00	X						0	0	0
(7) Mike Davis	5.00									
Board member	0.00	x						0	0	0
(8) Chuck Elberly	0.00							0	0	0
(b) CHUCK BIBELLY	5.00									
Treasurer	0.00	x		x				0	0	0
(9) Dick Farmer		† 								
	5.00									
Board Member	0.00	X						0	0	0
(10) John Farrell										
	5.00									
Board member	0.00	X						0	0	0
(11)Ken Groff										
	5.00							_	_	_
Board Member	0.00	X						0	0	Earm 990 (2020)

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

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

31,708

99,366

348,231

u

u

415

0

e Total. Add lines 11a-11d

Total revenue. See instructions ...

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

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

				(A) Beginning of year		(B) End of year		
1	Cash—non-interest-bearing			524,332	1	556,023		
2	Savings and temporary cash investments				2			
3	Pledges and grants receivable, net			4,319	3			
4	Accounts receivable, net				4			
5	Loans and other receivables from any current or form							
	trustee, key employee, creator or founder, substantia	al contributor, or 3	35%					
	controlled entity or family member of any of these pe	controlled entity or family member of any of these persons						
6	Loans and other receivables from other disqualified							
	under section 4958(f)(1)), and persons described in		6					
7	Notes and loans receivable, net		L		7			
8	Inventories for sale or use				8			
9	Prepaid expenses and deferred charges				9			
10a	a Land, buildings, and equipment: cost or other							
	basis. Complete Part VI of Schedule D	10a	10,811					
b	Less: accumulated depreciation	10b	6,057	728	10c	4,75		
11	Investments—publicly traded securities				11			
12	Investments—other securities. See Part IV, line 11	vestments—other securities. See Part IV, line 11						
13	Investments—program-related. See Part IV, line 11				13			
14	Intangible assets				14			
15	Other assets. See Part IV, line 11			15				
16	Total assets. Add lines 1 through 15 (must equal lin	e 33)		529,379	16	560,777		
17	Accounts payable and accrued expenses			17				
18	Grants payable				18			
19	Deferred revenue			3,200	19			
20	Tax-exempt bond liabilities				20			
21	Escrow or custodial account liability. Complete Part				21			
22	Loans and other payables to any current or former of							
	trustee, key employee, creator or founder, substantia		35%					
	controlled entity or family member of any of these pe				22			
23		third parties			23			
24	Unsecured notes and loans payable to unrelated thin				24			
25	Other liabilities (including federal income tax, payable							
	parties, and other liabilities not included on lines 17-	24). Complete Pa	IT X	82,097	25	72,547		
26	of Schedule D			85,297		72,547		
26	Total liabilities. Add lines 17 through 25 Organizations that follow FASB ASC 958, check			65,297	26	12,31		
	and complete lines 27, 28, 32, and 33.	nere u 🔼						
27	Not see to without demandered to			444,082	27	488,230		
27 28	Niet eeste wilde de ees eestidelieur			111,002	28	100/250		
20	Organizations that do not follow FASB ASC 958,		20					
	and complete lines 29 through 33.	CHECK HEIE C	ᆜ					
29	Capital stock or trust principal, or current funds				29			
30	Paid-in or capital surplus, or land, building, or equipr				30			
31	Retained earnings, endowment, accumulated income	e. or other funds			31			
32	Total not accord on fined belonged			444,082	32	488,230		
-	Total liabilities and net assets/fund balances			529,379	33	560,777		

Form **990** (2020)

Pa	rt XI Reconciliation of Net Assets						
	Check if Schedule O contains a response or note to any line in this Part XI	<u></u>	<u> </u>	<u></u>	oxed		
1	Total revenue (must equal Part VIII, column (A), line 12)	1		48,2			
2	Total expenses (must equal Part IX, column (A), line 25)	2		04,			
3	Revenue less expenses. Subtract line 2 from line 1	3		44,			
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	4	444,0			
5	Net unrealized gains (losses) on investments	5					
6	Donated services and use of facilities	6					
7	Investment expenses	7					
8	Prior period adjustments	8					
9	Other changes in net assets or fund balances (explain on Schedule O)	9					
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line						
	32, column (B))	10	4	88,2	230		
Pa	rt XII Financial Statements and Reporting						
	Check if Schedule O contains a response or note to any line in this Part XII		<u> </u>	<u></u>	Ш.		
			_	Yes	No		
1	Accounting method used to prepare the Form 990:						
	If the organization changed its method of accounting from a prior year or checked "Other," explain in						
	Schedule O.						
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X		
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or						
	reviewed on a separate basis, consolidated basis, or both:						
	Separate basis Consolidated basis Both consolidated and separate basis						
b	Were the organization's financial statements audited by an independent accountant?		2b		X		
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a						
	separate basis, consolidated basis, or both:						
	Separate basis Consolidated basis Both consolidated and separate basis						
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of						
	the audit, review, or compilation of its financial statements and selection of an independent accountant?		2c				
	If the organization changed either its oversight process or selection process during the tax year, explain on						
	Schedule O.						
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the						
	Single Audit Act and OMB Circular A-133?		3a				
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the						
	required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b				

