### 2025

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

Organization Name: Hilton Head Symphony Orchestra, Inc

Project/Event Name: HHSO Season Operating Grant

### **Executive Summary**

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

As we begin our 43rd Anniversary Season, the Hilton Head Symphony Orchestra is grateful for the historically reliable public support through the Hilton Head Island Accommodation Tax grants. We respectfully request a \$20,000 increase (6%) for calendar year 2025 to support our continued significant audience growth at all of our presentations, including those at SoundWaves. The many new initiatives launched since COVID are meant to expand the diversity of our offerings and, thereby, expand the diversity of our audiences. We look to collaborate with our Hilton Head Island partners who are succeeding in bringing tourists to experience the Gullah Geechee culture by growing our series of authentic art forms—music, storytelling, and visual art—to enhance the draw. Increased ATAX funding will allow us to increase our budget for artistic talent, to improve outdoor productions with enhanced theatrical lighting at Lowcountry Celebration Park, and to boost our marketing efforts through more dedicated human resources, targeted advertising, and new social media efforts. It will also fund the HHSO's first year (of a three-year) commitment totaling \$18,000 to participate in Monopoly Hilton Head Island Edition, to be launched in March, 2025. According to the creators, who are officially sanctioned by Hasbro, the new game will be aggressively promoted nationwide, with special efforts to the Ohio market.

Increased funding will permit us to continue developing our social media communications, acquire new audiences through new digital marketing and e-mail acquisition, and support a dedicated social media professional.

Our 2023-2024 season saw increases in tourists (814, or 19.93%), visitors (1,580 or 66.58%), and residents (4,955 or 64.29%). Unfortunately, for the purposes of HHI ATAX calculations, our growth in resident attendance skews our overall percentages: the tourist percentage dropped to 22.76% (-6.07%), while visitors increased to 18.37% (+1.62%) and residents increased to 58.86% (+4.44%). It is our hope that such an extraordinary increase in resident attendance will not overshadow the 2,394 additional tourists and visitors drawn last season.

Thank you to the Accommodations Tax Advisory Committee for your consideration of the Hilton Head Symphony Orchestra's request to help drive and enhance Hilton Head Island tourism through music, attracting a total audience of 28,567 last season, that includes 27,665 live attendees (a 24.5% increase over 2022-2023).

### 2025

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

Date Received: 09/04/2024 Time Received: 06:56 PM By: Online Submittal

Applications will not be accepted if submitted after 4 pm on September 6, 2024

#### A. SUMMARY OF GRANT REQUEST:

ORGANIZATION NAME: Hilton Head Symphony Orchestra, Inc

Project/Event Name: HHSO Season Operating Grant

Contact Name: Alan Jordan Title: President and CEO

Address: 7 Lagoon Road, Suite 100, Hilton Head Island, SC 29928

Email Address: ajordan@hhso.org Contact Phone: 843-842-2055

Event Date: (various) Event Location: (various)

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

Funds from this grant will be used to support marketing and operating costs for HHSO presentations that are offered to tourists, visitors, and residents. For FY2025, this will include approximately 66 live performances with programs ranging from our signature classical Orchestra Series and Hilton Head International Piano Competition (HHIPC) at First Presbyterian Church and elsewhere; free Symphony Under The Stars Outdoor Pops and Jazz In The Park presentations at Lowcountry Celebration Park; and the Supper Club, Gullah Geechee Cultural Series (GCCS), Youth Concerto Competition (YCC), Chamber Music Institute (HHCMI) and special presentations at SoundWaves and elsewhere.

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)

Based on past results, drivers include:

- the HHIPC, bringing twenty international competitors, eight jury members, and hundreds of visitors (42% of the total attendees) to HHI.
- SoundWaves presentations, drawing artists and their followers to Coligny multiple times each month.

- the YCC, bringing ten participants, their families, and friends totaling more than ninety people from more than 50 miles, and most outside South Carolina.
- the ten-day Chamber Music Institute, drawing sixteen participants, four faculty, and families totaling almost 100 people from outside South Carolina.
- Orchestra Series and outdoor concerts, enhancing tourist and visitor experiences, evidenced by repeat attendance year over year.
- A. Total Number of Physical Tourists Served: 4897

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: 3953

  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: 12664

  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): 21514

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

To ascertain attendance, the HHSO uses: 1) electronic ticketing system (PatronManager, using the Salesforce platform), and 2) contests to capture zip codes at free events. Concert data for the Orchestra Series, HHIPC, Symphony Under The Stars (tables), Supper Club, Gullah Geechee Cultural Series, and ticketed YCC, HHCMI, and other presentations was collected from ticket purchase information.

For free outdoor presentations at Lowcountry Celebration Park (summer Jazz In The Park and Symphony Under The Stars Fall and Spring concerts), we gleaned data using zip codes collected from attendees who participated in virtual contests with prizes from Coligny area businesses. The percentages were used to calculate total numbers based on total attendance estimates. These percentages (33.4% tourists, 16.6% visitors, 50.0% residents) are higher than other HHSO presentations because the events occurred during the summer, fall, and spring in Coligny and they were free.

A July, 2023 electronic survey was sent to all tourists that participated in contests at our 2022 Jazz In The Park series concerts and October, 2022, and April, 2023, Symphony Under The Stars pops concert at Lowcountry Celebration Park. A complete list of questions with summary results is included in this application. Notably:

- 50% of these tourists make multiple visits to Hilton Head annually,
- 53% stay in vacation rentals,
- 63% stay for at least one week,
- 44% are under the age of 60, and
- 98% said they would try to attend another HHSO performance.

We intend to conduct a similar survey of tourists that participated in contests at our 2024 Jazz In

The Park series concerts and October, 2023, and April, 2024, Symphony Under The Stars pops concerts at Lowcountry Celebration Park and hope to share results during presentations in October, 2024.

We did not live-stream the 2024 HHIPC as this was our triennial BravoPiano! Festival performances. The 2024 YCC final was live-streamed and made available on demand, with 902 total plays/views, 495 of which were in the U. S. We anticipate the 2025 HHIPC live-stream viewership will mirror past years, with an estimated 13,000 viewers living 50 miles or more away from Hilton Head Island \*.

The above figures do not include our Bluffton performances (1,404); Music Bridges programs for Beaufort County schools (2,243 students, teachers, chaperones, and families); HHIPC Ambassadors Program (2,080 students and seniors); Chamber Music Institute (389); and outreach events (35 Heritage Golf Tournament competitors' children). In total, the HHSO offered presentations to 27,665 people during the 2023-2024 season, a 24.5% increase over 2022-2023.

\* - From 2023 Vimeo reports: Argentina, Armenia, Australia, Austria, Azerbaijan, Bahamas, Bangladesh, Belarus, Belgium, Belize, Brazil, Bulgaria, Canada, China, Croatia, Cuba, Cyprus, Denmark, Estonia, Finland, France, Georgia, Germany, Greece, Honduras, Hong Kong, Hungary, India, Ireland, Israel, Italy, Japan, Luxembourg, Macao, Macedonia, Malaysia, Mexico, Netherlands, New Zealand, Nigeria, Norway, Oman, Pakistan, Paraguay, Poland, Portugal, Qatar, Republic of Korea, Republic of Lithuania, Republic of Moldova, Romania, Russia, Saudi Arabia, Serbia, Seychelles, Singapore, Slovakia, South Africa, Spain, Sweden, Switzerland, Taiwan, Thailand, Trinidad and Tobago, Tunisia, Turkey, Ukraine, United Arab Emirates, United Kingdom, Vietnam

### B. DESCRIPTION OF OPERATIONS:

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

The Hilton Head Symphony Orchestra inspires audiences with musical excellence, enriches lives through youth programming and community performances, and unites the Lowcountry as an arts and cultural destination. It does so by annually presenting:

- eighteen concerts (nine pairs on Sunday afternoons and Monday evenings) of full-orchestra masterworks through its Orchestra Series, with one performance repeated in Bluffton;
- varied performances at the HHSO's intimate performing arts venue, SoundWaves, including:
  - ten monthly Coastal Home Supper Club cabaret concerts, partnering with Coligny area restaurants to feature their culinary skills;
  - a four-concert Gullah Geechee Cultural Series at SoundWaves with free outreach performances in community centers and places of worship in Gullah communities and at Hilton Head Island elementary schools;

- the annual Youth Concerto Competition; and
- a ten-day summer Chamber Music Institute with free presentations throughout Hilton Head Island and in Bluffton;
- the annual Hilton Head International Piano Competition (featuring the Adult Competition in March 2025);
- free Symphony Under The Stars Outdoor Pops orchestral performances in October and April, both in Bluffton and at Lowcountry Celebration Park on Hilton Head Island;
- a free six-concert summer Jazz In The Park Series at Lowcountry Celebration Park;
   and
- Music Bridges educational outreach activities for Beaufort County School District students including full-orchestra Young Persons Concerts for third through fifth graders and after-school group string lessons at several BCSD elementary schools.

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

Funds will support programming and marketing costs for our events including SoundWaves presentations. Specifically, programming and operations (70%) will support HHSO musicians, guest artists, and other performers at events promoted to visitors and seasonal and year-round residents.

Remaining funds (30%) will focus on marketing. We increased our investment in our marketing consultant, engaged in January, 2023, to oversee traditional promotion and greatly expand the HHSO's digital marketing footprint. We are refining our 2023 brand awareness campaign to capitalize on the most successful efforts last season, including aggressive e-mail acquisition and digital display advertising with links to landing pages with trackable codes. Regional television advertising and spots on South Carolina Public Radio are focused on new acquisitions beyond a 50-mile radius. HHIPC promotion includes banners and other displays at the Savannah/Hilton Head and Hilton Head airports and a flyer liberally distributed at hotels and other accommodations. Livestreaming will continue to promote offerings to a wider audience and encourage live attendance at future presentations. Event flyers and posters are widely distributed in area hotels and through vacation rental agencies to ensure tourists are aware of HHSO offerings. We are distributing season brochures and event rack cards in all South Carolina rest areas and welcome centers. Funding will also support the first year of the HHSO's participation in the Monopoly Hilton Head Island Edition (a three-year commitment).

In addition to ATAX, funding sources include ticket sales, individual, business and foundation contributions, and local, state, and national public funds.

3. What impact would partial funding have on the activities, if full funding were not received? What

The HHSO has not yet fully recovered from reduced attendance by patrons wary of large gatherings. 2023-2024 saw an 11% increase in subscription ticket sales over 2022-2023, and we anticipate achieving pre-pandemic audience levels this coming season; however, this recovery has taken place while inflation has outpaced revenue growth. Less-than-full ATAX funding would hamper rebuilding efforts and require us to reassess and potentially cancel some planned programs for the second half of the 2024-2025 season and the beginning of 2025-2026. Reduced ATAX funding would also necessitate cuts to marketing and promotion; thereby, diminishing the potential of visitor and tourist attraction.

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

HHSO is a driver and enhancer of island tourism. HHIPC, YCC, HHCMI, and GGCS presentations directly draw tourists, while other HHSO presentations serve as enhancements to tourists' experiences. We team with the Hilton Beachfront, Marriott Courtyard, and Beach House to promote discount rates for patrons and we annually book 175+ guest artist roomnights. Many traveling HHSO musicians and competition family members also stay in local hotels.

Free outdoor concerts offered in Coligny provide cultural enhancements to tourists in Hilton Head Island's "downtown" and these experiences encourage return visits.

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

1 - Destination Advertising/Promotion  Advertising and promotion of tourism so as to develop and increase tourist attendence through the generation of publicity.	30	%
2 - Tourism-Related Events  Promotion of the arts and cultural events.	70	%
3 - Tourism-Related Facilities  Construction, maintenance and operation of facilities for civic and cultural activities including construction and maintenance of access and other nearby roads and utilities for the facilities.	0	%
4 - Tourism-Related Public Services The criminal justice system, law enforcement, fire protection, solid waste collection and health facilities when required to serve tourists and tourist facilities. This is based on the estimated percentage of costs directly attributed to tourist. Also includes public facilities such as restrooms, dressing rooms, parks and parking lots.	0	%
5 - Tourist Public Transportation	0	%

6 - Waterfront Erosion/Control/Repair

Control and repair of waterfront erosion.

7 - Operation of Visitor Information Centers

Operating visitor information centers.

Total: 100 %

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

### Current partnerships include:

- Hilton Beachfront Resort, Marriott Courtyard HH South, and The Beach House:
   promoting discount rates for HHSO patrons and accommodations for guest artists
- Town of HHI Office of Cultural Affairs: Crescendo events and HHSO Fall and Spring Outdoor Pops and Jazz In The Park Summer concerts
- Coligny Plaza area restaurants, Gullah cuisine caterers, and other Hilton Head Island restaurants: Coastal Home Supper Club, and Gullah Geechee Cultural Series dinners
- Historic Mitchelville Freedom Park, the Gullah Museum of Hilton Head, and the Native Island Business and Community Affairs Association (NIBCAA): official Gullah Geechee Cultural Series partners
- Savannah Theater: curation of SoundWaves cabaret programming
- American Traditions Vocal Collection and Savannah VOICE Festival: Symphony Under The Stars and Orchestra Series guest artist programming
- Claffin University, Hilton Head Dance Theater, Wolf Trap Opera: Orchestra Series performance collaborations
- Hilton Head Choral Society, Hilton Head Dance Theater, Lean Ensemble Theater, Savannah Music Festival, American Traditions Vocal Collection, Savannah VOICE Festival: program advertisement trades
- Jazz Corner/Junior Jazz Foundation: cross promotion, programming, and educational outreach
- TEDx Hilton Head: cross promotion
- Savannah/HHI International Airport and Hilton Head Airport: promotion
- Hilton Head Island Bluffton Chamber of Commerce: promotion
- Rotary Club of Hilton Head Island, Arts and Cultural Council of Hilton Head, Lean Ensemble Theater: use of SoundWaves for meetings and presentations
- Art League of Hilton Head: members provide artwork for our season program
- Free concert tickets are provided to dozens of non-profit organizations to support their fundraising efforts
- 7. Additional comments. (250 words or less)

The Statement of Financial Position (Balance Sheet) and Profit and Loss (Statement of Activities and Changes in Net Assets and Statement of Functional Expenses) reports, from the DRAFT FY24 independent auditors report, have been reviewed by staff but will not be approved by the HHSO Board of Directors until its first meeting on September 26, 2024. The FY24 Form 990 is still in early draft form; 990s for FYs21, 22, and 23 are provided.

The significant operating surplus in FY22 was due to substantial one-time pandemic relief from public sources, combined with a large bequest and special gifts to establish a new Board-Restricted Endowment Fund to honor the retiring HHIPC Director. The pandemic relief funds were used, as anticipated, to cover the large operating deficits in FY23 and FY24, as the HHSO worked to rebuild audiences.

The free Symphony Under The Stars and Jazz In The Park concerts at Lowcountry Celebration Park and the successful SoundWaves Supper Club and Gullah Geechee Cultural Series at SoundWaves are all conscious efforts to curate more diverse programs, in terms of repertoire, composers, artists, and musical genre. One goal of these new offerings is to increase the HHSO's appeal to our entire community: inclusive of all people that call HHI home and also those that visit for a day, a week, or longer.

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

We are funded by local and state government and private foundation grants, private individual and business (sponsorship) donations, subscription and single ticket sales, competition application fees, chamber music institute tuition, and draws from invested restricted funds.

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

20.72	Government Sources	37.54	Private Contributions, Donations and Grants
7.12	Corporate Support, Sponsors		Membership, Dues, Subscriptions
30.73	Ticket Sales, or Sales and Services	3.89	Other

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

Yes <u>X</u> No \_\_\_

If so, please list top 3 sources and amounts.

South Carolina Arts Commission (FY25)	\$88,484.00
Town of Bluffton ATAX (CY2024)	\$43,632.00
Beaufort County ATAX (CY2024)	\$25,000.00

### D. FINANCIAL INFORMATION:

Fiscal Year Disclosure: Start Month: July End Month: June

### **Financial Statement Requirements:**

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

Budget Provided: Yes

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

Current fiscal year Profit Loss Report Provided: Yes

Previous fiscal year Profit Loss Reports Provided:

2022- Previous FY 1 2023- Previous FY 1

3. The previous two fiscal years and current year-to-date balance sheets.

Current fiscal year Balance Sheet Provided: Yes

Previous fiscal year Balanace Sheets Provided:

2023 - Previous FY 1

2022 - Previous FY 1

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

#### E. FINANCIAL GUARANTEES AND PROCEDURES:

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

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

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

### F. MEASURING EFFECTIVENESS:

If you received 2023 or 2024 HHI ATAX funds

1. List any ATAX award amounts received in 2023 and/or 2024.

2021	\$270,000.00	HHSO Operating Grant
2022	\$270,000.00	HHSO 2020 Operating Grant (for 2022)
2023	\$300,000.00	HHSO Season Operating Grant
2024	\$330,000.00	HHSO Season Operating Grant

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)

ATAX funding was used to pay for artistic and production costs associated with HHSO concerts as well as the infrastructure required to mount such complicated presentations. Funds were also used to purchase print and broadcast media advertising, flyers, posters, and other promotional pieces, e-blasts, website improvements, improved design, social media, and other marketing initiatives to support our programming efforts to attract tourism.

The HHSO continues to make progress on overcoming the loss of audiences during the pandemic. Following nationwide trends for orchestras, many traditional HHSO patrons have chosen to never return to events with large gatherings. The sudden loss of such a high percentage (63% in 2020-2021 compared to pre-pandemic numbers, reducing to 32% in 2021-2022, 18% in 2022-2023, and 7% in 2023-2024) of long-term patrons has required years of rebuilding. At the same time, new programming was developed to reach a more diverse audience, both experientially and taste-wise. The introduction of jazz, cabaret, Gullah Geechee, and other offerings has resulted in new and different audiences who will return and bring friends and family to future performances.

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

HHI ATAX funds are a vital, significant, and irreplaceable component of the HHSO's fragile operating revenues "pie;" without which, the Symphony would not be able to maintain its impeccable artistic execution and impressive public offerings and community and educational engagement activities, compared to other orchestras in similar-sized communities (i.e., Wheeling, WV, and York, PA). Indeed, many communities of similar size to Hilton Head Island do not even have a professional symphony orchestra. By any measure, the HHSO significantly "punches above its weight." As a result, tourists often commend the HHSO for its professionalism and musical quality, comparable to that of symphonies in major metropolitan markets.

According to the Americans for the Arts economic impact calculator, the HHSO's total community impact in FY2024 was \$3,245,345.

With the support of ATAX funds as well as other public and private grants and contributions, the HHSO is able to annually present approximately 66 performances for the community and those who visit us, attracting 27,665 attendees. While Hilton Head Island attracts tourists and visitors for its natural beauty and recreational opportunities, it has also established itself as a cultural destination.

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

We measure effectiveness by subscription and single ticket sales, individual contributions and business sponsorships. The COVID-19 shutdown makes comparisons with pre-pandemic seasons difficult and subject to speculation. One-time pandemic-related government support exacerbates the comparison challenges. National orchestra advisors have recommended comparisons starting with the 2021-2022 season (when a new normal had taken hold); one expert noted: "FY19 is a foreign country. FY22 and FY23 comparisons are better indicators."

Compared year over year starting with the 2020-2021 season, live event attendance grew by:

- 435% overall, by 267% for tourists, and by 714% for visitors during 2021-2022;
- 42% overall, by 6.77% for tourists, and by .05% for visitors during 2022-2023; and
- 51.89% overall, by 19.93% for tourists, and by 66.58% for visitors during 2023-2024

Using the same comparisons, individual support, after discounting significant one-time, non-operating gifts increased by 8% during 2021-2022; was flat during 2022-2023; and

increased by 8% during 2023-2024. Likewise, business sponsorships increased by 58% during 2021-2022, increased by 45% during 2022-2023, and decreased by 2% during 2023-2024.

As we celebrate our 43rd anniversary season, we anticipate overall revenue growth of 5.73% during 2024-2025.

### 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.

As we begin our 43rd Anniversary Season, the Hilton Head Symphony Orchestra is grateful for the historically reliable public support through the Hilton Head Island Accommodation Tax grants. We respectfully request a \$20,000 increase (6%) for calendar year 2025 to support our continued significant audience growth at all of our presentations, including those at SoundWaves. The many new initiatives launched since COVID are meant to expand the diversity of our offerings and, thereby, expand the diversity of our audiences. We look to collaborate with our Hilton Head Island partners who are succeeding in bringing tourists to experience the Gullah Geechee culture by growing our series of authentic art forms—music, storytelling, and visual art—to enhance the draw. Increased ATAX funding will allow us to increase our budget for artistic talent, to improve outdoor productions with enhanced theatrical lighting at Lowcountry Celebration Park, and to boost our marketing efforts through more dedicated human resources, targeted advertising, and new social media efforts. It will also fund the HHSO's first year (of a three-year) commitment totaling \$18,000 to participate in Monopoly Hilton Head Island Edition, to be launched in March, 2025. According to the creators, who are officially sanctioned by Hasbro, the new game will be aggressively promoted nationwide, with special efforts to the Ohio market.

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Signature: Alan Jordan

Title/Position: President and CEO

Mailing Address: 7 Lagoon Road, Suite 100, Hilton Head Island, SC 29928

Email Address: ajordan@hhso.org

Office Phone Number: 843-842-2055

Home Phone Number:



## ATAX EFFECTIVENESS MEASUREMENT HILTON HEAD SYMPHONY ORCHESTRA, FY24

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.

PROGRAMMING Orchestra Series				When possible, provide planned results vs. actual results, and/or current year vs. prior year results .
	Present nine pairs of orchestral concerts at First Presbyterian Church, including a "John Williams Birthday Celebration," Holiday Pops, and a finale featuring Beethoven's Symphony No. 9.	\$ 854,768.00	\$ 866,785.00	With increases of 3% increase in subscriptions and 27% in single ticket sales, the HHSO is poised to return to pre-COVID sales figures in 2024-2025. (Sales \$\$ have already achieved parity; partly due to increased prices.) 1,776 tourists (124% increase) and 2,111 visitors (180% increase) attended Orchestra Series concerts out of 9,796 total attendees from whom zip codes were captured.
Total		\$ 854,768.00	\$ 866,785.00	
Hilton Head International Piano Competition	Hold a three-year rotation of the annual piano competition. The 2024 event was the BravoPiano! Festival that showcases past competitors, judges, and luminaries from the piano world.	\$ 238,275.00	\$ 277,604.00	The 5-day festival, titled, "Plays Well With Others," spotlighting the collaborative nature of piano playing, was successfully completed, with classical and jazz piano duo recitals, a concert of piano quintets, crossover artist Aaron Diehl, and the finale, "Rhapsody & Fantasy," with three concertos accompanied by the HHSO. Overbudget expenses were more than offset by overbudget revenues. Of the 1,250 ticketed attendees, 313 were tourists, and 206 were visitors. An additional 1,700 Beaufort County students and 300 senior community members were served through the HHIPC Ambassadors community engagement programs. Total HHIPC impact was 3,330 people.
Total		\$ 238,275.00	\$ 277,604.00	
SoundWaves presentations	Produced ten Supper Club presentations and added five repeat performances due to demand, a 6-concert Gullah Cultural Series, a new 3-concert Broadway Icons, and several special events.	\$ 220,151.00	\$ 239,124.00	Supper Club and Broadway Icons performances all sold out, and Gullah Cultural Series concerts were at 76% capacity. Overbudget expenses were due to added performances, all offset by overbudget revenue. Attendance increased by 45% over FY23. Out of 1,898 total patrons, 135 tourists (6% decrease) and 333 visitors (15% increase) attended these presentations.
Total		\$ 220,151.00	\$ 239,124.00	
Symphony Under The Stars Outdoor Pops concerts	Present free outdoor concerts at Lowcountry Celebration Park in October and April with some table seating for sponsors and purchase.	\$ ,	\$ 79,922.00	The April concert featured Deaz Guyz in a Motown program that resulted in a record crowd of 3,000. Of the total estimated 4,200 attendees (75% increase) at both performances, 1,330 were tourists (41% increase) and 782 were visitors (368% increase). April Table seating sold out again. The total impact of 4,200 does not include the 1,000 that attended the October, 2023, Bluffton concert.



## ATAX EFFECTIVENESS MEASUREMENT HILTON HEAD SYMPHONY ORCHESTRA, FY24

TOPIC	THE PLAN		BUDGET	Α	ACTUAL SPENT	RESULTS
						When possible, provide planned results vs. actual
						results, and/or current year vs. prior year results .
	Present a free six-concert summer series at Lowcountry Celebration Park.	\$	20,790.00	\$	,	Of the estimated 3,440 attendees (21% increase), 1,220 were tourists (7% increase) and 486 were visitors (22% increase).
Total	Celebration Fark.	Ś	20,790.00	Ś	19.548.00	iliciease).

MARKETING				
Season Marketing	Retain marketing staff and add social media expertise to oversee all activities and launch an aggressive acquisition campaign.	\$ 50,910.00	\$	There were 26,261 total in-person patrons, an 18% increase. E-mail campaigns increased by 73%, while total e-mails sent increased by 52%. Social media interactions increased by 71%, website users grew by 15%; engagements (clicks+viewthroughs) increased by 30%, and first time visitors increased by 44%. New digital adsiderached 457,000 targets. We piloted rack card distribution at all SC interstate rest areas and expanded underwriting spots on SC Public Radio.
Total		\$ 50,910.00	\$ 79,502.00	

**Total Budget to Actual** 

\$ 1,461,952.00 \$ 1,562,485.00

HHSO offerings represent the largest ongoing year-round musical attraction on the island.

As we begin our 43rd Anniversary Season, the Hilton Head Symphony Orchestra is grateful for the historically reliable public support through the Hilton Head Island Accommodation Tax grants. We respectfully request a \$20,000 increase (6%) for calendar year 2025 to support our continued significant audience growth at all of our presentations, including those at SoundWaves. The many new initiatives launched since COVID are meant to expand the diversity of our offerings and, thereby, expand the diversity of our audiences. We look to collaborate with our Hilton Head Island partners who are succeeding in bringing tourists to experience the Gullah Geechee culture by growing our series of authentic art forms—music, storytelling, and visual art—to enhance the draw. Increased ATAX funding will allow us to increase our budget for artistic talent, to improve outdoor productions with enhanced theatrical lighting at Lowcountry Celebration Park, and to boost our marketing efforts through more dedicated human resources, targeted advertising, and new social media efforts. It will also fund the HHSO's first year (of a three-year) commitment totaling \$18,000 to participate in Monopoly Hilton Head Island Edition, to be launched in March, 2025. According to the creators, who are officially sanctioned by Hasbro, the new game will be aggressively promoted nationwide, with special efforts to the Ohio market.

Increased funding will permit us to continue developing our social media communications, acquire new audiences through new digital marketing and email acquisition, and support a dedicated social media professional.

Our 2023-2024 season saw increases in tourists (814, or 19.93%), visitors (1,580 or 66.58%), and residents (4,955 or 64.29%). Unfortunately, for the purposes of HHI ATAX calculations, our growth in resident attendance skews our overall percentages: the tourist percentage dropped to 22.76% (-6.07%), while visitors increased to 18.37% (+1.62%) and residents increased to 58.86% (+4.44%). It is our hope that such an extraordinary increase in resident attendance will not overshadow the 2,394 additional tourists and visitors drawn last season.

Thank you to the Accommodations Tax Advisory Committee for your consideration of the Hilton Head Symphony Orchestra's request to help drive and enhance Hilton Head Island tourism through music, attracting a total audience of 28,567 last season, that includes 27,665 live attendees (a 24.5% increase over 2022-2023).

### **Visitor Survey Results**

### 7/13/23

- 397 emails sent
- 77% open rate
- 65 surveys completed
- 16% completion

Q1 - How frequently do you visit the Hilton Head area?

- Once per year 37%
- Multiple times per year 50%
- First visit 13%

Q2 – When you visit the area, where do you typically stay?

- Hotel 19%
- Family/Friends 28%
- Vacation Rental 53%
- Other Comments: Time share, own a home, RV

Q3 – When you visit, how long do you typically stay?

- Less than one week 15%
- At least one week 63%
- One month or more 22%

Q4 – How many are there in your party/family?

- 1-8%
- 2 43%
- 3-6%
- 4 21%
- Other 22% Comments: Larger groups whole families, friends traveling together

Q5 – What time of the year do you usually visit the Hilton Head area?

- Winter 5%
- Spring 29%
- Summer 47%
- Fall 19%

Q6 – What is your age group?

- Under 40 5%
- 40 –49 14%
- 50-59 25%
- 60-69 43%
- 70 and over 14%

Q7 – How did you learn about the HHSO concert you attended?

- Poster 44%
- Rack Card 3%
- TV Advertisement 6%
- Print Ad 47%
- Other Comments: Word of mouth, online, email, Facebook, MeetUp group,

Q8 – When you are back in town, will you try to attend another HHSO performance?

• Yes – 98%

## HILTON HEAD SYMPHONY ORCHESTRA EXECUTIVE COMMITTEE

MEETING MINUTES: Thursday, August 29, 2024

The meeting was held virtually, with Mary Princing, Bob Cherichella, Terry Orr, Art Handman, Carol Hack, and Alan Jordan participating.

Upon a request from Jordan, it was moved by Cherichella, and seconded by Orr, that the Executive Committee act on behalf of the Board of Directors and approve submission of a grant request of \$350,000 to the Town of Hilton Head Island Accommodations Tax Advisory Committee for calendar year 2025; motion passed.

This action will be ratified by the Board of Directors at its September 26, 2024, meeting.

The next committee meeting is scheduled for Thursday, September 19, 2024, at 10:00 am. There being no further business, the meeting was adjourned.

Respectfully submitted,

Alan Jordan, President and CEO



# HILTON HEAD SYMPHONY ORCHESTRA OPERATING BUDGET, FY25 (July 1, 2024 - June 30, 2025) APPROVED MAY 30, 2024

		ORCH.	(	OUTDR.						SOUND				
		SERIES		PERF.		HHIPC		EdCE		WAVES		ADMIN.		TOTAL
Ticket Sales and Contract Fees	\$	568,507	\$	25,500	\$	69,500	\$	49,915	\$	83,250	\$	-	\$	796,672
Annual Fund	\$	309,500	\$	128,235	\$	263,500	\$	94,212	\$	51,000	\$	848,284	\$	1,694,731
	١.								_				١.	
Investment Income	\$	-	\$	-	\$	1,000	\$	22,497	\$	-	\$	28,591	\$	52,088
Misc Income	\$	-	\$	960	\$	1,750	\$	-	\$	11,200	\$	35,000	\$	48,910
TOTAL INCOME	\$	878,007	\$	154,695	\$	335,750	\$	166,624	\$	145,450	\$	911,875	\$	2,592,401
Artistic Expenses	\$	741,548	\$	90,588	\$	168,682	\$	67,893	\$	39,651	\$	153,035	\$	1,261,396
Production Expenses	\$	84,298	\$	57,793	\$	51,548	\$	4,047	\$	36,960	\$	46,318	\$	280,963
	_		_			04.000	_	20.750	_		_			404.040
Education and Community Engagement Expenses	\$	-	\$	-	\$	84,299	\$	39,750	\$	-	\$	-	\$	124,048
Marketing Expenses	\$	41,595	\$	7,513	\$	15,335	\$	4,948	\$		\$	62,495	\$	131,886
Marketing Expenses	۶	41,595	Ş	7,515	۶	15,555	Ş	4,940	Ş	-	Ş	02,493	۶	131,000
Development Expenses	\$		\$	_	\$	28,000	\$	_	\$		\$	2,000	\$	30,000
Development Expenses	7		7		_	20,000	7		_		7	2,000		30,000
Administrative Expenses	\$	-	\$	-	\$	-	\$	650	\$	122,439	\$	627,068	\$	750,156
·										·		<u> </u>		
TOTAL EXPENSE	\$	867,441	\$	155,894	\$	347,863	\$	117,287	\$	199,049	\$	890,916	\$	2,578,451
CASH NET	\$	10,566	\$	(1,199)	\$	(12,113)	\$	49,337	\$	(53,599)	\$	20,959	\$	13,951
NON-CASH ACTIVITY			<u> </u>				<u> </u>		_		_			
Depreciation Expense	\$	-	\$	-	<u> </u>		\$	-	\$	-		(120,180)		(120,180)
TOTAL NON-CASH ACTIVITY	\$	-	\$	-	\$	-	\$	-	\$	-	\$	(120,180)	\$	(120,180)
NET	_	40 566	_	(4.400)	_	(42.442)	,	40.22=		/F2 F63\	,	(00.004)	,	(405.000)
NET	\$	10,566	\$	(1,199)	<b>\</b>	(12,113)	<b>Ş</b>	49,337	\$	(53,599)	<b>Ş</b>	(99,221)	>	(106,229)

# HILTON HEAD SYMPHONY ORCHESTRA, INC. STATEMENTS OF FINANCIAL POSITION As of June 30, 2024 and 2023

ASSETS		mmarized formation
Current Assets	 2024	2023
Cash and equivalents	\$ 538,708	\$ 537,607
Pledge and other receivables	20,573	28,250
Prepaid expenses	 20,758	 11,801
Total Current Assets	 580,039	 577,658
Property And Equipment		
Furniture, fixtures and equipment	140,360	138,226
Leasehold improvements	841,252	841,252
Accumulated depreciation	 (766,193)	 (636,868)
Total Property And Equipment	 215,419	 342,610
Other Assets		
Foundation endowment fund	229,212	218,330
Investments:		
Board designated quasi-endowment fund	297,039	332,001
Donor restricted	683,511	622,393
Total Investments	 980,550	954,394
Operating lease right-of-use-asset	123,077	201,917
Security deposits	 17,790	17,790
TOTAL ASSETS	\$ 2,146,087	\$ 2,312,699
LIABILITIES AND NET ASSETS		
Current Liabilities		
Accounts payable	\$ 8,268	\$ 13,392
Line of credit	100,000	50,000
Operating lease liability	123,077	131,521
Payroll taxes payable	9,987	10,683
Deferred ticket revenues	259,380	195,539
Deferred contribution and fundraising revenues	465,394	436,372
Total Current Liabilities	966,106	837,507
Operating lease liability, net of current portion	 <u>-</u>	 70,396
TOTAL LIABILITIES	 966,106	 907,903
Net Assets		
Without donor restrictions:		
Undesignated	(3,719)	232,062
Board designated	 297,039	 332,001
Total Net Assets Without Donor Restrictions	293,320	564,063
With donor restrictions	 886,661	 840,733
Total Net Assets	 1,179,981	 1,404,796
TOTAL LIABILITIES AND NET ASSETS	\$ 2,146,087	\$ 2,312,699

See accompanying notes and independent auditor's report.

