2025 Accommodations Tax Funds Request Application

Organization Name: The First Tee of The Lowcountry

Project/Event Name: Increasing Learning Center Visitations

Executive Summary

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

2025

Accommodations Tax Funds Request Application

Date Received: 09/05/2024 Time Received: 02:19 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: The First Tee of The Lowcountry

Project/Event Name: Increasing Learning Center Visitations

Contact Name: Pat Zuk Title: Executive Director

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

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

Event Date: Event Location: 151 Gumtree Rd.

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

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

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

The chapter's driving range and courses provide visitor recreational opportunities year-round. It is a place for multi-generational play where families can enjoy time together learning, practicing or playing golf or disc golf. The par 3 golf course and disc golf course are open every day and the Par 3 golf course is the only facility of its kind open to both locals and tourists in Beaufort County. Every guest registers their visit on our computer and notes where they reside. Through August 31, 2024, our records show that 40% of our guests were from more than 50 miles away. All statistics and data in this application are as of August 31, 2024.

A. Total Number of Physical Tourists Served: 2,021

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: 694

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: 2146

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): 5765

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

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

B. **DESCRIPTION OF OPERATIONS**:

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

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

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

2. [Describe in detail how the requested grant funding would be used? (250 words or less)
	The Town of Hilton Head Island ATAX grant funds will be used for tourist based marketing programs. We have seen an increase in the number of out of town visitors to our property this year, largely due to the effective use of the funding we received from the 2023 ATAX grant. By the end of this year we are projecting that the total number of visitors to the property will exceed 7,000 guests, an increase of over% from 2024. The increase in marketing resources has had a direct relationship on the increase inour visitors and we fully expect that expanding our marketing resources in 2025 will continue to grow the number of tourists to our facility. Successful marketing vehicles that we have used this year and would continue to use include print advertising, direct mail campaigns, email blasts, social media and Facebook ads, brochures, rack cards, newsletters and TV and radio spots. Future initiatives would include these again and increased efforts to market to other First Tee Chapters east of the Mississippi River. We are also supplying our rack cards and brochures to the Welcome Centers in South Carolina.
	What impact would partial funding have on the activities, if full funding were not received? What would the organization change to account for partial funding? (100 words or less)
	Reduced funding would directly reduce our capacity to increase awareness of our amenities to visitors. As we are still maturing organization, there are many locals and visitors that are not aware of our offerings. We spent more money on advertising this year and have seen an increase in both visitor use and program attendance. The ability to maintain a regular messaging program helps remind past visitors that we are here as well as attract new guests. At this stage of our business cycle, partial funding would likely lead to no growth or a decline in the number of visitors.
4. V	What is expected economic impact and benefit to the Island's tourism? (100 words or less)
	Vacationers are often seeking new experiences and family-oriented activities when they select a destination. Initiatives spent communicating our unique offerings to potential visitors should result in new visitors to the area. As previously noted, over 40% of our visitors report that they are from more than 50 miles away. As of August 31, 2024 we had tourists visit our facility. As of August 31, 2024 we have had tourist visit our facility. While the percentage of tourists has dropped slightly we are attracting more tourists. Our 2023 tourist total (2,812) already exceeds our 2022 total of 1,909. EDIT BASED ON ACTUALS

Update this section completely

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

Total:	100	%
7 - Operation of Visitor Information Centers Operating visitor information centers.	0	%
6 - Waterfront Erosion/Control/Repair Control and repair of waterfront erosion.	0	%
5 - Tourist Public Transportation Tourist shuttle transportation.	0	%
4 - Tourism-Related Public Services The criminal justice system, law enforcement, fire protection, solid waste collection and health facilities when required to serve tourists and tourist facilities. This is based on the estimated percentage of costs directly attributed to tourist. Also includes public facilities such as restrooms, dressing rooms, parks and parking lots.	0	%
3 - Tourism-Related Facilities Construction, maintenance and operation of facilities for civic and cultural activities including construction and maintenance of access and other nearby roads and utilities for the facilities.	0	%
2 - Tourism-Related Events Promotion of the arts and cultural events.	0	%
1 - Destination Advertising/Promotion Advertising and promotion of tourism so as to develop and increase tourist attendence through the generation of publicity.	100	%

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

In 2022 we established a co-marketing agreement with the Island Rec Center to promote our summer classes and camps. We continued this program in 2024 and the number of individuals coming to us through the Rec Center is still strong. We have always partnered with the Boys & Girls Club of Hilton Head to promote our facility and programs. In addition, the PGA Tour Superstore displays posters in their Bluffton store promoting our facility.

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

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

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

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

7. Additional comments. (250 words or less)

Please note for future reference in this application.

Visitor Information is from 1/1/2024 through 8/31/2024

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

We do have a customer survey.

C. FUNDING:

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

All figures listed are for fiscal year 2023 unless other wise noted

Individual contributions - 13%

Events - 42%

Corporate Sponsorship - 4%

Grants - 16%

Gov't - 7%

Program Fees - 6%

Chapter paid P	rogram Fees - 3%		
Facility Revenu	e - 9%		
2. Please also estima	te, as a percentage, the so	urce of	the organization's total annual funding.
Governme	nt Sources	13	Private Contributions, Donations and Grants
4 Corporate	Support, Sponsors	9	Membership, Dues, Subscriptions
Ticket Sale 42 and Servic	es, or Sales es	25	Other
Has the organizations? Yes No		r any ot	her funding from other public sources or
If so, please list top	3 sources and amounts.		
D. FINANCIAL INFORMATI	ON:		
Fiscal Year Disclosure:	Stort Month: January E	nd Mon	nth: December
	•	iiu ivioi	iiii. December
Financial Statement Rec	-	£ 41	
1. The <u>upcoming fisca</u>	ıl year's operating budget	for the	organization.
Budget Prov	ded: Yes		
2. The <u>previous two fi</u> organization.	scal years and current year	-to-date	e profit and loss reports for the
Current fisca	l year Profit Loss Report Pı	ovided	: Yes
Previous fisc	al year Profit Loss Reports	Provid	ed:
	Previous FY 1 Previous FY 2		
3. The <u>previous two fi</u>	scal years and current year	-to-date	e balance sheets.
Current fisca	l year Balance Sheet Provi	ded: Ye	es
Previous fisc	al year Balanace Sheets P	rovided	:
2023 -	Previous FY 2		

2022 - Previous FY 1

4	The	previous	two v	vears	and	current	vear	IRS	Form	990	or 990T
т.	1110	previous	LVV	y Cai 3	anu	Current	ycai	1170	1 01111	$\mathbf{J}\mathbf{J}\mathbf{U}$	01 3301.

Current year IRS Form 990 or 990T Provided: Yes

Previous IRS Form 990 or 990T Years Provided:

2022 - Previous FY 1

2023 - Previous FY 1

2023 - Previous FY 2

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 \$30,000.00 Off Cycle New Marketing Initiatives

2022 \$40,000.00 Increasing Learning Center Visitations

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

In 2023, we utilized the approved funds to successfully promote our driving range, golf, and disc golf courses to both the general public and Island visitors. Here's a breakdown of how the funds were applied and the impact they've made:

? Advertising & Promotion:

- ? Featured in prominent publications such as Island Events Magazine and The Golf Guide.
- ? Produced postcards, rack cards, and handouts to further promote our offerings.
- ? Invested in social media opportunities to reach a broader audience.
- ? Social Media Initiatives:
- ? Enhanced our website with comprehensive information about our amenities and programs.
- ? Launched targeted email blasts using contacts from various databases.
- ? Purchased Facebook banner ads to expand visibility.
- ? Ongoing Communication:
- ? Published quarterly newsletters to keep our community and visitors informed.
- ? Results:
- 3. What impact did this have on the success of the organization/event and how did it benefit the community? (200 words or less)

This year's grant had a significant impact, driving a 5% projected increase in visitors to our property and boosting both donations and visibility for our mission. As each guest registers, a suggested donation based on the size and age of their group is prompted. While donations are not required, there's a strong link between increased visitors and facility-related contributions.

- ? **Revenue Growth:** We've seen a 3% increase in revenue compared to the same period last year, rising from \$41,400 to \$42,678.
- ? **Mission Exposure:** The rise in visitors has expanded awareness of The First Tee mission, both locally and nationally. While difficult to directly connect this to student enrollment, we anticipate a 10% increase in participation in our programs this year.

By teaching core values, healthy habits, and golf, we are providing valuable education that positively impacts Lowcountry children, their families, and the broader community.

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

We measure our success by the increase in the number of visitors that use the property

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

Visitors are projected to increase from 7,123 in 2023 to 7,500 in 2023.

Kids in The First Tee Programs at golf facilities are projected to increase from 525 in 2023 to 600 in 2024.

G. EXECUTIVE SUMMARY

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

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

Signature: Patrick M. Zuk

Title/Position:

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

Email Address: pzuk@thefirstteelowcountry.org

Office Phone Number:

Home Phone Number:

ATAX EFFECTIVENESS MEASUREMENT

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

TOPIC THE PLAN		BUDGET		BUDGET ACTUAL SPENT		RESULTS When possible, provide planned results vs. actual results, and/or current year vs. prior year results.
	All items listed below are intended to increase the number of visitiors and and the percentage of tourists at our Hilton Head Island Facility					All reults are asexpected. Advertising and ssociated cost are expected for the remainder of 2024 that should exceed total busget numbers
Adverttising	use golf guide menu guide, facebook , peachjar, social media, rack cards and print	\$	49,650.00	\$	31,399.00	
Printing, Postage	newsletter, brochures, cards, signs	\$	5,000.00	\$	2,411.66	
Marketing Consultant	planning, create marketing calendar, develop opportunities	\$	12,000.00	\$	9,052.88	
Copywriting, editing, etc		\$	6,000.00	\$	3,229.29	
Other Costs	website, misc	\$	2,350.00	\$	2,350.00	
Total		\$	75,000.00	\$	48,442.83	
Total		\$	-	\$	-	

ATAX EFFECTIVENESS MEASUREMENT

TOPIC	THE PLAN	BUDGET	ACTUAL SPENT	RESULTS When possible, provide planned results vs. actual results, and/or current year vs. prior year results .
Total		\$ -	\$ -	
			1 1	
Total		\$ -	\$ -	
Total		\$ -	\$ -	

Total Budget to Actual

\$ 75,000.00 \$

48,442.83



August 20, 2024 - Board Meeting Minutes

- 1. The meeting was held on August 20, 2024, at Port Royal Hall Clubhouse. Meeting called to order at 4:33 pm by President Chu
 - Attendance:
 - Directors Present: Grace Chu-Chair, Paul Gaines Vice Chair, Chris Lane Secretary, Curri, Dattilo, Fuentes, King, Rothwell
 - Directors Present via Zoom Jackie Lambe, Treasurer, Farrell, Fuge, Dattilo, Taylor, Tiscornia,
 - Directors Not Present: Curri, Dunton, Patrick,
 - Staff present: Zuk, Wolfe
- 2. Minutes of the June meeting approved unanimously.
- 3. Champions Tournament Update Dattilo
 - Silent Auction needs to finalize items by 8/23/2024 deadline. Need restaurant gift certificates.
 - Hole Sponsorship lagging behind. \$22K in 2023 with only \$5K for 2024.
 - Volunteers Needed Day of the Tournament Curri normally heads up this task force.
 - Discussion regarding allowing coaches access to participate in the event going forward. Will discuss for 2025, possible lottery system for coaches to rotate in the event.
- 4. Advanced Reports -
 - 4.1 Financial Dashboard Lambe
 - Revenue is \$60K over budget YTD 7/31/2024
 - Public Revenue is up \$13K over Budget.
 - Committee to review investment strategies for scholarship fund 3rd week of
 - September???????
 - 4.2 Executive Director Report Zuk
 - Facility remains above 2023 through July 31, 2024.
 - Schwab Grant is doing very well. Should meet the goal with 521 donors needed to meet max.
 - Marketing of Tour Card coming out.
 - Motion made by King for \$40K ask for 2025 ATAX. Motion made by King, Second by Gaines. Approved unanimously.
 - Brian is researching a POS System for Guests checking into the facility to input contact information and daily donation payment.
 - Finished Coach Training Sessions on 8/10/2024 adding 6 Lead coaches.
 - The facility is looking great, new drainage worked incredibly well during storm Debbie.