Form **990** (2020)

SCHEDULE A

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

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

u Attach to Form 990 or Form 990-EZ.

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

Hilton Head Island Foundation to

2020

Open to Public Inspection

Employer identification number Name of the organization Support Youth Sports, Inc. 46-5117877 Reason for Public Charity Status. (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 1 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). 4 A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). X An organization that normally receives a substantial part of its support from a governmental unit or from the general public 7 described in section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) 8 9 An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or 10 An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 331/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) 11 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type III, Type III functionally integrated, or Type III non-functionally integrated supporting organization. Enter the number of supported organizations Provide the following information about the supported organization(s).

g Flovide the following information about the supported organization(s).												
(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1–10 above (see instructions))	(iv) Is the organization listed in your governing document?		listed in your governing		listed in your governing		listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No								
(A)												
(B)												
(C)												
(D)												
(E)												
Total												

Page 2

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

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

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

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II.)

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

Part IV

Schedule A (Form 990 or 990-EZ) 2020

Supporting Organizations

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

Section A. All Supporting Organizations

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

		Yes	No
	1		
	2		
	3a		
	3b		
	0.0		
	3с		
	30		
	4a		
	4b		
	4c		
	5a		
	Ju		
	E۳		
	5b		
	5с		
	6		
	7		
	7		
	8		
	9a		<u></u>
	9b		
	7.0		
	0-		
	9с		
	10a		
	10b		
A (Fo	orm 99	0 or 990-	EZ) 2020
			•

_ Par	t IV Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in lines 11b and			
	11c below, the governing body of a supported organization?	11a		
b	A family member of a person described in line 11a above?	11b		
С	A 35% controlled entity of a person described in line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	detail in Part VI.	11c		
Secti	on B. Type I Supporting Organizations			
			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or			
	more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers,			
	directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s)			
	effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported			
	organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the			
	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part			
	VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Secti	on C. Type II Supporting Organizations			
	71 11 5 5		Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			1.0
-	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Secti	on D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the		100	110
•	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
2	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		
•	By reason of the relationship described in line 2, above, did the organization's supported organizations have			
3	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			
	, , , , ,	3		
Secti	supported organizations played in this regard. on E. Type III Functionally-Integrated Supporting Organizations	_ 3		
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions). The organization satisfied the Activities Test. Complete line 2 below.			
a b				
	The organization is the parent of each of its supported organizations. Complete line 3 below.	otiono	١	
C	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instructional entity). Activities Test. Answer lines 2a and 2b below.	Ciloris)	yes	No
2			162	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined	20		
L	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	<u></u>		
	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			

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

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

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

5

Schedule A (Form 990 or 990-EZ) 2020

5 Income tax imposed in prior year

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

emergency temporary reduction (see instructions).

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

Schedule A (Form 990 or 990-EZ) 2020

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

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

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

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

Schedule of Contributors

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

2020

Name of the organization

Hilton Head Island Foundation to Support Youth Sports, Inc.

Employer identification number

46-5117877

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

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

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

46-5117877

Name of organization

Hilton Head Island Foundation to

Employer identification number

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.							
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution					
. 1		\$ 25,000	Person X Payroll Noncash (Complete Part II for noncash contributions.)					
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution					
. 2		\$ 5,000	Person X Payroll Noncash (Complete Part II for noncash contributions.)					
(a)	(b)	(c)	(d)					
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution					
3		\$ 9,000	Person X Payroll Noncash (Complete Part II for noncash contributions.)					
(a)	(b)	(c)	(d)					
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution					
4	·	\$ 25,000	Person X Payroll Noncash (Complete Part II for noncash contributions.)					
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution					
5		\$ 5,750	Person X Payroll Noncash (Complete Part II for noncash contributions.)					
(a)	(b)	(c)	(d)					
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution					
6		\$ 5,884	Person X Payroll Noncash (Complete Part II for noncash contributions.)					