# HILTON HEAD SYMPHONY ORCHESTRA, INC. STATEMENTS OF FINANCIAL POSITION As of June 30, 2023 and 2022

ASSETS				nmarized Formation
Current Assets		2023		2022
Cash and equivalents	\$	537,607	\$	548,267
Pledge and other receivables		28,250		1,500
Prepaid expenses	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	11,801	<del></del>	13,482
Total Current Assets		577,658		563,249
Property And Equipment				
Furniture, fixtures and equipment		138,226		137,208
Leasehold improvements		841,252		841,252
Accumulated depreciation		(636,868)		(507,263)
Total Property And Equipment		342,610		471,197
Other Assets				
Foundation endowment fund		218,330		214,074
Investments:				
Board designated quasi-endowment fund		332,001		180,687
Donor restricted		622,393		515,768
Total Investments		954,394		696,455
Operating lease right-of-use-asset		201,917		-
Security deposits		17,790		17,790
TOTAL ASSETS	\$	2,312,699	\$	1,962,765
LIABILITIES AND NET ASSETS				
Current Liabilities				
Accounts payable	\$	13,392	\$	17,944
Line of credit		50,000		-
Operating lease liability		131,521		•
Payroll taxes payable		10,683		13,230
Deferred ticket revenues		195,539		163,962
Deferred contribution and fundraising revenues		436,372		267,740
Total Current Liabilities		837,507		462,876
Operating lease liability, net of current portion		70,396		_
TOTAL LIABILITIES		907,903		462,876
Net Assets				
Without donor restrictions:				
Undesignated		232,062		589,362
Board designated		332,001		180,687
Total Net Assets Without Donor Restrictions		564,063		770,049
With donor restrictions		840,733		729,840
Total Net Assets		1,404,796		1,499,889
TOTAL LIABILITIES AND NET ASSETS	\$	2,312,699	\$	1,962,765

# HILTON HEAD SYMPHONY ORCHESTRA, INC. STATEMENTS OF FINANCIAL POSITION As of June 30, 2022 and 2021

ASSETS			Info	nmarized ormation
Current Assets		2022		2021
Cash and equivalents	\$	548,267	\$	95,599
Pledge and other receivables		1,500		29,955
Prepaid expenses	-	13,482		105.554
Total Current Assets		563,249		125,554
Property And Equipment				
Furniture, fixtures and equipment		137,208		131,855
Leasehold improvements		841,252		841,252
Accumulated depreciation	_	(507,263)		(377,814)
Total Property And Equipment		471,197		595,293
Other Assets				
Foundation endowment fund Investments:		214,074	2	263,010
Board designated quasi-endowment fund		180,687		4)
Donor restricted		515,768		512,906
Total Investments		696,455	× 200	512,906
Security deposits	2	17,790		17,790
TOTAL ASSETS	\$	1,962,765	\$	1,514,553
LIABILITIES AND NET ASSETS				
Current Liabilities				
Accounts payable	\$	17,944	\$	67,516
Payroll taxes payable		13,230		8,583
Deferred ticket revenues		163,962		10 S S S S S S S S S S S S S S S S S S S
Deferred contribution and fundraising revenues		267,740		107,457
Paycheck protection program loan	2	= 1	***	201,600
Total Current Liabilities	<b>.</b>	462,876	<u> </u>	385,156
TOTAL LIABILITIES		462,876		385,156
Net Assets				
Without donor restrictions:				
Undesignated		589,362		353,481
Board designated		180,687		
Total Net Assets Without Donor Restrictions	5 <del>. 50 m</del> a _ 2	770,049	\$ <u>_</u>	353,481
With donor restrictions		729,840		775,916
Total Net Assets		1,499,889	-	1,129,397
TOTAL LIABILITIES AND NET ASSETS	\$	1,962,765	\$	1,514,553

### **DRAFT**

### HILTON HEAD SYMPHONY ORCHESTRA, INC. STATEMENT OF ACTIVITIES AND CHANGES IN NET ASSETS Years Ended June 30, 2024 and 2023

			2024				
		thout Donor Restrictions	Vith Donor estrictions	_	Total		ummarized nformation 2023
REVENUE AND SUPPORT							
Admissions	\$	732,419	\$ -	\$	732,419	\$	595,360
Contributions and grants		761,977	218,727		980,704		1,214,463
Government support		426,616	-		426,616		532,882
Fundraising and other support		181,556	61,178		242,734		199,787
Investment income		55,144	82,116		137,260		100,099
Restrictions satisfied by payments		316,093	(316,093)				
Total Revenue and Support	_	2,473,805	45,928	_	2,519,733		2,642,591
EXPENSES							
Program		1,917,294	-		1,917,294		1,968,744
Management and general		721,378	-		721,378		671,119
Marketing and development		105,876	-		105,876		97,821
Total Expenses		2,744,548	-		2,744,548		2,737,684
INCREASE (DECREASE) IN NET ASSETS		(270,743)	45,928		(224,815)		(95,093)
NET ASSETS AT BEGINNING OF YEAR	_	564,063	 840,733		1,404,796		1,499,889
NET ASSETS AT END OF YEAR	\$	293,320	\$ 886,661	\$	1,179,981	\$	1,404,796

### **DRAFT**

## HILTON HEAD SYMPHONY ORCHESTRA, INC. STATEMENTS OF FUNCTIONAL EXPENSES

Years Ended June 30, 2024 and 2023

		20			
	Program Services	Management and General	Marketing and Development	Total	Summarized Information 2023
Salaries and wages	\$ 698,716	\$ 369,806	\$ 16,961	\$ 1,085,482	\$ 1,071,293
Payroll taxes and related benefits	106,820	28,866	1,324	137,009	141,919
Total payroll and benefits	805,536	398,672	18,285	1,222,491	1,213,212
Facilities cost	222,340	73,199	-	295,539	342,482
Contract services	359,706	21,301	-	381,008	322,762
Marketing and advertising	67,581	67,581	-	135,161	149,378
Performance production costs	138,816	-	-	138,816	129,920
Travel and lodging	155,919	-	-	155,919	156,297
Prizes, judges and awards	5,305	-	-	5,305	63,489
Fundraising	-		85,143	85,143	55,364
Office	7,344	31,426	2,448	41,219	47,914
Bank fees	-	22,738	-	22,738	16,851
Depreciation	90,528	38,798	-	129,325	129,604
Other	64,220	67,664		131,884	110,411
Total expenses	\$ 1,917,294	\$ 721,378	\$ 105,876	\$ 2,744,548	\$ 2,737,684

### HILTON HEAD SYMPHONY ORCHESTRA, INC. STATEMENT OF ACTIVITIES AND CHANGES IN NET ASSETS Years Ended June 30, 2023 and 2022

				2023			
		hout Donor	With Donor Restrictions		Total		ummarized nformation 2022
REVENUE AND SUPPORT							
Admissions	\$	595,360	\$	-	\$	595,360	\$ 538,343
PPP loan forgiveness		-		-		-	201,600
Contributions and grants		871,394		343,069		1,214,463	1,104,313
Government support		532,882		-		532,882	909,576
Fundraising and other support		169,727		30,060		199,787	252,074
Investment income (loss)		31,815		68,284		100,099	(119,705)
Restrictions satisfied by payments		330,520		(330,520)			 -
Total Revenue and Support	2,531,698			110,893	2,642,591		 2,886,201
EXPENSES							
Program		1,968,744		=		1,968,744	1,790,957
Management and general		671,119		•		671,119	648,133
Marketing and development		97,821		_		97,821	76,619
Total Expenses		2,737,684		<u>-</u>		2,737,684	 2,515,709
INCREASE (DECREASE) IN NET ASSETS		(205,986)		110,893		(95,093)	370,492
NET ASSETS AT BEGINNING OF YEAR		770,049		729,840		1,499,889	 1,129,397
NET ASSETS AT END OF YEAR	\$	564,063	\$	840,733	\$	1,404,796	\$ 1,499,889

# HILTON HEAD SYMPHONY ORCHESTRA, INC. STATEMENTS OF FUNCTIONAL EXPENSES Years Ended June 30, 2023 and 2022

	Program Services	Management and General	Marketing and <u>Development</u>	Total	Summarized Information 2022
Salaries and wages	\$ 710,359	\$ 324,371	\$ 36,563	\$ 1,071,293	\$ 966,358
Payroll taxes and related benefits	111,718	27,142	3,059	141,919	129,763
Total payroll and benefits	822,077	351,513	39,622	1,213,212	1,096,121
Facilities cost	274,949	67,533	-	342,482	343,272
Contract services	306,738	16,024	-	322,762	293,946
Marketing and advertising	74,689	74,689	-	149,378	130,609
Performance production costs	129,920	· -	-	129,920	154,277
Travel and lodging	156,297	-	-	156,297	61,965
Prizes, judges and awards	63,489	-	-	63,489	87,832
Fundraising			55,364	55,364	64,134
Office	8,504	36,575	2,835	47,914	45,041
Bank fees		. 16,851	-	16,851	15,605
Depreciation	90,723	38,881	-	129,604	129,449
Other	41,358	69,053		110,411	93,458
Total expenses	\$ 1,968,744	\$ 671,119	\$ 97,821	\$ 2,737,684	\$ 2,515,709

# HILTON HEAD SYMPHONY ORCHESTRA, INC. STATEMENT OF ACTIVITIES AND CHANGES IN NET ASSETS Years Ended June 30, 2022 and 2021

				2022						
		Without Donor Restrictions Restrictions						Total	_	ummarized nformation 2021
REVENUE AND SUPPORT						•				
Admissions	\$	538,343	\$	₩0	\$	538,343	\$	242,774		
PPP loan forgiveness		201,600		<del>-</del>		201,600		37.		
Contributions and grants		1,161,052		292,373		1,453,425		1,087,376		
Government Support		560,464		4.		560,464				
Fundraising and other support		193,629		58,445		252,074		35,731		
Investment income (loss)		(5,801)		(113,904)		(119,705)		173,300		
Restrictions satisfied by payments		282,990		(282,990)						
Total Revenue and Support	-	2,932,277		(46,076)	1.00	2,886,201	2	1,539,181		
EXPENSES										
Program		1,790,957		-		1,790,957		990,213		
Management and general		648,133		2		648,133		509,487		
Marketing and development		76,619	8	·		76,619		58,249		
Total Expenses		2,515,709	,	-	Server Se	2,515,709	Service	1,557,949		
(DECREASE) INCREASE IN NET ASSETS		416,568		(46,076)		370,492		(18,768)		
NET ASSETS AT BEGINNING OF YEAR		353,481		775,916		1,129,397		1,148,165		
NET ASSETS AT END OF YEAR	\$	770,049	\$	729,840	\$	1,499,889	\$	1,129,397		

# HILTON HEAD SYMPHONY ORCHESTRA, INC. STATEMENTS OF FUNCTIONAL EXPENSES Years Ended June 30, 2022 and 2021

	2022										
	Program Services		Management and General		Marketing and Development		-	Total	Summarized Information 2021		
Salaries and wages	\$	657,173	\$	300,085	\$	9,100	\$	966,358	\$	607,076	
Payroll taxes and related benefits		101,956		26,989		818		129,763		100,511	
Total payroll and benefits		759,129		327,074		9,918		1,096,121		707,587	
Facilities cost		263,119		80,153		-		343,272		231,096	
Contract services		272,533		21,413		•		293,946		262,341	
Marketing and advertising		65,305		65,304				130,609		35,646	
Performance production costs		154,277		(*)				154,277		85,214	
Travel and lodging		61,965		æ		=		61,965		16,214	
Prizes, judges and awards		87,832		; <del>-</del> ;		-		87,832		300	
Fundraising		15		_		64,134		64,134		10,239	
Office		7,702		34,772		2,567		45,041		41,129	
Bank fees		8-		15,605		= 2		15,605		11,528	
Depreciation		90,614		38,835		-2		129,449		128,392	
Other	2	28,482		64,976	-		-	93,458	_	28,263	
Total expenses	\$ 1,	790,957	\$	648,133	\$	76,619	\$	2,515,709	\$	1,557,949	

990

**Return of Organization Exempt From Income Tax** 

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

OMB No. 1545-0047 2022 Open to Public Inspection

Department of the Treasury Internal Revenue Service

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) Go to www.irs.gov/Form990 for instructions and the latest information.

<u>A</u>	For the	e 2022 c	alendar year, or tax year beginning 07	/01/22 , and ending $06/3$	0/23				
В	Check if ap	pplicable:	C Name of organization			I	D Employer	identification n	number
	Address ch	change	Hilton Hea	d Symphony Orchestra In	nc				
一	Name char	ngo	Doing business as				57-0	761297	
믬	INALLIE CHAI	ii ige	Number and street (or P.O. box if mail is not delivered		Room	n/suite	E Telephone		
Ш	Initial retur		7 Lagoon Road, Suite 10				843-	842-205	)5
	Final return terminated		City or town, state or province, country, and ZIP or fo	• •					
$\overline{\Box}$	Amended			SC 29928			G Gross rec	eipts\$2,	,606,391
믬			F Name and address of principal officer:		11/4	a) Is this a grou	n ratura for a	ubordinatos?	Yes X No
Ш	Application	n pending	Alan Jordan		"(	a) is this a grou	p retuin ior s	uborumates:	
			7 Lagoon Road, Suite	e 100	H(I	b) Are all subo	rdinates incl	uded?	Yes No
			Hilton Head Island	SC 29928		If "No," a	attach a list.	See instructions	
ı	Tax-exem	npt status:	<b>X</b> 501(c)(3) 501(c) ( ) (inse	rt no.) 4947(a)(1) or 527					
J	Website:	W	ww.HHSO.org		H(c	c) Group exem	ption numbe	r	
ĸ	Form of o	organization:	X Corporation Trust Association	Other	L Year of	formation: 19	82	M State of lega	al domicile: SC
	Part I		mmary						
	1 B		scribe the organization's mission or most s	significant activities:					
a			Schedule 0						
ü									
Governance									
o Ve	2 0	Check th	s box if the organization discontinued i	ts operations or disposed of more than	25% of its	 s net assets			
	1		of voting members of the governing body (F	\t\/II-18				18	
•ඊ ග			of independent voting members of the gove					18	
ij	5 T	Total pun	nber of individuals employed in calendar year	or 2022 (Part V. line 20)			5	156	
Activities			nber of volunteers (estimate if necessary)					467	
ĕ								407	0
	/a	lot upral	elated business revenue from Part VIII, colu		7b		0		
	l d	vet unrei	ated business taxable income from Form 99	90-1, Part I, line 11	· · · · · · · · · · · · · · · · · · ·	Prior Year		Curren	nt Year
	8 (	Contribut	ons and grants (Part VIII, line 1h)			2,325			17,071
ne	9 F	Program	service revenue (Part VIII, line 2g)				,343		95,360
Revenue	10 lr	nveetme	nt income (Part VIII, column (A), lines 3, 4,	and 7d)			,947		63,899
æ	10 "	Other rev	enue (Part VIII, column (A), lines 5, 6d, 8c,	0c 10c and 11c)			,944		19,305
	1					2,950		2 5	95,635
	1		enue – add lines 8 through 11 (must equal			2,330	,233	2,5	03, 03 <u>3</u>
			nd similar amounts paid (Part IX, column (A						0
			paid to or for members (Part IX, column (A)			1,096	121	1 2	213,212
ses	15 5	Salaries,	other compensation, employee benefits (Panal fundraising fees (Part IX, column (A), lindraising expenses (Part IX, column (D), line	art IX, Column (A), lines 5–10)		1,090	,	1,2	. <u>, 2</u>
ens	16a P	rolessio	nai fundraising fees (Part IX, column (A), iii	97.065					
Expenses						1 255	151	1 5	513,716
_	"		penses (Part IX, column (A), lines 11a-11d,			1,355			
			enses. Add lines 13–17 (must equal Part I)			2,451			26,928
وي		revenue	less expenses. Subtract line 18 from line 1	Z	Reni	nning of Curre	, 678		131,293 of Year
Net Assets or	3 20 T	Total acc	ets (Part X, line 16)			1,962			312,700
SSE	20 1		(D+ V II 00)		- 1		,873		907,904
₹ 1	21 1		s or fund balances. Subtract line 21 from li			1,499			04,796
	Part II		gnature Block	ile 20		1,400	,005	-,-	104,150
			perjury, I declare that I have examined this return	including accompaning ashedulas and at	atamanta a	ad to the bee	t of my len	auladaa and h	
			omplete. Declaration of preparer (other than office				•	owiedge and L	Jellel, It IS
		r r		,	'	<del>, , , , , , , , , , , , , , , , , , , </del>	$\neg$		
Siç	nn l	Signature	of officer				Date		
		"		Presiden	t and	CEO	Date		
He	16		n Jordan rint name and title	riestaen	ic allo	LCEU			
_			preparer's name	Preparer's signature		Date		if PTIN	
Pai	Ч	"				Date	Check	ш"	
	parer			Patrick P. Carey, Jr., CPA			self-em		033247
		Firm's na				Fin	m's EIN	5/-09	927046
US	Only		70 Main Street					040 60	1 4400
		Firm's ad		•		Ph	one no.		31-4430
Ma	v the IR	S discus	s this return with the preparer shown above	e? See instructions				/ <b>X</b> I	Yes No

	1 990 (2022) Hilton Head Symphony Orchestra Inc 57-0761297	Page <b>2</b>
Pa	art III Statement of Program Service Accomplishments	
	Check if Schedule O contains a response or note to any line in this Part III	<u></u>
1	Briefly describe the organization's mission:	
	The HHSO inspires audiences with musical excellence, enriches lives	through
	youth programming and community performances, and unites the Lowcoun	
		cry as
а	n arts and cultural destination.	
2	Did the organization undertake any significant program services during the year which were not listed on the	
	prior Form 990 or 990-EZ?	Yes X No
	If "Yes," describe these new services on Schedule O.	
3	Did the organization cease conducting, or make significant changes in how it conducts, any program	
	services?	Yes X No
	If "Yes," describe these changes on Schedule O.	
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by	
7	expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others,	
	the total expenses, and revenue, if any, for each program service reported.	
4a	(Code: ) (Expenses \$ 1,968,743 including grants of \$ ) (Revenue \$ 5	95,360
D	Provided 71 live performances including 18 Orchestra Series concerts	
H	Hilton Head International Piano Competition events, 9 free Outdoor P	ops and
J	Jazz In The Park presentations, 10 Supper Club performances, 4 Gulla	.h
	Cultural Series and 2 special SoundWaves presentations, a Youth Cond	
	Competition, 2 Young Persons Concerts, a Holiday Pops program in Blu	
а	and a 10-day Chamber Music Institute with 9 live performances.	
4h	(Code: ) (Expenses \$ including grants of \$ ) (Revenue \$	
	I/A	/
TA	V.A	
4c	(Code: ) (Expenses \$ including grants of \$ ) (Revenue \$	)
	I/A	/
14	V.S	
	·	
	•	
	······································	
	·	
	·	
4d	Other program services (Describe on Schedule O.)	
	(Expenses \$ including grants of \$ ) (Revenue \$ )	
40	Total program service expenses 1,968,743	
40	rotal program service expenses 1,300,143	

	·		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"			
	complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to			
	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,			l
	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,	_		x
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			x
•	complete Schedule D, Part III	8		
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a			
	custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or	9		x
10	debt negotiation services? If "Yes," complete Schedule D, Part IV  Did the organization, directly or through a related organization, hold assets in donor-restricted endowments	_ <del></del>		
10	or in guari and aumanta? If "Vaa" appropria Cahadula D. Dart V	10	х	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,	10		
••	VII, VIII, IX, or X, as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"			
-	complete Schodule D. Bert VI	11a	х	
b	Did the organization report an amount for investments—other securities in Part X, line 12, that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		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	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	Х	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If			
	"Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,			
	fundraising, business, investment, and program service activities outside the United States, or aggregate			
	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or			
4.0	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		
47	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on	17		x
10	Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I.</i> See instructions  Did the organization report more than \$15,000 total of fundraising event gross income and contributions on	17		_^
18		18	х	
19		10	A	$\vdash$
13	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
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20a		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			$\vdash$
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		x
				-

Form 990 (2022) Hilton Head Symphony Orchestra Inc 57-0761297 Checklist of Required Schedules (continued) Yes No Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on X 22 Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated X employees? If "Yes." complete Schedule J 23 Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b X through 24d and complete Schedule K. If "No," go to line 25a **b** Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? 24b c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? 24c d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? 24d 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 27 Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these X persons? If "Yes," complete Schedule L, Part III 27 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? 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 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 29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M 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 31 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," X complete Schedule N, Part II 33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I X Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, 34 or IV, and Part V, line 1 X 35a Did the organization have a controlled entity within the meaning of section 512(b)(13)? 35a 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 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 and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI X Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 192 Note: All Form 990 filers are required to complete Schedule O

	13: Note: All 1 offit 330 filets are required to complete defiedule O.			1 00		
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>	. L
					Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable	1a	45			
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					

Pa	rt V Statements Regarding Other IRS Filings and Tax Compliance (continu	ıed)			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	156			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax return	าร?		2b	Х	
3a				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			3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other a					
	a financial account in a foreign country (such as a bank account, securities account, or other financial	accou	ınt)?	4a		X
b	If "Yes," enter the name of the foreign country					
_	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial A	ccoun	ts (FBAR).			v
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transact	lion?		5b		Х
C	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			60		х
b	organization solicit any contributions that were not tax deductible as charitable contributions?			6a		
D	qifts were not tax deductible?	15 01		6b		
7	Organizations that may receive deductible contributions under section 170(c).			0.0		
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for g	onds				
<u>.</u>	and conject provided to the payor?			7a	х	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?			7b	X	
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was					
	required to file Form 8282?			7c		X
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 co	ntract	?	7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contra			7f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form	m 889	99 as required?	7g		X
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization	ion file	e a Form 1098-C?	7h		X
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained	by th	ie			
	sponsoring organization have excess business holdings at any time during the year?			8		
9	Sponsoring organizations maintaining donor advised funds.					
а				9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? $\dots$			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:					
a	Gross income from members or shareholders	11a				
b	Gross income from other sources. (Do not net amounts due or paid to other sources	446				
12a	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	11b		12a		
b	1	12b		12a		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	120				
а	le the organization licensed to issue qualified health plane in more than one state?			13a		
-	Note: See the instructions for additional information the organization must report on Schedule O.			100		
b	Enter the amount of reserves the organization is required to maintain by the states in which					
	' '	13b				
С	Enter the amount of reserves on hand	13c				
14a	Did the organization receive any payments for indoor tanning services during the tax year?			14a		Х
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule	0		14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuner					
	excess parachute payment(s) during the year?			15		Х
	If "Yes," see instructions and file Form 4720, Schedule N.					
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment	incom	e?	16		Х
	If "Yes," complete Form 4720, Schedule O.					
17	Section 501(c)(21) organizations. Did the trust, any disqualified or other person engage in any activi	ties				
	that would result in the imposition of an excise tax under section 4951, 4952 or 4953?			17		
	If "Yes," complete Form 6069.					

DAA

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

<u> </u>	tion A. Governing Body and Management					
			1.0		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	18	-		
	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.	l l	1.0			
b	Enter the number of voting members included on line 1a, above, who are independent	1b	18	-		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with					
	any other officer, director, trustee, or key employee?			2		X
3	Did the organization delegate control over management duties customarily performed by or under the direct					
				3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed	?		4		X
5				5		X
6	Did the organization have members or stockholders?			6		Х
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint					
	one or more members of the governing body?			7a		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,					
	stockholders, or persons other than the governing body?			7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year	ar by th	ne following:			
а	The governing body?			8a	X	
b	Each committee with authority to act on behalf of the governing body?			8b	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at					
	the organization's mailing address? If "Yes," provide the names and addresses on Schedule O			9		<u> </u>
Sec	tion B. Policies (This Section B requests information about policies not required by the Inter	nal R	evenue Co	ode.)		
					Yes	No
10a	Did the organization have local chapters, branches, or affiliates?			10a		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,					
	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?			10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing	the fo	rm?	11a	X	
b	Describe 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			12a	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give ris	e to co	nflicts?	12b	X	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"					
	describe on Schedule O how this was done			12c	X	
13	Did the organization have a written whistleblower policy?			13		X
14	Did the organization have a written document retention and destruction policy?			14		Х
15	Did the process for determining compensation of the following persons include a review and approval by					
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?					
а	The organization's CEO, Executive Director, or top management official			15a	X	
b	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?			16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its					
	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the					
	organization's exempt status with respect to such arrangements?			16b		
Sec	tion C. Disclosure					
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 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 6104 requires an organization or 1024-A, if applicable), 990, and 990-T (section 6104 requires an organization or 1024-A, if applicable), 990, and 990-T (section 6104 requires and 6104 require	ection 5	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)					
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of inter-	est po	icy,			
	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 reco	rds				
	usan Strange 7 Lagoon Road	_	_	_		
H	ilton Head Island SC 2992	8	843	8-84	2-2	005

orm 990 (2022)	Hilton	Head	Symphony	Orchestra	Inc	57-0761297

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 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.

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

		-						· · · · · · · · · · · · · · · · · · ·				
<b>(A)</b> Name and title	(B) Average hours per week	box	c, unle	ess pe	ition more rson is	than or	an ee)	(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 Individual trustee or director		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) Alan Jordan						$\Box$						
President and CEO	40.00					x		142,278	0	0		
(2) Rabbi Brad Bloom												
	2.00											
Board Member	0.00	X				$\vdash$		0	0	0		
(3) Joan Dattelbaum	2.00											
Board Member	0.00	x						0	0	0		
(4) John Elliot	0.00	22				$\vdash$						
(,, , , , , , , , , , , , , , , , , , ,	2.00											
Board Member	0.00	X						0	0	0		
(5) Donald Flora												
	3.00								_	_		
Treasurer	0.00	X		Х		$\sqcup$		0	0	0		
(6) Charles Frost	0.00											
Board Member	2.00 0.00	x						0	0	0		
(7) Carol Gyllenhof:	0.00 €	Λ				H		0	0	0		
(r) caror Gyrreimor.	2.00											
ex officio	0.00	X						0	0	0		
(8) Carolyn Hack						П		_	_			
	2.00											
Secretary	0.00	X		X				0	0	0		
(9) Michael Harter												
	5.00											
Chairman	0.00	X		Х		$\vdash \vdash$		0	0	0		
(10) Barbara Holmes	3.00											
V-Chair Res Develop	0.00	x		x				0	0	0		
(11) Mario Incorvaia	0.00	41				$\mid \mid \mid$						
· ,	40.00											
ex officio	0.00	X						0	0	0		
<u> </u>										Form 990 (2022)		

2801 10/11/2023 10:21 AM
Form 990 (2022) **Hilton Head Symphony Orchestra Inc 57-0761297** 

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)												
(A) Name and title	(C) Position (do not check more than or box, unless person is both officer and a director/truster per week			an	n Reportable	(E) Reportable compensation from related	(F) Estimated amount of other compensation					
	(list any hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee		organization (W-2/ 1099-MISC/ 1099-NEC)	organizations (W-2/ 1099-MISC/ 1099-NEC)	fr organi	om the ization and organization	
(12) Bret Jacobwit												
Board Member	0.00	X						0	0	ı		0
(13) Martin Lesch												
Board Member	2.00 0.00	X						0	0	ı		0
(14) Eric Magnin	0.00	1										
W Chain Church Dlan	3.00			v						ı		0
V-Chair Strat Plan (15) James Neumeis	0.00 ster	X		X				0	0			0
	2.00									ı		
Board Member (16) Mary Princing	0.00	X						0	0			0
(10) Hary rrincing	2.00									ı		
Board Member	0.00	X						0	0			0
(17) Connie Rathma	2.00									ı		
Board Member	0.00	X						0	0			0
(18) Charles Samps	on 2.00									ı		
Board Member	0.00	X						0	0			0
(19) Steven Shaima	40.00									ı		
ex officio	0.00	x						0	0	ı		0
1b Subtotal 142,278												
c Total from continuation sheets to Part VII, Section A												
2 Total number of individuals (in				thos	e lis	ted a	abo		\$100,000 of			
reportable compensation from	the organization	1	1								Yes	No
3 Did the organization list any <b>former</b> officer, director, trustee, key employee, or highest compensated employee on line 1a? <i>If</i> "Yes," <i>complete Schedule J for such individual</i>									3		x	
4 For any individual listed on line	e 1a, is the sum	of re	eport	able	con	npen	sat	tion and other compensation				
organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual										ı	х	
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person											Х	
Section B. Independent Contractor	0	<u>CG,</u>	COITI	picio	, 001	icaa	<i>1</i> C (	o for such person				
1 Complete this table for your five compensation from the organization										ear		
compensation from the organization. Report compensation for the cale  (A)  Name and business address							Ī	Descript		(C) Compensation		
John Morris Russell c/o 7												
Hilton Head Island SC 29928						H	Music Director				5,700	
							T			$\overline{}$		
							1			$-\!$		
2 Total number of independent of received more than \$100,000								nose listed above) who	1			

Part VIII Statement of Revenue Check if Schedule O contains a response or note to any line in this Part VIII (C) (D)
Revenue excluded from tax under (A) (B) Related or exempt Unrelated Total revenue function revenue business revenue sections 512-514 Gifts, Grants nilar Amounts 1a Federated campaigns 1a **b** Membership dues 1b 1c **c** Fundraising events d Related organizations ...... 1d e Government grants (contributions) ..... 532,882 f All other contributions, gifts, grants, 1,384,189 and similar amounts not included above .... 1f g Noncash contributions included in lines 1a-1f 13,155 1g 1,917,071 h Total. Add lines 1a-1f Business Code 307,529 307,529 Ticket sales Program Service Revenue 242,076 242,076 Subscription Sales Application fees 45,755 45,755 f All other program service revenue ..... 595,360 g Total. Add lines 2a-2f 3 Investment income (including dividends, interest, and 63,899 63,899 other similar amounts) 4 Income from investment of tax-exempt bond proceeds 5 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. 7с c Gain or (loss) d Net gain or (loss) ..... 8a Gross income from fundraising events (not including \$ of contributions reported on line 30,061 1c). See Part IV, line 18 **b** Less: direct expenses 10,756 19,305 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 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** Miscellaneous Revenue 11a d All other revenue Total. Add lines 11a-11d