- 4.3 Program Director's Report Wolfe
 - Camps & Classes for summer fully attended hitting 15 kids max. 5 camps on HHI and 2 at Hilton Head Lakes.
 - o Fall Schedule is out and booking.
 - Sgt. Jasper semi-private class for 10 kids from the B&GC of Hardeeville and 5 spots open for registration.
 - Starting a PGA Tour Superstore advanced players class this fall. 5-week session on Thursday evenings for 5-7 participants.
 - o 87% compliant with background checks and SafeSport Training.
 - o Tour Card adding 10-15 more kids. Possibly add Bluffton courses, maybe Rose Hill.
- 5. College Scholarship Changes.
 - King Motion to approve changes, Lane seconded. Approved unanimously.
- 6. Additional Financial Items Lambe
 - Reviewed Policy Update
 - College Scholarship Fund CD & Money Markets. Lambe and Tiscornia met with Community Foundation regarding an investment firm they have used successfully for 20 years.
 - Motion to change the investment policy per 7.9 of the bylaws by Gaines, 2nd
 Rothwell. Approved Unanimously.
 - Motion to Approve Scholarship Fund Proposal by Lambe, 2nd Rothwell. Approved Unanimously.
- 7. 10th Anniversary Video
 - Discussed draft of the video script. Feedback and changes made to be submitted to the marketing committee to get the video completed.
- 8. Next Board Meeting September 17th, Location TBD
- 9. Adjournment at 5:47 PM

January through December 2023 Aug 24 Feb 24 Mar 24 Jul 24 Sep 24 Oct 24 Nov 24 Dec 24 Jan 24 Apr 24 May 24 Jun 24 **Ordinary Income/Expense** Income 40000 · Operating Income 41000 · Donations 41100 · General 3,166.67 3,166.67 3,166.67 3,166.67 3,166.67 3,166.67 3,166.67 3,166.67 3,166.67 3,166.67 3,166.67 3,166.67 500.00 41300 · Memorials 500.00 500.00 500.00 500.00 500.00 500.00 500.00 500.00 500.00 500.00 500.00 41400 · Golf Club/Ball Sales 1,500.00 1.500.00 1,500.00 1,500.00 1,500.00 1,500.00 1.500.00 1,500.00 1.500.00 1.500.00 1,500.00 1.500.00 41800 · End of Year Appeal 50.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 8,000.00 5,166.67 5,166.67 5,166.67 5,166.67 5,166.67 5,166.67 5,166.67 5,166.67 5,166.67 Total 41000 · Donations 5,216.67 5,166.67 13,166.67 42000 · Special Events 42100 · Champions Tournament 0.00 0.00 0.00 0.00 0.00 0.00 10,000.00 30,000.00 30,000.00 100,000.00 45,000.00 15,000.00 42200 · Awards Banquet 0.00 7,500.00 17,000.00 16,500.00 5,000.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 2,500.00 2,500.00 0.00 0.00 0.00 0.00 0.00 0.00 42300 ·Additional Fundraising Event 0.00 10,000.00 0.00 42400 · HHIJGA 0.00 0.00 0.00 2,500.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 7,500.00 19,500.00 29,000.00 7,500.00 0.00 10,000.00 30,000.00 30,000.00 100,000.00 45,000.00 15,000.00 Total 42000 · Special Events 43000 · Corporate Sponsorships 43200 · PGA Tour 0.00 0.00 0.00 0.00 0.00 0.00 0.00 5,000.00 0.00 0.00 0.00 0.00 43300 · Other 0.00 0.00 5,000.00 15,000.00 0.00 0.00 5,000.00 0.00 5,000.00 0.00 0.00 5,000.00 **Total 43000 · Corporate Sponsorships** 0.00 0.00 10,000.00 15,000.00 0.00 0.00 5,000.00 0.00 5,000.00 0.00 0.00 5,000.00 44000 · Grants 44200 · Local Government ATAX 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 40,000.00 44500 28,000.00 Schwab Challenge Grant 44300 · Grants 6,000.00 1,000.00 1,000.00 1,000.00 10,000.00 13,500.00 5,500.00 7,000.00 2,000.00 25,000.00 1,000.00 1,000.00 44400 - Trustee Grant 50,000.00 Total 44000 · Grants 56,000.00 1,000.00 1,000.00 38,000.00 13,500.00 5,500.00 7,000.00 2,000.00 25,000.00 1,000.00 41,000.00 1,000.00 45000 · Programs 4,000.00 650.00 3,900.00 5,850.00 1,400.00 1,000.00 2,050.00 45100 · Program Fees 150.00 5,700.00 5,850.00 3,300.00 150.00 45150 · Scholarship Program Fees 0.00 0.00 1,500.00 0.00 0.00 3,500.00 0.00 0.00 15,000.00 0.00 0.00 2,000.00 150.00 4.000.00 7.200.00 650.00 3,900.00 9.350.00 5.850.00 1,400,00 18.300.00 1,000.00 2,050.00 2.150.00 **Total 45000 · Programs** 46000 · Golf Facility 4,166.67 4,166.67 4,166.67 46100 · Golf/Range Revenue 4,166.67 4,166.67 4,166.67 4,166.67 4,166.67 4,166.67 4,166.67 4,166.67 4,166.67 46200 · Disc Golf Revenue 75.00 75.00 75.00 75.00 75.00 75.00 75.00 75.00 75.00 75.00 75.00 75.00 4,241.67 4,241.67 4,241.67 4,241.67 4,241.67 4,241.67 4,241.67 4,241.67 4,241.67 4,241.67 4,241.67 Total 46000 · Golf Facility 4,241.67 49000 · Miscellaneous Income 49300 · Interest Earned 2,837.00 2,837.00 2,837.00 2,837.00 2,837.00 2,837.00 2,838.00 2,838.00 2,838.00 2,838.00 2,839.00 2,839.00 2,838.00 2,839.00 Total 49000 · Miscellaneous Income 2,837.00 2,837.00 2,837.00 2,837.00 2,837.00 2,837.00 2,838.00 2,838.00 2,838.00 2,839.00 138,246.33 **Total 40000 · Operating Income** 68,445.33 24,745.33 49,945.33 57,895.33 61,645.33 35,095.33 38,596.33 50,646.33 67,546.33 60,297.33 83,397.33 61,645.33 50,646.33 83,397.33 **Total Income** 68,445.33 24,745.33 49,945.33 57,895.33 35,095.33 38,596.33 67,546.33 138,246.33 60,297.33 **Expense Business Operating Expenses** 61000 · Payroll Expenses 6,250.00 6,250.00 6,250.00 6,250.00 6,250.00 6,250.00 6,250.00 6,250.00 6,250.00 6,250.00 6,250.00 6,250.00 61100 · Executive Director 3,750.00 3,750.00 3,750.00 3,750.00 61200 · Program Director 3,750.00 3,750.00 3,750.00 3,750.00 3,750.00 3,750.00 3,750.00 3,750.00 61275 · Operations Manager 3,541.67 3,541.67 3,541.67 3,541.67 3,541.67 3,541.67 3,541.67 3,541.67 3,541.67 3,541.67 3,541.67 3,541.67 61280 - Proposed New Employee 3.333.00 3.333.00 3.333.00 3.333.00 3.333.00 3.333.00 3.334.00 3.334.00 3.334.00 61300 · Payroll Taxes 1,709.58 1,709.58 1,709.58 2,142.21 2,280.81 2,280.81 2,280.81 2,164.21 2,153.21 2,153.32 2,131.32 2,148.92 61400 · Payroll Benefits 1,500.00 1,500.00 1,500.00 1,800.00 1,800.00 1,800.00 1,800.00 1,800.00 1,800.00 1,800.00 1,800.00 1,800.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 8,000.00 61500 · Payroll Expenses - Other 0.00 0.00 0.00 0.00