Name of organization

Hilton Head Island Foundation to

Employer identification number

46-5117877

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

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

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

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

OMB No. 1545-0047 Open to Public

Inspection

	or the organization		Employer identification number
	ilton Head Island Foundation to		AC E117077
	upport Youth Sports, Inc.	Le su Other O're'lles Francis	46-5117877
Pa	Organizations Maintaining Donor Advised Fur Complete if the organization answered "Yes" on F		Accounts.
	Complete if the organization answered Tes on F		4)5 1 1 1
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in writing that		
_	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 -	conferring impermissible private benefit?		Yes No
Pa	rt II Conservation Easements. Complete if the organization answered "Yes" on F	Form 900 Part IV line 7	
_			
1	Purpose(s) of conservation easements held by the organization (check		
	Preservation of land for public use (for example, recreation or educ	′ H	
	Protection of natural habitat	Preservation of a certified his	storic 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 conse	
	easement on the last day of the tax year.		Held at the End of the Tax Year
	Total number of conservation easements		
	Number of conservation easements on a certified historic structure incl		2c
d	Number of conservation easements included in (c) acquired after 7/25/0	06, and not on a	
_			2d
3	Number of conservation easements modified, transferred, released, ext	inguished, or terminated by the organization	tion during the
	tax year u		
4	Number of states where property subject to conservation easement is	********	
5	Does the organization have a written policy regarding the periodic mon	itoring, inspection, handling of	П., П.,
6	Staff and volunteer hours devoted to monitoring, inspecting, handling of	f violations, and enforcing conservation e	asements during the year
	u		
7	Amount of expenses incurred in monitoring, inspecting, handling of viol	ations, and enforcing conservation easen	nents during the year
_	u\$		
8	Does each conservation easement reported on line 2(d) above satisfy		
_	and section 170(h)(4)(B)(ii)?		
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 accounting for conservation easements.	organization's financial statements that c	describes the
Da	art III Organizations Maintaining Collections of Art,	Historical Treasures or Other	Similar Assots
Га	Complete if the organization answered "Yes" on F		Sillilai Assets.
4.0			oo aboot warka
ıa	If the organization elected, as permitted under FASB ASC 958, not to r 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 state		of public
b	If the organization elected, as permitted under FASB ASC 958, to repo		heet works of
	art, historical treasures, or other similar assets held for public exhibition		
	provide the following amounts relating to these items:	, sassandi, or recognist in future affect of	
			u \$
			\$
2	If the organization received or held works of art, historical treasures, or	other similar assets for financial gain, pro	
-	following amounts required to be reported under FASB ASC 958 relating	•	
а	Revenue included on Form 990, Part VIII, line 1	-	u \$
	Assets included in Form 990, Part X		u \$
_		<u> </u>	