2,595,635

595,360

Total revenue. See instructions

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 (A) Total expenses (B) Program service (C) Management and (D) Fundraising Do not include amounts reported on lines 6b, 7b, 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 Grants and other assistance to domestic individuals. See Part IV. line 22 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees ..... Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) 1,071,293 710,359 324,371 36,563 Other salaries and wages Pension plan accruals and contributions (include 52,278 52,278 section 401(k) and 403(b) employer contributions) Other employee benefits 89,641 59,440 27,142 3,059 Payroll taxes Fees for services (nonemployees): a Management ..... **b** Legal c Accounting 9,651 9,651 **d** Lobbying Professional fundraising services. See Part IV, line 17 Investment management fees ..... **g** Other. (If line 11g amount exceeds 10% of line 25, column 306,737 (A) amount, list line 11g expenses on Schedule O.) 357,718 6,373 44,608 149,378 12 Advertising and promotion ..... 74,689 74,689 47,914 8,504 36,575 2,835 Office expenses 13 Information technology 14 Royalties 342,482 274,949 67,533 Occupancy 16 156,297 156,297 Travel 17 Payments of travel or entertainment expenses for any federal, state, or local public officials Conferences, conventions, and meetings 19 20 Payments to affiliates ..... 21 129,604 90,723 38,881 Depreciation, depletion, and amortization 22 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.) 129,920 129,920 Production costs 41,358 Other expenses 110,412 69,054 Prizes, judges and awards 63,489 63,489 16,851 Bank Charges 16,851 e All other expenses 2,726,928 1,968,743 671,120 87,065 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 if following SOP 98-2 (ASC 958-720)

Pa	art >	Balance Sheet					
		Check if Schedule O contains a response or	note to any line	in this Part X	(A)	· · · · · · · · · · · · · · · · · · ·	(B)
					Beginning of year		End of year
	1	Cash—non-interest-bearing			548,267	1	537,607
	2	Savings and temporary cash investments			214,074	2	218,330
	3	Pledges and grants receivable, net			3		
	4	A		1,500	4	28,250	
	5	Loans and other receivables from any current or for	ector	1/300	_	20,230	
	"	trustee, key employee, creator or founder, substar					
		controlled entity or family member of any of these		N 0070		5	
	6	Loans and other receivables from other disqualified		fined			
"		under section 4958(f)(1)), and persons described in			6		
Assets	7	Notes and loans receivable, net			7		
Ass	8	lavourtanias fau asla su vas				8	
	9	Donald comment and defended decimal			13,482	9	11,801
	1	Land, buildings, and equipment: cost or other			13,402	9	11,001
	100	basis. Complete Part VI of Schedule D	102	979,477			
	h	Lance and the desired also and the second at	406	636,867	471,194	10c	342,610
	11	The second secon		,	696,455	11	954,395
	12	Investments—other securities. See Part IV, line 11			0,00,100	12	301/333
	13	Investments—program-related. See Part IV, line 1		13			
	14	listan sible accets				14	
	15	Other coasts Coa Dort IV line 11			17,790	15	219,707
	16	Total assets. Add lines 1 through 15 (must equal			1,962,762	16	2,312,700
	17	Accounts payable and accrued expenses			17,941	17	13,393
	18	Grants payable				18	
	19	Defermed receive	431,702	19	631,911		
	20	Tay exempt hand liabilities			20	001/011	
	21	Escrow or custodial account liability. Complete Par	D		21		
		Loans and other payables to any current or former	¯				
Liabilities		trustee, key employee, creator or founder, substan		or 35%			
pi		controlled entity or family member of any of these	norcono			22	
Ë	23	Secured mortgages and notes payable to unrelate				23	
	ı	Unsecured notes and loans payable to unrelated t				24	50,000
	25	Other liabilities (including federal income tax, paya		ird			33,000
		parties, and other liabilities not included on lines 1					
		of Schedule D	, .		13,230	25	212,600
	26	Total liabilities. Add lines 17 through 25			462,873	26	907,904
		Organizations that follow FASB ASC 958, check					
es		and complete lines 27, 28, 32, and 33.					
nc	27	AL ( 20 ( ) ) ( ) ( )			589,363	27	564,063
3ale	l	Not assets with depar restrictions	910,526	28	840,733		
٦		Organizations that do not follow FASB ASC 95	B. check here	¬·····	,		
핊		and complete lines 29 through 33.		-			
ō	29	Capital stock or trust principal, or current funds			29		
ets	30	Paid-in or capital surplus, or land, building, or equi			30		
\SS	31	Retained earnings, endowment, accumulated incompared in			31		
Net Assets or Fund Balances	32			1,499,889	32	1,404,796	
Ź	33	Total liabilities and net assets/fund balances			1,962,762	33	2,312,700

Form **990** (2022)

Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1	2,5	<u> </u>	
2	Total expenses (must equal Part IX, column (A), line 25)	2	2,7		
3	Revenue less expenses. Subtract line 2 from line 1	3		31,2	
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	1,4		
5	Net unrealized gains (losses) on investments	5		36,2	<u> 200</u>
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	1,4	04,	796
Pa	rt XII Financial Statements and Reporting				_
	Check if Schedule O contains a response or note to any line in this Part XII				
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other		_		
	If the organization changed its method of accounting from a prior year or checked "Other," explain 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		. 3b		

Form **990** (2022)

2801 10/11/2023 10:21 AM Form 990 (2022) **Hilton Head Symphony Orchestra Inc 57-0761297** 

Part VII Section A. Officer	s, Directors, Tru	Siee	3, r\	ey =	mpı	oyee	s, a	ind Hignest Compensated	d Employees (continued)				
(A) Name and title	(B) Average hours per week (list any hours for related organizations below	bo	x, unle	Pos check ess pe	erson i	than of s both or/trust Highest compensated employee	an	(D) Reportable compensation from the organization (W-2/ 1099-MISC/ 1099-NEC)	(E) Reportable compensation from related organizations (W-2/ 1099-MISC/ 1099-NEC)	Estima ol comp frr organi related		er ation he on and	,
(20) Alice Walton	2.00 0.00	x	96			ated		0	0				0
(21) Blake White Board Member	2.00	x						0	0				0
to Total from continuation she d Total (add lines 1b and 1c) Total number of individuals (in reportable compensation from	ets to Part VII, s	Secti  imite	ion A	<b>A</b>		 		e) who received more than	\$100,000 of				
<ul> <li>3 Did the organization list any femployee on line 1a? If "Yes,</li> <li>4 For any individual listed on line organization and related organization and related organization</li></ul>	" complete Schedine 1a, is the sum inizations greater	dule of re than crue	J for eport 1 \$15  com	table 50,00  pens	con 00? I	dividu npens f "Ye  n fror	al satio s," c m ar	on and other compensation complete Schedule J for su	from the ch		3 4 5	Yes	No
Section B. Independent Contract  Complete this table for your from the organ	ive highest comp	ensa	ited	inder	pend for th	ent o	contr	ractors that received more	than \$100,000 of	ear.			
	(A) d business address								(B) tion of services		Cor	(C) mpensatio	on
Total number of independent received more than \$100,000								se listed above) who					

# SCHEDULE A (Form 990)

Department of the Treasury Internal Revenue Service

### **Public Charity Status and Public Support**

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

Attach to Form 990 or Form 990-EZ.

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

2008 No. 1545-0047

Employer identification number Name of the organization Hilton Head Symphony Orchestra Inc 57-0761297 Reason for Public Charity Status. (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).) 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, 4 city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in 5 section 170(b)(1)(A)(iv). (Complete Part II.) 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college 9 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 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 II, 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 (iii) Type of organization (iv) Is the organization (v) Amount of monetary (vi) Amount of listed in your governing organization (described on lines 1-10 support (see other support (see

Organization	above (see instructions))	document?		instructions)	instructions)
		Yes	No		
(A)					
(B)					
(C)					
(D)					
(E)					
Total					

Page 2

	(Complete only if you che Part III. If the organization						fy under
Sec	tion A. Public Support			,			
	dar year (or fiscal year beginning in)	(a) 2018	<b>(b)</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	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						
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6	Public support. Subtract line 5 from line 4						
Sec	tion B. Total Support						
Calen	dar year (or fiscal year beginning in)	(a) 2018	<b>(b)</b> 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
7	Amounts from line 4						
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
9	Net income from unrelated business activities, whether or not the business is regularly carried on						
10 11	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
12	Gross receipts from related activities, etc.	(soo instructions)				12	
13	First 5 years. If the Form 990 is for the o						
13	organization, check this box and <b>stop her</b>	•		•	•		
Sec	tion C. Computation of Public S		ntage				
14	Public support percentage for 2022 (line 6			nn (f))		14	%
15	Public support percentage from 2021 Sch		4.4			4.5	
16a	33 1/3% support test—2022. If the organ			13 and line 14 is			70
	box and <b>stop here</b> . The organization qual						
b	33 1/3% support test—2021. If the organ				 15 is 33 1/3% or m	ore check	
-	this box and <b>stop here</b> . The organization						
17a	10%-facts-and-circumstances test—202						
	10% or more, and if the organization mee	_					
	Part VI how the organization meets the fa		•				
	organization		•	•			Г
b	10%-facts-and-circumstances test—20						
-	15 is 10% or more, and if the organization	· ·					
	in Part VI how the organization meets the organization	facts-and-circums	stances test. The o	organization qualifie	s as a publicly su	pported	Г
18	Private foundation. If the organization di						

### 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.)

Soc	tion A. Public Support	quality under the	e tests listed be	elow, please co	implete Part II.	)	
	ndar year (or fiscal year beginning in)	(a) 2018	<b>(b)</b> 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1	Gifts, grants, contributions, and membership fees	(a) 2010	(b) 2010	(6) 2020	(d) 2021	(6) 2022	(i) Total
'	received. (Do not include any "unusual grants.")	1,402,546	1,484,435	1,087,376	1,453,425	1,704,666	7,132,448
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	755,593	646,409	278,505	790,417	795,147	3,266,071
3	Gross receipts from activities that are not an unrelated trade or business under section 513	60,343					60,343
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	2,218,482	2,130,844	1,365,881	2,243,842	2,499,813	10,458,862
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons	254,654	125,032	83,300	75,400	104,051	642,437
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	254,654	125,032	83,300	75,400	104,051	642,437
8	Public support. (Subtract line 7c from						
500	tion B. Total Support						9,816,425
	ndar year (or fiscal year beginning in)	(a) 2018	<b>(b)</b> 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
9	Amounts from line 6	2,218,482	2,130,844	1,365,881	2,243,842	2,499,813	10,458,862
10a	Gross income from interest, dividends, payments received on securities loans, rents,						
b	royalties, and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975	14,155	4,633	173,300	-119,705	100,099	172,482
С	Add lines 10a and 10b	14,155	4,633	173,300	-119,705	100,099	172,482
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,						
4.4	and 12.)  First 5 years. If the Form 990 is for the or	2,232,637	2,135,477	1,539,181	2,124,137	2,599,912	10,631,344
14	organization, check this box and <b>stop her</b>	-				(ə) 	
Sec	tion C. Computation of Public Su		age				
15	Public support percentage for 2022 (line 8			n (f))		15	92.33 %
16	Public support percentage from 2021 Sche	edule A, Part III, line	e 15			16	88.95 %
Sec	tion D. Computation of Investme						
17	Investment income percentage for 2022 (I	ine 10c, column (f),	divided by line 13,	, column (f))		17	2 %
18	Investment income percentage from 2021 S		P 47			40	1%
19a	33 1/3% support tests—2022. If the orga		ck the box on line	14, and line 15 is i	more than 33 1/3%	6, and line	[4.5]
b	17 is not more than 33 1/3%, check this be 33 1/3% support tests—2021. If the orga		-				X
	line 18 is not more than 33 1/3%, check the	is box and <b>stop he</b>	re. The organization	on qualifies as a p	ublicly supported o	organization	<u> </u>
20	Private foundation. If the organization did	d not check a box o	n line 14, 19a, or 1	19b, check this box	and see instruction	ons	

#### 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).
- 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below.
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in **Part VI** when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in **Part VI** what controls the organization put in place to ensure such use.
- 4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in **Part VI** how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in **Part VI** what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in **Part VI**, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b** Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in **Part VI**.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).
- B Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? If "Yes," complete Part I of Schedule L (Form 990).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in **Part VI.**
- **b** Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? *If "Yes," provide detail in Part VI.*
- c Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in **Part VI.**
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer line 10b below.
  - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

		Yes	No
	1		
	_		
	_		
	2		
	3a		
	3b		
	00		
	3с		
	4a		
	4b		
	40		
	4c		
	5a		
	5b		<u></u>
	5c		
	6		
	7		
	8		
	9a		
	9b		
	JU		
	9с		
	10a		
	10b		
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Par	t IV Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and			
	11c below, the governing body of a supported organization?	11a		
b	A family member of a person described on line 11a above?	11b		
	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 <b>Part VI</b> .	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 <b>Part VI</b> 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 0 0		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 <b>Part VI</b> 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			
	on the most production of the most of the		Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
•	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
-	organization(s) or (ii) serving on the governing body of a supported organization? <i>If "No," explain in Part VI how</i>			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described on 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 <b>Part VI</b> the role the organization's			
	supported organizations played in this regard.	3		
Secti	on E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions)			
a	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
c	The organization supported a governmental entity. Describe in <b>Part VI</b> how you supported a governmental entity (see instru	ictions)	)	
2	Activities Test. Answer lines 2a and 2b below.		Yes	No
– a	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 <b>Part VI identify</b>			
	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	Lu		
J	involvement, one or more of the organization's supported organization(s) would have been engaged in? If			
	"Yes," explain in <b>Part VI</b> the reasons for the organization's position that its supported organization(s) would			
	have engaged in these activities but for the organization's involvement.	2b		
2	Parent of Supported Organizations. <i>Answer lines 3a and 3b below.</i>	20		
3	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
а		20		
h	trustees of each of the supported organizations? <i>If "Yes" or "No," provide details in Part VI.</i>	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each	3b		
	of its supported organizations? If "Yes," describe in <b>Part VI</b> the role played by the organization in this regard.	JU	, ,	l

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

Schedule A	(Form 990) 2022 HIII COIL HEAD Sympholicy Offices	ста	1110 37-0701	Z 9 1 Page 6
Part V	Type III Non-Functionally Integrated 509(a)(3) Supporting Org	aniza	tions	
1 🔲	Check here if the organization satisfied the Integral Part Test as a qualifying trust on No	v. 20, 1	1970 (explain in <b>Part VI</b> ). <b>S</b>	See
i	instructions. All other Type III non-functionally integrated supporting organizations mus	t comp	lete Sections A through E	
Section A	A – Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1 Net	short-term capital gain	1		
2 Rec	coveries of prior-year distributions	2		
3 Oth	er gross income (see instructions)	3		
4 Add	d lines 1 through 3.	4		
5 Dep	preciation and depletion	5		
6 Por	tion of operating expenses paid or incurred for production or collection			
of g	gross income or for management, conservation, or maintenance of			
proj	perty held for production of income (see instructions)	6		
<b>7</b> Oth	er expenses (see instructions)	7		
8 Adj	usted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Section E	3 - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1 Agg	gregate fair market value of all non-exempt-use assets (see			
inst	ructions for short tax year or assets held for part of year):			
<b>a</b> Ave	erage monthly value of securities	1a		
<b>b</b> Ave	erage monthly cash balances	1b		
<b>c</b> Fair	r market value of other non-exempt-use assets	1c		
d Tot	al (add lines 1a, 1b, and 1c)	1d		
e Dis	count claimed for blockage or other factors			
(exp	plain in detail in <b>Part VI</b> ):			
2 Acq	puisition indebtedness applicable to non-exempt-use assets	2		
3 Sub	otract line 2 from line 1d.	3		
4 Cas	sh deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,			
see	e instructions).	4		
5 Net	value of non-exempt-use assets (subtract line 4 from line 3)	5		
6 Mul	tiply line 5 by 0.035.	6		
	coveries of prior-year distributions	7		
	imum Asset Amount (add line 7 to line 6)	8		
Section 0	C – Distributable Amount			Current Year
1 Adju	usted net income for prior year (from Section A, line 8, column A)	1		
	er 0.85 of line 1.	2		
3 Min	imum asset amount for prior year (from Section B, line 8, column A)	3		
	er greater of line 2 or line 3.	4		
	ome tax imposed in prior year	5		
	tributable Amount. Subtract line 5 from line 4, unless subject to			
	ergency temporary reduction (see instructions).	6		
	Check here if the current year is the organization's first as a non-functionally integrated	Type II	I supporting organization	

Schedule A (Form 990) 2022

(see instructions).

Hilton Head Symphony Orchestra Inc 57-0761297 Schedule A (Form 990) 2022 Page **7** Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued) Section D - Distributions **Current Year** 1 Amounts paid to supported organizations to accomplish exempt purposes 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 3 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. 7 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 2022 from Section C, line 6 9 10 Line 8 amount divided by line 9 amount 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 2 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 ..... **d** From 2020 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. 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. Excess distributions carryover to 2023. Add lines 3j and 4c. Breakdown of line 7: a Excess from 2018 **b** Excess from 2019 ....

Schedule A (Form 990) 2022

c Excess from 2020 d Excess from 2021 e Excess from 2022

Schedule A (Forn	n 990) 2022	Hilton	Head	Symphony	Orchestra	Inc	57-0761297	Page <b>8</b>
Part VI	Supplemental	Information, Pro	ovide the	explanations	required by Part	II. line 10	; Part II, line 17a or	17b: Part
							b, and 11c; Part IV	
							IV, Section E, lines	
							, and 8; and Part V	Section E,
	lines 2, 5, and	6. Also complete	this par	t for any addition	onal information.	(See inst	tructions.)	
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# Schedule B (Form 990)

Department of the Treasury Internal Revenue Service

#### 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

2022

Name of the organization

Hilton Head Symphony Orchestra Inc

Organization type (check one):

Employer identification number

57-0761297

Filers of:	Section:									
Form 990 or 990-EZ	X 501(c)( 3 ) (enter number) organization									
	4947(a)(1) nonexempt charitable trust <b>not</b> treated as a private foundation									
	4947 (a)(1) Horiexempt chantable trust <b>not</b> 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 <b>General Rule</b> or a <b>Special Rule</b> . <b>Note:</b> 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										
regulations under secti 16b, and that received	scribed in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 <sup>1</sup> / <sub>3</sub> % support test of the ons 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	scribed in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering tead of the contributor name and address), II, and III.									
For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year										
Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it must answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990).										

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

Schedule B (Form 990) (2022)

Name of organization

Employer identification number

Hilton Head Symphony Orchestra Inc 57-0761297 Contributors (see instructions). Use duplicate copies of Part I if additional space is needed. Part I (a) (b) (c) (d) Type of contribution No. Name, address, and ZIP + 4 Total contributions 1.... Person **Payroll** 401,719 Noncash (Complete Part II for noncash contributions.) (c) (d) (a) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 2.... Person **Payroll** 88,484 Noncash (Complete Part II for noncash contributions.) (b) (c) (d) (a) No. Name, address, and ZIP + 4 Total contributions Type of contribution 3 Person **Payroll** 66,906 Noncash (Complete Part II for noncash contributions.) (a) (b) (c) (d) Name, address, and ZIP + 4 Type of contribution No. **Total contributions** 4 Person X **Payroll** 173,468 Noncash (Complete Part II for noncash contributions.) (a) (b) (c) (d) Name, address, and ZIP + 4 Type of contribution No. **Total contributions** 5 Person **Payroll** 46,279 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**

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.

2002

Name of the organization Employer identification number Hilton Head Symphony Orchestra Inc 57-0761297 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 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 c Number of conservation easements on a certified historic structure included in (a) 2c 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 (ii) Assets included in Form 990, Part X If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items: a Revenue included on Form 990, Part VIII, line 1 Assets included in Form 990, Part X

	art III Organizations Maintaining				er Similar	Assets	(contin		age <u>=</u>	
3	Using the organization's acquisition, access collection items (check all that apply):	ion, and other records	s, check any of the follo	owing that make sign	ificant use o	f its		,		
а	Public exhibition	d 🗌	Loan or exchange prog	ram						
b		е	Other							
С										
4	Provide a description of the organization's of	collections and explain	how they further the o	rganization's exempt	purpose in	Part				
_	XIII.  During the year, did the organization solicit or receive donations of art, historical treasures, or other similar									
5			,	•				Г	٦	
Do	assets to be sold to raise funds rather than  art IV Escrow and Custodial A		part of the organization	s collection?			Ye	es _	No	
Га	Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.									
1a	Is the organization an agent, trustee, custoo	dian or other intermed	iary for contributions or	other assets not						
	included on Form 990, Part X?						Ye	es	No	
b	If "Yes," explain the arrangement in Part XI	II and complete the fo	llowing table:		_					
							Amoun	t		
С	Beginning balance				1	С				
d	Additions during the year				1	d				
	Distributions during the year					e				
f 20	Ending balance  Did the organization include an amount on	000 Dart V line			· · · · · · · · · · · · · · · · · · ·	f		[	T NI a	
	If "Yes," explain the arrangement in Part XII						Ye	_	No	
	art V Endowment Funds.	i. Offeck field if the ex	Apianation has been pro	Mued off Falt Alli						
	Complete if the organization	n answered "Yes"	on Form 990. Parl	t IV. line 10.						
		(a) Current year	(b) Prior year	(c) Two years back	(d) Three	years back	(e) Fou	r years	back	
1a	Beginning of year balance	214,074	263,010	211,412	2	19,581	:	222	974	
	Contributions									
С	Net investment earnings, gains, and									
	losses	16,895	-36,214	63,910		3,770		8	, 693	
d	Grants or scholarships									
е	Other expenditures for facilities and							_		
	programs	10,251	9,856	9,677		9,827			,915	
	Administrative expenses	2,388		2,635		2,112			,171	
_		218,330	· · ·	263,010	4	11,412		219	581	
2	Provide the estimated percentage of the curboard designated or quasi-endowment 1		e (line 1g, column (a)) r	neld as:						
	Permanent endowment %									
C	Term endowment %									
Ū	The percentages on lines 2a, 2b, and 2c sh	ould equal 100%.								
3a	Are there endowment funds not in the poss	•	ation that are held and a	administered for the						
	organization by:	ŭ						Yes	No	
	(i) Unrelated organizations						3a(i)	X		
	(ii) Related organizations						3a(ii)		X	
b	If "Yes" on line 3a(ii), are the related organic	zations listed as requi	red on Schedule R?				3b			
_4_	Describe in Part XIII the intended uses of the		owment funds.							
Pa	art VI Land, Buildings, and Equ	•	F 000 T	. B. / P		NO E ::				
	Complete if the organization					90, Part X				
	Description of property	(a) Cost or other b (investment)	pasis (b) Cost or oth (other	''	Accumulated lepreciation		(d) Book	value		
4-	Land	<u> </u>	(otner)	,	icpreciation					
	Land									
n	Buildings Leasehold improvements									
	Equipment		97	79,477	636,8	67	34	42.	610	
	Other				,	-				
	I. Add lines 1a through 1e. (Column (d) must		X, column (B), line 10d	c.)			34	42,	610	

Part VII	Investments – Other Securities.  Complete if the organization answered "Yes" of	n Form 990, Part IV, line	11b. See Form 990, Part X, line 12.
	(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation:  Cost or end-of-year market value
1) Financial	I derivatives		·
2) Closely I	held equity interests		
/ A \		1	
(B)			
(C)			
(D)			
	(h) mark and Fama 000 Bart V and (D) for 40)		
	mn (b) must equal Form 990, Part X, col. (B) line 12.)		
Part VIII	Investments – Program Related.  Complete if the organization answered "Yes" of	n Form 000 Part IV line	11c See Form 000 Part V line 13
	(a) Description of investment	(b) Book value	(c) Method of valuation:
	(a) bescription of investment	(b) Book value	Cost or end-of-year market value
(1)			·
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
	mn (b) must equal Form 990, Part X, col. (B) line 13.)		
Part IX	Other Assets.  Complete if the organization answered "Yes" of	on Form 990, Part IV, line	11d. See Form 990, Part X, line 15.
	(a) Description		(b) Book value
(1)	Right of Use Asset		201,917
(2)	Security deposits		17,790
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)	mn (b) must equal Form 990, Part X, col. (B) line 15.)		219,707
Part X	Other Liabilities.		
I alt X	Complete if the organization answered "Yes" of	on Form 990, Part IV, line	11e or 11f. See Form 990, Part X,
<u> </u>	line 25.  (a) Description of liab	ility	(b) Book value
(1) Federa	al income taxes	inty	(D) BOOK Value
( )	rating Lease Liability		201,917
	rued Payroll liabilities		10,683
(3) Accr			
,			
(4)			
(4) (5)			
(4) (5) (6)			
(4) (5) (6) (7)			
(4) (5) (6) (7) (8)			
(4) (5) (6) (7) (8) (9)	mn (b) must equal Form 990, Part X, col. (B) line 25.)		212,600

Schedule D (Fo	orm 990) 2022	Hilton	Head	Symphony	Orchestra	Inc	57-0761297	Page <b>5</b>
Part XIII	Supplement	al Inform	ation (cor	ntinued)			57-0761297	
			(	,				
•								

#### 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

Name of the organization  Hilton Head Symphon	ny Orches	stra	T:	nc	Employer identificat 57-07612		
Part I Fundraising Activities. Complete if							
Form 990-EZ filers are not required to	complete thi	s par	t				
1 Indicate whether the organization raised funds through a	ny of the followin	g activ	rities.	Check all that apply.			
a Mail solicitations	Solicitation	of no	n-gov	vernment grants			
b Internet and email solicitations	f Solicitation	of go	vernn	nent grants			
c Phone solicitations	g 💹 Special fui	ndraisiı	ng ev	vents			
d 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?  Yes No							
b If "Yes," list the 10 highest paid individuals or entities (fu compensated at least \$5,000 by the organization.	ndraisers) pursua	int to a	greer	ments under which the fu	ndraiser is to be		
			d fund- have		(v) Amount paid to	(vi) Amount paid to	
(i) Name and address of individual or entity (fundraiser)	(ii) Activity	custo	ody or rol of	(iv) Gross receipts from activity	(or retained by) fundraiser listed in	(or retained by) organization	
, (			utions?		col. (i)	organization	
		Yes	No				
1							
2							
3							
4							
<u></u>							
5							
6							
7							
ı							
8							
9							
10							
Total							
3 List all states in which the organization is registered or li		contrib	utions	or has been notified it is	exempt from		
registration or licensing.							

Schedule G (Form 990) 2022 Part II Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with

		gross receipts of	greater than \$5,000.			
			(a) Event #1	<b>(b)</b> Event #2	(c) Other events	
						(d) Total events
			Other fundraisi		None	(add col. (a) through
Φ			(event type)	(event type)	(total number)	col. <b>(c)</b> )
Revenue			20.061			20.061
Rev	1	Gross receipts	30,061			30,061
	_					
		Less: Contributions				
	3	Gross income (line 1 minus	30,061			30,061
_		line 2)	30,001			30,001
	<u>ر</u> ا	Cash prizes				
	~	Casii piizes				
	5	Noncash prizes				
es	6	Rent/facility costs				
ens		,				
Expenses	7	Food and beverages				
_ 당		.,				
Direct	8	Entertainment				
	9	Other direct expenses	10,756			10,756
						4.0
	10	Direct expense summary.	Add lines 4 through 9 in column (d	d)		10,756
_	11	Net income summary. Su	btract line 10 from line 3, column (	d)		19,305
Р	art		plete if the organization ansv	vered "Yes" on Form 990,	Part IV, line 19, or repor	ted more than
		\$15,000 on Fo	rm 990-EZ, line 6a.		T	
en			(a) Bingo	(b) Pull tabs/instant	(c) Other gaming	(d) Total gaming (add
venue			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Revenue	1	Grace revenue	(a) Bingo	• •	(c) Other gaming	
Revenue	1	Gross revenue	(a) Bingo	• •	(c) Other gaming	
			(a) Bingo	• •	(c) Other gaming	
		Gross revenue	(a) Bingo	• •	(c) Other gaming	
	2	Cash prizes	(a) Bingo	• •	(c) Other gaming	
Expenses	2		(a) Bingo	• •	(c) Other gaming	
ect Expenses	2	Cash prizes  Noncash prizes	(a) Bingo	• •	(c) Other gaming	
ct Expenses	2	Cash prizes	(a) Bingo	• •	(c) Other gaming	
ect Expenses	3	Cash prizes  Noncash prizes	(a) Bingo	• •	(c) Other gaming	
ect Expenses	3	Cash prizes  Noncash prizes  Rent/facility costs	(a) Bingo	• •	(c) Other gaming	
ect Expenses	2 3 4 5	Cash prizes  Noncash prizes  Rent/facility costs		bingo/progressive bingo		
ect Expenses	2 3 4 5	Cash prizes  Noncash prizes  Rent/facility costs  Other direct expenses  Volunteer labor	Yes% No	Yes %	Yes % No	
ect Expenses	2 3 4 5	Cash prizes  Noncash prizes  Rent/facility costs  Other direct expenses  Volunteer labor	Yes%	Yes %	Yes % No	
ect Expenses	2 3 4 5	Cash prizes  Noncash prizes  Rent/facility costs  Other direct expenses  Volunteer labor  Direct expense summary.	Yes % No  Add lines 2 through 5 in column (or	Yes % No	Yes % No	col. (a) through col. (c))
ect Expenses	2 3 4 5	Cash prizes  Noncash prizes  Rent/facility costs  Other direct expenses  Volunteer labor  Direct expense summary.	Yes% No	Yes % No	Yes % No	col. (a) through col. (c))
Direct Expenses	2 3 4 5 6 7 8	Cash prizes  Noncash prizes  Rent/facility costs  Other direct expenses  Volunteer labor  Direct expense summary.  Net gaming income summ	Yes % No  Add lines 2 through 5 in column (on any. Subtract line 7 from line 1, co	Yes % No	Yes % No	col. (a) through col. (c)
<b>6</b> Direct Expenses	2 3 4 5 6 7 8	Cash prizes  Noncash prizes  Rent/facility costs  Other direct expenses  Volunteer labor  Direct expense summary.  Net gaming income summary.  Inter the state(s) in which the	Yes % No  Add lines 2 through 5 in column (on any. Subtract line 7 from line 1, column are organization conducts gaming acceptable).	Yes % No  No  tivities:	Yes % No	col. (a) through col. (c)
a 6 Direct Expenses	2 3 4 5 6 7 8 En Is	Cash prizes  Noncash prizes  Rent/facility costs  Other direct expenses  Volunteer labor  Direct expense summary.  Net gaming income summary.  Iter the state(s) in which the the organization licensed to	Yes % No  Add lines 2 through 5 in column (or nary. Subtract line 7 from line 1, core organization conducts gaming actor conduct gaming actor conduct gaming actor conduct gaming activities in each	Yes % No  No  tivities: of these states?	Yes % No	col. (a) through col. (c))
a 6 Direct Expenses	2 3 4 5 6 7 8 En Is	Cash prizes  Noncash prizes  Rent/facility costs  Other direct expenses  Volunteer labor  Direct expense summary.  Net gaming income summary.  Iter the state(s) in which the the organization licensed to	Yes % No  Add lines 2 through 5 in column (on any. Subtract line 7 from line 1, column are organization conducts gaming acceptable).	Yes % No  No  tivities: of these states?	Yes % No	col. (a) through col. (c))
a 6 Direct Expenses	2 3 4 5 6 7 8 En Is	Cash prizes  Noncash prizes  Rent/facility costs  Other direct expenses  Volunteer labor  Direct expense summary.  Net gaming income summary.  Iter the state(s) in which the the organization licensed to "No," explain:	Yes % No  Add lines 2 through 5 in column (or mary. Subtract line 7 from line 1, core organization conducts gaming activities in each	Yes % No  No  tivities: of these states?	Yes % No	col. (a) through col. (c)
d b d Direct Expenses	2 3 4 5 6 7 8 En Is	Cash prizes  Noncash prizes  Rent/facility costs  Other direct expenses  Volunteer labor  Direct expense summary.  Net gaming income summary.  Iter the state(s) in which the organization licensed to the summary.	Yes % No  Add lines 2 through 5 in column (or nary. Subtract line 7 from line 1, core organization conducts gaming actor conduct gaming actor conduct gaming actor conduct gaming activities in each	Yes % No No tivities: of these states?	Yes % No	col. (a) through col. (c)
Direct Expenses	2 3 4 5 6 7 8 En Is If "	Cash prizes  Noncash prizes  Rent/facility costs  Other direct expenses  Volunteer labor  Direct expense summary.  Net gaming income summary.  Iter the state(s) in which the organization licensed to the summary.	Yes % No  Add lines 2 through 5 in column (or nary. Subtract line 7 from line 1, core organization conducts gaming action conduct gaming action conduct gaming actions in each	Yes % No No tivities: of these states?	Yes % No	col. (a) through col. (c)
Direct Expenses	2 3 4 5 6 7 8 En Is If "	Cash prizes  Noncash prizes  Rent/facility costs  Other direct expenses  Volunteer labor  Direct expense summary.  Net gaming income summary.  Iter the state(s) in which the organization licensed to 'No," explain:	Yes % No  Add lines 2 through 5 in column (on the arry of the arry	Yes % No No tivities: of these states?	Yes % No  x year?	col. (a) through col. (c))  Yes No

Sche	edule G (Form 990) 2022 Hilton Head Symphony Orchestra Inc 57-0761297			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			
	Address			
15a	Does the organization have a contract with a third party from whom the organization receives gaming			
			Yes	No
h	revenue?  If "Yes," enter the amount of gaming revenue received by the organization \$ and the			
D				
_	amount of gaming revenue retained by the third party \$			
C	if res, enter name and address of the tillid party.			
	Name			
	Name			
	Address			
	Address			
40				
16	Gaming manager information:			
	Manage			
	Name			
	Gaming manager compensation \$			
	Description of services provided			
	Director/officer Employee Independent contractor			
17	Mandatory distributions:			
а	Is the organization required under state law to make charitable distributions from the gaming proceeds to		П.,	□
	retain the state gaming license?		Yes	No No
b	Enter the amount of distributions required under state law to be distributed to other exempt organizations or			
<u> </u>	spent in the organization's own exempt activities during the tax year \$	1 /	· · · · · · · · · · · · · · · · · · ·	
Ра	Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii)			
	Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional info	rmatior	۱.	
	See instructions.			