-	Jan 24	Feb 24	Mar 24	Apr 24	May 24	Jun 24	Jul 24	Δυα 24	Son 24	Oct 24	Nov 24	Dec 24
Total C4000 Bowell Francisco								Aug 24	Sep 24			
Total 61000 · Payroll Expenses	16,751.25	16,751.25	16,751.25	20,816.88	20,955.48	20,955.48	20,955.48	20,838.88	20,827.88	20,828.99	20,806.99	28,824.59
62000 · Marketing	0.050.00	0.050.00	0.050.00	0.050.00	0.050.00	0.050.00	0.050.00	0.050.00	0.050.00	0.050.00	0.050.00	0.050.00
62100 · Advertising / Promotion	6,250.00	6,250.00	6,250.00	6,250.00	6,250.00	6,250.00	6,250.00	6,250.00	6,250.00	6,250.00	6,250.00	6,250.00
62200 · Website	100.00	100.00	100.00	2,890.00	100.00	100.00	100.00	100.00	100.00	100.00	100.00	100.00
62300 · Database	59.00	59.00	59.00	3,059.00	59.00	59.00	59.00	59.00	59.00	59.00	59.00	59.00
Total 62000 · Marketing	6,409.00	6,409.00	6,409.00	12,199.00	6,409.00	6,409.00	6,409.00	6,409.00	6,409.00	6,409.00	6,409.00	6,409.00
63000 · Professional Services												
63300 · Tax/Financial Services	0.00	0.00	5,250.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
63600 · Accounting & IT Services	600.00	600.00	600.00	600.00	600.00	600.00	600.00	600.00	600.00	600.00	600.00	600.00
63700 · Coach Training	0.00	2,000.00	0.00	2,000.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
63750 · Instructor Payments	0.00	0.00	0.00	0.00	0.00	2,933.00	2,933.00	2,934.00	0.00	0.00	0.00	0.00
Total 63000 · Professional Services	600.00	2,600.00	5,850.00	2,600.00	600.00	3,533.00	3,533.00	3,534.00	600.00	600.00	600.00	600.00
64000 · Building & Ground Maintenance												
64300 · Equipment Repairs	500.00	500.00	500.00	500.00	600.00	600.00	600.00	600.00	600.00	600.00	600.00	600.00
64400 - Depreciation	625.00	625.00	625.00	625.00	625.00	625.00	625.00	625.00	625.00	625.00	625.00	625.00
64500 · Ground Maintenance	3,000.00	3,000.00	3,000.00	3,000.00	3,000.00	3,000.00	3,000.00	3,000.00	3,000.00	3,000.00	3,000.00	3,000.00
64600 · Course Maintenance												
64610 · Plant Seed Sod	0.00	0.00	750.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	750.00	0.00
64620 · Sand & Top Dressing	0.00	0.00	0.00	0.00	0.00	700.00	0.00	0.00	0.00	0.00	1,500.00	0.00
64630 · Fertilizer	0.00	0.00	1,800.00	0.00	0.00	500.00	0.00	0.00	0.00	0.00	500.00	0.00
64640 · Fuel, Gas, Oil	50.00	50.00	50.00	125.00	135.00	155.00	400.00	400.00	155.00	135.00	50.00	50.00
64650 · Chemicals	650.00	650.00	650.00	650.00	650.00	650.00	650.00	650.00	650.00	650.00	650.00	650.00
64670 · Other Maintenance	500.00	500.00	500.00	500.00	500.00	500.00	500.00	500.00	500.00	500.00	500.00	500.00
64690 · Course Labor	500.00	500.00	500.00	650.00	965.00	965.00	965.00	700.00	675.00	675.00	625.00	665.00
Total 64600 · Course Maintenance	1,700.00	1,700.00	4,250.00	1,925.00	2,250.00	3,470.00	2,515.00	2,250.00	1,980.00	1,960.00	4,575.00	1,865.00
Total 64000 · Building & Ground Maintenance	5,825.00	5,825.00	8,375.00	6,050.00	6,475.00	7,695.00	6,740.00	6,475.00	6,205.00	6,185.00	8,800.00	6,090.00
65000 · Administration												
65100 · Insurance												
65110 · General & Liability	0.00	7,000.00	2,865.00	1,840.00	0.00	0.00	0.00	3,625.00	0.00	0.00	0.00	0.00
65120 · Directors & Officers	880.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
65150 · Workers Comp	755.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Total 65100 · Insurance	1,635.00	7,000.00	2,865.00	1,840.00	0.00	0.00	0.00	3,625.00	0.00	0.00	0.00	0.00
65200 · Travel												
65210 · Mileage Reimbursemer	50.00	50.00	50.00	100.00	100.00	100.00	100.00	100.00	100.00	100.00	50.00	50.00
65220 · Conferences		0.00	0.00	0.00	0.00	0.00	0.00	0.00	750.00	1,500.00	2,500.00	2,500.00
Total 65200 · Travel	50.00	50.00	50.00	100.00	100.00	100.00	100.00	100.00	850.00	1,600.00	2,550.00	2,550.00
65300 · Utilities												
65310 · Telephone	175.00	175.00	175.00	175.00	175.00	175.00	175.00	175.00	175.00	175.00	175.00	175.00
65320 · Electric	90.00	90.00	90.00	90.00	90.00	90.00	90.00	90.00	90.00	90.00	90.00	90.00
65330 - Utilities - New Office	0.00	0.00	0.00	600.00	600.00	600.00	600.00	600.00	600.00	600.00	600.00	600.00
Total 65300 · Utilities	265.00	265.00	265.00	865.00	865.00	865.00	865.00	865.00	865.00	865.00	865.00	865.00
65400 · Membership Fees & Subscriptions												
65430 · Subscriptions	385.00	75.00	75.00	385.00	150.00	75.00	385.00	75.00	60.00	385.00	75.00	75.00
Total 65400 · Membership Fees & Subsci	385.00	75.00	75.00	385.00	150.00	75.00	385.00	75.00	60.00	385.00	75.00	75.00
65500 · Other Administrative Expenses	300.00	. 0.00	. 5.00	000.00		. 3.00	000.00	. 3.33	23.00	223.00	. 0.00	. 3.00
65505 · Credit Card Processing	500.00	500.00	500.00	500.00	500.00	500.00	500.00	500.00	500.00	500.00	500.00	500.00
65510 · BGC Rental	1,500.00	1,500.00	1,500.00	1,500.00	1,500.00	1,500.00	1,500.00	1,500.00	1,500.00	1,500.00	1,500.00	1,500.00
65513 - Rent New Office	0.00	0.00	0.00	4,000.00	4,000.00	4,000.00	4,000.00	4,000.00	4,000.00	4,000.00	4,000.00	4,000.00
OUTO ROLL HOW OTHER	0.00	0.00	0.00	1,000.00	1,000.00	1,000.00	1,000.00	1,000.00	1,000.00	1,000.00	+,000.00	1,000.00

•	Jan 24	Feb 24	Mar 24	Apr 24	May 24	Jun 24	Jul 24	Aug 24	Sep 24	Oct 24	Nov 24	Dec 24
65515 · Office Supplies	350.00	350.00	350.00	350.00	350.00	350.00	350.00	350.00	350.00	350.00	350.00	350.00
65520 · Postage	70.00	70.00	70.00	220.00	70.00	370.00	220.00	70.00	220.00	70.00	70.00	470.00
65525 · Printing	100.00	100.00	900.00	600.00	187.00	900.00	100.00	100.00	900.00	600.00	813.00	1,700.00
65530 · Meals/Entertainment	125.00	125.00	125.00	125.00	125.00	125.00	125.00	125.00	125.00	125.00	125.00	125.00
65550 · Program Supplies	300.00	300.00	500.00	1,500.00	1,500.00	1,500.00	500.00	500.00	500.00	300.00	300.00	300.00
65553 - School Program	0.00	3,000.00	3,000.00	3,000.00	3,000.00	0.00	0.00	0.00	3,000.00	3,000.00	3,000.00	0.00
65556 · Background Checks	200.00	0.00	0.00	200.00	0.00	0.00	0.00	200.00	0.00	0.00	100.00	0.00
65558 - Moving Expenses			10,000.00									
65560 · Miscellaneous	416.67	416.67	416.67	416.67	416.67	416.67	416.67	416.67	416.67	416.67	416.67	416.67
Total 65500 · Other Administrative Expen	•	6,361.67	17,361.67	12,411.67	11,648.67	9,661.67	7,711.67	7,761.67	11,511.67	10,861.67	11,174.67	9,361.67
Total 65000 · Administration	5,896.67	13,751.67	20,616.67	15,601.67	12,763.67	10,701.67	9,061.67	12,426.67	13,286.67	13,711.67	14,664.67	12,851.67
67000 · Events												
67100 · Champions Tournament	0.00	0.00	0.00	0.00	0.00	0.00	0.00	2,000.00	3,000.00	6,000.00	27,000.00	26,500.00
67200 · Awards Banquet	0.00	0.00	3,000.00	21,000.00	5,000.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
67400 - New Stewardship Event			1,000.00	3,000.00								
67600 ⋅ HHIJGA	0.00	0.00	1,500.00	1,000.00	1,000.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
67800 - volunteer Appreciation	2,000.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Total 67000 · Events	2,000.00	0.00	5,500.00	25,000.00	6,000.00	0.00	0.00	2,000.00	3,000.00	6,000.00	27,000.00	26,500.00
68500 · Capital Reserve	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Total Business Operating Expenses	37,481.92	45,336.92	63,501.92	82,267.55	53,203.15	49,294.15	46,699.15	51,683.55	50,328.55	53,734.66	78,280.66	81,275.26
Total Expense	37,481.92	45,336.92	63,501.92	82,267.55	53,203.15	49,294.15	46,699.15	51,683.55	50,328.55	53,734.66	78,280.66	81,275.26
Net Ordinary Income	30,963.42	-20,591.58	-13,556.58	-24,372.21	8,442.19	-14,198.81	-8,102.81	-1,037.21	17,217.79	84,511.68	-17,983.32	2,122.08
Net Income	30,963.42	-20,591.58	-13,556.58	-24,372.21	8,442.19	-14,198.81	-8,102.81	-1,037.21	17,217.79	84,511.68	-17,983.32	2,122.08
College Scholarship Expense	(30,000.00)	0	0	0	0	0	0	0	0	0	0	0
Net Income	963.42	(20,591.58)	(13,556.58)	(24,372.21)	8,442.19	(14,198.81)	(8,102.81)	#######	17,217.79	84,511.68	(17,983.32)	2,122.08

ccrual Basis		Profit & Loss Budget Ove
	TOTAL	January through December 20
	Jan - Dec 24	
Ordinary Income/Expense		
Income		
40000 · Operating Income		
41000 · Donations		
41100 · General	38,000.00	2023 reflects realisic goal v 2022 actual
41300 · Memorials	6,000.00	
41400 · Golf Club/Ball Sales	18,000.00	increased to reflect 2023 actual
41800 · End of Year Appeal	8,050.00	
Total 41000 · Donations	70,050.00	
42000 · Special Events		
42100 · Champions Tournament	230,000.00	increased to reflect actual
42200 · Awards Banquet	46,000.00	increased to reflect 2023
42300 ·Additional Fundraising Event	15,000.00	Not sure what This event will be.
42400 · HHIJGA	2,500.00	
Total 42000 · Special Events	293,500.00	
43000 · Corporate Sponsorships		
43200 · PGA Tour	5,000.00	
43300 · Other	35,000.00	increased corporate sponsors to \$5,000/ quarter to reflect need
Total 43000 · Corporate Sponsorships	40,000.00	
44000 · Grants	-,	
44200 · Local Government ATAX	40,000.00	
44500 Schwab Challenge Grant	28,000.00	
44300 · Grants	74,000.00	
44400 - Trustee Grant	50,000.00	
Total 44000 · Grants	192,000.00	
45000 · Programs	,	
45100 · Program Fees	34,000.00	no change
45150 · Scholarship Program Fees	22,000.00	Not sure how to schedule this into the revenue
Total 45000 · Programs	56,000.00	
46000 · Golf Facility	00,000.00	
46100 · Golf/Range Revenue	50,000.00	increased to reflect 2023 actual
46200 · Disc Golf Revenue	900.00	decreased to reflect 2023 actual
Total 46000 · Golf Facility	50,900.00	desireased to remest 2025 distant
49000 · Miscellaneous Income	00,000.00	
49300 · Interest Earned	34,052.00	Unsure of amount and timing, this is placeholder
Total 49000 · Miscellaneous Income	34,052.00	onsure of uniform and timing, this is placeholder
Total 40000 · Operating Income	736,502.00	
Total Income	736,502.00	
	730,302.00	
Expense Business Operating Expenses		
61000 · Payroll Expenses		
61100 · Executive Director	75,000.00	
61200 · Program Director 61275 · Operations Manager	45,000.00 42,500.00	
61280 - Proposed New Employee	30,000.00	reflects 119/ v total ED DD ON MANA Course Labor
61300 · Payroll Panefita	24,864.40	reflects 11% x total ED, PD, OM, MM+Course Labor
61400 · Payroll Benefits 61500 · Payroll Expenses - Other	20,700.00	quote from BCBS reflects 2022 actual + additions for 2023
61500 · Payron Expenses - Other	8,000.00	TETIECUS ZUZZ ACTUAL + AUUITIONS IUI ZUZS