Sche	edule D (Folfil 990) 2020 HIICOII H	DIELET DES	Foundacion	1 60	40-21	<u>- </u>	<i>, ,</i>			Pa	ge z
Pa	art III Organizations Maintainin	g Collections of	Art, Historical 7	Treasures, o	or Other	Simil	lar As	ssets	(contin	ued)	
3	Using the organization's acquisition, access collection items (check all that apply):	sion, and other record	s, check any of the fo	ollowing that m	ake signific	cant use	e of its				
а	Public exhibition	d \square	Loan or exchange pr	rogram							
b	Scholarly research	е 🗆	Other	-							
С	H_{\bullet} $$										
4	Provide a description of the organization's	collections and explair	n how they further the	e organization's	exempt p	urpose	in Par	t			
	XIII.										
5	During the year, did the organization solicit	or receive donations	of art historical treas	ures or other	similar						
·	assets to be sold to raise funds rather than								Ye	·	No
Pa	art IV Escrow and Custodial A		part of the organization	orro conconorr.						<u>- </u>	110
	Complete if the organization 990, Part X, line 21.	_	" on Form 990, P	art IV, line 9), or repo	orted a	ın am	ount c	n Form	1	
1a	Is the organization an agent, trustee, custo	dian or other intermed	diary for contributions	or other asset	s not						
	included on Form 990, Part X?		•						☐ Ye	·	No
h	If "Yes," explain the arrangement in Part XI	II and complete the fo	ollowing table:						□	.s	140
b	ii res, explain the analigement in Fatt Al	ii and complete the it	bilowing table.						Amount		—
_	Danimina halama						4.		Amount	•	—
	Beginning balance						1c				—
a	Additions during the year						1d				_
е	Distributions during the year						1e				—
f	Ending balance						1f				_
	Did the organization include an amount on									_	No
	If "Yes," explain the arrangement in Part XI	II. Check here if the e	explanation has been	provided on Pa	art XIII		<u>.</u>	<u>.</u>	<u></u>		
Pa	art V Endowment Funds.	1.07	. F 000 B								
	Complete if the organizatio										
		(a) Current year	(b) Prior year	(c) Two yea	irs back	(d) Thr	ree years	back	(e) Four	years ba	ack
1a	Beginning of year balance										
	Contributions										
С	Net investment earnings, gains, and										
	losses										
d	Grants or scholarships										
е	Other expenditures for facilities and										
	programs										
f	Administrative expenses										
g											
2	Provide the estimated percentage of the cu		e (line 1g, column (a)) held as:							
а	Board designated or quasi-endowment u	%									
b	Permanent endowment u %										
С	Term endowment u %										
	The percentages on lines 2a, 2b, and 2c sh	nould equal 100%.									
3a	Are there endowment funds not in the poss	session of the organization	ation that are held an	d administered	for the						
	organization by:	, and the second								Yes	No
	(i) Unvalated annualizations								3a(i)		
	(II) Deleted appealed to a								3a(ii)		
b	If "Yes" on line 3a(ii), are the related organi								3b		
4	Describe in Part XIII the intended uses of t										
Pa	art VI Land, Buildings, and Eq		ownione rando.								
	Complete if the organization	-	on Form 990 P	art IV line 1	1a See	Form	990	Part X	(line 1	0	
	Description of property	(a) Cost or other		r other basis		ccumulate			(d) Book		
	2000.page. or property	(investment)		ther)		reciation	-		(a, book		
1-	Land		- (0.	,							
ıa	Land										
b	Buildings							+			
	Leasehold improvements			+				+			
	Equipment							+			
	Other			10)				+			
ı ota	 Add lines 1a through 1e. (Column (d) musi 	r eguai ⊢orm 990. Pai	т х. column (В). line	1UC.)			11	• I			

e 11b. See Form 990, P	art X, line 12.
(c) Method of	
Cost or end-of-year	ir market value
11c. See Form 990, P	art X, line 13.
(c) Method of	
Cost or end-of-year	ır market value
e 11d. See Form 990, P	art X. line 15.
	(b) Book value
u	
	200 B 4 V
e 11e or 11f. See Form	990, Part X,
1	
	(b) Book value
	40,689
	24,81
	5,380
	1,662
u	72,54
	u inancial statements that repo

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

SCHEDULE G (Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

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

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

u Attach to Form 990 or Form 990-EZ.

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

2020

Open to Public

Department of the Treasury
Internal Revenue Service

Name of the organization

Hilton Head Island Foundation to

Employer identification number

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

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

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

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

SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

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

OMB No. 1545-0047

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

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

Credit Card Processing

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

Internal Revenue Service

Depreciation and Amortization

(Including Information on Listed Property)

u Attach to your tax return.

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

OMB No. 1545-0172
2020

ttachment 17

Name(s) shown on return

Hilton Head Island Foundation to Support Youth Sports, Inc.