#### SCHEDULE L

(Form 990)

Department of the Treasury Internal Revenue Service

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

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

OMB No. 1545-0047

Open To Public Inspection

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

nization						Em	ployer ide	ntificati	on nun	nber		
Complete if the organization answer	ered "Yes" on For	m 990, Part IV,	, line	25a	or 25b, or Form	990-EZ, Part	V, line 4	0b.				
(a) Name of disqualified person	(b) Relation	nship between disqu	ualified	d pers	on and	(c) Description of	f transactio	n		(d)	Correc	ted?
		organization								Yes		No
										├	+	
										├	+	
										├─	-	
										$\vdash$	+	
										_	+	
ne amount of tax incurred by the orga	nization manager	re or disqualified	d ner	reone	s during the year							
							\$	;				
Loans to and/or From Inte	erested Perso	ns.										
Complete if the organization answer	ered "Yes" on For	rm 990-EZ, Parl	t V, I	ine :	38a or Form 990	, Part IV, line 2	26; or if t	he				
			_									
(a) Name of interested person		` ' '				(f) Balance du	e (g) In	default?				
	3		1		' '						-5	
			То	From			Yes	No	Yes	No	Yes	No
			╁						+-	├─		
			$\vdash$						$\vdash$			
			$\vdash$						t			
									<u> </u>	<u> </u>		
			-						—	<u> </u>		
			⊢						$\vdash$	├		
			$\vdash$						+			
					\$	1						
Grants or Assistance Ben	efiting Intere	sted Persor	ıs.									
Complete if the organization answer	ered "Yes" on Fo	rm 990, Part IV	, line	27.								
(a) Name of interested person	(b) Relation	ship between interes	sted		(c) Amount of	(d) Type of assista	nce	(e)	Purpose	e of ass	sistance	;
	person a	and the organization			assistance							
							-					
				_			-+					
							-+			—		
							_					
							-+					
	Excess Benefit Transactic Complete if the organization answer  (a) Name of disqualified person  The amount of tax incurred by the organization 4958 The amount of tax, if any, on line 2, above a mount of tax, if any on line 2, above organization reported an amount of tax interested person  The amount of tax incurred by the organization answer organization reported an amount of tax in the organization answer organization reported an amount of tax in the organization answer organization reported an amount of tax in the organization answer organization reported an amount of tax in the organization answer organization reported an amount of tax in the organization answer organization	Excess Benefit Transactions (section 501 Complete if the organization answered "Yes" on Form (a) Name of disqualified person  Loans to and/or From Interested Person (b) Relation organization reported an amount on Form 990, Part (a) Name of interested person (b) Relationship with organization with organization forganization answered "Yes" on Form Interested Person (b) Relationship with organization forganization (b) Relationship with organization forganization (c) Relationship with organization forganization forganization (d) Name of interested person (e) Relationship (f) Relati	Excess Benefit Transactions (section 501(c)(3), section 501(c)(4), sec	Excess Benefit Transactions (section 501(c)(3), section 501(c) Complete if the organization answered "Yes" on Form 990, Part IV, line  (a) Name of disqualified person  (b) Relationship between disqualified organization  re amount of tax incurred by the organization managers or disqualified person  ee amount of tax, if any, on line 2, above, reimbursed by the organization  Loans to and/or From Interested Persons.  Complete if the organization answered "Yes" on Form 990-EZ, Part V, organization reported an amount on Form 990, Part X, line 5, 6, or 22.  (a) Name of interested person  (b) Relationship (c) Purpose of (d) to organization interested person (d) Relationship (d) Purpose of (d) to organization reported an amount on Form 990, Part X, line 5, 6, or 22.  (a) Name of interested person  (b) Relationship (c) Purpose of (d) to organization interested person (d) Relationship (d) Purpose of (d) to organization person (d) to organization person (d) Relationship (d) Purpose of (d) to organization person (d) Relationship (d) Purpose of (d) to organization person (d) Relationship (d) Purpose of (d) to organization person (d) Relationship (d) Purpose of (d) to organization person (d) Relationship (d) Purpose of (d) to organization person (d) Relationship (d) Purpose of (d) to organization person (d) Relationship (d) Purpose of (d) to organization person (d) Relationship (d) Purpose of (d) to organization person (d) Relationship (d) Purpose of (d) Purpose of (d) Relationship (d) Purpose of (d) Purpose of (d) Relationship (d) Purpose of (d) Pu	Excess Benefit Transactions (section 501(c)(3), section 501(c)(4) Complete if the organization answered "Yes" on Form 990, Part IV, line 25a (b) Relationship between disqualified person (b) Relationship between disqualified person organization managers or disqualified person organization organization managers or disqualified person organization organizat	Excess Benefit Transactions (section 501(c)(3), section 501(c)(4), and section 50 Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form (a) Name of disqualified person  (b) Relationship between disqualified person and organization  (c) Relationship between disqualified person and organization organization  (d) Relationship between disqualified person and organization organization organization  (e) Relationship between disqualified person and organization organization analyses or disqualified persons during the year ection 4958  (e) amount of tax, if any, on line 2, above, reimbursed by the organization  (e) Name of interested person  (f) Relationship between interested persons.  (g) Name of interested person  (g) Relationship interested persons.  (g) Vargoss of the result of from the organization with organization in the organization principal amount of the organization organization answered "Yes" on Form 990, Part IV, line 27.  (g) Name of interested person  (g) Relationship between interested (c) Amount of the organization answered "Yes" on Form 990, Part IV, line 27.  (g) Name of interested person  (g) Relationship between interested (c) Amount of the organization answered "Yes" on Form 990, Part IV, line 27.	Excess Benefit Transactions (section 501(c)(3), section 501(c)(4), and section 501(c)(29) organic Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part (a) Name of disqualified person (b) Relationship between disqualified person and organization organization organization (c) Description organization organ	Excess Benefit Transactions (section 501(c)(3), section 501(c)(4), and section 501(c)(2) organizations complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 4 (e) Relationship between disqualified person and organization organization or transaction organization answered "Yes" on Form 990-EZ, Part V, line 3 (e) Description of transaction 4958 e amount of tax, if any, on line 2, above, relimbursed by the organization  Loans to and/or From Interested Persons.  Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a or Form 990, Part IV, line 26; or if the organization person and organization answered "Yes" on Form 990-EZ, Part V, line 38a or Form 990, Part IV, line 26; or if the organization answered "Yes" on Form 990-EZ, Part V, line 38a or Form 990, Part IV, line 26; or if the organization answered "Yes" on Form 990-EZ, Part V, line 38a or Form 990, Part IV, line 27.  (a) Name of Interested person  (b) Relationship between disqualified person and organization on some of "Yes" on Form 990-EZ, Part V, line 38a or Form 990, Part IV, line 27.  (b) Relationship between interested Persons  (c) Original to or form the organization on some of "Yes" on Form 990, Part IV, line 27.  (a) Name of Interested person  (b) Relationship between interested (c) Amount of (d) Type of assistance	Excess Benefit Transactions (section 501(c)(3), section 501(c)(4), and section 501(c)(29) organizations only). Complete if the organization answered "Yes" on Form 990. Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b.  (a) Name of disqualified person  e amount of tax incurred by the organization managers or disqualified persons during the year ection 4958.  e amount of tax, if any, on line 2, above, reimbursed by the organization  S	Excess Benefit Transactions (section 501(c)(3), section 501(c)(4), and section 501(c)(20) graphizations only.  (a) Name of disqualified person  (b) Relationship between disqualified person and organization  (c) Description of transactions  (d) Relationship between disqualified person and organization analyses of disqualified person and organization  (e) Description of transactions  (f) Relationship between disqualified person and organization organization organization organization  (g) Name of interested person and organization managers or disqualified persons during the year election 4958  e amount of tax incurred by the organization managers or disqualified persons during the year election 4958  e amount of tax, if any, on line 2, above, reimbursed by the organization  Complete if the organization answered "ves" on Form 990-Ezt, Part V, line 38a or Form 990, Part IV, line 26; or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22.  (a) Name of interested person  (b) Relationship between literated persons  (c) Dipole of the organization of transaction with organization and persons during the year election 450 ft.  (a) Name of interested person  (b) Relationship between literated (c) Amount of (d) Type of assistance (e) Purpose  (a) Name of interested person  (b) Relationship between literated (c) Amount of (d) Type of assistance (e) Purpose	Excess Benefit Transactions (section 501(c)(4), and section 501(c)(2), and section 501(c)(2	Hilton Read Symphony Orchestra Inc  EXCess Benefit Transactions (section 501(c)(3), section 501(c)(4), and section 501(c)(29) organizations only).  Complete if the organization answered Yes' on Form 990, Part IV, line 26a or 25b, or Form 990, Part IV, line 26a or 25b, or Form 990, Part IV, line 26a or 25b, or Form 990, Part IV, line 26a or 25b, or Form 990, Part IV, line 26a or 25b, or Form 990, Part IV, line 26a or 25b, or Form 990, Part IV, line 26a or 25b, or Form 990, Part IV, line 26a or 25b, or Form 990, Part IV, line 26a or 25b, or Form 990, Part IV, line 26a or 15b, or 15b, or 25b, or 25b, or 15b, or 25b, or 25b, or 15b, or 25b, or 15b, or 25b, o

(9)

Part IV	Business Transactions Involving I	nterested	Persons.	100 10h or 100			age <u>a</u>
	Complete if the organization answered "Yes"  (a) Name of interested person		tionship between	(c) Amount of transaction	(d) Description of transaction	of	Sharing org.
			ganization	แลกรสดแดก		Yes	nues?
(1) Rabbi	Bloom	Board	Member	6,200	Consulting	1.00	X
(2) Martin			Member		Guest Artist		Х
(3)				, = = =			
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
Part V	Supplemental Information.  Provide additional information for responses to						
Schedu	ıle L, Part V - Addition	nal Ir	nformatio	on			
Rabbi	Bloom's wife, Linda Blo	oom (E	Bloom Ar	t Consulting	), provided cons	sult	ing
servi	ces to the Orchestra.						
Martir	n Lesch performed guest	artis	t servic	es at an ev	ent for the Orc	nest	ra.
	p gaese	<u> </u>					

#### 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

Open to Public

Inspection

Department of the Treasury Internal Revenue Service

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

Name of the organization

Hilton Head Symphony Orchestra Inc

Employer identification number

57-0761297

Form 990 - Organization's Mission or Most Significant Activities
The Hilton Head Symphony Orchestra (HHSO) inspires audiences with musical
excellence, enriches lives through youth programming and community
performances, and unites the Lowcountry as an arts and cultural
destination.
Form 000 Part VI Line 11b - Organization a Process to Porrior Form 000

Form 990, Part VI, Line 11b - Organization's Process to Review Form 990 The Orchestra utilizes the services of an independent public accounting firm for the audit of its financial statements and the preparation of its federal income tax return Form 990.

Upon completion of Form 990 by the accounting firm, a copy of the 990 is reviewed by the Orchestra's Finance Manager and CEO. This copy is also made available to the finance committee or board of directors for their inspection before the 990 is filed.

Once the Orchestra's Finance Manager and CEO have reviewed and approved the 990, the authorization to electronically file is signed by an authorized representative of the Orchestra.

Form 990, Part VI, Line 12c - Enforcement of Conflicts Policy The Orchestra has adopted the policy that in connection with any actual or possible conflict of interest, an individual must disclose the conflict (financial or otherwise), be given the opportunity to disclose all material facts to the directors and members of related committees.

The governing board or committee shall decide if a material conflict

If the board determines that a conflict of interest does exist,

Schedule O (Form 990) 2022 Page 2

Name of the organization

Hilton Head Symphony Orchestra Inc

57-0761297

the individual will be given the opportunity to resolve the conflict of interest or face dismissal.

Form 990, Part VI, Line 15a - Compensation Process for Top Official

The position of President and CEO is monitored by the governing board. The
board of directors reviews the performance of the President and CEO and
salary increases are subject to the board's approval.

In the event of a vacancy in any management position, several members of the board of directors are appointed as the selection committee to interview and screen applicants suitable for the vacant position. The applicants chosen are then interviewed a second time by the governing board. All filled vacancies are subject to board approval.

Form 990, Part VI, Line 15b - Compensation Process for Officers

The positions of key employees are monitored by the Orchestra's management.

Salary increases are subject to the approval of the governing board.

In the event of a vacancy in any key employee positions, members of management screen applicants suitable for the position with new hirees subject to governing board approval.

Form 990, Part VI, Line 19 - Governing Documents Disclosure Explanation
The Orchestra maintains a file on premises with copies of their charter,
not-for-profit status letter, income tax returns, reviewed financial
statements, and other governing documents as required in compliance with
regulations related to the availability of such documents to the general
public.

Beginning in FY21, the Orchestra posts copies of the annual audit and

Schedule O (Form 990) 2022 Page 2 Employer identification number Name of the organization <u>Hilton Head Symphony Orchestra Inc</u> 57-0761297 Form 990 (Public Disclosure Copy) on its website. Form 990, Part IX, Line 11g - Other Fees for Services Description Mgt & General Tot/Prog Service Fundraising Guest artist fees 109,503 Music Director & Conductor 125,700 All Other 71,534 Fundraising 44,608 Consultant 6,373 Total 306,737 6,373 44,608 Form 990, Part XI, Line 9 - Other Changes in Net Assets Explanation Revenue for fundraising activities 10,756 Expenses for fundraising activities -10,756 Page 2 of 2

Department of the Treasury Internal Revenue Service

### **Depreciation and Amortization**

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

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

OMB No. 1545-0172

Name(s) shown on return

Hilton Head Symphony Orchestra Inc

Identifying number 57-0761297

Busin	ess or activity to which this form relate	es						
I:	ndirect Depreciat							
Pa		ense Certain Prop						
	Note: If you have	any listed property	/, complete Part \	/ before you c	complete Part	l.		
1	Maximum amount (see instruction						1	1,080,000
2	Total cost of section 179 propert	ty placed in service (se	e instructions)				2	
3	Threshold cost of section 179 pr			tructions)			3	2,700,000
4	Reduction in limitation. Subtract	line 3 from line 2. If ze	ro or less, enter -0				4	
5	Dollar limitation for tax year. Subtract	line 4 from line 1. If zero of	or less, enter -0 If marrie	ed filing separately,	see instructions		5	
6	(a) Descripti	on of property	(	b) Cost (business use	only) (c)	Elected cost		
7	Listed property. Enter the amour				7		I .	
8	Total elected cost of section 179			6 and 7			8	
9	Tentative deduction. Enter the s						9	
10	Carryover of disallowed deductio	n from line 13 of your	2021 Form 4562				10	
11	Business income limitation. Ente						11	
12	Section 179 expense deduction.				40		12	
13 Note	Carryover of disallowed deduction: Don't use Part II or Part III below				13			
	art II Special Deprecia			sistion (Don't	include lister	d proport	v Sc	o instructions \
14	Special depreciation allowance for					i propert	.y. 36	e iristructions.)
14	during the tax year. See instruct			• , .			14	
15	9						15	
16	Property subject to section 168( Other depreciation (including AC	1)(1) election					16	129,601
		ation (Don't includ					10	123,001
	macro bepicole	dion (Bon t moidd	Section		5110.1			
17	MACRS deductions for assets pl	laced in service in tax	vears beginning befor	e 2022			17	0
17 18	MACRS deductions for assets place						17	0
17 18	If you are electing to group any assets place		ear into one or more general	asset accounts, check	here			
	If you are electing to group any assets place  Section B—	-Assets Placed in Ser  (b) Month and year	vice During 2022 Ta  (c) Basis for depreciation	x Year Using th	e General Depr	eciation S	ystem	<u> </u>
	If you are electing to group any assets place	ed in service during the tax yes	ear into one or more general	x Year Using th	here		ystem	
	If you are electing to group any assets place  Section B—	-Assets Placed in Ser (b) Month and year placed in	vice During 2022 Ta  (c) Basis for depreciation (business/investment use	x Year Using the Congression (d) Recovery	e General Depr	eciation S	ystem	<u> </u>
18	If you are electing to group any assets place Section B—  (a) Classification of property	-Assets Placed in Ser (b) Month and year placed in	vice During 2022 Ta  (c) Basis for depreciation (business/investment use	x Year Using the Congression (d) Recovery	e General Depr	eciation S	ystem	<u> </u>
18 19a	Section B—  (a) Classification of property  3-year property	-Assets Placed in Ser (b) Month and year placed in	vice During 2022 Ta  (c) Basis for depreciation (business/investment use	x Year Using the Congression (d) Recovery	e General Depr	eciation S	ystem	<u> </u>
19a b c	Section B—  (a) Classification of property  3-year property  5-year property  7-year property  10-year property	-Assets Placed in Ser (b) Month and year placed in	vice During 2022 Ta  (c) Basis for depreciation (business/investment use	x Year Using the Congression (d) Recovery	e General Depr	eciation S	ystem	<u> </u>
19a b c d	Section B—  (a) Classification of property  3-year property  5-year property  7-year property  10-year property  15-year property	-Assets Placed in Ser (b) Month and year placed in	vice During 2022 Ta  (c) Basis for depreciation (business/investment use	x Year Using the Congression (d) Recovery	e General Depr	eciation S	ystem	<u> </u>
19a b c	Section B—  (a) Classification of property  3-year property  5-year property  7-year property  10-year property  15-year property	-Assets Placed in Ser (b) Month and year placed in	vice During 2022 Ta  (c) Basis for depreciation (business/investment use	x Year Using the Congression (d) Recovery	e General Depr	eciation S	ystem	<u> </u>
19a b c d e	Section B—  (a) Classification of property  3-year property  5-year property  7-year property  10-year property  15-year property	-Assets Placed in Ser (b) Month and year placed in	vice During 2022 Ta  (c) Basis for depreciation (business/investment use	asset accounts, check  x Year Using th  (d) Recovery period  period  25 yrs.	e General Depr	eciation S	ystem	<u> </u>
19a b c d e f	Section B—  (a) Classification of property  3-year property  5-year property  7-year property  10-year property  20-year property  25-year property  Residential rental	-Assets Placed in Ser (b) Month and year placed in	vice During 2022 Ta  (c) Basis for depreciation (business/investment use	asset accounts, check  x Year Using th  (d) Recovery period  25 yrs.  27.5 yrs.	e General Depr	eciation S (f) Meth	dystem	<u> </u>
19a b c d e f	Section B—  (a) Classification of property  3-year property  5-year property  7-year property  10-year property  20-year property  25-year property	-Assets Placed in Ser (b) Month and year placed in	vice During 2022 Ta  (c) Basis for depreciation (business/investment use	asset accounts, check  x Year Using th  (d) Recovery period  period  25 yrs.	e General Depr (e) Convention	eciation S (f) Meth	hod	<u> </u>
19a b c d e f	Section B—  (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	-Assets Placed in Ser (b) Month and year placed in	vice During 2022 Ta  (c) Basis for depreciation (business/investment use	asset accounts, check  x Year Using th  (d) Recovery period  25 yrs.  27.5 yrs.	e General Depr  (e) Convention  MM  MM  MM	eciation S  (f) Metr	ystem	<u> </u>
19a b c d e f	Section B—  (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	ced in service during the tax yes  -Assets Placed in Ser  (b) Month and year placed in service	par into one or more general vice During 2022 Ta  (c) Basis for depreciati (business/investment us only—see instructions)	asset accounts, check  x Year Using th  (d) Recovery period  25 yrs.  27.5 yrs.  27.5 yrs.  39 yrs.	e General Depr  (e) Convention  MM  MM  MM  MM  MM	eciation S  (f) Metr	nod	(g) Depreciation deduction
19a b c d e f g h	Section B—  (a) Classification of property  3-year property  5-year property  10-year property  20-year property  25-year property  Residential rental property  Nonresidential real property  Section C—A	-Assets Placed in Ser (b) Month and year placed in	par into one or more general vice During 2022 Ta  (c) Basis for depreciati (business/investment us only—see instructions)	asset accounts, check  x Year Using th  (d) Recovery period  25 yrs.  27.5 yrs.  27.5 yrs.  39 yrs.	e General Depr  (e) Convention  MM  MM  MM  MM  MM	eciation S  (f) Meth	System	(g) Depreciation deduction
19a b c d e f g h i 20a	Section B—  (a) Classification of property  3-year property  5-year property  10-year property  20-year property  25-year property  Residential rental property  Nonresidential real property  Section C—A	ced in service during the tax yes  -Assets Placed in Ser  (b) Month and year placed in service	par into one or more general vice During 2022 Ta  (c) Basis for depreciati (business/investment us only—see instructions)	asset accounts, check x Year Using th (d) Recovery period  25 yrs. 27.5 yrs. 27.5 yrs. 39 yrs.  Year Using the	e General Depr  (e) Convention  MM  MM  MM  MM  MM	S/L	System	(g) Depreciation deduction
19a b c d e f g h i 20a b	Section B—  (a) Classification of property  3-year property  5-year property  10-year property  20-year property  Residential rental property  Nonresidential real property  Section C—A  Class life  12-year	ced in service during the tax yes  -Assets Placed in Ser  (b) Month and year placed in service	par into one or more general vice During 2022 Ta  (c) Basis for depreciati (business/investment us only—see instructions)	asset accounts, check x Year Using th (d) Recovery period  25 yrs. 27.5 yrs. 27.5 yrs. 39 yrs.  Year Using the  12 yrs.	e General Depr  (e) Convention  MM  MM  MM  MM  MM  Alternative Dep	S/L	System	(g) Depreciation deduction
19a b c d e f g h i 20a b c c	Section B—  (a) Classification of property  3-year property  5-year property  10-year property  20-year property  25-year property  Residential rental property  Nonresidential real property  Class life  12-year  30-year	ced in service during the tax yes  -Assets Placed in Ser  (b) Month and year placed in service	par into one or more general vice During 2022 Ta  (c) Basis for depreciati (business/investment us only—see instructions)	asset accounts, check  x Year Using th  (d) Recovery period  25 yrs.  27.5 yrs.  27.5 yrs.  39 yrs.  Year Using the  12 yrs.  30 yrs.	MM MM MM Alternative Dep	S/L	System	(g) Depreciation deduction
19a b c d f g h i 20a b c d d	Section B—  (a) Classification of property  3-year property  5-year property  10-year property  20-year property  25-year property  Residential rental property  Nonresidential real property  Class life  12-year  30-year  Section C—A  Class life  40-year	ced in service during the tax yes.  -Assets Placed in Ser  (b) Month and year placed in service  service	par into one or more general vice During 2022 Ta  (c) Basis for depreciati (business/investment us only—see instructions)	asset accounts, check x Year Using th (d) Recovery period  25 yrs. 27.5 yrs. 27.5 yrs. 39 yrs.  Year Using the  12 yrs.	e General Depr  (e) Convention  MM  MM  MM  MM  MM  Alternative Dep	S/L	System	(g) Depreciation deduction
19a b c d e f g h i 20a b c d Pe	Section B—  (a) Classification of property  3-year property  5-year property  10-year property  20-year property  25-year property  Residential rental property  Nonresidential real property  Class life  12-year  30-year  40-year  Section C—A  Summary (See in	ced in service during the tax yes  -Assets Placed in Ser  (b) Month and year placed in service  service	par into one or more general vice During 2022 Ta  (c) Basis for depreciati (business/investment us only—see instructions)	asset accounts, check  x Year Using th  (d) Recovery period  25 yrs.  27.5 yrs.  27.5 yrs.  39 yrs.  Year Using the  12 yrs.  30 yrs.	MM MM MM Alternative Dep	S/L	System	(g) Depreciation deduction
19a b c d e f g h i 20a b c d Pa 21	Section B—  (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  Listed property. Enter amount fro	ced in service during the tax yes  -Assets Placed in Ser  (b) Month and year placed in service	par into one or more general vice During 2022 Ta  (c) Basis for depreciati (business/investment us only-see instructions)	25 yrs. 27.5 yrs. 27.5 yrs. 39 yrs.  Year Using the  12 yrs. 30 yrs. 40 yrs.	MM MM MM Alternative Dep	S/L	System	(g) Depreciation deduction
19a b c d e f g h i 20a b c d Pe	Section B—  (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  Class life  12-year  30-year  40-year  Listed property. Enter amount fro Total. Add amounts from line 12	ced in service during the tax yes.  -Assets Placed in Service  (b) Month and year placed in service	cer into one or more general vice During 2022 Ta  (c) Basis for depreciati (business/investment us only-see instructions)  ice During 2022 Tax  ines 19 and 20 in columns and	25 yrs. 27.5 yrs. 27.5 yrs. 39 yrs.  Year Using the  12 yrs. 30 yrs. 40 yrs.	e General Depr  (e) Convention  MM  MM  MM  MM  Alternative Dep  MM  MM  MM  Alternative Dep	S/L	System System 21	(g) Depreciation deduction
19a b c d e f g h i 20a b c d Pa 21	Section B—  (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  Listed property. Enter amount fro	Assets Placed in Service (b) Month and year placed in service  (b) Month and year placed in service  Assets Placed in Service  Assets Placed in Service  Description of the tax year placed in Service (c) and tax years (	cer into one or more general vice During 2022 Ta  (c) Basis for depreciati (business/investment us only-see instructions)  ice During 2022 Tax  ines 19 and 20 in coluerships and S corpora	asset accounts, check x Year Using the (d) Recovery period  25 yrs. 27.5 yrs. 27.5 yrs. 27.5 yrs. 39 yrs.  Year Using the  12 yrs. 30 yrs. 40 yrs.	e General Depr  (e) Convention  MM  MM  MM  MM  Alternative Dep  MM  MM  MM  Alternative Dep	S/L	System	(g) Depreciation deduction

Form **990** 

### **Event Income and Deduction Worksheet**

2022

Description Other fundraising

Name

Hilton Head Symphony Orchestra Inc

Taxpayer Identification Number 57-0761297

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 30,061	Advertising and promotion
2. Advertising income		Office
3. Circulation income		Printing/publication/postage
4. Other income		Info technology/Maintenance
5. Returns and allowances		Royalties & License Fees
6. Contributions received		Occupancy/Real Estate Taxes
7. Total revenue. Add lines 1 through 6	7. 30,061	Traval & Panaira
2. Cost of Goods Sold	· · · · · · · · · · · · · · · · · · ·	Travel & Repairs
8. Cost of Goods Sold		Travel/entertainment (officials)
9. Employment Expense		Conferences/meetings
10. Fees for services		Interest
11. Indirect Expense		Insurance
12. Depreciation Expense		Total Indirect Expense
13. Exempt Activity Expense		
14. Fundraising Expense	14. 10,756	Expense Details - Depreciation Expense:
15. Total expenses. Add lines 8 through 1	415. <u>10,756</u>	On investment property
<b>16. Net Income/Loss.</b> Line 7 minus Line 1	516. <u>19,305</u>	On non-investment property
		Amortization
		Depletion
Expense Details - Cost of Goods Sold:		Total Depreciation Expense
Beginning inventory		
Purchases	<u></u>	Expense Details - Exempt Activity Expense:
Labor	<u></u>	Repairs and Maintenance
Section 263A costs	<u>-</u>	Bad debts
Other costs		Taxes/licenses
Ending inventory		Charitable contributions
Total Cost of Goods Sold		Dividend recd deductions
		Readership costs
Expense Details - Employment Expense	:	Other expenses
Compensation of officers		Total Exempt Activity Expense
Other salaries and wages		
Pension plan contributions	·····	Expense Details - Fundraising Expense:
Other employee benefits	·····	
Payroll taxes		Cash prizes
Payroll taxes		Non-cash prizes
Total Employment Expense		Rent and facility costs
Evenes Dataila Face for Comissos		Food & beverages (Part II only)
Expense Details - Fees for Services:		Entertainment (Part II only) Other direct expenses 10,756
Management		
Legal		Total Fundraising Expense 10,756
Accounting	· · · · · · <del>· · · · · · · · · · · · · </del>	
Lobbying		
Professional fundraising	· · · · · · · <del>· · · · · · · · · · · · </del>	
Investment management		
Other		
Total Fees for Services	·····	
Information is indicated for use on For	rm 990-T. Schedule A·	Allocation of Expense to Program Service Accomplishments:
Schedule A, UBIT Activity Code	· ·	First
Part V, Debt Financing		Second
Part VI, Controlled Org Income		Second
Part VII, Investments for C(7)(9)(	17)	Third
	11)	All other
Part VIII, Exploited Activities		
Part IX, Advertising Income		

Form

Department of the Treasury Internal Revenue Service

**Return of Organization Exempt From Income Tax** 

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

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

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

OMB No. 1545-0047 **2021** Open to Public Inspection

<u>A</u>	For th	e 2021 c	alendar year, or tax year beginning 07/	$^{\prime}01/21$ , and ending $06$	/30/22				
В	Check if a	applicable:	able: C Name of organization D Employer identification number						
Ш	Address	change	Hilton Head Symphony Orchestra Inc						
$\overline{\Box}$	Name cha	ange	Doing business as 57-0761297						
$\equiv$		Ü	Number and street (or P.O. box if mail is not delivered to street address)  7 Lagoon Road, Suite 100  Room/suite E Telephone number 843-842-2055						
_	Initial retu		7 Lagoon Road, Suite 100  City or town, state or province, country, and ZIP or forei				043-0	342-2033	
Ш	Final retu terminated							0.07	
П	Amended	return		C 29928			<b>G</b> Gross rece	eipts \$ 2,970	,969
Ħ			F Name and address of principal officer:		н	(a) Is this a o	roup return for si	ubordinates? Yes	X No
Ш	Applicatio	n pending	Alan Jordan				•	H.,	=
			7 Lagoon Road, Suite		H(		bordinates inclu	_	No
			<u> Hilton Head Island</u>	SC 29928		If "No	," attach a list.	See instructions	
<u> 1</u>	Tax-exer	mpt status:	<b>X</b> 501(c)(3) 501(c) ( ) ◀ (ins	sert no.) 4947(a)(1) or 5	527				
J	Website	: <b>▶</b> ₩	ww.HHSO.org	_	Н(	c) Group ex	emption number	r <b>&gt;</b>	
ĸ	Form of	organization:	X Corporation Trust Association	Other ►	L Year of	formation: 1	.982	M State of legal domic	ile: SC
F	Part I	Sı	ımmary		<u> </u>			*	
	1		scribe the organization's mission or most sign	anificant activities:					
ø			Schedule O	······································					
ŭ	'								
Governance		• • • • • • • • • •							
o Ve	2	Chack th	s box if the organization discontinued	its operations or disposed of more		ite not a			
	2							18	
∘ŏ ″	3	Number	of voting members of the governing body (Pa	it vi, lille ia)			4	15	
Activities	4	number (	of independent voting members of the govern	ling body (Part VI, line 1b)			4	121	
ξ			nber of individuals employed in calendar year	2021 (Part V, line 2a)					
Ä			nber of volunteers (estimate if necessary)				6	348	
	7a	Total unr	elated business revenue from Part VIII, colun	nn (C), line 12			7a		0
	b	Net unrel	ated business taxable income from Form 990	O-T, Part I, line 11	<u></u>			0 11/	0
					-	Prior Ye		Current Year	
ě	8	Contribut	ons and grants (Part VIII, line 1h)				7,376	2,325	
Revenue							2,774		<u>,343</u>
Ş	10	Investme	nt income (Part VIII, column (A), lines 3, 4, a	nd 7d)			3,406		<u>,947</u>
_	11	Other rev	enue (Part VIII, column (A), lines 5, 6d, 8c, 9	c, 10c, and 11e)			5,492		<u>,944</u>
			enue – add lines 8 through 11 (must equal Pa			1,35	2,236	2,950	<u>, 253</u>
	13	Grants a	nd similar amounts paid (Part IX, column (A),	lines 1–3)					0
	14	Benefits	paid to or for members (Part IX, column (A),	line 4)					0
Ś	1 45				<b>I</b>	70	7,587	1,096	,121
Expenses	16a	Professio	other compensation, employee benefits (Parl nal fundraising fees (Part IX, column (A), line draising expenses (Part IX, column (D), line 2	e 11e)					0
g	b	Total fund	draising expenses (Part IX, column (D), line 2	25) <b>▶</b> 12,843					
ú			penses (Part IX, column (A), lines 11a-11d,			84	0,123	1,355	, 454
			enses. Add lines 13-17 (must equal Part IX,				7,710	2,451	,575
	19		less expenses. Subtract line 18 from line 12			-19	5,474	498	,678
Net Assets or	ß		•			inning of Cu		End of Year	
sets	<b>20</b> '	Total ass	ets (Part X, line 16)			1,51	4,551	1,962	<u>,</u> 762
AS	<u>21</u>	Total liab	""" (D )/ " 00)		<b>I</b>	38	5,154	462	,873
Fe	22	Net asse	s or fund balances. Subtract line 21 from line	20		1,12	9,397	1,499	,889
	Part II		gnature Block		•				
	Inder pe		perjury, I declare that I have examined this return,	including accompanying schedules an	nd statements, a	nd to the b	est of my kno	owledge and belief,	it is
tr	ue, corre	ect, and c	omplete. Declaration of preparer (other than officer	) is based on all information of which	preparer has ar	ny knowled	ge.		
Sig	nn	S	ignature of officer				Date		
He			Alan Jordan	T	residen	t and	d CEO		
		<b> </b>	ype or print name and title			411			
_		+		reparer's signature		Date	Oh	if PTIN	
Pai	id	1		,		2410	Check	$\square$	47
	parer			atrick P. Carey, Jr., CPA	Δ	<del>                                     </del>	self-emp		
	-	Firm's na					Firm's EIN	57-0927	U46
US	e Only		70 Main Street,					0.40 505	4400
		Firm's ad		-			Phone no.	843-681-	
Ma	y the IF	RS discus	s this return with the preparer shown above?	See instructions				X Yes	No