		Piùi
	TOTAL	
	Jan - Dec 24	
Total 61000 · Payroll Expenses	246,064.40	
62000 · Marketing		
62100 · Advertising / Promotion	75,000.00	no change
62200 · Website	3,990.00	reflects 2023 costs
62300 · Database	3,708.00	reflects 2023 coats
Total 62000 · Marketing	82,698.00	
63000 · Professional Services	,	
63300 · Tax/Financial Services	5,250.00	no change
63600 · Accounting & IT Services	7,200.00	includes audit and tax return
63700 · Coach Training	4,000.00	no change
63750 · Instructor Payments	8,800.00	reflects 2023 actual
Total 63000 · Professional Services	25,250.00	
64000 · Building & Ground Maintenance	20,200.00	
64300 · Equipment Repairs	6,800.00	no change
64400 - Depreciation	7,500.00	no change
64500 · Ground Maintenance	36,000.00	no change
64600 · Course Maintenance	30,000.00	no change
64610 · Plant Seed Sod	1,500.00	reflects 2023
64620 · Sand & Top Dressing	2,200.00	
64630 · Fertilizer	*	no change reflects 2023
	2,800.00	
64640 · Fuel, Gas, Oil	1,855.00	reflects 2023
64650 · Chemicals	7,800.00	reflects 2023
64670 · Other Maintenance	6,000.00	reflects 2023
64690 · Course Labor	8,385.00	reflects 2023
Total 64600 · Course Maintenance	30,540.00	
Total 64000 · Building & Ground Maintenance	80,840.00	
65000 · Administration		
65100 · Insurance		
65110 · General & Liability	15,330.00	reflects 2023 + 10%
65120 · Directors & Officers	880.00	reflects 2023 + 10%
65150 · Workers Comp	755.00	reflects 2023 + 10%
Total 65100 · Insurance	16,965.00	
65200 · Travel		
65210 · Mileage Reimbursemer	950.00	no change
65220 · Conferences	7,250.00	Increased for Network Meeting
Total 65200 · Travel	8,200.00	
65300 · Utilities		
65310 · Telephone	2,100.00	no change
65320 · Electric	1,080.00	increased to reflect 2023 actual
65330 - Utilities - New Office	5,400.00	utilities new office space
Total 65300 · Utilities	8,580.00	
65400 · Membership Fees & Subscription		
65430 · Subscriptions	2,200.00	no change
Total 65400 · Membership Fees & Subsci		
65500 · Other Administrative Expenses	,	
65505 · Credit Card Processing	6,000.00	reflects increased use of cc's
65510 · BGC Rental	18,000.00	no change
65513 - Rent New Office	36,000.00	rent new office space
TOTAL INSTITUTE SHIPS	55,550.00	The second of th

Accidal Basis		i ioni a zooo zaagoi o i
	TOTAL	January through December 2
	Jan - Dec 24	
65515 · Office Supplies	4,200.00	reflects 2022 costs
65520 · Postage	1,990.00	no change
65525 · Printing	7,000.00	reflects '23 actual
65530 · Meals/Entertainment	1,500.00	
65550 · Program Supplies	8,000.00	no change (reflects \$\$ set aside for School program)
65553 - School Program	21,000.00	
65556 · Background Checks	700.00	decreased to reflect actual
65558 - Moving Expenses	10,000.00	place holder for moving costs
65560 · Miscellaneous	5,000.00	mapline expense added as requested by Marketing Committee
Total 65500 · Other Administrative Expe	n 119,390.00	
Total 65000 · Administration	155,335.00	
67000 · Events		
67100 · Champions Tournament	64,500.00	increase for expected price increase
67200 · Awards Banquet	29,000.00	reflects 2023
67400 - New Stewardship Event	4,000.00	no change
67600 · HHIJGA	3,500.00	
67800 - volunteer Appreciation	2,000.00	
Total 67000 · Events	103,000.00	
68500 · Capital Reserve	0.00	
Total Business Operating Expenses	693,087.40	
Total Expense	693,087.40	
Net Ordinary Income	43,414.60	
Net Income	43,414.60	
College Scholarship Expense	-30,000.00	
Net Income	13,414.60	S/B \$13,415 - formula error expenses don't total across

The First Tee of the Lowcountry Balance Sheet As of July 31, 2024

	Jul 31, 24
ASSETS	
Current Assets Checking/Savings	
10000 · Cash Funds	76 222 46
10100 · CSB Checking Account 10120 · CSB MM Operating Account	76,323.46 79,414.31
10130 · CSB Operating Reserve CD	100,001.00
10132 · CSB Core Acct MM Oper Res	3,626.16
10700 · Cash at Facility	100.00
Total 10000 · Cash Funds	259,464.93
10205 · Fidelity - Investment Accounts	
10210 · Fidelity Operating MM #6361	200,647.98
10310 · Fid Participant Scholar CD#1186	41,903.44
10410 · Fid. College Scholars CD #1683	52,379.26
10510 · Fidelity Cap Reserve CD #9386	144,799.55
10610 · Fidelity Oper Oper Res CD #1036	206,909.18
Total 10205 · Fidelity - Investment Accounts	646,639.41
10250 · Community Foundation of the LC	132,244.97
Total Checking/Savings	1,038,349.31
Total Current Assets	1,038,349.31
Fixed Assets	
13000 · Leasehold Improvements	40.007.44
13100 · Irrigation System	10,997.41
13200 · Drainage System 13300 · Window Film	7,991.81 2,428.00
Total 13000 · Leasehold Improvements	21,417.22
14000 · Buildings	4,558.00
15000 · Furniture and Equipment	
15100 · MX Utility Vehicle	5,000.00
15200 · Exhibition Tent	2,778.01
15300 · Signage	9,261.82
15400 · Mower Deck	4,348.12
15500 · Z-Spayer	19,713.88
15600 · Driving Range Picker	19,043.96
15000 · Furniture and Equipment - Other	1,256.34
Total 15000 · Furniture and Equipment	61,402.13
17999 · Accumulated Depreciation	-22,372.40
Total Fixed Assets	65,004.95
TOTAL ASSETS	1,103,354.26
LIABILITIES & EQUITY	
Liabilities	
Current Liabilities	
Accounts Payable 20000 · Accounts Payable	4,796.32
Total Accounts Payable	4,796.32
Other Current Liabilities	
24000 · Payroll Liabilities	5,830.01
24500 · Health Insurance	543.76
Total Other Current Liabilities	6,373.77
Total Current Liabilities	11,170.09
Total Liabilities	11,170.09
i otai Elabiilues	11,170.09

The First Tee of the Lowcountry Balance Sheet As of July 31, 2024

	Jul 31, 24
Equity	
26100 · Participant Scholars Restr.	
26102 · End of Year Appeal	13,950.93
26100 · Participant Scholars Restr Other	25,895.59
Total 26100 · Participant Scholars Restr.	39,846.52
26200 · College Scholars Restricted	50,544.81
31100 · Operating Reserve Restricted	302,313.97
31200 · Capital Reserve Restricted	137,046.62
32000 Unrestricted Net Assets	409,130.45
33000 · Fidelity-Unrealized Gain/(Loss)	
10131 · CSB Unrealized Loss CD	1,313.19
10311 · FID Unrealized Loss CD Part Sch	-2,889.50
10411 · FID Unrealized Loss CD Coll Sch	-14.38
10511 · FID Unrealized Loss CD Cap Res	6,647.32
10611 · FID Unrealized Loss CD Opr Res	7,188.06
Total 33000 · Fidelity-Unrealized Gain/(Loss)	12,244.69
34000 · CFL College Scholars Restricted	130,000.00
Net Income	11,057.11
Total Equity	1,092,184.17
OTAL LIABILITIES & EQUITY	1,103,354.26

The First Tee of the Lowcountry Balance Sheet

As of December 31, 2023

	Dec 31, 23
ASSETS	
Current Assets	
Checking/Savings	
10000 · Cash Funds 10100 · CSB Checking Account	75,089.06
10120 · CSB MM Operating Account	150.972.59
10130 · CSB Operating Reserve CD	100,197.53
10131 · CSB Unrealized Gn/Loss CD	-197.53
10132 · CSB Core Acct MM Oper Res	2,737.26
10210 · Fidelity Operating MM	120,781.86
10310 · Fidelity Participant Scholar CD	40,050.40
10311 · FID Unrealized Gn/Loss CD Part	-50.40
10312 · FID Core Acct MM Part Sch	4,257.82
10410 · Fidelity College Scholars CD	50,063.00
10411 · FID Unrealized Gn/Loss CD Coll 10412 · FID Core Acct MM Coll Sch	-63.00 767.34
10510 · Fidelity Cap Reserve CD	140,432.60
10510 · Fidelity Cap Reserve CD 10511 · FID Unrealized Gn/Loss CD Cap	-432.60
10511 · FID Officealized Gli/Loss CD Cap	-432.60 -2,953.22
10610 · Fidelity Oper Oper Res CD	200,722.00
10611 · Fidenty Oper Oper Res CD 10611 · FID Unrealized Gn/Loss CD Opr	-722.00
10700 · Cash at Facility	100.00
Total 10000 · Cash Funds	881,752.71
Total Checking/Savings	881,752.71
Total Current Assets	881,752.71
Fixed Assets	
13000 · Leasehold Improvements	
13100 · Irrigation System	10,997.41
13200 · Drainage System	7,991.81
13300 · Window Film	2,428.00
Total 13000 · Leasehold Improvements	21,417.22
14000 · Buildings	4,558.00
15000 · Furniture and Equipment	
15100 · MX Utility Vehicle	5,000.00
15200 · Exhibition Tent	2,778.01
15300 · Signage	9,261.82
15400 · Mower Deck	4,348.12
15500 · Z-Spayer	19,713.88
15600 · Driving Range Picker	19,043.96
15000 · Furniture and Equipment - Other	1,256.34
Total 15000 · Furniture and Equipment	61,402.13
17999 · Accumulated Depreciation	-22,372.40
Total Fixed Assets	65,004.95
TOTAL ASSETS	946,757.66
LIABILITIES & EQUITY Liabilities Current Liabilities Other Current Liabilities	
24000 · Payroll Liabilities	6,283.88
Total Other Current Liabilities	6,283.88
Total Current Liabilities	6,283.88
Total Liabilities	6,283.88

3:07 PM 01/14/24 Accrual Basis

The First Tee of the Lowcountry Balance Sheet

As of December 31, 2023

	Dec 31, 23
Equity	
26100 · Participant Scholars Restr.	
26102 · End of Year Appeal	13,950.93
26100 · Participant Scholars Restr Other	27,933.01
Total 26100 · Participant Scholars Restr.	41,883.94
26200 · College Scholars Restricted	50,767.34
31100 · Operating Reserve Restricted	302,737.26
31200 · Capital Reserve Restricted	137,046.78
32000 · Unrestricted Net Assets	296,014.11
Net Income	112,024.35
Total Equity	940,473.78
TOTAL LIABILITIES & EQUITY	946,757.66