Identifying number 46-5117877

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

Event Income and Deduction Worksheet

Description Champions for Charity

2020

Name

Hilton Head Island Foundation to

Taxpayer Identification Number 46-5117877

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

Name

Event Income and Deduction Worksheet

Description Jim Ferguson Memorial

Hilton Head Island Foundation to

Taxpayer Identification Number

46-5117877

2020

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

Name

Event Income and Deduction Worksheet

Description Spring Event

Hilton Head Island Foundation to

2020

Taxpayer Identification Number 46-5117877

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

Event Income and Deduction Worksheet

Description Other Events

2020

Name

Hilton Head Island Foundation to

Taxpayer Identification Number 46-5117877

Income & Expense Summary:		Expense Details - Indirect Expense:
1. Gross receipts or sales1.		Advertising and promotion
2. Advertising income 2.		Office
3. Circulation income 3.		Printing/publication/postage
4. Other income 4.		Info technology/Maintenance
5. Returns and allowances 5.		Royalties & License Fees
6. Contributions received 6.		Occupancy/Real Estate Taxes
7. Total revenue. Add lines 1 through 6 7.		Travel & Repairs
8. Cost of Goods Sold 8.	217	Travel/entertainment (officials)
9. Employment Expense 9.		Conferences/meetings
10. Fees for services 10.		Interest
11. Indirect Expense 11.		Insurance
12. Depreciation Expense 12.		Total Indirect Expense
13. Exempt Activity Expense 13.		
14. Fundraising Expense 14.		Expense Details - Depreciation Expense:
15. Total expenses. Add lines 8 through 1415.	217	On investment property
16. Net Income/Loss. Line 7 minus Line 1516.	-217	On non-investment property
	-	Amortization
		Depletion
Expense Details - Cost of Goods Sold:		Depletion Total Depreciation Expense
		Total Depresident Expense
Beginning inventory		Expense Details - Exempt Activity Expense:
Purchases		
Labor		Repairs and Maintenance
Section 263A costs	217	Bad debts
Other costs		Taxes/licenses
Ending inventory	217	Charitable contributions
Total Cost of Goods Sold	<u> </u>	Dividend recd deductions
Evenes Details Employment Evenes		Readership costs
Expense Details - Employment Expense:		Other expenses
Compensation of officers		Total Exempt Activity Expense
Other salaries and wages		Evnance Dataile Eundraining Evnance
Pension plan contributions		Expense Details - Fundraising Expense:
Other employee benefits		Cash prizes
Payroll taxes		Non-cash prizes
Total Employment Expense		Rent and facility costs
		Food & beverages (Part II only)
Expense Details - Fees for Services:		Entertainment (Part II only)
Management		Other direct expenses
Legal		Total Fundraising Expense
Accounting		
Lobbying		
Professional fundraising		
Investment management		
Other		
Total Fees for Services		
Information is indicated for use on Form 990-T, Schedule	A:	Allocation of Expense to Program Service Accomplishments:
Part V, Debt Financing		First
Part VI, Controlled Org Income		Second
Part VII, Investments for C(7)(9)(17)		Third
Part VIII, Exploited Activities		All other
Part IX, Advertising Income		

2790 Hilton Head Island Foundation to

Federal Statements

5/13/2021 10:48 AM

FYE: 12/31/2020

46-5117877

Taxable Interest on Investments

LIACCE	ntion
Descri	ווטווטו
	J- 1

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

2790 Hilton Head Island Foundation to

46-5117877

Federal Statements

5/13/2021 10:48 AM

FYE: 12/31/2020

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

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

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

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

2790 Hilton Head Island Foundation to

46-5117877

FYE: 12/31/2020

Federal Statements

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Schedule A, Part II, Line 1(e)

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

5/13/2021 10:48 AM

2790 Hilton Head Island Foundation to

46-5117877 FYE: 12/31/2020

Federal Statements

Schedule A, Part II, Line 5 - Excess Gifts

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

2790 Hilton Head Island Foundation to 46-5117877

Federal Statements

5/13/2021 10:48 AM

FYE: 12/31/2020

Schedule A, Part II, Line 8(e)