Form	m 990 (2021) Hilton Head Symphony Orchestra Inc 57-0761297	Page <b>2</b>
Pa	Part III Statement of Program Service Accomplishments	
	Check if Schedule O contains a response or note to any line in this Part III	
T. Y	Briefly describe the organization's mission:  The HHSO inspires audiences with musical excellence, or youth programming and community performances, and unit	enriches lives through
2	Did the organization undertake any significant program services during the year which were not listed on the	e
	prior Form 990 or 990-EZ?  If "Yes," describe these new services on Schedule O.	
	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	Yes X No
	If "Yes," describe these changes on Schedule O.	
	Describe the organization's program service accomplishments for each of its three largest program services expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and all the total expenses, and revenue, if any, for each program service reported.	-
P: H J: S:	a (Code: ) (Expenses \$ 1,790,959 including grants of \$ Provided 61 live performances including 18 Orchestra \$ Hilton Head International Piano Competition events, 8 Jazz In The Park presentations, 2 Symphony Under The \$ Supper Club performances, a Youth Concerto Competition Chamber Music Institute with 8 live performances.	free Outdoor Pops and Stars concerts, 10 n, and a 10-day
4b	<b>b</b> (Code: ) (Expenses \$ including grants of \$	) (Revenue \$)
N	N/A	
	· · · · · · · · · · · · · · · · · · ·	
	······································	
	•	
	•	
	•	
40	c (Code: ) (Expenses \$ including grants of \$	) (Povonuo \$
	N/A	) (Revenue \$)
14	N/A	
	·	
	•	
	· · · · · · · · · · · · · · · · · · ·	
	· · · · · · · · · · · · · · · · · · ·	
	• • • • • • • • • • • • • • • • • • • •	
4d	d Other program services (Describe on Schedule O.)	
	(Expenses \$ including grants of \$ ) (Revenue \$	)
4e	e Total program service expenses ► 1,790,959	,

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"			
	complete Schedule A	1_	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to			
	candidates for public office? If "Yes," complete Schedule C, Part I	3		Х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)			
_	election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,	_ ا		v
_	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			х
7	"Yes," complete Schedule D, Part I  Did the organization receive or hold a conservation easement, including easements to preserve open space,	6		
7	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,"	<b>-</b>		<u> </u>
0		8		х
9	complete Schedule D, Part III  Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a	۳		
•	custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or			
	debt negotiation services? If "Yes," complete Schedule D, Part IV	9		х
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments	ا ا		
	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	х	
b	Did the organization report an amount for investments—other securities in Part X, line 12, that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		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	
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		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	l		37
	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	4.5		x
40	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other	46		x
47	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		Λ
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on	17		x
18	Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I.</i> See instructions  Did the organization report more than \$15,000 total of fundraising event gross income and contributions on	17		
.0		18	х	
19	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II  Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?	""		
	If "Yes," complete Schedule G, Part III	19		x
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		х

2801 11/14/2022 1:32 PM Form 990 (2021) Hilton Head Symphony Orchestra Inc 57-0761297 Page 4 Checklist of Required Schedules (continued) Yes No Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on X Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III 22 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 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? 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 27 Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III 27 Х 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? If "Yes," complete Schedule L, Part IV ..... 28a 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 line 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 30 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, Falt II	32	22
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,		1
	or IV, and Part V, line 1	34	X

or IV, and Part V, line 1

35a 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

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

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.
 Did the organization complete Schedule O and provide explanations on Schedule O for Part VI. lines 11b and

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.

Part V	Statements Regarding Other IRS Filings and Tax Compliance
	Check if Schedule O contains a response or note to any line in this Part '

					Yes	N
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable	1a	44			
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?			10	X	i

X

38

X

Pa	rt 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 121			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X	
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. See instructions.			
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?	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?	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	l		
_	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	_	v	
	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	70		х
a	required to file Form 8282?  If "Yes," indicate the number of Forms 8282 filed during the year  7d	7c		Λ
d	If "Yes," indicate the number of Forms 8282 filed during the year  Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		Х
f	Did the organization during the year nay promiums directly or indirectly on a personal honofit 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:			
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:			
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.)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	-		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	<b>Note:</b> 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  Tates the amount of recence on head  13b			
C 1/1a	Enter the amount of reserves on hand  Did the organization receive any payments for indoor tanning services during the tax year?	14a		Х
14a b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14a		- 22
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			
		15		x
	excess parachute payment(s) during the year?  If "Yes," see instructions and file Form 4720, Schedule N.	.5		
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 "Yes," complete Form 6069.			

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

					Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	18			
	If there are material differences in voting rights among members of the governing body, or					
	if the governing body delegated broad authority to an executive committee or similar					
	committee, explain on Schedule O.					
b	Enter the number of voting members included on line 1a, above, who are independent	1b	15			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with					
	any other officer, director, trustee, or key employee?			. 2		X
3	Did the organization delegate control over management duties customarily performed by or under the direct					
	supervision of officers, directors, trustees, or key employees to a management company or other person?			. 3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was file	d?		. 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		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,					
	stockholders, or persons other than the governing body?			7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the y					
а	The governing body?			8a	Х	
b	Each committee with authority to act on behalf of the governing body?			8b	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at					
	the organization's mailing address? If "Yes," provide the names and addresses on Schedule O			. 9		х
Sec	tion B. Policies (This Section B requests information about policies not required by the International Property of the Interna					
	· · · · · · · · · · · · · · · · · · ·				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?			10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing					х
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.	Ü				
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13			12a	х	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give r	ise to co	onflicts?	12b	х	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"					
	describe on Schedule O how this was done			12c	x	
13	Did the organization have a written which allower policy?			12		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	х	
b	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 tayable entity during the year?			16a		х
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its					
~	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the					
	organization's exempt status with respect to such arrangements?			. 16b		
Sec	tion C. Disclosure			.   100	I .	
<u> </u>	List the states with which a convert this Form 200 is required to be filed					
1 <i>1</i> 18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (					
10	(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.	o <del>c</del> ulUH	JU 1 (U)			
10		oroot n-	diov ood			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of int	erest bo	nicy, and			
20	financial statements available to the public during the tax year.	ordo 🕨				
20 و.	State the name, address, and telephone number of the person who possesses the organization's books and recursion.	orus 🟲				
	ısan Strange 7 Lagoon Road ilton Head Island SC 299	20	0.4	13-84	າ_າ	00
п.		<b>4</b> 0	0 7		4-4	$\mathbf{U}$

### Form 990 (2021) Hilton Head Symphony Orchestra Inc 57-0761297

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 any line in this Part VII

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

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

\_\_\_\_ 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	x, unle	ess pe	ition more rson i directo	than on is both a or/trustee	an e)	(D) Reportable compensation from the	<b>(E)</b> Reportable compensation from related	(F) Estimated amount of other compensation
	(list any hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/ 1099-MISC/ 1099-NEC)	organizations (W-2/ 1099-MISC/ 1099-NEC)	from the organization and related organizations
(1) Alan Jordan										
	40.00			l				120 005		
President and CEO	0.00	Х		X		$\vdash$		139,986	0	0
(2) Mario Incorvaia	40.00									
	40.00	3.5						05 076	_	
Board Member	0.00	Х		_		$\vdash$		85,876	0	0
(3) Mona Huff	20.00									
Doord Mombon	20.00	<b>.</b>						30,900	_	0
Board Member (4) Sandra Benson	0.00	X				$\vdash$		30,900	0	<u> </u>
(4) Sandra Benson	3.00									
Treasurer	0.00	x		x				0	0	0
(5) Rabbi Brad Bloom		^		^				0	0	0
(3) Nabbi Biad Biool	2.00									
Board Member	0.00	х						0	0	0
(6) James Collett	3.33							·	·	
(0) 0 000000	3.00									
V-Chair Strategic Pl	0.00	x		x				0	0	0
(7) Joan Dattelbaum										
(,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	2.00									
Board Member	0.00	x						0	0	0
(8) Ralph Drayer										
	3.00									
V-Chair Resource Dev	0.00	X		X				0	0	0
(9) Charles Frost										
	2.00									
Board Member	0.00	x						0	0	0
(10) Michael Harter										
	5.00									
President	0.00	X		X				0	0	0
(11) Barbara Holmes										
	2.00									
Board Member	0.00	X						0	0	0

2801 11/14/2022 1:32 PM Form 990 (2021) **Hilton Head Symphony Orchestra Inc** 57-0761297

Part VII Section A. Officers	, Directors, Tru	ıstee	s, K	ey E	mpl	oyee	es, a	and Highest Compensated	Employees (continued)			
(A) Name and title	(B) Average hours per week	bo	x, unle ficer a	Pos check ess pe ind a	erson i	than o	an ee)	(D) Reportable compensation from the	(E) Reportable compensation from related		(F) nated amount of other of other o	
	(list any hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/ 1099-MISC/ 1099-NEC)	organizations (W-2/ 1099-MISC/ 1099-NEC)	orga	from the inization a d organiza	and
(12) Candice Hough												
Board Member	2.00 0.00	x						0	0			0
(13) Martin Lesch		<del> </del>										
Board Member	2.00 0.00	x						0	0			0
(14) Michael Levir	ie 2.00											
Board Member	0.00	· x						0	0			0
(15) Eric Magnin												
Cognobows	3.00 0.00	x		x				0	0			0
Secretary (16) Mary Princing		^		^				0	0			
	2.00											
Board Member	0.00	X						0	0			0
(17) Alice Walton	2.00											
Board Member	0.00	x						0	0			0
(18) Blake White												
Board Member	2.00 0.00	x						0	o			0
Al. Outroid							L	256,762				
1b Subtotal			ion /	 4			<b>P</b>	250,702				
d Total (add lines 1b and 1c)							<b>•</b>	256,762				
2 Total number of individuals (in reportable compensation from	cluding but not I	imite	d to	thos	e lis	ted a	bov	ve) who received more than	\$100,000 of			
reportable compensation from	the organization	1									Y	es No
3 Did the organization list any for employee on line 1a? If "Yes,"											3	х
4 For any individual listed on line	e 1a, is the sum	of r	epor	table	con	npen	satio		from the			
organization and related orgar individual									ch		4	х
5 Did any person listed on line 1	1a receive or acc	crue	com	pens	satio	n fror	m ai	ny unrelated organization oi	r individual			
for services rendered to the or		∕es,"	con	plete	e Sc	<u>hedu</u>	le J	for such person			5	X
Section B. Independent Contractor  Complete this table for your five compensation from the organization.	ve highest comp									ear		
	(A) business address				-				(B) tion of services		(( Compe	C) ensation
John Morris Russell					c/c	7		agoon Rd, Ste 10	0			
Hilton Head Islan	nd SC	2	99	28			1	Music Director	2			128,000
2 Total number of independent of	contractors (inclu	uding	but	not	limite	ed to	tho	se listed above) who	-			

-01111 990 (202	i) iiiiicoii iiead bympiioiiy	Of Chestra The	37-0701237
Part VIII	Statement of Revenue		

		Check if	Sch	edule O conta	ains a	a respo	onse or note	to any line in this	s Part VIII		
								(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
ts	1a	Federated camp	naigns		1a						
ran		Membership due			1b						
Ğ,	c	Fundraising eve	ents		1c						
ifts ar /		Related organiz			1d						
mig.		Government grants (c			1e	1	,111,177				
ons		All other contributions,			<u>.                                   </u>						
her		and similar amounts no			1f	1	,213,842				
育	g	Noncash contributions lines 1a-1f			1g	\$	9,068				
Contributions, Gifts, Grants and Other Similar Amounts	h	Total. Add lines						2,325,019			
		101411 7144 111100					Business Code	, , , , , ,			
d)	2a	Ticket sal	es					276,678	276,678		
ζİ	b			ales				191,682	191,682		
Sel	С	Application						69,983	69,983		
am	d							-	-		
Program Service Revenue	е										
	f	All other program					<b>I</b>				
	g	Total. Add lines						538,343			
	3	Investment inco									
		other similar am	•	•				25,947			25,947
	4	Income from inv									
	5	Royalties				· 					
		·		(i) Real		1	i) Personal				
	6a	Gross rents	6a								
	b	Less: rental expenses	6b								
	С	Rental inc. or (loss)	6c								
	d	Net rental incom	ne or (	loss)							
	7a	Gross amount from		(i) Securities	:		(ii) Other				
		sales of assets other than inventory	7a								
ē	b	Less: cost or other									
eni		basis and sales exps.	7b								
Rev	С	Gain or (loss)	7c								
er	d	Net gain or (loss	S)								
Other Revenue	8a	Gross income from		aising events							
		(not including \$									
		of contributions rep									
		1c). See Part IV, lin	ne 18		8a		81,660				
	b	Less: direct exp	enses		8b		20,716				
		Net income or (			events	3		60,944			
	9a	Gross income fr	om ga	aming							
		activities. See P	art IV,	line 19	9a						
	b	Less: direct exp	enses		9b						
	С	Net income or (	loss) f	rom gaming acti	vities .						
	10a	Gross sales of i	nvento	ory, less							
		returns and allo	wance	s	10a						
	b	Less: cost of go	ods so	old	10b						
		Net income or (I			entory		<b>&gt;</b>				
s							Business Code				
Miscellaneous Revenue	11a										
ane	b										
Sel	С										
Mis	d	All other revenue					<b>I</b>				
	е	Total. Add lines	11a-	11d		<u></u>	<b>)</b>				
	12	Total revenue.	See in	nstructions				2,950,253	538,343	0	25,947

Sect	ion 501(c)(3) and 501(c)(4) organizations must com Check if Schedule O contains a respon-	-		olete column (A).	x
Do r	not include amounts reported on lines 6b, 7b,	(A) Total expenses	(B)	(C)	(D)
	Pb, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to domestic organizations		1.45.000	general expenses	
	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	256,762	174,599	79,597	2,566
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	709,596	482,575	220,129	6,892
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)	42,852	42,852		
9	Other employee benefits			24.222	
10	Payroll taxes	86,911	59,104	26,989	818
11	Fees for services (nonemployees):				
а					
b	Legal	0.563		0 563	
C	Accounting	9,563		9,563	
d	· · · · · · · · · · · · · · · · · · ·				
e	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	, ,	201 202	272 522	11 050	
40	(A) amount, list line 11g expenses on Schedule O.)	284,383 130,609	272,533 65,305	11,850 65,304	
12	• • • • • • • • • • • • • • • • • • • •	45,041	7,702	34,772	2,567
13	Office expenses	45,041	7,702	34,772	2,367
14	Information technology				
15 16	Royalties	343,271	263,118	80,153	
17	Occupancy Travel	61,965	61,965	00/133	
18	Payments of travel or entertainment expenses	01/303	01/303		
10	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	129,450	90,615	38,835	
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	Production costs	154,277	154,277		
b	Other expenses	93,458	28,482	64,976	
С	Prizes, judges and awards	87,832	87,832		
d	Bank Charges	15,605		15,605	
е	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	2,451,575	1,790,959	647,773	12,843
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs				
	from a combined educational campaign <u>and</u>				
	fundraising solicitation. Check here if				

Part X Balance Sheet

				<b>(A)</b> Beginning of year		<b>(B)</b> End of year
1	Cash—non-interest-bearing			95,599	1	548,267
2				263,010	2	214,074
3				•	3	-
4				29,955	4	1,500
5						•
	trustee, key employee, creator or founder, substant	ial contributo	r, or 35%			
	controlled entity or family member of any of these p				5	
6	Loans and other receivables from other disqualified					
	under section 4958(f)(1)), and persons described in				6	
7					7	
8	laccastasiaa fan aala an caa				8	
9					9	13,482
10	a Land, buildings, and equipment: cost or other					
	basis. Complete Part VI of Schedule D	10a	978,458			
	<b>b</b> Less: accumulated depreciation		507,264	595,291	10c	471 <b>,</b> 194
11				512,906	11	696,455
12					12	
13					13	
14					14	
15	Other assets. See Part IV, line 11			17,790	15	17 <b>,</b> 790
16				1,514,551	16	1,962,762
17	Accounts payable and accrued expenses		67,514	17	17,941	
18				18		
19	Deferred revenue		107,457	19	431,702	
20	Tax-exempt bond liabilities				20	
21		IV of Sched	ule D		21	
22	Loans and other payables to any current or former	officer, direc	tor,			
	trustee, key employee, creator or founder, substant	ial contributo	r, or 35%			
	controlled entity or family member of any of these p				22	
23	3 3 1 7	I third parties	·		23	
24				201,600	24	
25	( )					
	parties, and other liabilities not included on lines 17	-24). Comple	ete Part X			
	of Schedule D			8,583		13,230
26				385,154	26	462,873
	Organizations that follow FASB ASC 958, check	here ► X				
١.	and complete lines 27, 28, 32, and 33.			252 401		E00 262
27 28				353,481	27	589,363
28			··ᢩ···· <sub>}</sub> ·····	775,916	28	910,526
	Organizations that do not follow FASB ASC 958	, check here	:▶ ⊔			
1	and complete lines 29 through 33.					
29					29	
30	1 1 , , ,				30	
1 ~ -					27	
31 32	Total and negation found belowers		unds	1,129,397	31	1,499,889

Form **990** (2021)

1 Accounting method used to prepare the Form 990:	_	art XI Reconciliation of Net Assets				.go .
Total revenue (must equal Part IXI, column (A), line 12) Total expenses (must equal Part IX, column (A), line 25) Total expenses (must equal Part IX, column (A), line 25) Revenue less expenses. Subtract line 2 from line 1 Revenue less expenses. Subtract line 2 from line 1 Revenue less expenses. Subtract line 2 from line 1 Revenue less expenses. Subtract line 2 from line 1 Revenue less expenses. Subtract line 2 from line 1 Revenue less expenses. Subtract line 2 from line 1 Revenue less expenses. Subtract line 2 from line 1 Revenue less expenses. Subtract line 2 from line 1 Revenue less expenses. Subtract line 2 from line 1 Revenue less expenses. Subtract line 2 from line 1 Revenue less expenses. Subtract line 2 from line 1 Revenue less expenses. Subtract line 2 from line 1 Revenue less expenses. Subtract line 2 from line 2 from line 1 Revenue less expenses. Subtract line 2 from line 2 from line 1 Revenue less expenses. Subtract line 2 from line 1 Revenue less expenses. Subtract line 2 from line 1 Revenue less expenses. Subtract line 2 from line 1 Revenue less expenses. Subtract line 2 from line 1 Revenue less expenses. Subtract line 2 from line 1 Revenue less expenses. Subtract line 2 from line 1 Revenue less expenses. Subtract line 2 from line 1 Revenue less expenses. Subtract line 2 from line		Check if Schedule O contains a response or note to any line in this Part XI				X
2 2, 2, 451, 575 23 Revenue less expenses. Subtract line 2 from line 1 3 498, 676 4 Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) 4 1,129, 397 5 Net unrealized gains (losses) on investments 5145, 652 6 Donated services and use of facilities 7 Investment expenses 7 To livestment expenses 7 To livestment expenses 8 Prior period adjustments 8 Prior period adjustments 9 Other changes in net assets or fund balances (explain on Schedule O) 9 17, 466 1	1			2,	950,	253
3 498,676 4 Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) 5 Net unrealized gains (losses) on investments 5 -145,652 6 Donated services and use of facilities 7 Investment expenses 7 8 Prior period adjustments 8 9 Other changes in net assets or fund balances (explain on Schedule O) 9 17,466 10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B)) 10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B)) 11 Accounting method used to prepare the Form 990:	2	Total expenses (must equal Part IX, column (A), line 25)	2	2,	451,	575
4 Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))  5 Net unrealized gains (losses) on investments  6 Donated services and use of facilities  7 Investment expenses  8 Prior period adjustments  8 Pother changes in net assets or fund balances (explain on Schedule O)  9 17,466  10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))  10 1,499,885  Part XII Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII  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?  1 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 Debth consolidated and separate basis  b Were the organization's financial statements audited by an independent accountant?  1 If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis Debth consolidated and separate basis  c If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis. Consolidated basis Debth consolidated and separate basis  c If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis. Consolidated basis Debth consolidated and separate basis  c If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis. Consolidated basis Debth consolidated and separate basis  c If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis. Consolidated basis Debth consolidated and separate basis  c If "Yes," c	3	December 1 and a superior and Conference Con	3		498,	678
5 Net unrealized gains (losses) on investments  6 Donated services and use of facilities  7 Investment expenses  8 Prior period adjustments  9 Other changes in net assets or fund balances (explain on Schedule O)  10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))  10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))  11 Accounting method used to prepare the Form 990: Cash 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, or both:  Separate basis consolidated basis, or both:  Separate basi	4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	1,	L29,	397
6 Donated services and use of facilities 7 Investment expenses 8 Prior period adjustments 9 Other changes in net assets or fund balances (explain on Schedule O) 10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B)) 10 1,499,885  Part XII Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII Check if Schedule O contains a response or note to any line in this Part XII  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 2f 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis both consolidated and separate basis b Were the organization's financial statements audited by an independent accountant? 2b X 2f 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis, or both: X Separate basis Consolidated basis Both consolidated and separate basis c If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? 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 Single Audit Act and OMB Circular A-133? 3a X  b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits	5		5	-:	145,	652
7 Investment expenses 8 Prior period adjustments 9 Other changes in net assets or fund balances (explain on Schedule O) 9 Other changes in net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))  Part XII Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII  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?  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?  If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis Both consolidated and separate basis separate basis. Consolidated basis Both consolidated and separate basis  If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?  If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.  3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?  3a 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	6	Donated services and use of facilities	6			
8 Prior period adjustments 9 Other changes in net assets or fund balances (explain on Schedule O) 10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))  Part XII Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII  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 Were the organization's financial statements combiled or reviewed by an independent accountant? 3 Separate basis Consolidated basis, or both: 3 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  c If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?  If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.  3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?  b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits  3b	7		7			
9 Other changes in net assets or fund balances (explain on Schedule O)	8	Prior period adjustments	8			
Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))  Part XII Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII    Accounting method used to prepare the Form 990:	9	Other changes in net assets or fund balances (explain on Schedule O)	9		17,	466
Check if Schedule O contains a response or note to any line in this Part XII    Accounting method used to prepare the Form 990:	10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line				
Check if Schedule O contains a response or note to any line in this Part XII    Yes   No		32, column (B))	10	1,	199,	889
Accounting method used to prepare the Form 990:	Pa	art XII Financial Statements and Reporting				
Accounting method used to prepare the Form 990:		Check if Schedule O contains a response or note to any line in this Part XII				<u>. Ш</u>
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  c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?  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 Single Audit Act and OMB Circular A-133?  b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits  3b				_	Yes	No
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Separate basis Consolidated basis Both consolidated and separate basis  b Were the organization's financial statements audited by an independent accountant?  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  c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?  If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.  3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?  b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits  3b		If "Yes," check a box below to indicate whether the financial statements for the year were compiled or				
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c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?  If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.  3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?  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.  3b						
the audit, review, or compilation of its financial statements and selection of an independent accountant?  If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.  3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?  3a 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  3b		X Separate basis Consolidated basis Both consolidated and separate basis				
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 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  3b	С					
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 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  3b		the audit, review, or compilation of its financial statements and selection of an independent accountant?		20	:   X	
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?  b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits.  3b						
Single Audit Act and OMB Circular A-133?  b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits  3b						
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	3a					
required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits				38	1	X
	b					
000		required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3k		<u> </u>

Form **990** (2021)

SCHEDULE A

(Form 990)

Department of the Treasury Internal Revenue Service

## **Public Charity Status and Public Support**

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

▶ Attach to Form 990 or Form 990-EZ.

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

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

2021

Open to Public Inspection

Name of the organization

Hilton Head Symphony Orchestra Inc

Employer identification number 57-0761297

The	orga	nization is not	a private foundation because	e it is: (For lines 1 through 12, c	check only	one box	i.)		
1	Ш	A church, cor	nvention of churches, or ass	ociation of churches described i	in <b>sectio</b> i	170(b)(	1)(A)(i).		
2		A school des	cribed in section 170(b)(1)(	A)(ii). (Attach Schedule E (Form	n 990).)				
3	П	A hospital or	a cooperative hospital servi-	ce organization described in se	ction 170	(b)(1)(A)	(iii).		
4	П	•		d in conjunction with a hospital of			• •	nospital's name.	
	ш	city, and state	a:					,	
_	$\Box$	•		of a college or university owned					
5	ш	_		of a college or university owned	or operac	ed by a g	jovernmental unit described in		
•	$\Box$		(b)(1)(A)(iv). (Complete Part	•		70/1-\/4\/#	A6.3		
6	Н		•	overnmental unit described in s					
7		-	on that normally receives a section 170(b)(1)(A)(vi). (C	substantial part of its support fro omplete Part II.)	om a gove	ernmental	unit or from the general public		
8	Ш	A community	trust described in section	170(b)(1)(A)(vi). (Complete Part	: II.)				
9		An agricultura	al research organization des	cribed in section 170(b)(1)(A)(i	ix) operat	ed in con	junction with a land-grant colle	ge	
	_	or university	or a non-land-grant college o	of agriculture (see instructions).	Enter the	name, cit	ty, and state of the college or		
		university:							
10	X	An organizati	on that normally receives (1)	) more than 33 1/3% of its supp	ort from	contributio	ons, membership fees, and gro	SS	
		-		pt functions, subject to certain e					
		support from	gross investment income ar	nd unrelated business taxable in	ncome (les	ss section	511 tax) from businesses		
	_	acquired by the	he organization after June 3	0, 1975. See <b>section 509(a)(2).</b>	. (Comple	te Part III	.)		
11		An organizati	on organized and operated	exclusively to test for public safe	ety.See s	section 5	09(a)(4).		
12	П	An organization	on organized and operated e	exclusively for the benefit of, to p	perform th	ne function	ns of, or to carry out the purpo	ses of	
	_	one or more	publicly supported organizat	ions described in section 509(a	a)(1) or se	ction 50	9(a)(2). See section 509(a)(3).	. Check	
		the box on lin	nes 12a through 12d that des	scribes the type of supporting or	rganizatio	n and cor	nplete lines 12e, 12f, and 12g.		
	а	Type I. A	supporting organization ope	erated, supervised, or controlled	l by its su	pported of	organization(s), typically by givi	ng	
		_		er to regularly appoint or elect a					
		supporting	g organization. You must c	omplete Part IV, Sections A ar	nd B.				
	b	Type II. A	A supporting organization su	pervised or controlled in connec	ction with	its suppo	rted organization(s), by having		
				ting organization vested in the s					
		organizati	ion(s). You must complete	Part IV, Sections A and C.	·				
	С	Type III	functionally integrated. A s	supporting organization operated	d in conne	ction with	n, and functionally integrated w	rith,	
		its suppo	rted organization(s) (see ins	structions). You must complete	Part IV,	Sections	A, D, and E.		
	d	Type III	non-functionally integrated	I. A supporting organization ope	erated in o	connection	n with its supported organization	on(s)	
		that is no	t functionally integrated. The	e organization generally must sa	atisfy a di	stribution	requirement and an attentivene	ess	
		requireme	ent (see instructions). You r	nust complete Part IV, Section	ns A and	D, and P	art V.		
	е	Check thi	s box if the organization rec	eived a written determination fro	m the IR	S that it is	a Type I, Type II, Type III		
				n-functionally integrated support	ting orgar	nization.		_	
	f		nber of supported organizati					L	
	g	Provide the fo	ollowing information about the	ne supported organization(s).	_				
(i)	Nam	e of supported	(ii) EIN	(iii) Type of organization	(iv) Is the	organization	(v) Amount of monetary	(vi) Amount o	of
	org	anization		(described on lines 1-10	-	ur governing	support (see	other support (	see
				above (see instructions))		ment?	instructions)	instructions)	
					Yes	No			
(A)									
(B)									
(C)									
,									
(D)									
(-)									
(E)									
(-/									
Tate									
Tota	l								

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

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.) Section A. Public Support Calendar year (or fiscal year beginning in) (a) 2017 **(b)** 2018 (c) 2019 (d) 2020 (e) 2021 (f) Total Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") Tax revenues levied for the organization's benefit and either paid to or expended on its behalf The value of services or facilities furnished by a governmental unit to the organization without charge Total. Add lines 1 through 3 ..... The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) Public support. Subtract line 5 from line 4 . Section B. Total Support Calendar year (or fiscal year beginning in) (a) 2017 **(b)** 2018 (d) 2020 (f) Total (c) 2019 **(e)** 2021 Amounts from line 4 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources Net income from unrelated business activities, whether or not the business is regularly carried on ..... Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) ..... **Total support.** Add lines 7 through 10 Gross receipts from related activities, etc. (see instructions) 12 12 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here Section C. Computation of Public Support Percentage Public support percentage for 2021 (line 6, column (f) divided by line 11, column (f)) Public support percentage from 2020 Schedule A, Part II, line 14 15 16a 33 1/3% support test—2021. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization b 33 1/3% support test—2020. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization 10%-facts-and-circumstances test—2021. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported 10%-facts-and-circumstances test—2020. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line

15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported

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

instructions \_\_\_\_\_\_ Schedule A (Form 990) 2021

18

## 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 under the	e lesis listed bi	elow, piease co	implete Fait II.,	!	
	ndar year (or fiscal year beginning in)	(a) 2017	<b>(b)</b> 2018	<b>(c)</b> 2019	(d) 2020	<b>(e)</b> 2021	(f) Total
1	Gifts, grants, contributions, and membership fees	(4) = 1 11	(0) = 0.10	(0) = 0.10	(4,) = 5 = 5	(0) =0=1	(7)
	received. (Do not include any "unusual grants.")	1,596,740	1,402,546	1,484,435	1,087,376	1,453,425	7,024,522
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	875,136	755,593	646,409	278,505	790,417	3,346,060
3	Gross receipts from activities that are not an unrelated trade or business under section 513		60,343				60,343
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	2,471,876	2,218,482	2,130,844	1,365,881	2,243,842	10,430,925
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons	113,575	254,654	125,032	83,300	75,400	651,961
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	276 629					276 620
С	A 1 1 1 7 1 7 1 7 1 7 1 7 1 7 1 7 1 7 1	376,638 490,213	254,654	125,032	83,300	75,400	376,638 1,028,599
8	Public support. (Subtract line 7c from	430,213	234,034	123,032	03,300	73,400	1,020,333
	line 6.)						9,402,326
	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in)	<b>(a)</b> 2017	<b>(b)</b> 2018	<b>(c)</b> 2019	(d) 2020	<b>(e)</b> 2021	(f) Total
9	Amounts from line 6	2,471,876	2,218,482	2,130,844	1,365,881	2,243,842	10,430,925
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	66,920	14,155	4,633	173,300	-119,705	139,303
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
С	Add lines 10a and 10b	66,920	14,155	4,633	173,300	-119,705	139,303
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.)		2,232,637	2,135,477	1,539,181	2,124,137	10,570,228
14	First 5 years. If the Form 990 is for the or	_					. □
<u>Sac</u>	organization, check this box and stop here						······· <b>P</b> _
15	Public support percentage for 2021 (line 8			n (f))		15	88.95 %
16	Public support percentage from 2020 Sche						86.60 %
	ction D. Computation of Investme						80.00 /0
17	Investment income percentage for 2021 (I			. column (f))		17	1%
18	Investment income percentage from 2020 \$		Page 47			40	3 %
19a	33 1/3% support tests—2021. If the orga						
b	17 is not more than 33 1/3%, check this bo 33 1/3% support tests—2020. If the orga	ox and <b>stop here.</b> T	Γhe organization q	ualifies as a public	ly supported orgar	nization	<b>&gt;</b> X
	line 18 is not more than 33 1/3%, check th						▶ □
20	Private foundation. If the organization did		=			=	▶ □

### Part IV **Supporting Organizations**

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

## Section A. All Supporting Organizations

- Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 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 b 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? 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 disqualified person (as defined in section 4958) not described on line 7? If "Yes," complete Part I of Schedule L (Form 990).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- 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.
- 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
		103	110
	1		
	2		
	3a		
	3b		
	3с		
	4a		
	4b		
	4c		
	5a		
	- Gu		
	5b		
	5с		
	6		
	7		
	8		
	9a		
	9b		
	9с		
	10a		
	10b		
Sche	edule A	(Form 9	990) 2021

Par	t IV Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and			
	11c below, the governing body of a supported organization?	11a		
b	A family member of a person described on line 11a above?	11b		
С	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c,			
2 1	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.	4		
2	Did the organization operate for the benefit of any supported organization other than the supported	1		
_	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			
	the supported organization(s).	1		
Secti	on D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described 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			
2 1	supported organizations played in this regard.	3		
Secti	on E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).			
a	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.	- (* 1		
C	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instru	ctions) ]		No.
2	Activities Test. Answer lines 2a and 2b below.  Did substantially all of the organization's activities during the tax year directly further the exempt purposes of		Yes	No
а	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	_u		
~	involvement, one or more of the organization's supported organization(s) would have been engaged in? If			
	"Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would			
	have engaged in these activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer lines 3a and 3b below.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
	trustees of each of the supported organizations? If "Yes" or "No," provide details in Part VI.	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		

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

Bort V Town III Non Francisco III Con III Non Francisco III Non Fr			Z 7 Page 6
Part V Type III Non-Functionally Integrated 509(a)(3) Supporting			
1 Check here if the organization satisfied the Integral Part Test as a qualifying trust or			
instructions. All other Type III non-functionally integrated supporting organizations  Section A – Adjusted Net Income	must comple	(A) Prior Year	(B) Current Year (optional)
4. Not short term conital gain	1		(Optional)
1 Net short-term capital gain			
2 Recoveries of prior-year distributions	2		
3 Other gross income (see instructions)	3		
4 Add lines 1 through 3.	4		
5 Depreciation and depletion	5		
6 Portion of operating expenses paid or incurred for production or collection			
of gross income or for management, conservation, or maintenance of			
property held for production of income (see instructions)	6		
7 Other expenses (see instructions)	7		
8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Section B – Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1 Aggregate fair market value of all non-exempt-use assets (see			
instructions for short tax year or assets held for part of year):			
a Average monthly value of securities	1a		
<b>b</b> Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d		
e Discount claimed for blockage or other factors			
(explain in detail in Part VI):			
2 Acquisition indebtedness applicable to non-exempt-use assets	2		
3 Subtract line 2 from line 1d.	3		
4 Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,			
see instructions).	4		
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6 Multiply line 5 by 0.035.	6		
7 Recoveries of prior-year distributions	7		
8 Minimum Asset Amount (add line 7 to line 6)	8		
Section C – Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, column A)	1		
2 Enter 0.85 of line 1.	2		
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 integral.		supporting organization	
L Check here if the current year is the organizations first as a non-full clionally integra	alou Type III	Supporting Organization	

Schedule A (Form 990) 2021

(see instructions).