The First Tee of the Lowcountry Balance Sheet

As of December 31, 2022

	Dec 31, 22
ASSETS	
Current Assets Checking/Savings	
10000 · Cash Funds 10100 · CsB Operating Account 10300 · WF Participant Scholars 10400 · WF College Scholars 10500 · CSB Capital Reserve Account 10700 · Cash at Facility 10800 · CSB Operating Reserve Account	472,311.62 38,523.76 49,543.10 136,765.18 100.00 77,029.91
Total 10000 · Cash Funds	774,273.57
Total Checking/Savings	774,273.57
Total Current Assets	774,273.57
Fixed Assets	
13000 · Leasehold Improvements 13100 · Irrigation System	10,997.41
Total 13000 · Leasehold Improvements	10,997.41
14000 · Buildings	4,558.00
15000 · Furniture and Equipment 15100 · MX Utility Vehicle 15200 · Exhibition Tent 15300 · Signage 15400 · Mower Deck 15500 · Z-Spayer 15000 · Furniture and Equipment - Other	5,000.00 2,778.01 9,261.82 4,348.12 19,713.88 1,256.34
Total 15000 · Furniture and Equipment	42,358.17
17999 · Accumulated Depreciation	-8,426.23
Total Fixed Assets	49,487.35
TOTAL ASSETS	823,760.92
LIABILITIES & EQUITY Liabilities Current Liabilities Other Current Liabilities 24000 · Payroll Liabilities 24500 · Health Insurance 26100 · WF Participant Scholars	4,902.55 1,768.52
26102 · End of Year Appeal 26100 · WF Participant Scholars - Other	10,385.00 28,138.76
Total 26100 · WF Participant Scholars	38,523.76
26200 · WF College Scholars	49,543.10
Total Other Current Liabilities	94,737.93
Total Current Liabilities	94,737.93
Total Liabilities	94,737.93
	34,737.93
Equity 31100 · Operating Reserve Fund 31200 · Capital Reserve Fund 32000 · Unrestricted Net Assets Net Income	77,029.91 136,765.18 376,462.53 138,765.37
Total Equity	729,022.99
TOTAL LIABILITIES & EQUITY	823,760.92

The First Tee of the Lowcountry Profit & Loss Budget Performance

July 2024

	Jul 24	Budget	Jan - Jul 24	YTD Budget	Annual Budget
Ordinary Income/Expense Income					
40000 · Operating Income 41000 · Donations					
41100 · General	1,781.25 0.00	3,166.67 0.00	97,996.00 150,000.00	22,166.69 150,000.00	38,000.00 150.000.00
41150 · Trustee Donations 41300 · Memorials	0.00	500.00	6,430.65	3,500.00	6,000.00
41400 · Golf Club/Ball Sales 41800 · End of Year Appeal	3,050.00 0.00	1,500.00 0.00	18,905.00 0.00	10,500.00 50.00	18,000.00 8,050.00
41000 · Donations - Other	0.00	0.00	150.00	00.00	0,000.00
Total 41000 · Donations	4,831.25	5,166.67	273,481.65	186,216.69	220,050.00
42000 · Special Events					
42100 · Champions Tournament 42200 · Awards Banquet	17,937.00 2,955.70	10,000.00 0.00	23,537.00 46,762.73	10,000.00 46,000.00	230,000.00 46.000.00
42300 · Palmetto Bluff Event	0.00	0.00	0.00	15,000.00	15,000.00
42400 · HHIJGA		0.00 10,000.00	10,605.50 80,905.23	2,500.00 73,500.00	2,500.00
Total 42000 · Special Events	29,740.20	10,000.00	60,905.25	73,300.00	293,300.00
43000 · Corporate Sponsorships 43200 · PGA Tour	0.00	0.00	5,000.00	5,000.00	5,000.00
43300 · Other	0.00	5,000.00	15,000.00	25,000.00	35,000.00
Total 43000 · Corporate Sponsorships	0.00	5,000.00	20,000.00	30,000.00	40,000.00
44000 · Grants	0.00	0.00	0.00	40,000,00	40,000,00
44200 · Local Government ATAX 44300 · Grants	0.00 4,600.00	0.00 5,500.00	0.00 23,600.00	40,000.00 38,000.00	40,000.00 74,000.00
44400 · Schwab Challenge Grant 44500 · PGA First Tee Grant	0.00 0.00	0.00	0.00 15,403.00	28,000.00	28,000.00
44600 · Trustee Grant	0.00	0.00	0.00	0.00	0.00
Total 44000 · Grants	4,600.00	5,500.00	39,003.00	106,000.00	142,000.00
45000 · Programs					
45100 · Program Fees 45150 · Scholarship Program Fees	1,442.40 -450.00	5,850.00 0.00	21,887.60 -2.110.00	26,100.00 5,000.00	34,000.00 22,000.00
Total 45000 · Programs	992.40	5,850.00	19,777.60	31,100.00	56.000.00
46000 · Golf Facility	332.40	0,000.00	10,777.00	51,100.00	30,000.00
46100 · Golf/Range Revenue	5,958.00	4,166.67	42,538.47	29,166.69	50,000.00
46200 · Disc Golf Revenue	65.00	75.00	140.00	525.00	900.00
Total 46000 · Golf Facility	6,023.00	4,241.67	42,678.47	29,691.69	50,900.00
49000 · Miscellaneous Income 49300 · Interest Earned	4,730.32	2,838.00	14,450.46	19,860.00	34,052.00
49350 · CFL Investment Gains/Losses	0.00	2,000.00	46.72	10,000.00	01,002.00
Total 49000 · Miscellaneous Income	4,730.32	2,838.00	14,497.18	19,860.00	34,052.00
Total 40000 · Operating Income	50,925.17	38,596.34	490,343.13	476,368.38	836,502.00
Total Income	50,925.17	38,596.34	490,343.13	476,368.38	836,502.00
Expense					
Business Operating Expenses 61000 · Payroll Expenses					
61100 · Executive Director	6,250.00	6,250.00	43,750.00	43,750.00	75,000.00
61200 · Program Director 61250 · Superintendent	3,750.00 3,541.66	3,750.00 3,541.67	26,250.00 24,791.62	26,250.00 24,791.69	45,000.00 42,500.00
61275 · Office Administration	1,170.00		5,107.50		
61280 · Proposed New Employee 61300 · Payroll Taxes	0.00 1,668.04	3,333.00 2,280.81	0.00 9,138.81	13,332.00 14,113.38	30,000.00 24,864.36
61400 · Payroll Benefits 61500 · Payroll Expenses - Other	31.63 0.00	1,800.00	2,812.33	11,700.00	20,700.00
61000 · Payroll Expenses - Other	3,541.66	0.00	0.00 3,541.66	0.00	8,000.00
Total 61000 · Payroll Expenses	19,952.99	20,955.48	115,391.92	133,937.07	246,064.36
62000 · Marketing					
62100 · Advertising / Promotion 62200 · Website	2,182.00 0.00	6,250.00 100.00	48,961.63 2,530.00	43,750.00 3,490.00	75,000.00 3,990.00
62300 · Database	59.00	59.00	3,412.00	3,413.00	3,708.00
Total 62000 · Marketing	2,241.00	6,409.00	54,903.63	50,653.00	82,698.00
63000 · Professional Services					
63300 · Tax/Financial Services 63600 · Accounting & IT Services	1,250.00 190.16	0.00 600.00	1,353.70 5,887.12	5,250.00 4,200.00	5,250.00 7,200.00
63700 · Coach Training	0.00	0.00	0.00	4,000.00	4,000.00
63750 · Instructor Payments	2,470.00	2,933.00	6,730.00	5,866.00	8,800.00
Total 63000 · Professional Services	3,910.16	3,533.00	13,970.82	19,316.00	25,250.00
64000 · Building & Ground Maintenance 64300 · Equipment Repairs 64500 · Ground Maintenance	713.33 3,000.00	600.00 3,000.00	4,777.88 24,000.00	3,800.00 21,000.00	6,800.00 36,000.00
64600 · Course Maintenance					
64610 · Plant Seed Sod 64620 · Sand & Top Dressing	0.00 0.00	0.00 0.00	0.00 600.00	750.00 700.00	1,500.00 2,200.00
64630 · Fertilizer 64640 · Fuel. Gas. Oil	0.00	0.00	2,623.75	2,300.00	2,800.00
64650 · Chemicals	231.95 161.12	400.00 650.00	1,361.77 5,228.17	965.00 4,550.00	1,855.00 7,800.00
64670 · Other Maintenance 64690 · Course Labor	0.00 760.50	500.00 965.00	2,111.98 6,832.00	3,500.00 5,045.00	6,000.00 8,385.00
64600 · Course Maintenance - Other	0.00	0.00	32.09	0.00	0.00
Total 64600 · Course Maintenance	1,153.57	2,515.00	18,789.76	17,810.00	30,540.00
Total 64000 · Building & Ground Maintenance	4,866.90	6,115.00	47,567.64	42,610.00	73,340.00
65000 · Administration					
65100 · Insurance 65110 · General & Liability	0.00	0.00	13,436.40	11,705.00	15,330.00
65120 · Directors & Officers	0.00	0.00	1,760.00	880.00	880.00
65150 · Workers Comp	0.00	0.00	3,643.00	755.00	755.00
Total 65100 · Insurance	0.00	0.00	18,839.40	13,340.00	16,965.00

The First Tee of the Lowcountry Profit & Loss Budget Performance

July 2024

	Jul 24	Budget	Jan - Jul 24	YTD Budget	Annual Budget
65200 · Travel 65210 · Mileage Reimbursement 65220 · Conferences	0.00	100.00	138.00 500.00	550.00 0.00	950.00 7,250.00
Total 65200 · Travel	0.00	100.00	638.00	550.00	8,200.00
65300 · Utilities					
65310 · Telephone	176.68	175.00	1,263.47	1,225.00	2,100.00
65320 · Electric 65330 · Utilities - New Office	295.00 0.00	90.00 600.00	790.00 0.00	630.00 2,400.00	1,080.00 5,400.00
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Total 65300 · Utilities	471.68	865.00	2,053.47	4,255.00	8,580.00
65400 · Membership Fees & Subscriptions 65430 · Subscriptions	0.00	385.00	2,906.32	1,530.00	2,200.00
Total 65400 · Membership Fees & Subscriptions	0.00	385.00	2,906.32	1,530.00	2,200.00
65500 · Other Administrative Expenses 65505 · Credit Card Processing 65510 · BGC Rental 65513 · Rent - New Office	900.41 1,500.00 0.00	500.00 1,500.00 4,000.00	3,500.83 11,861.00 0.00	3,500.00 10,500.00 16,000.00	6,000.00 18,000.00 36,000.00
65515 · Office Supplies	423.24	350.00	3,050.41	2,450.00	4,200.00
65520 · Postage	112.79	220.00	506.83	1,090.00	1,990.00
65525 · Printing 65530 · Meals/Entertainment	309.02 0.00	100.00 125.00	761.22 451.26	2,887.00 875.00	7,000.00 1.500.00
65550 · Program Supplies & Costs	1.686.86	666.67	5.148.42	4.666.69	8.000.00
65553 · School Program	0.00	1,750.00	0.00	12,250.00	21,000.00
65556 · Background Checks	0.00	0.00	1,045.50	400.00	700.00
65558 · Moving Expenses	0.00	0.00	0.00	10,000.00	10,000.00
65560 Miscellaneous	1,509.67	416.67	11,030.15	2,916.69	5,000.00
Total 65500 · Other Administrative Expenses	6,441.99	9,628.34	37,355.62	67,535.38	119,390.00
Total 65000 · Administration	6,913.67	10,978.34	61,792.81	87,210.38	155,335.00
67000 · Events					
67100 · Champions Tournament	2,019.12	0.00	2,269.12	0.00	64,500.00
67200 · Awards Banquet	0.00	0.00	42,501.36	29,000.00	29,000.00
67400 · New Stewardship Event	0.00	0.00	0.00	4,000.00	4,000.00
67600 · HHIJGA	1,026.58	0.00	1,254.24	3,500.00	3,500.00
67800 · Volunteer Appreciation	0.00	0.00	758.05	2,000.00	2,000.00
Total 67000 · Events	3,045.70	0.00	46,782.77	38,500.00	103,000.00
69000 · Depreciation	0.00	625.00	0.00	4,375.00	7,500.00
Total Business Operating Expenses	40,930.42	48,615.82	340,409.59	376,601.45	693,187.36
68400 · College Scholarship Expense	0.00	0.00	130,000.00	130,000.00	130,000.00
70000 · Capital Campaign Expenses 78000 · Capital Facility Expenses	3,500.00		8,876.43		
Total 70000 · Capital Campaign Expenses	3,500.00		8,876.43		
Total Expense	44,430.42	48,615.82	479,286.02	506,601.45	823,187.36
Net Ordinary Income	6,494.75	-10,019.48	11,057.11	-30,233.07	13,314.64
Net Income	6,494.75	-10,019.48	11,057.11	-30,233.07	13,314.64