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

Schedule A, Part II, Line 12 - Current year

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

o first tee

First Tee – The Lowcountry

August 15, 2023 - Board Meeting Minutes

- 1. The meeting was held on August 15, 2023, at Palmetto Hall Golf & CC Boardroom. Meeting called to order at 4:35 pm by President Chu
 - Attendance:
 - Directors Present: , Chu, Farrell, Fuentes, Lane, Taylor (via phone), Tiscornia,
 Wiseman
 - Directors Not Present: Curri, Dattilo, Eberly, Gaines, Lambe, Patrick, Rothwell
 - Staff present: Zuk, Immel
- 2. Minutes of the May meeting approved unanimously.
- 3. Introduction of Guest Krista Dunton was introduced to the BOD by Grace Chu as a candidate to join the First Tee BOD.
 - o Krista gave a brief introduction of herself to the BOD.
 - Each Member present introduced themselves to Krista.
- 4. Reports
 - Grace Chu gave the Treasurer's Report & Investment Strategy.
 - The financials look excellent, and the Investment Strategy is in place and looking very good.
 - Pat Zuk gave the Executive Directors Report
 - Strong year continues at the facility.
 - New Program Announced. Current Military is given free access to our facility and Free Programing for their children.
 - Aaron & Pat to look into possible Paris Island opportunity.
 - We are trying to max the Schwab Grant again this year. We had 33 new donors in the last 60 days including \$3,600 from the Perrotti/Lambe Wedding.
 - Work 95% completed on the drain project for the range tee area. With the recent high volume of rain Brad Taylor commented on how efficiently the drainage is working.
 - Staffing Brian Lape is onboard for admin position, driving range is fully staffed.
 - Marketing continues to be strong with local magazine articles, social media, and email for upcoming programming.
 - The Board approved the submission of an ATAX Grant application to the Town of Hilton Head.
 - Program Director's report given by Immel.
 - Aaron reported coaches are covered everywhere for upcoming sessions. Could use more consistent coaching attendance for Bluffton sessions.
 - Krista will reach out to the PGA Section for help from assistant professionals. All BOD members should be asking individual clubs for coaches.
 - B&G Club Jasper County has 50 kids beginning in September at St. Jasper GC.
 - Aaron is working on starting a girls session begins in September on Wednesday
 4:30-5:30 for 6-7 weeks. Krista will check her schedule to see what can work.

Discussion by BOD around Program participation. Currently 39% girls, 7-9 is 50%, 9-13 most the remaining with a low percentage of 14+ participation. BOD needs to formulate ideas to retain older kids in the program. Farrell mentioned the success Harbour Town has had with hiring high school kids in the pro shop.

5. Upcoming Events

- Champions Golf Tournament Dattilo update
 - Compass Group has agreed to sponsor again at \$10K.
 - Sponsor sales are in great shape with only a couple remaining.
 - To date we have 45 auction items, last year we had 90 auction items. Need BOD members to work on retaining more auction items ASAP.
 - Need to up our game on the hole sponsor signs for 2023. 2021 BOD raised \$20K in tee sign sales, 2022 was only \$14K. Each BOD Member is responsible for selling a minimum of 5 tee sponsorships.

6. Post Secondary Scholarship Task Force

The meeting was adjourned at 5:58 pm.

1 Year - \$5,000 Scholarship with the plan to build to 5- 1 Year \$5,000 Scholarships. Would need to increase the fund to \$500,000 to support 5 scholarships. To fund this year's scholarship Pat is recommending using Schwab Grant & PGA Super Store Grant – he asked the BOD to review this and reply by September.

7. New Business

- Policy for reimbursement of attendance at First Tee Regional Meeting. Pat will make a recommendation for BOD to vote on.
- Forming a subcommittee to review the future planning for our facility. Paul Gains to lead this group with Ed Tiscornia volunteering to join.
- Grace discussed the process for Identifying 2024 Leadership Awards Candidates. Grace reviewed the current process and asked for any thoughts on revisions. Tabled this for an agenda item for September BOD Meeting.
- Discussion regarding a zoom or teams meeting option for future meetings. Pat will look at IT needs to see if this is a workable option.

These minutes were approved	by the Board of Directors on	
	<u>Chris Lane</u>	
Chairperson	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		TUAL SPENT	RESULTS When possible, provide planned results vs. actual results, and/or current year vs. prior year results.
	All items listed below are intended to increase the number of visitiors and and the percentage of tourists at our Hilton Head Island Facility All items listed below are intended to increase the number of visitiors and and the percentage of tourists at our Hilton Head Island Facility					
Adverttising	use golf guide menu guide, facebook , peachjar, rack cards and print	\$	30,000.00	\$	26,497.00	
Printing, Postage	newsletter, brochures, cards, signs	\$	4,000.00	\$	1,560.00	
Marketing Consultant	planning, create marketing calendar, develop opportunities	\$	12,000.00	\$	8,000.00	
Copywriting, editing, etc		\$	6,000.00	\$	2,120.00	
Other Costs	website, misc	\$	3,000.00	\$	2,820.00	
Total		\$	55,000.00	\$	40,997.00	
Cotol		ė		ė		
Total		\$	-	\$	-	
	T				ı	

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

SEP 15 2014

Date

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

Dear Applicant:

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

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

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

HILTON HEAD ISLAND FOUNDATION TO

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

Sincerely,

emera Kingarla

Director, Exempt Organizations