Par	t V Type III Non-Functionally Integrated 509(a)(3)	Supporting Organiza	tions (continued)	
Sect	ion D – Distributions			Current Year
1	Amounts paid to supported organizations to accomplish exempt purported	oses		
2	Amounts paid to perform activity that directly furthers exempt purpose	es of supported		
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purposes of sup	ported organizations		
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required-provide de	etails in Part VI)		
6_	Other distributions (describe in Part VI). See instructions.			
	<b>Total annual distributions.</b> Add lines 1 through 6.			
8	Distributions to attentive supported organizations to which the organizations	zation is responsive		
	(provide details in Part VI). See instructions.			
9_	Distributable amount for 2021 from Section C, line 6			
10	Line 8 amount divided by line 9 amount			
Sect	ion E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2021	(iii) Distributable Amount for 2021
1	Distributable amount for 2021 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2021			
	(reasonable cause required-explain in Part VI). See			
	instructions.			
	Excess distributions carryover, if any, to 2021			
	From 2016			
	From 2017			
	From 2018			
	From 2020			
	Total of lines 3a through 3e			
	Applied to underdistributions of prior years			
	Applied to 2021 distributable amount			
	Carryover from 2016 not applied (see instructions)			
<u></u>	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4	Distributions for 2021 from			
•	Section D, line 7: \$			
а	Applied to underdistributions of prior years			
	Applied to 2021 distributable amount			
	Remainder. Subtract lines 4a and 4b from line 4.			
5	Remaining underdistributions for years prior to 2021, if			
	any. Subtract lines 3g and 4a from line 2. For result			
	greater than zero, explain in Part VI. See instructions.			
6	Remaining underdistributions for 2021 Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
7	Excess distributions carryover to 2022. Add lines 3j			
	and 4c.			
8	Breakdown of line 7:			
a	Excess from 2017			
	Excess from 2018			
	Excess from 2019			
d	Excess from 2020			
6	Excess from 2021			

Schedule A (Form 990) 2021

Schedule A (Forr	n 990) 2021	Hilton	Head S	ymphony	Orchestra	Inc	57-0761297	Page 8
Part VI	Supplemental III, line 12; Part B, lines 1 and 2 3a, and 3b; Part	Information. Pro IV, Section A, lin 2; Part IV, Section	ovide the execution es 1, 2, 3b a C, line 1; lower by Section B	xplanations re, 3c, 4b, 4c, Part IV, Sect B, line 1e; Pa	equired by Part   5a, 6, 9a, 9b, 9d ion D, lines 2 an rt V, Section D,	II, line 10; c, 11a, 11b nd 3; Part l lines 5, 6,	Part II, line 17a or o, and 11c; Part IV, V, Section E, lines and 8; and Part V, uctions )	17b; Part Section 1c, 2a, 2b,
		0. 700 00p.o.to	о рант но	. a.i.y a.a.a.ii.o		(000		

Schedule B (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

## Schedule of Contributors

Attach to Form 990 or Form 990-PF.

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

OMB No. 1545-0047

2021

Employer identification number

Hilton Head Symphony Orchestra Inc 57-0761297 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 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 "N/A" in column (b) instead of the contributor name and address), II, and III. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year \$ .....

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

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

Name of organization

Hilton Head Symphony Orchestra Inc

Employer identification number 57-0761297

Part I	Contributors (see instructions). Use duplicate copies of Pa	art I if additional space is ne	eded.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
.1		\$ 309,122	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		\$ <b>470,889</b>	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		\$ 201,600	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No	Name, address, and ZIP + 4	Total contributions  \$ 112,985	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

## SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

▶ Attach to Form 990.

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

OMB No. 1545-0047 Open to Public

Inspection

Name of the organization Employer identification number

н	ilton Head Symphony Orchestra Inc		57-0761297
	rrt I Organizations Maintaining Donor Advised Fu	nds or Other Similar Funds or	
	Complete if the organization answered "Yes" on		
	· · · · · · · · · · · · · · · · · · ·	(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 exc	clusive legal control?	Yes No
6	Did the organization inform all grantees, donors, and donor advisors in		
	only for charitable purposes and not for the benefit of the donor or don	or advisor, or for any other purpose	
	conferring impermissible private benefit?		Yes No
Pa	rt II Conservation Easements.		
	Complete if the organization answered "Yes" on	Form 990, 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 edu	· · · · · · · · · · · · · · · · · · ·	•
	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	ervation contribution in the form of a conse	
	easement on the last day of the tax year.		Held at the End of the Tax Year
a	Total number of conservation easements		2a
D	Total acreage restricted by conservation easements	luded in (a)	2b 2c
G	Number of conservation easements on a certified historic structure inc		20
d	historia atmostrus listad in the National Desister		2d
3	historic structure listed in the National Register	tinguished or terminated by the organize	
3	tax year	dinguished, or terminated by the organization	tion during the
4	Number of states where property subject to conservation easement is	Incated >	
5	Does the organization have a written policy regarding the periodic more		
Ū	violations, and enforcement of the conservation easements it holds?		☐ Yes ☐ No
6	Staff and volunteer hours devoted to monitoring, inspecting, handling		
	<b>&gt;</b>		and the same same same same same same same sam
7	Amount of expenses incurred in monitoring, inspecting, handling of vic	plations, and enforcing conservation easen	nents during the year
	<b>▶</b> \$	,	,
8	Does each conservation easement reported on line 2(d) above satisfy	the requirements of section 170(h)(4)(B)(i	i)
	and section 170(h)(4)(B)(ii)?		Yes No
9	In Part XIII, describe how the organization reports conservation easem		
	balance sheet, and include, if applicable, the text of the footnote to the	e organization's financial statements that c	describes the
	organization's accounting for conservation easements.		
Pa	organizations Maintaining Collections of Art,		Similar Assets.
	Complete if the organization answered "Yes" on		
1a	If the organization elected, as permitted under FASB ASC 958, not to	•	
	of art, historical treasures, or other similar assets held for public exhibit		e of public
	service, provide in Part XIII the text of the footnote to its financial state		haat walle of
D	If the organization elected, as permitted under FASB ASC 958, to repo		
	art, historical treasures, or other similar assets held for public exhibition	n, education, or research in furtherance of	i public service,
	provide the following amounts relating to these items:		<b>L</b> \$
	(i) Revenue included on Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X		► \$
2	If the organization received or held works of art, historical treasures, o	r other similar assets for financial gain, pro	
-	following amounts required to be reported under FASB ASC 958 relati		OVIGO GIO
а	Revenue included on Form 990, Part VIII, line 1		<b>&gt;</b> \$
	Assets included in Form 990, Part X		

(b) Cost or other basis

(other)

978,458

(a) Cost or other basis

(investment)

Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)

507,264

(c) Accumulated

depreciation

(d) Book value

1a Land

e Other

Description of property

**b** Buildings c Leasehold improvements

	(a) Description of security or category	(b) Book value	(c) Method of valuation:	
	(including name of security)		Cost or end-of-year market value	
1) Financial	derivatives			
2) Closely h	eld equity interests			
(A)				
(B)				
(C)				
(E) (F)				
(G)				
(H)				
\	nn (b) must equal Form 990, Part X, col. (B) line 12.)			
Part VIII		l		
	Complete if the organization answered "Yes" or	n Form 990, Part IV, line	e 11c. See Form 990, Part X, line 13.	
	(a) Description of investment	(b) Book value	(c) Method of valuation:	
			Cost or end-of-year market value	
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)	(1)			
	nn (b) must equal Form 990, Part X, col. (B) line 13.)	•		
Part IX	Other Assets.  Complete if the organization answered "Yes" or	Form 000 Part IV line	a 11d See Form 900 Part V line 15	
	(a) Description	Troini 990, Fait IV, iiii	(b) Book val	
(1)	(a) Description		(B) BOOK VAI	
(')				
(2)				
(2)				
(2) (3) (4)				
(2) (3) (4) (5)		-		
(2) (3) (4) (5) (6)				
(2) (3) (4) (5) (6) (7)				
(2) (3) (4) (5) (6)				
(2) (3) (4) (5) (6) (7) (8) (9)	nn (b) must equal Form 990, Part X, col. (B) line 15.)		<b>&gt;</b>	
(2) (3) (4) (5) (6) (7) (8) (9)	Other Liabilities.		<b>&gt;</b>	
(2) (3) (4) (5) (6) (7) (8) (9) Total. (Colum	Other Liabilities. Complete if the organization answered "Yes" or	n Form 990, Part IV, line	e 11e or 11f. See Form 990, Part X,	
(2) (3) (4) (5) (6) (7) (8) (9) Total. (Colum	Other Liabilities.	n Form 990, Part IV, line	e 11e or 11f. See Form 990, Part X,	
(2) (3) (4) (5) (6) (7) (8) (9) Fotal. (Colum	Other Liabilities. Complete if the organization answered "Yes" or	n Form 990, Part IV, line	≥ 11e or 11f. See Form 990, Part X,	ue
(2) (3) (4) (5) (6) (7) (8) (9) Total. (Column Part X	Other Liabilities. Complete if the organization answered "Yes" or line 25.  (a) Description of liability I income taxes	n Form 990, Part IV, line	(b) Book val	
(2) (3) (4) (5) (6) (7) (8) (9) Fotal. (Column Part X	Other Liabilities. Complete if the organization answered "Yes" or line 25.  (a) Description of liability	n Form 990, Part IV, line	(b) Book val	
(2) (3) (4) (5) (6) (7) (8) (9) Fotal. (Column Part X	Other Liabilities. Complete if the organization answered "Yes" or line 25.  (a) Description of liability I income taxes	n Form 990, Part IV, line	(b) Book val	
(2) (3) (4) (5) (6) (7) (8) (9) Fotal. (Column Part X  1. (1) Federa (2) Accr (3) (4)	Other Liabilities. Complete if the organization answered "Yes" or line 25.  (a) Description of liability I income taxes	n Form 990, Part IV, line	(b) Book val	
(2) (3) (4) (5) (6) (7) (8) (9)  Fotal. (Column Part X  1. (1) Federa (2) Accr (3) (4) (5)	Other Liabilities. Complete if the organization answered "Yes" or line 25.  (a) Description of liability I income taxes	n Form 990, Part IV, line	(b) Book val	
(2) (3) (4) (5) (6) (7) (8) (9)  Total. (Column Part X  (1) Federa (2) Accr (3) (4) (5) (6)	Other Liabilities. Complete if the organization answered "Yes" or line 25.  (a) Description of liability I income taxes	n Form 990, Part IV, line	(b) Book val	
(2) (3) (4) (5) (6) (7) (8) (9) Fotal. (Column Part X  (1) Federa (2) Accr (3) (4) (5) (6) (7)	Other Liabilities. Complete if the organization answered "Yes" or line 25.  (a) Description of liability I income taxes	n Form 990, Part IV, line	(b) Book val	
(2) (3) (4) (5) (6) (7) (8) (9) Fotal. (Column Part X  (1) Federa (2) Accr (3) (4) (5) (6) (7) (8)	Other Liabilities. Complete if the organization answered "Yes" or line 25.  (a) Description of liability I income taxes	n Form 990, Part IV, line	(b) Book val	
(2) (3) (4) (5) (6) (7) (8) (9) Fotal. (Column Part X  1. (1) Federa (2) Accr (3) (4) (5) (6) (7) (8) (9)	Other Liabilities. Complete if the organization answered "Yes" or line 25.  (a) Description of liability I income taxes	n Form 990, Part IV, line	(b) Book val	ue 3,230

Schedule D (Fo	orm 990) 2021	Hilton	Head	Symphony	Orchestra	Inc	57-0761297	Page <b>5</b>
Part XIII	Supplement	al Informa	ation (cor	ntinued)			57-0761297	
			1	,				
								• • • • • • • • • • • • • • • • • • • •
			• • • • • • • • • • • • • • • • • • • •					
			• • • • • • • • • • • • • • • • • • • •					

## 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

Name of the organization Employer identification number Hilton Head Symphony Orchestra Inc 57-0761297 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.

Hilton Head Symphony Orchestra Inc 57-0761297 Schedule G (Form 990) 2021 Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000. (a) Event #1 (b) Event #2 (c) Other events (d) Total events Other fundraisi None (add col. (a) through col. (c)) (event type) (event type) (total number) Revenue 81,660 81,660 1 Gross receipts ..... 2 Less: Contributions 3 Gross income (line 1 minus 81,660 81,660 line 2) 4 Cash prizes ..... 5 Noncash prizes ..... 6 Rent/facility costs ..... Direct Expenses 7 Food and beverages 8 Entertainment ...... 20,716 20,716 9 Other direct expenses 10 Direct expense summary. Add lines 4 through 9 in column (d) 20,716 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 (a) Bingo (c) Other gaming bingo/progressive bingo col. (a) through col. (c)) 1 Gross revenue. 2 Cash prizes ..... Expenses 3 Noncash prizes ...... Direct 4 Rent/facility costs ..... 5 Other direct expenses 6 Volunteer labor ...... 7 Direct expense summary. Add lines 2 through 5 in column (d) 8 Net gaming income summary. Subtract line 7 from line 1, column (d) Enter the state(s) in which the organization conducts gaming activities: Is the organization licensed to conduct gaming activities in each of these states? 10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year?

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

Sche	edule G (Form 990) 2021 Hilton Head Symphony Orchestra Inc 57-0761297			P	age <b>3</b>
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		1 401			<u>%</u>
14	Enter the name and address of the person who prepares the organization's gaming/special events books and				
	records:				
	Name ▶				
	Address ▶				
15a	7			v l	¬
L	revenue?		Ш	Yes	No
D	If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ and the				
_	amount of gaming revenue retained by the third party ▶ \$  If "Yes," enter name and address of the third party:				
·	in res, enter name and address of the tillid party.				
	Name ▶				
	Address ▶				
16	Gaming manager information:				
	Name ▶				
	Gaming manager compensation ▶ \$				
	Description of convices provided				
	Description of services provided ▶				
	Director/officer Employee Independent contractor				
17	Mandatory distributions:				
а	Is the organization required under state law to make charitable distributions from the gaming proceeds to				
	retain the state gaming license?			Yes	No
b	Enter the amount of distributions required under state law to be distributed to other exempt organizations or		_	•	
	spent in the organization's own exempt activities during the tax year ▶ \$				
Pa	Supplemental Information. Provide the explanations required by Part I, line 2b, columns (ii	, ,		d	
	Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional in	formation	٦.		
	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 ► Attach to Form 990 or Form 990-EZ.

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

Open to Public Inspection

Name of the organization

Hilton Head Symphony Orchestra Inc

Employer identification number 57-0761297

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

The Orchestra utilizes the services of an independent public accounting firm for the audit of its financial statements and the preparation of its federal income tax return Form 990.

Upon completion of Form 990 by the accounting firm, a copy of the 990 is reviewed by the Orchestra's Finance Manager and CEO. This copy is

Once the Orchestra's Finance Manager and CEO have reviewed and approved the 990, the authorization to electronically file is signed by an authorized representative of the Orchestra.

also made available to the finance committee or board of directors for

Form 990, Part VI, Line 12c - Enforcement of Conflicts Policy

The Orchestra has adopted the policy that in connection with any actual or

possible conflict of interest, an individual must disclose the conflict

(financial or otherwise), be given the opportunity to disclose all material

facts to the directors and members of related committees.

The governing board or committee shall decide if a material conflict exists. If the board determines that a conflict of interest does exist, the individual will be given the opportunity to resolve the conflict of

their inspection before the 990 is filed.

Schedule O (Form 990) 2021 Page 2

Name of the organization

Hilton Head Symphony Orchestra Inc

57-0761297

the individual will be given the opportunity to resolve the conflict of interest or face dismissal.

Form 990, Part VI, Line 15a - Compensation Process for Top Official

The position of President and CEO is monitored by the governing board. The
board of directors reviews the performance of the President and CEO and
salary increases are subject to the board's approval.

In the event of a vacancy in any management position, several members of the board of directors are appointed as the selection committee to interview and screen applicants suitable for the vacant position. The applicants chosen are then interviewed a second time by the governing board. All filled vacancies are subject to board approval.

Form 990, Part VI, Line 15b - Compensation Process for Officers

The positions of key employees are monitored by the Orchestra's management.

Salary increases are subject to the approval of the governing board.

In the event of a vacancy in any key employee positions, members of management screen applicants suitable for the position with new hirees subject to governing board approval.

Form 990, Part VI, Line 19 - Governing Documents Disclosure Explanation
The Orchestra maintains a file on premises with copies of their charter,
not-for-profit status letter, income tax returns, reviewed financial
statements, and other governing documents as required in compliance with
regulations related to the availability of such documents to the general
public.

Beginning in FY21, the Orchestra posts copies of the annual audit and

Schedule O (Form 990) 2021 Page 2

Name of the organization  Hilton Head	d Sympl	nony Orchestra	Inc		Employer identific	
Form 990 (	Public	Disclosure Cop	y) on its	website.		
		X, Line 11g - C	ther Fees	for Services		
Description	1					
	Tot/I	Prog Service	Mgt	& General	Fund	lraising
Guest arti	st fee	5				
	\$	144,533	\$	0	\$	0
Music Dire	ctor &	Conductor				
	\$	128,000	\$	0	\$	0
All Other						
	\$	0	\$	11,850	\$	0
;	Total					
	\$	272,533	\$	11,850	\$	0
Form 990,	Part X	I, Line 9 - Oth	ner Change	s in Net Asse	ts Explanati	Lon
Revenue for	r fund	raising activit	ies		\$	81,600
Expenses for	or fun	draising activi	ties		\$	-64,134
Total					\$	17,466
					Page 2 c	of 2

Form **4562** 

Department of the Treasury
Internal Revenue Service (99)

## **Depreciation and Amortization**

(Including Information on Listed Property)

► Attach to your tax return.

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

OMB No. 1545-0172

tachment equence No. 179

Name(s) shown on return Identifying number Hilton Head Symphony Orchestra Inc 57-0761297 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. 1,050,000 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) 2,620,000 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) 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 Business income limitation. Enter the smaller of business income (not less than zero) or line 5. See instructions 11 11 12 Section 179 expense deduction. Add lines 9 and 10, but don't enter more than line 11 Carryover of disallowed deduction to 2022. 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 15 129,450 Other depreciation (including ACRS) MACRS Depreciation (Don't include listed property. See instructions.) Section A MACRS deductions for assets placed in service in tax years beginning before 2021 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 2021 Tax Year Using the General Depreciation System (c) Basis for depreciation (b) Month and year (d) Recovery (a) Classification of property (business/investment use (e) Convention (f) Method (a) Depreciation deduction only-see instructions) service 19a 3-year property b 5-year property C 7-year property 10-year property е 15-year property f 20-year property 25-year property S/I 25 vrs. Residential rental 27.5 yrs. MM S/L property 27.5 yrs. MM S/L MM S/L 39 yrs. i 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 12-year S/L 12 yrs. 30-year 30 yrs. MM S/L 40-year MM S/L 40 yrs. 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 129,450 here and on the appropriate lines of your return. Partnerships and S corporations—see instructions ...... For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs 23

990

Department of the Treasury Internal Revenue Service

Return of Organization Exempt From Income Tax

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

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

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

OMB No. 1545-0047 2020 Open to Public Inspection

<u>A</u> _	For th	e 2020 calendar year, or tax year beginning U//U1/2U, and ending U6/3U/	<u> </u>				
В	Check if a	applicable: C Name of organization		D Employer	identification number		
	Address of	change Hilton Head Symphony Orchestra Inc					
同	Name cha	Doing business as		57-0	761297		
닏	Name Cha	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	E Telephone number			
Ш	Initial retu			843-	842-2055		
	Final retur						
H	terminated	Hilton Head Island SC 29928		<b>G</b> Gross reco	eipts	,475	
Ц	Amended	return F Name and address of principal officer:					
	Application	n pending Alan Jordan	H(a) Is this a gro	oup return for s	ubordinates? Yes	X No	
		7 Lagoon Road, Suite 100	H(b) Are all sub	ordinates incl	uded? Yes	No	
		Hilton Head Island SC 29928	If "No,"	" attach a list.	See instructions	_	
_	_						
<u></u>			_				
<u>J</u>	Website		H(c) Group exe				
		organization: X Corporation Trust Association Other ▶ L	Year of formation: 1	982	M State of legal domici	le: SC	
P	art I	Summary					
	1 1	Briefly describe the organization's mission or most significant activities:					
ø		See Schedule O					
ũ							
Ĕ							
Governance	9	Check this box ▶ if the organization discontinued its operations or disposed of more than 2					
					20		
∞ŏ	3	Number of voting members of the governing body (Part VI, line 1a)		- 3	17		
ties	4 1	Number of independent voting members of the governing body (Part VI, line 1b)		4			
Activities	5	Total number of individuals employed in calendar year 2020 (Part V, line 2a)			116		
ĄĊĮ		Total number of volunteers (estimate if necessary)		6	300		
	7a -	Total unrelated business revenue from Part VIII, column (C), line 12		. 7a		0	
	l d	Net unrelated business taxable income from Form 990-T, Part I, line 11		7b		0	
			Prior Yea		Current Year		
ø	8 (	Contributions and grants (Part VIII, line 1h)		4,435	1,087,		
ğ		Program service revenue (Part VIII, line 2g)	520	6,918	242,	,774	
Revenue	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		4,633	-3,	,406	
Ř	11 (	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	70	6,003	25,	,492	
	1	Total revenue – add lines 8 through 11 (must equal Part VIII, column (A), line 12)		1,989	1,352,		
		Crents and similar amounts paid (Part IV, solumn (A), lines 1, 2)			_, _, _,	0	
						0	
	1	Benefits paid to or for members (Part IX, column (A), line 4)	1 01'	7,558	707	,587	
es	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	1,01	7,336	707	_	
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)				0	
×	b	Total fundraising expenses (Part IX, column (D), line 25) ▶ 12,364					
ш	'' '	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		3,464		,123	
	18	Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)		5,022	1,547,		
	19	Revenue less expenses. Subtract line 18 from line 12		4,033	-195,	<u>, 474</u>	
Net Assets or	3		Beginning of Cur		End of Year		
sets	20	Total assets (Part X, line 16)		5,134	1,514,		
AS	21	Total liabilities (Part X, line 26)	51'	7,969		,154	
<u>8</u> E	22	Net assets or fund balances. Subtract line 21 from line 20	1,148	3,165	1,129,	, 397	
	art II	Signature Block					
		nalties of perjury, I declare that I have examined this return, including accompanying schedules and statem	ents, and to the be	est of my kn	owledge and belief, i	t is	
		ect, and complete. Declaration of preparer (other than officer) is based on all information of which preparer		•	gr re, .		
e:	<b>,</b>	Signature of officer		I Date			
Sig	-	1'	نصح حصمت				
He	re		dent and	l CEO			
		Type or print name and title	Т				
_		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 <b>P0003324</b>	:7	
Pre	parer	Firm's name  Carey & Company P.A.	F	Firm's EIN	57-09270	<b>)4</b> 6	
Use	Only	70 Main Street, Suite 100					
		Firm's address > Hilton Head Island, SC 29926		Phone no.	843-681-4	1430	
May	ı tho ID	25 discuss this return with the preparer shown above? See instructions		HOHE HU.	V Voc		

Part III Statement of Program Convice Assemblishments	Page 2
Part III Statement of Program Service Accomplishments	
Check if Schedule O contains a response or note to any line in this Part III	
1 Briefly describe the organization's mission:	
The HHSO inspires audiences with musical excellence, enriches lives	through
youth programming and community performances, and unites the Lowcour	
	icry as
an arts and cultural destination.	
2 Did the organization undertake any significant program services during the year which were not listed on the	
prior Form 990 or 990-EZ?	Yes X No
If "Yes," describe these new services on Schedule O.	
3 Did the organization cease conducting, or make significant changes in how it conducts, any program	
services?	Yes X No
If "Yes," describe these changes on Schedule O.	
4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by	
expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others,	
the total expenses, and revenue, if any, for each program service reported.	
4a (Code: ) (Expenses \$ 1,025,859 including grants of \$ ) (Revenue \$ 2	<b>242,774</b> )
Provided three live orchestral concerts, more than 50 live-stream	
presentations from Soundwaves, nine live piano festival events, two	wirtual
special events, dozens of education and community outreach programs,	and a
virtual chamber music institute for young musicians.	
·	
•	
4b (Code: ) (Expenses \$ including grants of \$ ) (Revenue \$	)
N/A	
•••••	
•	
***************************************	
•	
4c (Code: ) (Expenses \$ including grants of \$ ) (Revenue \$	1
N/A	,
N/A	
***************************************	
•	
· · · · · · · · · · · · · · · · · · ·	
•	
·	
4d Other program services (Describe on Schedule O.)	
4d Other program services (Describe on Schedule O.) (Expenses \$ 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 Schedule B, Schedule of Contributors (see instructions)?	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to			
	candidates for public office? If "Yes," complete Schedule C, Part I	3		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,	l _		٠,
_	assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors			
	have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If	_		x
7	"Yes," complete Schedule D, Part I  Did the organization receive or hold a conservation easement, including easements to preserve open space,	6		
7	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,"	<b>-</b> '-		122
Ü	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	<u> </u>		
•	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			
	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	l		٠,
	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	37	X
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	X	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	445		x
120	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i> Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete</i>	11f		
124		12a	х	
b	Schedule D, Parts XI and XII  Was the organization included in consolidated, independent audited financial statements for the tax year? If	IZa	21	
b	"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		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			
	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			
	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	19		X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b 24	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
	domestic government on Fait IX, column (X), into F: II Too, complete schedule I, Faito Faito II			

_ 1 6	Checklist of Required Schedules (Continued)		Vaa	N <sub>2</sub>
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on		Yes	No
22	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				
	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?			3,5
	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%			x
27	controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part II</i> Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key	26		
27	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 Schedule L, Part			
	IV instructions, for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV	28a	Х	
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		Х
С	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If			
	"Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	Х	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
	conservation contributions? If "Yes," complete Schedule M	30		<u> X</u>
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"			
	complete Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
24	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34		х
35a	Did the approximation have a controlled partition within the approximation of a set of E40/h)/4000	35a		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a	33a		
.,	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	330		
	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 in 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		<u> </u>	
			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 1b 0			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and		7.5	
	reportable gaming (gambling) winnings to prize winners?	1c	X	<u> </u>

	Statements Regarding Other INST Imigs and Tax Compliance (Commission											
22	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax	l I			Yes	No						
Za	Statements, filed for the calendar year ending with or within the year covered by this return	2a	116									
b	If at least one is reported on line 2a, did the organization file all required federal employment tax return			2b	х							
b	<b>Note:</b> If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> (see instructions			20								
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	9)		3a		х						
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule			3b								
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other a		ty over	30								
<del></del> a	a financial account in a foreign country (such as a bank account, securities account, or other financial			4a		x						
b	If "Yes," enter the name of the foreign country	accoc	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	74								
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial A	Accoun	its (FRAR)									
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	1000uii		5a		х						
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction.	 tion?		5b		X						
C	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?											
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			5c								
<b>o</b> u	organization solicit any contributions that were not tax deductible as charitable contributions?			6a		x						
b	If "Yes," did the organization include with every solicitation an express statement that such contribution			<del>     </del>								
	gifts were not toy deductible?			6b								
7	Organizations that may receive deductible contributions under section 170(c).			0.5								
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for c	ehoor										
u	and partiage provided to the payor?			7a	х							
b	If (9/c) I still the approximation of the dependent of the control of the specific dependent of the specific o			7b	X							
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it wa			1.0								
·	required to file Form 8282?			7c		x						
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 or		?	7e		х						
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contra		•	7f		X						
g												
h												
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained			7h		X						
	sponsoring organization have excess business holdings at any time during the year?			8								
9	Sponsoring organizations maintaining donor advised funds.											
а	Did the expension expenientian make any toyable distributions under costion 10662			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	10413	?	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 appropriation receive any property for indeed temping continue during the tay years.			14a		X						
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule			14b								
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuner	ration o	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	incom	e?	16		X						
	If "Yes," complete Form 4720, Schedule O.											