The First Tee of the Lowcountry Profit & Loss Budget Performance

December 2023

	Dec 23	Budget	Jan - Dec 23	YTD Budget	Annual Budget
Ordinary Income/Expense					
Income					
40000 · Operating Income 41000 · Donations					
41100 · General	4,575.00	3,166.63	30,489.15	38,000.00	38,000.00
41300 · Memorials	1,568.30	0.00	18,664.05	2,000.00	2,000.00
41400 · Golf Club/Ball Sales	3,250.00	1,225.00	23,690.00	14,700.00	14,700.00
41800 · End of Year Appeal	4,366.75	8,000.00	4,924.25	8,050.00	8,050.00
Total 41000 · Donations	13,760.05	12,391.63	77,767.45	62,750.00	62,750.00
42000 · Special Events					
42100 · Champions Tournament	1,888.99	5,500.00	197,825.96	150,000.00	150,000.00
42200 · Awards Banquet	0.00	0.00	46,249.55	26,500.00	26,500.00
42300 · Palmetto Bluff Event	0.00	0.00	14,197.77	12,500.00	12,500.00
42400 · Other Events	0.00	0.00	1,000.00	2,500.00	2,500.00
Total 42000 · Special Events	1,888.99	5,500.00	259,273.28	191,500.00	191,500.00
43000 · Corporate Sponsorships					
43200 · PGA Tour	0.00	0.00	5,000.00	5,000.00	5,000.00
43300 · Other	5,000.00	0.00	20,000.00	30,000.00	30,000.00
Total 43000 · Corporate Sponsorships	5,000.00	0.00	25,000.00	35,000.00	35,000.00
44000 · Grants					
44200 · Local Government ATAX	0.00	40.000.00	40.000.00	40.000.00	40.000.00
44300 · Grants	23,100.00	1,000.00	70,544.00	74,000.00	74,000.00
44400 · Schwab Challenge Grant	0.00	0.00	27,987.00	30,000.00	30,000.00
Total 44000 · Grants	23,100.00	41,000.00	138,531.00	144,000.00	144,000.00
45000 · Programs					
45100 · Program Fees	564.80	150.00	34,106.38	34,000.00	34,000.00
45150 · Scholarship Program Fees	18,530.80	2,000.00	20,191.46	22,000.00	22,000.00
Total 45000 · Programs	19,095.60	2,150.00	54,297.84	56,000.00	56,000.00
46000 · Golf Facility					
46100 · Golf/Range Revenue	2,300.00	3,500.00	53,449.50	42,000.00	42,000.00
46200 · Disc Golf Revenue	20.00	100.00	873.00	1,200.00	1,200.00
Total 46000 · Golf Facility	2,320.00	3,600.00	54,322.50	43,200.00	43,200.00
49000 · Miscellaneous Income					
49300 · Interest Earned	377.25	29.00	4,620.11	348.00	348.00
43300 interest Larneu			4,020.11		340.00
Total 49000 · Miscellaneous Income	377.25	29.00	4,620.11	348.00	348.00
Total 40000 · Operating Income	65,541.89	64,670.63	613,812.18	532,798.00	532,798.00
Total Income	65,541.89	64,670.63	613,812.18	532,798.00	532,798.00

The First Tee of the Lowcountry Profit & Loss Budget Performance

December 2023

	Dec 23	Budget	Jan - Dec 23	YTD Budget	Annual Budget
pense					
Business Operating Expenses					
61000 · Payroll Expenses					
61100 Executive Director	6,075.00	6,075.00	72,900.00	72,900.00	72,900.00
61200 · Program Director	3,600.00	3,600.00	43,200.00	43,200.00	43,200.00
61275 · Office Administration	4,778.00	2,800.00	23,657.50	33,600.00	33,600.00
61300 · Payroll Taxes	1,685.01	1,471.25	12,466.55	17,655.00	17,655.00
61400 · Payroll Benefits	448.04	1,700.00	7,465.15	20,400.00	20,400.00
61500 · Payroll Expenses - Other	7,000.00	5,700.00	7,000.00	5,700.00	5,700.00
61000 · Payroll Expenses - Other	0.00		0.00		
Total 61000 · Payroll Expenses	23,586.05	21,346.25	166,689.20	193,455.00	193,455.00
62000 · Marketing					
62100 · Advertising / Promotion	5,203.39	4,583.37	51,862.64	55,000.00	55,000.00
62200 · Website	0.00	100.00	2,350.00	2,350.00	2,350.00
62300 · Database	98.00	39.00	3,827.00	3,729.00	3,729.00
Total 62000 · Marketing	5,301.39	4,722.37	58,039.64	61,079.00	61,079.00
63000 · Professional Services					
63300 · Tax/Financial Services	0.00	0.00	51.85	1,200.00	1,200.00
63600 · Accounting & IT Services	973.16	700.00	12,347.92	7,500.00	7,500.00
63700 · Coach Training	0.00	0.00	1,146.57	4,000.00	4,000.00
63750 · Instructor Payments	0.00	0.00	8,555.00	7,000.00	7,000.00
Total 63000 · Professional Services	973.16	700.00	22,101.34	19,700.00	19,700.00
64000 · Building & Ground Maintenance					
64300 · Equipment Repairs	0.00	600.00	2,438.73	6,800.00	6,800.00
64500 · Ground Maintenance	3,000.00	3,000.00	36,000.00	36,000.00	36,000.00
64600 · Course Maintenance					
64610 · Plant Seed Sod	0.00	0.00	1,651.56	1,500.00	1,500.00
64620 · Sand & Top Dressing	0.00	0.00	2,075.18	900.00	900.00
64630 · Fertilizer	37.75	0.00	1,714.81	4,900.00	4,900.00
64640 · Fuel, Gas, Oil	286.91	75.00	2,320.56	2,405.00	2,405.00
64650 · Chemicals	0.00	500.00	6,586.57	6,000.00	6,000.00
64670 · Other Maintenance	12.32	0.00	6,328.50	1,600.00	1,600.00
64690 · Course Labor	585.00	850.00	7,500.50	10,200.00	10,200.00
Total 64600 · Course Maintenance	921.98	1,425.00	28,177.68	27,505.00	27,505.00
Total 64000 · Building & Ground Maintenance	3,921.98	5,025.00	66,616.41	70,305.00	70,305.00
65000 · Administration					
65100 · Insurance					
65110 · General & Liability	284.96	0.00	8,991.32	14,465.00	14,465.00
65120 · Directors & Officers	0.00	0.00	5,676.00	1,000.00	1,000.00
65150 · Workers Comp	0.00	0.00	614.00	1,200.00	1,200.00
Total 65100 · Insurance	284.96	0.00	15,281.32	16,665.00	16,665.00
65200 · Travel					
65210 · Mileage Reimbursement	0.00	50.00	551.55	950.00	950.00
65220 · Conferences	532.36	0.00	3,132.19	3,000.00	3,000.00
Total 65200 · Travel	532.36	50.00	3,683.74	3,950.00	3,950.00

The First Tee of the Lowcountry Profit & Loss Budget Performance

December 2023

	Dec 23	Budget	Jan - Dec 23	YTD Budget	Annual Budget
65300 · Utilities 65310 · Telephone	202.32	175.00	2,130.11	2,100.00	2,100.00
65320 · Electric	197.00	62.50	1,362.00	750.00	750.00
Total 65300 · Utilities	399.32	237.50	3,492.11	2,850.00	2,850.00
65400 · Membership Fees & Subscriptions	• • •		0.000.50	4 000 00	4 000 00
65430 · Subscriptions	0.00	0.00	2,230.50	1,800.00	1,800.00
Total 65400 · Membership Fees & Subscriptions	0.00	0.00	2,230.50	1,800.00	1,800.00
65500 · Other Administrative Expenses					
65505 · Credit Card Processing	310.45	100.00	6,481.42	3,000.00	3,000.00
65510 · BGC Rental	1,500.00	1,500.00	18,129.06	18,000.00	18,000.00
65515 · Office Supplies	1,077.36	375.00	4,311.87	4,500.00	4,500.00
65520 · Postage	1,333.70	470.00	2,221.02	1,990.00	1,990.00
65525 · Printing	2,397.80	1,700.00	5,740.61	7,000.00	7,000.00
65530 · Meals/Entertainment	46.24	75.00	1,072.53	900.00	900.00
65550 · Program Supplies & Costs	3,051.03	1,000.00	13,862.50	29,000.00	29,000.00
65556 · Background Checks	205.00	100.00	820.00	1,200.00	1,200.00
65560 · Miscellaneous	151.26	100.00	5,498.28	5,450.00	5,450.00
Total 65500 · Other Administrative Expenses	10,072.84	5,420.00	58,137.29	71,040.00	71,040.00
Total 65000 · Administration	11,289.48	5,707.50	82,824.96	96,305.00	96,305.00
67000 · Events					
67100 · Champions Tournament	41,737.16	22,500.00	57,401.63	44,000.00	44,000.00
67200 · Awards Banquet	0.00	0.00	29,045.70	20,000.00	20,000.00
67300 · Palmetto Bluff Event	0.00	0.00	3,201.96	2,500.00	2,500.00
67400 · New Stewardship Event	0.00	0.00	1,879.40	7,500.00	7,500.00
Total 67000 · Events	41,737.16	22,500.00	91,528.69	74,000.00	74,000.00
68000 · Operating Reserve 68500 · Capital Reserve 69000 · Depreciation	0.00 0.00 8,968.47	1,000.00	0.00 0.00 8,968.47	12,000.00	12,000.00
Total Business Operating Expenses	95,777.69	61,001.12	496,768.71	526,844.00	526,844.00
Total Expense	95,777.69	61,001.12	496,768.71	526,844.00	526,844.00
Net Ordinary Income	-30,235.80	3,669.51	117,043.47	5,954.00	5,954.00
Net Income	-30,235.80	3,669.51	117,043.47	5,954.00	5,954.00

First Tee of the Lowcountry 2022 Profit Loss Performance Report

	DEC 22	Budget	Variance	YTD	YTD Budget	Variance	Annual Budget
rdinary Income/Expense							
Income							
40000 · Operating Income							
41000 · Donations							
41100 · General	748.75	2,500.00	-1,751.25	35,869.97	41,750.00	-5,880.03	41,750.00
41300 · Memorials	1,180.00	0.00	1,180.00	2,403.00	2,000.00	403.00	2,000.00
41400 · Golf Club/Ball Sales	850.00	1,000.00	-150.00	17,735.00	12,650.00	5,085.00	12,650.00
41800 · End of Year Appeal	2,330.00	8,000.00	-5,670.00	5,330.00	8,050.00	-2,720.00	8,050.00
Total 41000 · Donations	5,108.75	11,500.00	-6,391.25	61,337.97	64,450.00	-3,112.03	64,450.00
42000 · Special Events							
42100 · Champions Tournament	0.00	5,500.00	-5,500.00	176,187.64	150,000.00	26,187.64	150,000.00
42200 · Awards Banquet	0.00	0.00	0.00	33,576.00	26,500.00	7,076.00	26,500.00
42300 Ferguson Auction	0.00	0.00	0.00	0.00	17,500.00	-17,500.00	17,500.00
42400 · Other Events	1,250.00	0.00	1,250.00	1,250.00	2,500.00	-1,250.00	2,500.00
Total 42000 · Special Events	1,250.00	5,500.00	-4,250.00	211,013.64	196,500.00	14,513.64	196,500.00
43000 · Corporate Sponsorships							
43200 · PGA Tour	5,000.00	0.00	5,000.00	5,000.00	5,000.00	0.00	5,000.00
43300 · Other	5,000.00	0.00	5,000.00	25,000.00	30,000.00	-5,000.00	30,000.00
Total 43000 · Corporate Sponsorships	10,000.00	0.00	10,000.00	30,000.00	35,000.00	-5,000.00	35,000.00
44000 · Grants							
44200 · Local Government ATAX	0.00	40,000.00	-40,000.00	70,000.00	40,000.00	30,000.00	40,000.00
44300 · Grants	16,775.00	1,000.00	15,775.00	67,479.11	74,000.00	-6,520.89	74,000.00
44500 · PGA First Tee Grant	0.00	0.00	0.00	25,000.00	0.00	25,000.00	0.00
Total 44000 · Grants	16,775.00	41,000.00	-24,225.00	162,479.11	114,000.00	48,479.11	114,000.00
45000 · Programs							
45100 · Program Fees	550.00	150.00	400.00	37,752.00	28,100.00	9,652.00	28,100.00
45150 · Scholarship Program Fees	1,600.00	2,000.00	-400.00	24,825.00	18,500.00	6,325.00	18,500.00
Total 45000 · Programs	2,150.00	2,150.00	0.00	62,577.00	46,600.00	15,977.00	46,600.00
46000 · Golf Facility							
46100 · Golf/Range Revenue	1,315.00	2,800.00	-1,485.00	45,193.55	33,600.00	11,593.55	33,600.00
46200 · Disc Golf Revenue	30.00	180.00	-150.00	1,301.00	2,160.00	-859.00	2,160.00
Total 46000 · Golf Facility	1,345.00	2,980.00	-1,635.00	46,494.55	35,760.00	10,734.55	35,760.00
49000 · Miscellaneous Income							
49300 · Interest Earned	38.50	29.00	9.50	384.01	348.00	36.01	348.00
Total 49000 · Miscellaneous Income	38.50	29.00	9.50	384.01	348.00	36.01	348.00
Total 40000 · Operating Income	36,667.25	63,159.00	-26,491.75	574,286.28	492,658.00	81,628.28	492,658.00
Total Income	36.667.25	63,159.00	-26,491.75	574,286.28	492,658.00	81.628.28	492.658.00

First Tee of the Lowcountry 2022 Profit Loss Performance Report

		DEC 00	Durkert	Variant	VTD	VTD Devilent	Variant	Ammund Desiles (
		DEC 22	Budget	Variance	YTD	YTD Budget	Variance	Annual Budget
Expense								
Business O	Operating Expenses							
61000	· Payroll Expenses							
61	100 · Executive Director	5,625.00	5,625.00	0.00	67,500.00	67,500.00	0.00	67,500.00
61	200 · Program Director	3,333.34	3,333.37	0.03	40,000.08	40,000.00	-0.08	40,000.00
61	275 · Office Administration	1,060.00	2,800.00	1,740.00	18,333.75	29,900.00	11,566.25	29,900.00
61	300 · Payroll Taxes	1,177.91	938.13	-239.78	11,227.22	10,980.06	-247.16	10,980.06
61	400 · Payroll Benefits	1,135.08	1,700.00	564.92	12,534.88	20,400.00	7,865.12	20,400.00
61	500 · Payroll Expenses - Other	5,700.00	5,000.00	-700.00	5,700.00	5,000.00	-700.00	5,000.00
Total 6	1000 · Payroll Expenses	18,031.33	19,396.50	1,365.17	155,295.93	173,780.06	18,484.13	173,780.06
62000	· Marketing							
62	2100 · Advertising / Promotion	1,463.32	4,583.37	3,120.05	44,532.89	55,000.00	10,467.11	55,000.00
	2200 · Website	0.00	100.00	100.00	1,325.55	1,935.00	609.45	1,935.00
62	2300 · Database	39.00	39.00	0.00	3,484.45	6,268.00	2,783.55	6,268.00
Total 6	22000 · Marketing	1,502.32	4,722.37	3,220.05	49,342.89	63,203.00	13,860.11	63,203.00
63000	· Professional Services					·		
63	3300 · Tax/Financial Services	0.00	0.00	0.00	1,150.00	1,200.00	50.00	1,200.00
63	6600 · Accounting & IT Services	490.16	600.00	109.84	6,502.44	6,400.00	-102.44	6,400.00
	700 · Coach Training	194.96	0.00	-194.96	3,550.57	4,000.00	449.43	4,000.00
	750 · Instructor Payments	0.00	0.00	0.00	6,885.00	6,700.00	-185.00	6,700.00
	3000 · Professional Services	685.12	600.00	-85.12	18,088.01	18,300.00	211.99	18,300.00
	· Building & Ground Maintenance	000.12	000.00	00.12	10,000.01	10,000.00	211.00	10,000.00
	300 · Equipment Repairs	770.53	500.00	-270.53	6,088.36	6,000.00	-88.36	6,000.00
	500 · Ground Maintenance	2,916.00	3,000.00	84.00	34,992.00	36,000.00	1,008.00	36,000.00
	600 · Course Maintenance	2,910.00	3,000.00	04.00	34,392.00	30,000.00	1,000.00	30,000.00
04	64610 · Plant Seed Sod	0.00	0.00	0.00	0.00	1,500.00	1,500.00	1,500.00
	64620 · Sand & Top Dressing	0.00	0.00	0.00	0.00	900.00	900.00	900.00
	64640 Fuel Cop Oil	0.00 123.86	0.00	0.00	3,738.34	2,200.00	-1,538.34 -928.54	2,200.00
	64640 · Fuel, Gas, Oil		100.00	-23.86	2,128.54	1,200.00		1,200.00
	64650 · Chemicals	392.40	500.00	107.60	3,759.63	6,000.00	2,240.37	6,000.00
	64670 · Other Maintenance	6.30	0.00	-6.30	1,715.05	1,450.00	-265.05	1,450.00
	64690 · Course Labor	487.50	750.00	262.50	7,788.75	9,000.00	1,211.25	9,000.00
То	otal 64600 · Course Maintenance	1,010.06	1,350.00	339.94	19,130.31	22,250.00	3,119.69	22,250.00
	4000 · Building & Ground Maintenance	4,696.59	4,850.00	153.41	60,210.67	64,250.00	4,039.33	64,250.00
65000 ·	· Administration							
65	100 · Insurance							
	65110 · General & Liability	0.00	0.00	0.00	12,379.24	13,150.00	770.76	13,150.00
	65120 · Directors & Officers	0.00	0.00	0.00	850.00	900.00	50.00	900.00
	65150 · Workers Comp	0.00	0.00	0.00	848.00	1,000.00	152.00	1,000.00
To	otal 65100 · Insurance	0.00	0.00	0.00	14,077.24	15,050.00	972.76	15,050.00

First Tee of the Lowcountry 2022 Profit Loss Performance Report

	65200 · Travel	DEC 22	Budget	Variance	YTD	YTD Budget	Variance	Annual Budget
	65200 · Travel						7 41141170	7 2
	65210 · Mileage Reimbursement	0.00	100.00	100.00	499.20	1,550.00	1,050.80	1,550.00
	65220 · Conferences	1,568.71	2,500.00	931.29	6,753.14	7,500.00	746.86	7,500.00
	Total 65200 · Travel	1,568.71	2,600.00	1,031.29	7,252.34	9,050.00	1,797.66	9,050.00
	65300 · Utilities							
	65310 · Telephone	150.00	150.00	0.00	2,083.75	1,800.00	-283.75	1,800.00
	65320 · Electric	0.00	62.50	62.50	829.00	750.00	-79.00	750.00
	Total 65300 · Utilities	150.00	212.50	62.50	2,912.75	2,550.00	-362.75	2,550.00
	65400 · Membership Fees & Subscriptions							
	65430 · Subscriptions	0.00	0.00	0.00	2,214.75	1,750.00	-464.75	1,750.00
	Total 65400 · Membership Fees & Subscriptions	0.00	0.00	0.00	2,214.75	1,750.00	-464.75	1,750.00
	65500 · Other Administrative Expenses							
	65505 · Credit Card Processing	61.31	50.00	-11.31	2,428.91	2,250.00	-178.91	2,250.00
	65510 · BGC Rental	1,500.00	1,500.00	0.00	18,061.00	18,000.00	-61.00	18,000.00
	65515 · Office Supplies	160.75	175.00	14.25	4,753.51	2,100.00	-2,653.51	2,100.00
	65520 · Postage	401.25	475.00	73.75	1,871.16	1,900.00	28.84	1,900.00
	65525 · Printing	159.26	850.00	690.74	4,326.09	4,100.00	-226.09	4,100.00
	65530 · Meals/Entertainment	9.78	100.00	90.22	857.68	1,200.00	342.32	1,200.00
	65550 · Program Supplies	48.01	1,000.00	951.99	5,720.80	29,000.00	23,279.20	29,000.00
	65556 · Background Checks	0.00	300.00	300.00	615.00	3,600.00	2,985.00	3,600.00
	65560 · Miscellaneous	17.50	100.00	82.50	6,605.96	1,200.00	-5,405.96	1,200.00
	Total 65500 · Other Administrative Expenses	2,357.86	4,550.00	2,192.14	45,240.11	63,350.00	18,109.89	63,350.00
T	otal 65000 · Administration	4,076.57	7,362.50	3,285.93	71,697.19	91,750.00	20,052.81	91,750.00
6.	7000 · Events							
	67100 · Champions Tournament	0.00	22,500.00	22,500.00	49,169.84	44,000.00	-5,169.84	44,000.00
	67150 · Ferguson Auction	0.00	0.00	0.00	0.00	2,800.00	2,800.00	2,800.00
	67200 · Awards Banquet	0.00	0.00	0.00	19,716.38	20,000.00	283.62	20,000.00
	67600 · Other Events	0.00	0.00	0.00	0.00	2,500.00	2,500.00	2,500.00
T	otal 67000 · Events	0.00	22,500.00	22,500.00	68,886.22	69,300.00	413.78	69,300.00
6	3500 · Capital Reserve	1,000.00	1,000.00	0.00	12,000.00	12,000.00	0.00	12,000.00
Total	Business Operating Expenses	29,991.93	60,431.37	30,439.44	435,520.91	492,583.06	57,062.15	492,583.06
Total Expe		29,991.93	60,431.37	30,439.44	435,520.91	492,583.06	57,062.15	492,583.06
Net Ordinary In		6,675.32	2,727.63	3,947.69	138,765.37	74.94	138,690.43	74.94
	001110	6,675.32	2,727.63	3,947.69	138,765.37	74.94	138,690.43	74.94