DAA

<u>36</u> 0	tion 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	1a	20									
	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.	4.	17									
b	Enter the number of voting members included on line 1a, above, who are independent	1b	/									
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with					v						
_	any other officer, director, trustee, or key employee?			. 2		X						
3	Did the organization delegate control over management duties customarily performed by or under the direct					3.7						
	supervision of officers, directors, trustees, or key employees to a management company or other person?			. 3		X						
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed'	?		. 4		X						
5	Did the organization become aware during the year of a significant diversion of the organization's assets?											
6	Did the organization have members or stockholders?											
7a												
	one or more members of the governing body?			.   <u>7a</u>		X						
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,											
	stockholders, or persons other than the governing body?					X						
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year	ar by th	ne followin	g:								
а	The governing body?				_ <u>x</u>							
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					<u> </u>						
Sec	ection B. Policies (This Section B requests information about policies not required by the Internal Revenue Co											
					Yes	No						
10a	Did the organization have local chapters, branches, or affiliates?			. 10a		X						
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,											
	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?											
11a	3 7 7											
b												
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13			. 12a	X							
b												
С												
	describe in Schedule O how this was done			12c	X							
13	Did the organization have a written whistleblower policy?			. 13		X						
14	Did the organization have a written document retention and destruction policy?			. 14		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 in Schedule O (see instructions).											
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement											
	with a taxable entity during the year?			16a		X						
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its											
	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the											
	organization's exempt status with respect to such arrangements?			. 16b								
<u>Sec</u>	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 (S	ection	501(c)									
	(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.											
	X Own website Another's website X Upon request Other (explain on Schedule O)											
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, 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 reco	rds 🕨										
Sı	ısan Strange 7 Lagoon Road											
H	Hilton Head Island SC 29928 843-8											

Form 990 (2020)	Hilton	Head	Symphony	Orchestra	Inc	57-0761297
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D۵	<b>a</b> o	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 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 ar officer and a director/trustee)		n	(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) Alan Jordan	40.00									
President and CEO	0.00	x		x				135,306	0	0
(2) Mario Incorvaia										
•	40.00									
C00	0.00	X		X				84,466	0	0
(3) Mona Huff										
	20.00									
Board Member	0.00	X						30,000	0	0
(4) Sandra Benson										
	3.00								_	
Treasurer	0.00	X		X				0	0	0
(5) Rabbi Brad Bloom										
Dogged Mombon	2.00 0.00	x						0	^	0
Board Member (6) James Collett	0.00						$\dashv$	0	0	<u> </u>
(6) Dames Correct	3.00									
V-Chair Strategic Pl	0.00	x		х				0	0	0
(7) Beth Corry	0.00			Λ			$\dashv$	0	<u> </u>	<u> </u>
(i) Beell colly	2.00									
Board Member	0.00	x						0	0	0
(8) Joan Dattelbaum	0.00	† <u></u>								
(-,	2.00									
Board Member	0.00	x						0	0	0
(9) Ralph Drayer										
	3.00									
V-Chair Resource Dev	0.00	X		X				0	0	0
(10) Charles Frost										
	2.00									
Board Member	0.00	X						0	0	0
(11)Carolyn Hack										
	2.00								_	_
Board Member	0.00	X						0	0	0

2801 11/11/2021 12:47 PM Form 990 (2020) **Hilton Head Symphony Orchestra Inc 57-0761297** 

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)													
(A) Name and title	(B) Average hours per week (list any  (C) Position (do not check more than on box, unless person is both a officer and a director/trustee				s both	an	(D) Reportable compensation from the organization	(E)  Reportable compensation from related organizations	c	(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)		anization ed organi		
(12) Michael Harte	r 5.00												
President	0.00	х		x				0	0				0
(13) Barbara Holme	2.00												
Board Member	0.00	х						0	0				0
(14) Candice Hough	1 2.00												
Board Member	0.00	x						0	0				0
(15) Martin Lesch	0.00												
Board Member	2.00 0.00	x						0	0				0
(16) Michael Levin	ne												
Board Member	2.00 0.00	x						0	0				0
(17) Eric Magnin													
Secretary	3.00 0.00	x		x				0	0				0
(18) Mary Princing		Λ		Λ					0				
Daniel Markey	2.00	7.											0
Board Member (19) Alice Walton	0.00	X						0	0				
	0.00												•
Board Member  1b Subtotal	0.00	X					<b>•</b>	249,772	0				0
c Total from continuation shee	ets to Part VII,	Secti	ion A	<b>A</b>			<b>•</b>						
d Total (add lines 1b and 1c)  Total number of individuals (in		imite		thos	 e list	ed a	boy	249,772	\$100,000 of				
reportable compensation from					- 1101			who received more than	Ψ100,000 GI			Vaa	Na.
3 Did the organization list any fo	ormer officer, dir	ecto	r, tru	stee	, key	em <sub>l</sub>	ploy	yee, or highest compensated	d	ſ			No_
employee on line 1a? If "Yes,"  4 For any individual listed on line											3		X
organization and related organ	nizations greater	than	, \$15	50,00	00? /	f "Ye	s,"	complete Schedule J for su			4		x
<ul><li>individual</li><li>5 Did any person listed on line</li></ul>	la receive or acc	crue	com	pens	atior	n fror	m a	ıny unrelated organization oı	r individual				
for services rendered to the o Section B. Independent Contractor	-	/es,"	com	plete	Sci	hedu	le J	I for such person			5		<u>X</u>
1 Complete this table for your fir	ve highest comp												
compensation from the organi.	(A) business address	ompe	ensat	ion t	or tr	ie ca	llen		in the organization's tax years.  (B)  tion of services	ear.	Com	(C) pensatior	
John Morris Russell					c/o	7	1	agoon Rd, Ste 10	0		Com	perisation	<u></u>
Hilton Head Islan	nd SC	: 2	99	28				Music Director	<u> </u>			119,	000
2 Total number of independent or received more than \$100,000								ose listed above) who	1				

Form 990 (2020) Hilton Head Symphony Orchestra Inc 57-0761297 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 nilar 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 277,523 f All other contributions, gifts, grants, and similar amounts not included above ...... 809,853 1f 48,800 1g |\$ **g** Noncash contributions included in lines 1a-1f . . . . 1,087,376 h Total. Add lines 1a-1f. Business Code 231,629 231,629 Ticket sales Program Service Revenue 11,145 11,145 Application fees f All other program service revenue ..... 242,774 g Total. Add lines 2a-2f  $\triangleright$ Investment income (including dividends, interest, and other similar amounts) -3,406 -3,406Income from investment of tax-exempt bond proceeds 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. 7с c Gain or (loss) d Net gain or (loss) ..... **8a** Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18 35,731 **b** Less: direct expenses ..... 10,239 25,492 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 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  $\blacktriangleright$ **Business Code** 11a

1,352,236

242,774

0

d All other revenue .....

Total. Add lines 11a-11d ...

Total revenue. See instructions .

Part IX Statement of Functional Expenses

Sect	ion 501(c)(3) and 501(c)(4) organizations must com Check if Schedule O contains a respons			ilete column (A).	X
	not include amounts reported on lines 6b, Bb, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations		·		·
	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
•	trustees, and key employees				
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	607,076	325,937	274,889	6,250
8	Pension plan accruals and contributions (include	007,070	3237337	2717005	0,250
Ü	section 401(k) and 403(b) employer contributions)	20,357	20,357		
9	Other employee benefits	26,639	26,639		
10	Payroll taxes	53,515	28,732	24,232	551
11	Fees for services (nonemployees):	00,020			
a					
b					
С	Accounting	9,150		9,150	
d				-	
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25, column				
	(A) amount, list line 11g expenses on Schedule O.)	253,191	249,912	129	3,150
12	·	35,646	35,646		
13	Office expenses	41,129	7,312	31,404	2,413
14	Information technology				
15	Royalties	221 225	122 122	01.01.4	
16	Occupancy	231,096	139,182	91,914	
17	Travel	16,214	16,214		
18	Payments of travel or entertainment expenses				
40	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20 21	Payments to affiliates				
22	Depreciation, depletion, and amortization	128,392	89,874	38,518	
23	Insurance		05,072	30,320	
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	Production costs	85,214	85,214		
b	Other expenses	28,263	540	27,723	<u></u>
С	Bank Charges	11,528		11,528	
d	Prizes, judges and awards	300	300		
е	All other expenses	1 545 546	1 00= 0=0	F00 (07	
25	Total functional expenses. Add lines 1 through 24e	1,547,710	1,025,859	509,487	12,364
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ▶ if following SOP 98-2 (ASC 958-720)				

Part :	X Balance Sheet Check if Schedule O contains a response or r	note to any line i	n this Part Y			П	
	Check if Schedule O Contains a response of t	lote to any line ii	Tulis Falt A	(A) Beginning of year		(B) End of year	
1	Cash—non-interest-bearing			444,317	1	95,599	
2	Savings and temporary cash investments		211,412	2	263,010		
3	Pledges and grants receivable, net			-	3		
4	Accounts receivable, net	20,703	4	29,955			
5	Loans and other receivables from any current or fo						
	trustee, key employee, creator or founder, substant	35%					
	controlled entity or family member of any of these p				5		
6	Loans and other receivables from other disqualified						
ν	under section 4958(f)(1)), and persons described in			6			
Assets				7			
8   A	Inventories for sale or use				8		
9	Prepaid expenses and deferred charges			10,690	9		
10a	Land, buildings, and equipment: cost or other			-			
	basis. Complete Part VI of Schedule D	10a	973,105				
l b	Less: accumulated depreciation	10b	973,105 377,814	682,697	10c	595,291	
11	Investments—publicly traded securities			279,811	11	512,906	
12	Investments—other securities. See Part IV, line 11			- ,	12		
13	Investments—program-related. See Part IV, line 11				13		
14	Intangible assets				14		
15	Other assets. See Part IV, line 11			16,504	15	17,790	
16	Total assets. Add lines 1 through 15 (must equal li			1,666,134	16	1,514,551	
17	Accounts payable and accrued expenses		14,501	17	67,514		
18				18	077521		
19	* * * * * * * * * * * * * * * * * * * *			451,910	19	107,457	
20	Deferred revenue			131/310	20	1077137	
21	Tax-exempt bond liabilities  Escrow or custodial account liability. Complete Part	IV of Schedule I	<del> </del>		21		
22					21		
	trustee, key employee, creator or founder, substant		250/				
	controlled entity or family member of any of these p				22		
g   23					23		
1	Unsecured notes and loans payable to unrelated th			47,387	24	201,600	
24				17,307	24	201,000	
25	Other liabilities (including federal income tax, payab						
	parties, and other liabilities not included on lines 17			4,171	25	Q 5Q3	
0.0	of Schedule D			517,969	25 26	8,583 385,154	
26		5 ana ▶ ▼		317,303	26	363,131	
က္	Organizations that follow FASB ASC 958, check	nere 🖊 🔼					
27 28 28 28	and complete lines 27, 28, 32, and 33.			532,746	27	353,481	
27	Materials with stones and defense	Net assets without donor restrictions					
28			·	615,419	28	775,916	
5	Organizations that do not follow FASB ASC 958	, check here					
	and complete lines 29 through 33.				29		
29	· · · · · · · · · · · · · · · · · · ·	Capital stock or trust principal, or current funds					
30	Paid-in or capital surplus, or land, building, or equip				30		
29 30 31 32	Retained earnings, endowment, accumulated incom	ne, or other funds	S	1 140 165	31	1 100 207	
				1,148,165	32	1,129,397	
33	Total liabilities and net assets/fund balances			1,666,134	33	1,514,551	

Form **990** (2020)

_	art XI Reconciliation of Net Assets				gc 12		
	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	1,35	52,2	236		
2							
3							
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	1,14	-195,474 1,148,165			
5	Net unrealized gains (losses) on investments	5	17	76,	706		
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	1,12	29,3	<u> 397</u>		
Pa	art XII Financial Statements and Reporting						
	Check if Schedule O contains a response or note to any line in this Part XII		· · · · · · · · · · · · · · · · · · ·		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				1		
	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	Х			
	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						
	Single Audit Act and OMB Circular A-133?		3a		X		
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the						
	required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b				

Form **990** (2020)

2801 11/11/2021 12:47 PM Form 990 (2020) **Hilton Head Symphony Orchestra Inc 57-0761297** 

Part VII Section A. Officers	, Directors, Tru	stee	s, K	ey E	mpl	oyee	es, a	and Highest Compensated	Employees (continued)	,			
(A) Name and title	(B)  Average hours per week (list any hours for	(C) Position (do not check more than one box, unless person is both ar officer and a director/trustee)			is both or/trust	an ee)	(D)  Reportable compensation from the organization (W-2/1099-MISC)	(E)  Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and				
	related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			relate	ed orga	nizations	>
(20) Blake White													
Board Member	2.00 0.00	х						0	0				0
· · · · · · · · · · · · · · · · · · ·													
1b Subtotal							<b>&gt;</b>						
d Total (add lines 1b and 1c)	•						<u> </u>						
2 Total number of individuals (in reportable compensation from			d to	thos	e lis	ted a	bov	e) who received more than	\$100,000 of				
3 Did the organization list any for employee on line 1a? If "Yes,"	ormer officer, dir	ecto	r, tru	stee,	, key	/ em	ploy	ee, or highest compensated	d		3	Yes	No
4 For any individual listed on lin- organization and related organ	e 1a, is the sum nizations greater	of rethan	eport	table 50,00	con 00? /	npen: If "Ye	satio s," o	on and other compensation complete Schedule J for su	from the ch				
<ul><li>individual</li><li>5 Did any person listed on line</li></ul>	1a receive or acc	crue	com	pens	atio	n fror	m ar	ny unrelated organization or	r individual		4		
for services rendered to the o		/es,"	com	plete	Sc.	hedu	le J	for such person			5		
Complete this table for your fire compensation from the organic	ve highest comp									oor			
	(A) business address	лпре	iisai	.1011 1	OI LI	ie ca		Descript	(B) tion of services	<u>sai.</u>	Cor	(C) mpensati	on
2 Total number of independent received more than \$100,000	contractors (inclu	iding fror	but n the	not l	imite janiz	ed to	tho:	se listed above) who					

#### SCHEDULE A

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

# **Public Charity Status and Public Support**

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

▶ Attach to Form 990 or Form 990-EZ.

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

Open to Public Inspection

Employer identification number Name of the organization Hilton Head Symphony Orchestra Inc 57-0761297 Reason for Public Charity Status. (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). 4 A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) 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). (i) Name of supported (ii) EIN (iii) Type of organization (iv) Is the organization (v) Amount of monetary (vi) Amount of listed in your governing organization (described on lines 1-10 support (see other support (see document? above (see instructions)) instructions) instructions) Yes No (A) (B)

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

Schedule A (Form 990 or 990-EZ) 2020

(C)

(D)

(E)

Total

Page 2

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

Sec	tion A. Public Support						
Caler	ndar year (or fiscal year beginning in)	(a) 2016	<b>(b)</b> 2017	(c) 2018	(d) 2019	<b>(e)</b> 2020	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
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						
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6	Public support. Subtract line 5 from line 4						
Sec	tion B. Total Support		•				
Caler	ndar year (or fiscal year beginning in)	(a) 2016	<b>(b)</b> 2017	(c) 2018	(d) 2019	<b>(e)</b> 2020	(f) Total
7	Amounts from line 4						
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
9	Net income from unrelated business activities, whether or not the business is regularly carried on						
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
11	Total support. Add lines 7 through 10						
12	Gross receipts from related activities, etc.	(see instructions)				12	
13	First 5 years. If the Form 990 is for the o						_
	organization, check this box and stop her						<b></b>
Sec	tion C. Computation of Public S						
14	Public support percentage for 2020 (line 6	, column (f) divide	d by line 11, colun	nn (f))		14	%
15	Public support percentage from 2019 School	edule A, Part II, lin	ne 14 <sub></sub>			15	%
16a	33 1/3% support test—2020. If the organ				33 1/3% or more, o	check this	
	box and stop here. The organization qual						▶ ∟
b	33 1/3% support test—2019. If the organ				15 is 33 1/3% or m	ore, check	. –
	this box and <b>stop here.</b> The organization						▶ ∟
17a	10%-facts-and-circumstances test—202	•					
	10% or more, and if the organization mee				•		
	Part VI how the organization meets the "f	acts-and-circumsta	ances" test. The or	ganization qualifies	s as a publicly sup	ported	_
	organization						▶ ∟
b	10%-facts-and-circumstances test—20°	•					
	15 is 10% or more, and if the organization				-	•	
	in Part VI how the organization meets the	"facts-and-circum	stances" test. The	organization qualif	ies as a publicly s	upported	. –
	organization						▶ ∟
18	<b>Private foundation.</b> If the organization did						. —
	instructions						▶ ∟

Page 3

# 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	ction A. Public Support	quality under the	e tests listed b	elow, please co	implete Fait II.,	,	
	ndar year (or fiscal year beginning in)	(a) 2016	<b>(b)</b> 2017	(c) 2018	(d) 2019	<b>(e)</b> 2020	(f) Total
1	Gifts, grants, contributions, and membership fees			, ,			.,
	received. (Do not include any "unusual grants.")	1,056,829	1,596,740	1,402,546	1,484,435	1,087,376	6,627,926
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	748,607	875,136	755,593	646,409	278,505	3,304,250
3	Gross receipts from activities that are not an unrelated trade or business under section 513			60,343			60,343
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	1,805,436	2,471,876	2,218,482	2,130,844	1,365,881	9,992,519
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons	98,577	113,575	254,654	125,032	83,300	675,138
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 cr 100 of the amount on line 12 for the year.		200				25.055
_	or 1% of the amount on line 13 for the year	227	376,638	054 654	105 000		376,865
С 8	Add lines 7a and 7b  Public support. (Subtract line 7c from	98,804	490,213	254,654	125,032	83,300	1,052,003
0	line 6.)						8,940,516
Sec	ction B. Total Support						0,940,310
	ndar year (or fiscal year beginning in)	(a) 2016	<b>(b)</b> 2017	(c) 2018	(d) 2019	<b>(e)</b> 2020	(f) Total
9	Amounts from line 6	1,805,436	2,471,876	2,218,482	2,130,844	1,365,881	9,992,519
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	71,906	66,920	14,155	4,633	173,300	330,914
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
С	Add lines 10a and 10b	71,906	66,920	14,155	4,633	173,300	330,914
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,		$\neg$		T	T	
	and 12.)	1,877,342	2,538,796	2,232,637	2,135,477	1,539,181	10,323,433
14	First 5 years. If the Form 990 is for the or	-		· ·			
500	organization, check this box and stop here					<u></u>	<u></u> ▶ ∟
				n (f))		15	25.50%
15 16	Public support percentage for 2020 (line 8,						86.60 %
16 Sec	Public support percentage from 2019 Sche ction D. Computation of Investme					10	80.23 %
17	Investment income percentage for 2020 (li			column (f))		17	3 %
	Investment income percentage from 2019 S		4-			40	2%
19a	33 1/3% support tests—2020. If the organ						2 70
b	17 is not more than 33 1/3%, check this bo 33 1/3% support tests—2019. If the organ	ox and <b>stop here.</b> T	The organization q	ualifies as a public	ly supported orgar	nization	<b>&gt;</b> X
~	line 18 is not more than 33 1/3%, check th			· ·		•	▶ □
20	<b>Private foundation.</b> If the organization did						

#### 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).
- 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 b satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination.
- Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.
- Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B)
- 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? C
- 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).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- 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		
0-		
3a		
3b		
3с		
4a		
4b		
4c		
5a		
5b 5c		
30		
6		
7		
8		
9a		
9b		
9с		
10a		
,		
10b A (Form 99	0 or 990-	EZ) 2020

Schedu	ule A (Form 990 or 990-EZ) 2020 Hilton Head Symphony Orchestra Inc 57-076129	7		Page 5
_ Par	t IV Supporting Organizations (continued)			Г
			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	44-		
	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	ion B. Type I Supporting Organizations	1110		
	Sil 2. Type i cupperung cigamizations		Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or		100	110
	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	ion C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Sect	ion D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?			
2		1		
	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported	1		
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	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	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). By reason of the relationship described in line 2, above, did the organization's supported organizations have			
3	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). By reason of the relationship described in line 2, above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's			
3	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). By reason of the relationship described in line 2, above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's	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). By reason of the relationship described in line 2, above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.			
Sect	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).  By reason of the relationship described in line 2, above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.  ion E. Type III Functionally-Integrated Supporting Organizations	3		
Section 1	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).  By reason of the relationship described in line 2, above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.  ion E. Type III Functionally-Integrated Supporting Organizations  Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see Instructions)	3		
Section 1	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).  By reason of the relationship described in line 2, above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.  ion E. Type III Functionally-Integrated Supporting Organizations  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.	3		
Sect 1 a b	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).  By reason of the relationship described in line 2, above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.  ion E. Type III Functionally-Integrated Supporting Organizations  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.  The organization is the parent of each of its supported organizations. Complete line 3 below.	3		
Section 1 a b c	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).  By reason of the relationship described in line 2, above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.  ion E. Type III Functionally-Integrated Supporting Organizations  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.  The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instructions)	3		No
Section 1 a b c c 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).  By reason of the relationship described in line 2, above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.  ion E. Type III Functionally-Integrated Supporting Organizations  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.  The organization is the parent of each of its supported organizations. Complete line 3 below.  The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instructions).  Activities Test. Answer lines 2a and 2b below.	3	). Yes	No
Section 1 a b c	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).  By reason of the relationship described in line 2, above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.  ion E. Type III Functionally-Integrated Supporting Organizations  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.  The organization is the parent of each of its supported organizations. Complete line 3 below.  The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instructions) activities Test. Answer lines 2a and 2b below.  Did substantially all of the organization's activities during the tax year directly further the exempt purposes of	3		No
Section 1 a b c c 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).  By reason of the relationship described in line 2, above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.  ion E. Type III Functionally-Integrated Supporting Organizations  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.  The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instructions Test. Answer lines 2a and 2b below.  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	3		No
Section 1 a b c c 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).  By reason of the relationship described in line 2, above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.  Ion E. Type III Functionally-Integrated Supporting Organizations  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.  The organization is the parent of each of its supported organizations. Complete line 3 below.  The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instructions) and 2b below.  Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organizations and explain how these activities directly furthered their exempt purposes,	3		No
Section 1 a b c c 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).  By reason of the relationship described in line 2, above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.  Ion E. Type III Functionally-Integrated Supporting Organizations  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.  The organization is the parent of each of its supported organizations. Complete line 3 below.  The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instructions) and 2b below.  Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the 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	3		No
Section 1 a b c c 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).  By reason of the relationship described in line 2, above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.  Ion E. Type III Functionally-Integrated Supporting Organizations  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.  The organization is the parent of each of its supported organizations. Complete line 3 below.  The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instructions) and 2b below.  Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organizations and explain how these activities directly furthered their exempt purposes,	2 3		No
Section 1 a b c c 2 a	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).  By reason of the relationship described in line 2, above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.  Ion E. Type III Functionally-Integrated Supporting Organizations  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.  The organization is the parent of each of its supported organizations. Complete line 3 below.  The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instructions) and 2b below.  Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the 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.	2 3		No
Section 1 a b c c 2 a	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).  By reason of the relationship described in line 2, above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.  ion E. Type III Functionally-Integrated Supporting Organizations  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.  The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instructions). Activities Test. Answer lines 2a and 2b below.  Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the 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.  Did the activities described in line 2a, above, constitute activities that, but for the organization's involvement,	2 3		No
Section 1 a b c c 2 a	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).  By reason of the relationship described in line 2, above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.  ion E. Type III Functionally-Integrated Supporting Organizations  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.  The organization is the parent of each of its supported organizations. Complete line 3 below.  The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instructions) and 2 below.  Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the 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.  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	2 3		No
Section 1 a b c c 2 a	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).  By reason of the relationship described in line 2, above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.  In E. Type III Functionally-Integrated Supporting Organizations  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.  The organization is the parent of each of its supported organizations. Complete line 3 below.  The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instructions) and substantially all of the organization's activities during the tax year directly further the exempt purposes of the 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.  Did the activities described in line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's position that its supported organization(s) would have engaged in	2 3 uctions		No

trustees of each of the supported organizations? If "Yes" or "No," provide details in Part VI.

**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.

(explain in detail in Part VI):

Subtract line 2 from line 1d.

see instructions).

(see instructions).

Acquisition indebtedness applicable to non-exempt-use assets

Net value of non-exempt-use assets (subtract line 4 from line 3)

Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,

6	Multiply line 5 by 0.035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C – Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions).	6		
7	Check here if the current year is the organization's first as a non-functionally integrated	Type I	Il supporting organization	

3

4

5

2801 11/11/2021 12:47 PM Hilton Head Symphony Orchestra Inc 57-0761297 Schedule A (Form 990 or 990-EZ) 2020 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:

Schedule A (Form 990 or 990-EZ) 2020

a Excess from 2016 **b** Excess from 2017 ...... c Excess from 2018 **d** Excess from 2019 e Excess from 2020

	m 990 or 990-EZ) 2020				Orchestra		57-0761297	Page
Part VI	III, line 12; Part	IV, Section A, li	nes 1, 2, 3	3b, 3c, 4b, 4c	, 5a, 6, 9a, 9b, 9	9c, 11a, 11	); Part II, line 17a or lb, and 11c; Part IV, : IV, Section E, lines	Section
	3a, and 3b; Par	t V, line 1; Part	V, Section	B, line 1e; P		, lines 5, 6	, and 8; and Part V,	
·								
•								
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•								
• • • • • • • • • • • • • • • • • • • •								

Schedule B (Form 990, 990-EZ,

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

Name of the organization

# Schedule of Contributors

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

2020

Hilton Head Symphony Orchestra Inc

Employer identification number

57-0761297

Organization type (check one):									
Filers of:	Filers of: Section:								
Form 990 or 990-EZ	X 501(c)( 3 ) (enter number) organization								
	4947(a)(1) nonexempt charitable trust <b>not</b> treated as a private foundation								
	527 political organization								
Form 990-PF	501(c)(3) exempt private foundation								
	4947(a)(1) nonexempt charitable trust treated as a private foundation								
	501(c)(3) taxable private foundation								
	covered by the <b>General Rule</b> or a <b>Special Rule</b> .  7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See								
General Rule									
	iling Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 r property) from any one contributor. Complete Parts I and II. See instructions for determining a ntributions.								
Special Rules									
regulations under sec 13, 16a, or 16b, and	described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 <sup>1</sup> / <sub>3</sub> % support test of the ctions 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) the amount 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 educations	described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one e year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, all purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering instead of the contributor name and address), II, and III.								
contributor, during the contributions totaled during the year for ar 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 tha 990-EZ, or 990-PF), but it mu	It isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, ust 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 o certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).								

Hilton Head Symphony Orchestra Inc

Part I	Contributors (see instructions). Use duplicate copies of Pa	art I if additional space is ne	eded.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$ 17,500	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
2		\$ 10,500	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		\$ 8,650	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	· ····································	\$ 5,700	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		\$ 12,500	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No. 6	Name, address, and ZIP + 4	Total contributions  \$ 9,500	Person X Payroll Noncash (Complete Part II for noncash contributions.)

# Hilton Head Symphony Orchestra Inc

Part I	Contributors (see instructions). Use duplicate copies of Pa	art I if additional space is ne	eded.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7		\$ 21,500	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		\$ 10,000	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
9		\$ 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
10		\$ 25,064	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
11		\$ 15,000	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b) Name, address, and ZIP + 4	(c)	(d) Type of contribution
12	Name, audiess, and Zif + 4	Total contributions  \$ 10,400	Person X Payroll Noncash (Complete Part II for noncash contributions.)

Hilton Head Symphony Orchestra Inc

Part I	Contributors (see instructions). Use duplicate copies of Pa	art I if additional space is ne	eded.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
13		\$ 14,183	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
14		\$ 11,750	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
15		\$ 15,000	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
16		\$ 16,000	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
17		\$ 25,000	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
18		\$ 25,000	Person X Payroll Noncash (Complete Part II for noncash contributions.)

Hilton Head Symphony Orchestra Inc

Part I	Contributors (see instructions). Use duplicate copies of Pa	art I if additional space is ne	eded.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
19		\$ 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
20	Hame, address, and En + +	\$ 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
21		\$ 28,000	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No. 22	Name, address, and ZIP + 4	Total contributions  \$ 15,300	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
	Hame, audiess, and En T4	\$	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.)

Hilton Head Symphony Orchestra Inc

Employer identification number 57-0761297

Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed. Part II (a) No. (c) (b) (d) from FMV (or estimate) Description of noncash property given Date received Part I (See instructions.) Yamaha grand piano 21 28,000 07/28/20 (a) No. (c) (b) FMV (or estimate) from Description of noncash property given Date received Part I (See instructions.) temporary housing-various dates 22 \$ 15,300 06/30/21 (a) No. (c) (b) (d) FMV (or estimate) from Description of noncash property given Date received Part I (See instructions.) (a) No. (c) (d) (b) FMV (or estimate) from Description of noncash property given Date received Part I (See instructions.) \$ ..... (a) No. (c) (b) (d) from FMV (or estimate) Description of noncash property given Date received Part I (See instructions.) \$ (a) No. (c) (b) (d) from FMV (or estimate) Description of noncash property given Date received Part I (See instructions.) \$ .....

### SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

# Supplemental Financial Statements

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

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

OMB No. 1545-0047 Open to Public

Inspection Name of the organization Employer identification number Hilton Head Symphony Orchestra Inc 57-0761297 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 Total number at end of year ..... Aggregate value of contributions to (during year) Aggregate value of grants from (during year) Aggregate value at end of year \_\_\_\_\_ | 4 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of land for public use (for example, recreation or education) Preservation of a historically important land area Protection of natural habitat Preservation of a certified historic structure Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year. Held at the End of the Tax Year a Total number of conservation easements 2a **b** Total acreage restricted by conservation easements c Number of conservation easements on a certified historic structure included in (a) 2c d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the Number of states where property subject to conservation easement is located ▶ ...... Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements. Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8. 1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items. b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenue included on Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items: a Revenue included on Form 990, Part VIII, line 1 Assets included in Form 990, Part X .....

	dule D (Form 990) 2020 HIICOII Hea							, .		age <b>z</b>
_Pa	rt III Organizations Maintaining	Collections of	Art, Historical Tre	easures, o	or Other	r Similar As	sets	(contin	ued)	
3	Using the organization's acquisition, accession collection items (check all that apply):	, and other records	, check any of the follo	owing that m	ake signifi	icant use of its				
а	Public exhibition	d 🗍	Loan or exchange prog	gram						
b	Scholarly research	е 🗌	Other							
С	Preservation for future generations									
4	Provide a description of the organization's coll	ections and explain	how they further the c	organization's	exempt p	ourpose in Part				
	XIII.									
5	During the year, did the organization solicit or							□ v.		7
Do	assets to be sold to raise funds rather than to		art of the organization	s collection?	<u> </u>			Ye	es _	No
Га	rt IV Escrow and Custodial Arra Complete if the organization a 990, Part X, line 21.	•	on Form 990, Par	t IV, line 9	), or repo	orted an amo	ount o	n Forn	า	
	Is the organization an agent, trustee, custodia	n or other intermed	ary for contributions or	other asset	s not					
								☐ Y€	es	No
b	If "Yes," explain the arrangement in Part XIII a							ш.,		
	gg		g					Amoun	t	
С	Beginning balance					1c				
	Additions during the year									
	Distributions during the year									
f	Ending balance									
2a	Did the organization include an amount on Fo	rm 990 Part X line	21 for escrow or cust	ndial accour	nt liability?			ΠY	25	No
	If "Yes," explain the arrangement in Part XIII.							ш.		1
	rt V Endowment Funds.		T							
	Complete if the organization	answered "Yes"	on Form 990. Par	t IV. line 1	10.					
		(a) Current year	(b) Prior year	(c) Two year	I	(d) Three years	back	(e) Fou	r years	back
1a	Beginning of year balance	211,412	219,581	22	22,974	217	798		206,	966
	Contributions	-	-		-	-				
	Net investment earnings, gains, and									
Ū	losses	63,910	3,770		8,693	17	,215		22,	728
d	Grants or scholarships	-	-		-					
	Other expenditures for facilities and									
Ū	programs	9,677	9,827		9,915	9	,803		9,	791
f	Administrative expenses	2,635	2,112		2,171		,236			106
g	End of year balance	263,010	211,412	21	9,581		,974		217,	
2	Provide the estimated percentage of the curre					-				
	Board designated or quasi-endowment ▶ 10		(iiiio ig, coluiiiii (a)) i	ioia ao.						
	Permanent endowment ▶ %									
c	Term endowment ▶ %									
·	The percentages on lines 2a, 2b, and 2c shou	ld equal 100%								
3a	Are there endowment funds not in the possess	•	tion that are held and :	administered	I for the					
-	organization by:	olori or the organiza	aon that are held and	dariii ilotoroo	1 101 1110				Yes	No
	(i) Unvalented annualizations							3a(i)	X	
	(ii) Deleted executations							3a(ii)		х
b	If "Yes" on line 3a(ii), are the related organization	ions listed as requir	ed on Schedule R?					3b		
4	Describe in Part XIII the intended uses of the							<u> </u>		
Pa	rt VI Land, Buildings, and Equip		WITICHT TURIGS.							
ıu	Complete if the organization		on Form 990 Pari	t IV line 1	1a See	Form 990 F	Part X	line 1	0	
	Description of property	(a) Cost or other b				Accumulated		(d) Book		
	2000. First or Frequency	(investment)	(other		, ,	preciation		(-,		
19	Land	,,	(4.10.	,						
	D. dalla an									
	Leasehold improvements		9.4	11,252		319,657		5	21,	595
				31,855		58,157				698
	Equipment Other			0		0			,	J J U
	Other	ual Form 90∩ Part	X column (R) line 10					5	95	293
· Juli	i riaa iiiloo ta tiiloagii to. (Oolalliii (a) Illast et	jaar i oiiii ooo, i ait	7., Joidini (D), IIIO 100	<u>~·/</u>	<u> </u>	<u></u>		<u>J</u> .	<i> , .</i>	

	(a) Description of security or category	(b) Book value	(c) Method of valuation:
	(including name of security)		Cost or end-of-year market value
(1) Financial			
	eld equity interests		
(3) Other			
(A)			
(B)			
(C)			
(D) (E)			
(F)			
(G)			
(H)			
	nn (b) must equal Form 990, Part X, col. (B) line 12.)		
Part VIII	Investments – Program Related.		
	Complete if the organization answered "Yes"	<u>on Form 990, Part IV, line '</u>	2 11c. See Form 990, Part X, line 13.
	(a) Description of investment	(b) Book value	(c) Method of valuation:
			Cost or end-of-year market value
(1)			
(2)			
(3)			
(4)			
(5) (6)			
(7)			
(8)			
(9)			
Total. (Colur	nn (b) must equal Form 990, Part X, col. (B) line 13.)	▶	
Fotal. (Colur	nn (b) must equal Form 990, Part X, col. (B) line 13.)  Other Assets.	▶	
		▶ │ ' on Form 990, Part IV, line	e 11d. See Form 990, Part X, line 15.
	Other Assets.		e 11d. See Form 990, Part X, line 15.  (b) Book value
Part IX	Other Assets.  Complete if the organization answered "Yes"		
(1) (2)	Other Assets.  Complete if the organization answered "Yes"		
(1) (2) (3)	Other Assets.  Complete if the organization answered "Yes"		
(1) (2) (3) (4)	Other Assets.  Complete if the organization answered "Yes"		
(1) (2) (3) (4) (5)	Other Assets.  Complete if the organization answered "Yes"		
(1) (2) (3) (4) (5) (6)	Other Assets.  Complete if the organization answered "Yes"		
(1) (2) (3) (4) (5) (6) (7)	Other Assets.  Complete if the organization answered "Yes"		
(1) (2) (3) (4) (5) (6) (7) (8)	Other Assets.  Complete if the organization answered "Yes"		
(1) (2) (3) (4) (5) (6) (7) (8) (9)	Other Assets.  Complete if the organization answered "Yes"		(b) Book value
(1) (2) (3) (4) (5) (6) (7) (8) (9)	Other Assets.  Complete if the organization answered "Yes"  (a) Description		(b) Book value
(1) (2) (3) (4) (5) (6) (7) (8) (9)  Total. (Columnation of the columnation of the column	Other Assets.  Complete if the organization answered "Yes"  (a) Description  (b) must equal Form 990, Part X, col. (B) line 15.)		(b) Book value
(1) (2) (3) (4) (5) (6) (7) (8) (9)  Total. (Columnation of the columnation of the column	Other Assets. Complete if the organization answered "Yes"  (a) Description  (b) must equal Form 990, Part X, col. (B) line 15.)  Other Liabilities.		(b) Book value
(1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Colur	Other Assets. Complete if the organization answered "Yes"  (a) Description  (a) Description  (b) must equal Form 990, Part X, col. (B) line 15.)  Other Liabilities. Complete if the organization answered "Yes"		(b) Book value
(1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Colur Part X	Other Assets. Complete if the organization answered "Yes"  (a) Description  (b) must equal Form 990, Part X, col. (B) line 15.)  Other Liabilities. Complete if the organization answered "Yes" line 25.  (a) Description of liability I income taxes		(b) Book value  the angle of the second seco
(1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Colur Part X	Other Assets. Complete if the organization answered "Yes"  (a) Description  (b) must equal Form 990, Part X, col. (B) line 15.)  Other Liabilities. Complete if the organization answered "Yes' line 25.  (a) Description of liability		(b) Book value
(1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column Part X)  1. (1) Federa (2) Accr (3)	Other Assets. Complete if the organization answered "Yes"  (a) Description  (b) must equal Form 990, Part X, col. (B) line 15.)  Other Liabilities. Complete if the organization answered "Yes" line 25.  (a) Description of liability I income taxes		(b) Book value  the angle of the second seco
(1) (2) (3) (4) (5) (6) (7) (8) (9)  Total. (Column Part X  1. (1) Federa (2) Accr (3) (4)	Other Assets. Complete if the organization answered "Yes"  (a) Description  (b) must equal Form 990, Part X, col. (B) line 15.)  Other Liabilities. Complete if the organization answered "Yes" line 25.  (a) Description of liability I income taxes		(b) Book value  the angle of the second seco
(1) (2) (3) (4) (5) (6) (7) (8) (9)  Fotal. (Column Part X  1. (1) Federa (2) Accr (3) (4) (5)	Other Assets. Complete if the organization answered "Yes"  (a) Description  (b) must equal Form 990, Part X, col. (B) line 15.)  Other Liabilities. Complete if the organization answered "Yes" line 25.  (a) Description of liability I income taxes		(b) Book value  the angle of the second seco
(1) (2) (3) (4) (5) (6) (7) (8) (9)  Total. (Colur  Part X  1. (1) Federa (2) Accr (3) (4) (5) (6)	Other Assets. Complete if the organization answered "Yes"  (a) Description  (b) must equal Form 990, Part X, col. (B) line 15.)  Other Liabilities. Complete if the organization answered "Yes" line 25.  (a) Description of liability I income taxes		(b) Book value  the angle of the second seco
(1) (2) (3) (4) (5) (6) (7) (8) (9) Fotal. (Colur Part X)  1. (1) Federa (2) Accr (3) (4) (5) (6) (7)	Other Assets. Complete if the organization answered "Yes"  (a) Description  (b) must equal Form 990, Part X, col. (B) line 15.)  Other Liabilities. Complete if the organization answered "Yes" line 25.  (a) Description of liability I income taxes		(b) Book value  the angle of the second seco
(1) (2) (3) (4) (5) (6) (7) (8) (9)  Total. (Colur  Part X  1. (1) Federa (2) Accr (3) (4) (5) (6)	Other Assets. Complete if the organization answered "Yes"  (a) Description  (b) must equal Form 990, Part X, col. (B) line 15.)  Other Liabilities. Complete if the organization answered "Yes" line 25.  (a) Description of liability I income taxes		(b) Book value  the angle of the second seco

Schedule	D	(Form	990)	2020

Schedule D (Fo	orm 990) 2020	Hilton	Head	Symphony	Orchestra	Inc	57-0761297	Page <b>5</b>
Part XIII	Supplementa	al Informat	ion (cor	ntinued)			57-0761297	
• • • • • • • • • • • • • • • • • • • •								
•								

### SCHEDULE G (Form 990 or 990-EZ)

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

► Attach to Form 990 or Form 990-EZ.

OMB No. 1545-0047

Open to Public

Department of the Treasury Internal Revenue Service

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

Inspection

iame oi in	e organization <b>Hilton Head Sympl</b>	ony Orche	stra	ı Iı	nc	Employer identificate 57-07612	
Part	Fundraising Activities. Complete	if the organizat	on an	swer		990, Part IV, line	17.
1 lnc	Form 990-EZ filers are not required licate whether the organization raised funds through				Chook all that apply		
	1		-				
a	Mail solicitations			•	ernment grants		
p	Internet and email solicitations		_		ent grants		
c	Phone solicitations	g Special for	ındraisi	ng ev	ents		
d L	In-person solicitations						
or	d the organization have a written or oral agreemer key employees listed in Form 990, Part VII) or en	tity in connection wi	th profe	essiona	al fundraising services?		Yes No
	Yes," list the 10 highest paid individuals or entities mpensated at least \$5,000 by the organization.	(fundraisers) pursu	ant to a	agreen	nents under which the t	undraiser is to be	
	(i) Name and address of individual or entity (fundraiser)	(ii) Activity	raise custo cont	id fund- have ody or rol of utions?	(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
			Yes	No			
1							
2							
3							
•							
4							
5							
 6							
7							
8							
 9							
0							
otal				. •			
Γ <b>otal</b> 3 Lis	et all states in which the organization is registered of gistration or licensing.			utions	or has been notified it	is exempt from	

Hilton Head Symphony Orchestra Inc

Schedule G (Form 990 or 990-EZ) 2020 57-0761297 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 Other fundraisi None (add col. (a) through col. (c)) (event type) (event type) (total number) Revenue 35,731 35,731 1 Gross receipts 2 Less: Contributions **3** Gross income (line 1 minus 35,731 35,731 line 2) 4 Cash prizes ..... 5 Noncash prizes ..... 6 Rent/facility costs ..... Direct Expenses **7** Food and beverages 8 Entertainment ...... 10,239 10,239 9 Other direct expenses 10 Direct expense summary. Add lines 4 through 9 in column (d) 10,239 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 (a) Bingo (c) Other gaming bingo/progressive bingo col. (a) through col. (c)) 1 Gross revenue. 2 Cash prizes ..... Expenses 3 Noncash prizes ..... Direct 4 Rent/facility costs ..... 5 Other direct expenses 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: Is the organization licensed to conduct gaming activities in each of these states? | Yes **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 or 990-EZ) 2020 Hilton Head Symphony Orchestra Inc 57-076	<u> 1297</u>		Page 3
11	Does the organization conduct gaming activities with nonmembers?		Ye	s No
12	Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity		_	_
	formed to administer charitable gaming?		Ye	s No
13	Indicate the percentage of gaming activity conducted in:			
а	The organization's facility	13a		%_
b	An outside facility	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			
	roughus?		☐ Ye	s No
h	If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ and the		□ .、	.5 <u> </u>
D	amount of gaming revenue retained by the third party > \$			
_	If "Yes," enter name and address of the third party:			
C	if res, enter name and address of the tillid party.			
	Nama N			
	Name ▶			
	Address			
	Address ►			
16	Gaming manager information:			
	Name ▶			
	Gaming manager compensation ▶ \$			
	Description of services provided ▶			
	Director/officer Employee Independent contractor			
17	Mandatory distributions:			
а	Is the organization required under state law to make charitable distributions from the gaming proceeds to			П.,
	retain the state gaming license?		Y€	s No
b	Enter the amount of distributions required under state law to be distributed to other exempt organizations or			
_	spent in the organization's own exempt activities during the tax year ▶ \$			
Pa	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 L (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

### **Transactions With Interested Persons**

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

Attach to Form 990 or Form 990-EZ.

OMB No. 1545-0047

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

Open To Public Inspection

Name of the organization Employer identification number Hilton Head Symphony Orchestra Inc 57-0761297 Part I Excess Benefit Transactions (section 501(c)(3), section 501(c)(4), and 501(c)(29) organizations only). Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b. (b) Relationship between disqualified person and (d) Corrected? 1 (a) Name of disqualified person (c) Description of transaction Yes organization (1) (2) (3) (4) (5) (6) 2 Enter the amount of tax incurred by the organization managers or disqualified persons during the year under section 4958 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization \_\_\_\_\_\_ 

\$\bigsec\$\$\$\$\$ \$\$ \$\$ \$\$ Part II Loans to and/or From Interested Persons. Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a or Form 990, Part IV, line 26; or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22. (b) Relationship with organization (a) Name of interested person (c) Purpose of (d) Loan (e) Original (f) Balance due (g) In default? (h) Approved (i) Written agreement? loan to or from principal amount by board or the org.? committee? To From Yes No Yes No Yes No (9) (10)**Total >** \$ Grants or Assistance Benefiting Interested Persons. Part III Complete if the organization answered "Yes" on Form 990, Part IV, line 27. (a) Name of interested person (b) Relationship between interested (c) Amount of assistance (d) Type of assistance (e) Purpose of assistance person and the organization (1) (2) (3) (4) (5)(6) (7)

(8) (9)

Part IV	Business Transactions Involving							
	Complete if the organization answered "Yes"	on Form 990	), Part IV, line 28	8a, 28b, or 28c.			(-) C	horing
	(a) Name of interested person		ionship between	(c) Amount of	(d) Descripti	on of transaction	(e) Si of o	haring org.
			person and the panization	transaction				
(1) <b>Guatan</b>	Audio Video		member	1,851	purchase	equipment	Yes	No X
• •	Audio Video	DOALG	шешьет	1,651	purchase	equipment		
(2)								<del></del>
(4)								$\vdash$
(5)								
(6)								$\vdash$
(7)								
(8)								
(7) (8) (9) (10)								
Part V	Supplemental Information.							
	Provide additional information for responses t	o questions	on Schedule L	(see instructions).				

### SCHEDULE M (Form 990)

**Noncash Contributions** 

▶ Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.

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

Department of the Treasury Internal Revenue Service Name of the organization

Hilton Head Symphony Orchestra Inc 57-0761297 Types of Property (c) (a) (b) (d) Noncash contribution Check if Number of contributions or Method of determining amounts reported on applicable noncash contribution amounts items contributed Form 990, Part VIII, line 1g Art — Works of art ..... 1 Art — Historical treasures ...... 2 Art — Fractional interests ..... 3 Books and publications ..... 4 5 Clothing and household goods Cars and other vehicles ..... 6 7 Boats and planes ..... Intellectual property ..... 8 Securities — Publicly traded ...... 9 Securities — Closely held stock 10 Securities — Partnership, LLC, 11 or trust interests ..... Securities — Miscellaneous ..... 12 13 Qualified conservation contribution — Historic structures Qualified conservation 14 contribution — Other ..... Real estate — Residential ..... 15 Real estate — Commercial ...... 16 Real estate — Other ..... 17 Collectibles 18 Food inventory ..... 19 Drugs and medical supplies ..... 20 Taxidermy 21 Historical artifacts ..... 22 Scientific specimens 23 Archeological artifacts ..... 24 Other ▶( grand piano ) 28,000 probate court receipt 25 X 1 Other ▶( temp housing ) X 1 15,300 rental fair value 26 Other ▶( equipment/furn ) X 2 5,500 estimated fair value 27 28 Other ►( 29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement 29 Yes No During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period? **b** If "Yes," describe the arrangement in Part II. 31 Does the organization have a gift acceptance policy that requires the review of any nonstandard X 31 Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash 32a X 32a If "Yes," describe in Part II. If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.

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 ► Attach to Form 990 or 990-EZ.

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

Open to Public Inspection

Name of the organization

Hilton Head Symphony Orchestra Inc

Employer identification number 57-0761297

Form 990 - Organization's Mission or Most Significant Activities

The Hilton Head Symphony Orchestra (HHSO) inspires audiences with musical excellence, enriches lives through youth programming and community performances, and unites the Lowcountry as an arts and cultural destination.

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

The Orchestra utilizes the services of an independent public accounting

firm for the audit of its financial statements and the preparation of its

federal income tax return Form 990.

Upon completion of Form 990 by the accounting firm, a copy of the 990 is reviewed by the Orchestra's Finance Manager and CEO. This copy is also made available to the finance committee or board of directors for their inspection before the 990 is filed.

Once the Orchestra's Finance Manager and CEO have reviewed and approved the 990, the authorization to electronically file is signed by an authorized representative of the Orchestra.

Form 990, Part VI, Line 12c - Enforcement of Conflicts Policy

The Orchestra has adopted the policy that in connection with any actual or

possible conflict of interest, an individual must disclose the conflict

(financial or otherwise), be given the opportunity to disclose all material

facts to the directors and members of related committees.

The governing board or committee shall decide if a material conflict exists. If the board determines that a conflict of interest does exist, the individual will be given the opportunity to resolve the conflict of interest or face dismissal.

Form 990, Part VI, Line 15a - Compensation Process for Top Official

The position of President and CEO is monitored by the governing board. The
board of directors reviews the performance of the President and CEO and
salary increases are subject to the board's approval.

In the event of a vacancy in any management position, several members of the board of directors are appointed as the selection committee to interview and screen applicants suitable for the vacant position. The applicants chosen are then interviewed a second time by the governing board. All filled vacancies are subject to board approval.

Form 990, Part VI, Line 15b - Compensation Process for Officers

The positions of key employees are monitored by the Orchestra's management.

Salary increases are subject to the approval of the governing board.

In the event of a vacancy in any key employee positions, members of management screen applicants suitable for the position with new hirees subject to governing board approval.

Form 990, Part VI, Line 19 - Governing Documents Disclosure Explanation
The Orchestra maintains a file on premises with copies of their charter,
not-for-profit status letter, income tax returns, reviewed financial

Name of the organization	,			Employer i	dentification number
Hilton Head Sy	mphony Orcl	nestra Inc		57-07	61297
statements, an	d other go	verning docume	nts as requ	ired in comp	liance with
regulations re	lated to th	ne availability	y of such do	ocuments to	the general
		•••••••••••••••••••••••••••••••••••••••			
public.					
Beginning in F	Y21, the O	rchestra posts	copies of	the annual a	dit and
Form 990 (Publ	ic Disclosu	re Copy) on i	ts website.		
Form 990, Part	IX, Line	llg - Other Fe	es for Serv	ices	
Description					
				_	
To	ot/Prog Ser	vice M	gt & Genera	l i	undraising
Guest artist f	ees				
ė	78,34	ın e	0	\$	0
				¥	
Music Director	& Conducto	or			
\$	119,00	00 \$	0	\$	0
All Other					
AII Other					
\$	52,5	72 \$	129	\$	3,150
Tota	1				
Ś	3 249,91	.2 \$	129	Ś	3,150
·		<del></del> <b>.</b>			
Form 990, Part	XI, Line	9 - Other Chan	ges in Net	Assets Expla	nation
Expenses for i	fundraising	activities		\$	10,239
Expenses for i	fundraising	activities		\$	-10,239
				D	2 -5 2

**Depreciation and Amortization** 

(Including Information on Listed Property)

Attach to your tax return.

OMB No. 1545-0172

Department of the Treasury ▶ Go to www.irs.gov/Form4562 for instructions and the latest information. Internal Revenue Service (99) Name(s) shown on return Identifying number 57-0761297 Hilton Head Symphony Orchestra Inc Business or activity to which this form relates

I	<u>ndirect Depreciat</u>	ion						
Pa	art I Election To Exper	se Certain Prop	erty Under Section	179				
	Note: If you have a	any listed property	, complete Part V b	efore you c	omplete Part	I.		
1	Maximum amount (see instruction	s)					1	1,040,000
2	Total cost of section 179 property	placed in service (se	e instructions)				2	
3	Threshold cost of section 179 pro	perty before reduction	n in limitation (see instru	ctions)			3	2,590,000
4	Reduction in limitation. Subtract lir		ro or loop ontor O				4	
5	Dollar limitation for tax year. Subtract lin	ne 4 from line 1. If zero o					5	
6	(a) Description	of property	(b) C	ost (business use	only) (c)	Elected cost		
7	Listed property. Enter the amount	from line 29			7			
8	Total elected cost of section 179 p						8	
9	Tentative deduction. Enter the sm						9	
10	Carryover of disallowed deduction	from line 13 of your	2019 Form 4562				10	
11	Business income limitation. Enter	the smaller of busine	ss income (not less than	zero) or line	5. See instructio	ns	11	
12	Section 179 expense deduction. A						12	
13	Carryover of disallowed deduction				13			
Note	: Don't use Part II or Part III below				•			
Pa	art II Special Depreciati	on Allowance a	nd Other Deprecia	ion (Don't	include listed	propert	y. Se	e instructions.)
14	Special depreciation allowance for	qualified property (or	ther than listed property)	placed in ser	vice			
	during the tax year. See instructio	ns		•			14	
15	Property subject to section 168(f)(						15	
16	Other depreciation (including ACF	RS)					16	128,391
Pa	art III MACRS Depreciat	ion (Don't includ	e listed property. Se	e instructio	ns.)			
		•	Section A		•			
			Section A					
17	MACRS deductions for assets pla	ced in service in tax		020			17	0
	MACRS deductions for assets placed by the second of the se		years beginning before 2			▶ □	17	0
17 18	If you are electing to group any assets placed	d in service during the tax ye	years beginning before 2	t accounts, check	here	<b>•</b>		
	If you are electing to group any assets placed Section B—A	d in service during the tax yearsets Placed in Ser  (b) Month and year	years beginning before 2 par into one or more general asservice During 2020 Tax Y  (c) Basis for depreciation	t accounts, check	e General Depre	eciation S	ystem	
	If you are electing to group any assets placed	d in service during the tax yes	years beginning before 2 ear into one or more general asservice During 2020 Tax Y	et accounts, check	here	<b>•</b>	ystem	
	If you are electing to group any assets placed Section B—A	d in service during the tax yessets Placed in Ser  (b) Month and year placed in	years beginning before 2 ear into one or more general asservice During 2020 Tax Y  (c) Basis for depreciation (business/investment use	t accounts, check (ear Using the (d) Recovery	e General Depre	eciation S	ystem	
18	If you are electing to group any assets placed  Section B—A  (a) Classification of property	d in service during the tax yessets Placed in Ser  (b) Month and year placed in	years beginning before 2 ear into one or more general asservice During 2020 Tax Y  (c) Basis for depreciation (business/investment use	t accounts, check (ear Using the (d) Recovery	e General Depre	eciation S	ystem	
18 19a	Section B—A  (a) Classification of property  3-year property	d in service during the tax yessets Placed in Ser  (b) Month and year placed in	years beginning before 2 ear into one or more general asservice During 2020 Tax Y  (c) Basis for depreciation (business/investment use	t accounts, check (ear Using the (d) Recovery	e General Depre	eciation S	ystem	
18 19a b	Section B—A  (a) Classification of property  3-year property  5-year property	d in service during the tax yessets Placed in Ser  (b) Month and year placed in	years beginning before 2 ear into one or more general asservice During 2020 Tax Y  (c) Basis for depreciation (business/investment use	t accounts, check (ear Using the (d) Recovery	e General Depre	eciation S	ystem	
19a b c	Section B—A  (a) Classification of property  3-year property  5-year property  7-year property	d in service during the tax yessets Placed in Ser  (b) Month and year placed in	years beginning before 2 ear into one or more general asservice During 2020 Tax Y  (c) Basis for depreciation (business/investment use	t accounts, check (ear Using the (d) Recovery	e General Depre	eciation S	ystem	
19a b c	If you are electing to group any assets placed  Section B—A  (a) Classification of property  3-year property  5-year property  7-year property  10-year property  15-year property	d in service during the tax yessets Placed in Ser  (b) Month and year placed in	years beginning before 2 ear into one or more general asservice During 2020 Tax Y  (c) Basis for depreciation (business/investment use	t accounts, check (ear Using the (d) Recovery	e General Depre	eciation S	ystem	
19a b c d e	If you are electing to group any assets placed  Section B—A  (a) Classification of property  3-year property  5-year property  7-year property  10-year property  15-year property	d in service during the tax yessets Placed in Ser  (b) Month and year placed in	years beginning before 2 ear into one or more general asservice During 2020 Tax Y  (c) Basis for depreciation (business/investment use	t accounts, check (ear Using the (d) Recovery	e General Depre	eciation S	ystem	
19a b c d e f	If you are electing to group any assets placed  Section B—A  (a) Classification of property  3-year property  5-year property  7-year property  10-year property  15-year property  20-year property	d in service during the tax yessets Placed in Ser  (b) Month and year placed in	years beginning before 2 ear into one or more general asservice During 2020 Tax Y  (c) Basis for depreciation (business/investment use	taccounts, check fear Using the (d) Recovery period	e General Depre	eciation S (f) Meth	ystem	
19a b c d e f	Section B—A  (a) Classification of property  3-year property  5-year property  7-year property  10-year property  15-year property  20-year property  25-year property	d in service during the tax yessets Placed in Ser  (b) Month and year placed in	years beginning before 2 ear into one or more general asservice During 2020 Tax Y  (c) Basis for depreciation (business/investment use	taccounts, check fear Using the (d) Recovery period  25 yrs.	hereee General Depro	eciation S (f) Meth	ystem	
19a b c d e f g	Section B—A  (a) Classification of property  3-year property 5-year property 7-year property 10-year property 20-year property 25-year property Residential rental	d in service during the tax yessets Placed in Ser  (b) Month and year placed in	years beginning before 2 ear into one or more general asservice During 2020 Tax Y  (c) Basis for depreciation (business/investment use	taccounts, check fear Using the (d) Recovery period  25 yrs. 27.5 yrs.	hereee General Depro	eciation S  (f) Meth	ystem	
19a b c d e f g	Section B—A  (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	d in service during the tax yessets Placed in Ser  (b) Month and year placed in	years beginning before 2 ear into one or more general asservice During 2020 Tax Y  (c) Basis for depreciation (business/investment use	taccounts, check tear Using the (d) Recovery period  25 yrs. 27.5 yrs. 27.5 yrs.	here	eciation S  (f) Meth	ystem	
19a b c d e f g	Section B—A  (a) Classification of property  3-year property  5-year property  10-year property  20-year property  25-year property  Residential rental property  Nonresidential real property	d in service during the tax yesessets Placed in Ser  (b) Month and year placed in service	years beginning before 2 ear into one or more general asservice During 2020 Tax Y  (c) Basis for depreciation (business/investment use	da accounts, check (d) Recovery period  25 yrs. 27.5 yrs. 27.5 yrs. 39 yrs.	MM MM MM MM MM	eciation S  (f) Meth	ystem	(g) Depreciation deduction
19a b c d e f g	Section B—A  (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  Section C—As	d in service during the tax yesessets Placed in Ser  (b) Month and year placed in service	years beginning before 2 ear into one or more general asse vice During 2020 Tax Y  (c) Basis for depreciation (business/investment use only–see instructions)	da accounts, check (d) Recovery period  25 yrs. 27.5 yrs. 27.5 yrs. 39 yrs.	MM MM MM MM MM	eciation S  (f) Meth	ystem	(g) Depreciation deduction
19a b c d e f g h i	Section B—A  (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  Section C—As	d in service during the tax yesessets Placed in Ser  (b) Month and year placed in service	years beginning before 2 ear into one or more general asse vice During 2020 Tax Y  (c) Basis for depreciation (business/investment use only–see instructions)	da accounts, check (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	ystem	(g) Depreciation deduction
19a b c d e f g h i 20a b	Section B—A  (a) Classification of property  3-year property 5-year property 10-year property 20-year property 25-year property Residential rental property Nonresidential real property  Section C—As  Class life	d in service during the tax yesessets Placed in Ser  (b) Month and year placed in service	years beginning before 2 ear into one or more general asse vice During 2020 Tax Y  (c) Basis for depreciation (business/investment use only–see instructions)	daccounts, check (d) Recovery period  25 yrs. 27.5 yrs. 27.5 yrs. 39 yrs.  ar Using the	MM MM MM MM MM	S/L	ystem	(g) Depreciation deduction
19a b c d e f g h i 20a b c	Section B—A  (a) Classification of property  3-year property 5-year property 10-year property 20-year property 25-year property Residential rental property Nonresidential real property  Section C—As  Class life 12-year	d in service during the tax yesessets Placed in Ser  (b) Month and year placed in service	years beginning before 2 ear into one or more general asse vice During 2020 Tax Y  (c) Basis for depreciation (business/investment use only–see instructions)	taccounts, check fear Using the (d) Recovery period  25 yrs. 27.5 yrs. 27.5 yrs. 39 yrs.  ar Using the	MM MM MM MM Alternative Dep	S/L	ystem	(g) Depreciation deduction
19a b c d e f g h i 20a b c d	Section B—A  (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  Section C—As  Class life  40-year	d in service during the tax yessets Placed in Ser  (b) Month and year placed in service  service	years beginning before 2 ear into one or more general asse vice During 2020 Tax Y  (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 Dep	S/L	ystem	(g) Depreciation deduction
19a b c d e f g h i 20a b c d	Section B—A  (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  Section C—As  Class life  40-year	d in service during the tax yetsets Placed in Ser  (b) Month and year placed in service  sets Placed in Service	years beginning before 2 ear into one or more general asse vice During 2020 Tax Y  (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 Dep	S/L	ystem	(g) Depreciation deduction
19a b c d e f g h i	(a) Classification of property  3-year property 5-year property 10-year property 20-year property 25-year property 25-year property When the first property 25-year property Residential rental property Nonresidential real property  Section C—As Class life 12-year 30-year 40-year  Summary (See insertion)	d in service during the tax yetsets Placed in Ser  (b) Month and year placed in service  sets Placed in Service  sets Placed in Service	years beginning before 2 ear into one or more general asse vice During 2020 Tax Y  (c) Basis for depreciation (business/investment use only–see instructions)	25 yrs. 27.5 yrs. 27.5 yrs. 27.5 yrs. 27.5 yrs. 39 yrs.  ar Using the 12 yrs. 30 yrs.	MM MM MM Alternative Dep	S/L	ystem	(g) Depreciation deduction
19a b c d e f g h i	Section B—A  (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  Class life 12-year 30-year 40-year  Listed property. Enter amount from	sets Placed in Service  (b) Month and year placed in Service  (b) Month and year placed in service  sets Placed in Service  sets Placed in Service	years beginning before 2 ear into one or more general asse vice During 2020 Tax Y  (c) Basis for depreciation (business/investment use only–see instructions)  ice During 2020 Tax Ye  ines 19 and 20 in column erships and S corporation	taccounts, check fear Using the (d) Recovery period  25 yrs. 27.5 yrs. 27.5 yrs. 27.5 yrs. 39 yrs.  ar Using the  12 yrs. 30 yrs. 40 yrs.	MM MM MM Alternative Dep	S/L	ystem	(g) Depreciation deduction

Form **990** 

# **Event Income and Deduction Worksheet**

Description Other fundraising

Name

Hilton Head Symphony Orchestra Inc

Part VIII, Exploited Activities Part IX, Advertising Income

Taxpayer Identification Number 57-0761297

2020

Income & Expense Summary:		Expense Details - Indirect Expense:	
1. Gross receipts or sales	1. 35,731	Advertising and promotion	
2. Advertising income		Office	
3. Circulation income		Printing/publication/postage	
4. Other income		Info technology/Maintenance	
5. Returns and allowances		Royalties & License Fees	
6. Contributions received	6	Occupancy/Real Estate Taxes	
7. Total revenue. Add lines 1 through 6	7. <u>35,731</u>	Travel & Repairs	
8. Cost of Goods Sold	8	Travel/entertainment (officials)	
9. Employment Expense	9	Conferences/meetings	
10. Fees for services		Interest	
11. Indirect Expense		Insurance	
12. Depreciation Expense		Total Indirect Expense	
13. Exempt Activity Expense	13		
14. Fundraising Expense	14. <u>10,239</u>	Expense Details - Depreciation Expense:	
15. Total expenses. Add lines 8 through 14		On investment property	
16. Net Income/Loss. Line 7 minus Line 15	16. <u>25,492</u>	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	· · · · · · <del>· · · · · · · · · · · · · </del>	Dividend recd deductions	
		Readership costs	
Expense Details - Employment Expense:		Other expenses	
Compensation of officers		Total Exempt Activity Expense	
Other salaries and wages	· · · · · <del>· · · · · · · · · · · · · · </del>		
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			,239
Legal		Total Fundraising Expense	<u>,239</u>
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 Accomplishm	ents:
Part V, Debt Financing		First	
Part VI, Controlled Org Income		Second	
Part \/II Investments for C(7)(0)(1)	7\	Third	

Internal Revenue Service P.O. Box 2508 Cincinnati, OH 45201 Department of the Treasury

Date:

FEB 0 8 2007

HILTON HEAD SYMPHONY ORCHESTRA INC 32 OFFICE PARK ROAD STE 214 HILTON HEAD ISLAND, SC 29928 Person to Contact:

Jo Ann Cunningham ID# 31-07757

Toll Free Telephone Number:

877-829-5500

**Employer Identification Number:** 

57-0761297

#### Dear Sir or Madam:

This is in response to your request of January 23, 2007, regarding your name and address change. We have updated our records to change your name from Hilton Head Orchestra Inc to Hilton Head Symphony Orchestra Inc.

Our records indicate that a determination letter was issued in December 1984 that recognized you as exempt from Federal income tax, and reflect that you are currently exempt under section 501(c)(3) of the Internal Revenue Code.

Our records also indicate you are not a private foundation within the meaning of section 509(a) of the Code because you are described in sections509(a)(1) and 170(b)(1)(A)(vi).

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

If you have any questions, please call us at the telephone number shown in the heading of this letter.

Sincerely,

Cindy...Westcott

may Wester.

Manager, Exempt Organizations

Determinations