	CHEDULE G	F	undraising Other E	vents			
(Form 990 or				2023			
990-EZ) Name		For calendar year 2023, or tax year	For calendar year 2023, or tax year beginning , and o			Identification November	
		Island Foundation	to		Employer id	lentification Number	
		th Sports, Inc.			46-511	7877	
		(a) Other event	(b) Other event	(c) Other event			
Ř		Champions for C				(d) Total other events (add col. (a) through	
		(event type)	(event type)	(event type)	_	col. (c))	
	1 Gross receipts	197,826				197,826	
	2 Less: Charitable contributions						
	3 Gross income (line 1 minus line 2	197,826				197,826	
	4 Cash prizes						
ect Expenses	5 Noncash prizes					_	
	6 Rent/facility cost	s					
	7 Food/beverages						
	8 Entertainment						
	9 Other expenses	57,402				57,402	

Form **990**

Event Income and Deduction Worksheet Description New Stewardship Event

2023

Name

Hilton Head Island Foundation to

Taxpayer Identification Number 46-5117877

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

Income & Expense Summary:	Expense Details - Indirect Expense:
1. Gross receipts or sales 1. 1.	Advertising and promotion
2. Advertising income 2.	Office
3. Circulation income 3.	Printing/publication/postage
4. Other income 4.	Info technology/Maintenance
5. Returns and allowances 5.	Royalties & License Fees
6. Contributions received 6.	Occupancy/Real Estate Taxes
7. Total revenue. Add lines 1 through 6 7. 1,000	Travel & Repairs
8. Cost of Goods Sold 8. 1,879	Travel/entertainment (officials)
9. Employment Expense 9.	Conferences/meetings
10. Fees for services 10.	Interest
11. Indirect Expense 11.	Insurance
12. Depreciation Expense 12.	Total Indirect Expense
13. Exempt Activity Expense 13.	
14. Fundraising Expense 14.	Expense Details - Depreciation Expense:
15. Total expenses. Add lines 8 through 145	On investment property
16. Net Income/Loss. Line 7 minus Line 156. ————————————————————————————————————	On non-investment property
	Amortization
	Depletion
Expense Details - Cost of Goods Sold:	Total Depreciation Expense
Beginning inventory	
Purchases	Expense Details - Exempt Activity Expense:
l ahor	Repairs and Maintenance
Section 263A costs	Bad debts
Other costs 1,879	Bad debts
	Taxes/licenses
Ending inventory Total Cost of Goods Sold 1,879	Charitable contributions
10tal cost of Goods 30td	Dividend recd deductions
Expense Details - Employment Expense:	Readership costs
·	Other expenses Total Exempt Activity Expense
Compensation of officers Other salaries and wages	Total Exempt Activity Expense
Poncion plan contributions	Evnonce Details - Fundraising Evnence:
Pension plan contributions Other employee heapfite	Expense Details - Fundraising Expense:
Other employee benefits	Cash prizes
Payroll taxes	Non-cash prizes
Total Employment Expense	Rent and facility costs
Evenence Details - Face for Comisses	Food & beverages (Part II only)
Expense Details - Fees for Services:	Entertainment (Part II only)
Management	Other direct expenses
Legal	Total Fundraising Expense
Accounting	
Lobbying	
Professional fundraising	
Investment management	
Other	
Total Fees for Services	
Information is indicated for use on Forms 000 T. Cohestula A.	Allocation of Evenence to Ducamera Comics Accountibles
Information is indicated for use on Form 990-T, Schedule A:	Allocation of Expense to Program Service Accomplishments:
Schedule A, UBIT Activity Code Seq #	First
Part V, Debt Financing	Second
Part VI, Controlled Org Income	Third
Part VII, Investments for C(7)(9)(17)	All other
Part VIII, Exploited Activities	
Part IX, Advertising Income	

Name

Form **990**

Event Income and Deduction Worksheet Description Awards Banquet

2023

Hilton Head Island Foundation to

Taxpayer Identification Number 46-5117877

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

Income & Expense Summary:			Expense Details - Indirect Expense:
1. Gross receipts or sales	1	46,250	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 thro	ough 6 7.	46,250	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			Expense Details - Depreciation Expense:
15. Total expenses. Add lines 8 th	rough 1 45.	29,046	On investment property
16. Net Income/Loss. Line 7 minu			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		29,046	Taxes/licenses
Ending inventory			Charitable contributions
Total Cost of Goods Sold		29,046	Dividend recd deductions
			Readership costs
Expense Details - Employment E	ynense		Other expenses
Compensation of officers			Total Exempt Activity Expense
Other salaries and wages	· · · · · · · · · · · · · · · · · · ·		Total Example restrict Expenses
Pension plan contributions			Expense Details - Fundraising Expense:
Other employee benefits			•
Other employee benefits			Cash prizes
Payroll taxes			Non-cash prizes
Total Employment Expense			Rent and facility costs
Expense Details - Fees for Service	2061		Food & beverages (Part II only)
-			Entertainment (Part II only)
Management	· · · · · · · · · · · · · · · · · · ·		Other direct expenses
Legal	· · · · · · · · · · · · · · · · · · ·		Total Fundraising Expense
Accounting	· · · · · · · · · · · · · · · · · · ·		
Lobbying	· · · · · · · · · · · · · · · · · · ·		
Professional fundraising	· · · · · · · · · · · · · · · · · · ·		
Investment management			
Other			
Total Fees for Services	· · · · · · · · · · · · · · · · · · ·		
Information is indicated for use	on Form 990-T,	Schedule A:	Allocation of Expense to Program Service Accomplishments:
Schedule A, UBIT Activity Code	•		First
Part V, Debt Financing			Second
Part VI, Controlled Org In	come		Third
Part VII, Investments for			All other
Part VIII, Exploited Activit	(/(/(/		
Part IX, Advertising Incom			

Name

Form **990**

Event Income and Deduction Worksheet Description Palmetto Bluff Event

2023

Hilton Head Island Foundation to

Taxpayer Identification Number 46-5117877

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

Income & Expense Summary:		Expense Details - Indirect Expense:
1. Gross receipts or sales 1.	14,197	Advertising and promotion
2. Advertising income 2		Office
3. Circulation income 3		Printing/publication/postage
4. Other income 4.		Info technology/Maintenance
5. Returns and allowances 5		Royalties & License Fees
6. Contributions received 6.		Occupancy/Real Estate Taxes
7. Total revenue. Add lines 1 through 6 7.	14,197	Travel & Repairs
8. Cost of Goods Sold 8.	3,202	Travel/entertainment (officials)
9. Employment Expense 9.		Conferences/meetings
10. Fees for services 10.		Interest
11. Indirect Expense 11.		Insurance
12. Depreciation Expense 12.		Total Indirect Expense
13. Exempt Activity Expense 13.		
14. Fundraising Expense 14.		Expense Details - Depreciation Expense:
15. Total expenses. Add lines 8 through 145.	3,202	On investment property
16. Net Income/Loss. Line 7 minus Line 156.		On non-investment property
· 	<u> </u>	Amortization
		Depletion
Expense Details - Cost of Goods Sold:		Total Depreciation Expense
Beginning inventory		
Purchases		Expense Details - Exempt Activity Expense:
Labor		Repairs and Maintenance
Section 263A costs		Bad debts
Other costs	3,202	Taxes/licenses
Ending inventory		Charitable contributions
Total Cost of Goods Sold	3,202	Dividend recd deductions
	,	Readership costs
Expense Details - Employment Expense:		Other expenses
Compensation of officers		Total Exempt Activity Expense
Other salaries and wages		· · · · · · · · · · · · · · · · · · ·
Pension plan contributions		Expense Details - Fundraising Expense:
Other employee benefits		Cash prizes
Payroll taxes		Non-cash prizes
Total Employment Expense		Rent and facility costs
	_	Food & beverages (Part II only)
Expense Details - Fees for Services:		Entertainment (Part II only)
Management		Other direct expenses
Legal		Total Fundraising Expense
Accounting		
Lobbying		
Professional fundraising		
Investment management		
Other		
Total Fees for Services		
Information is indicated for the Fee Co.	T Cabadela A.	Allocation of Evenes to December Combine Assessment
Information is indicated for use on Form 990	*	Allocation of Expense to Program Service Accomplishments:
Schedule A, UBIT Activity Code Se	Ч # <u></u>	First
Part V, Debt Financing		Second
Part VI, Controlled Org Income		Third
Part VIII, Investments for C(7)(9)(17)		All other
Part VIII, Exploited Activities		
Part IX, Advertising Income		

Form **990**

Event Income and Deduction Worksheet

Description Champions for Charity

2023

Name

Hilton Head Island Foundation to

Taxpayer Identification Number 46-5117877

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

Income & Expense Summary:		Expense Details - Indirect Expense:
1. Gross receipts or sales 1.	197,826	Advertising and promotion
2. Advertising income 2.		Office
3. Circulation income 3.		Printing/publication/postage
4. Other income 4.		Info technology/Maintenance
5. Returns and allowances 5.		Royalties & License Fees
		Occupancy/Real Estate Taxes
7. Total revenue. Add lines 1 through 6 7.	197.826	Travel & Repairs
8. Cost of Goods Sold 8.	57,402	Travel/entertainment (officials)
9. Employment Expense 9.		Conferences/meetings
10. Fees for services 10.		Interest
11. Indirect Expense 11.		Insurance
12. Depreciation Expense 12.		Total Indirect Expense
13. Exempt Activity Expense 13.		
14. Fundraising Expense 14.		Expense Details - Depreciation Expense:
15. Total expenses. Add lines 8 through 145.		
16. Net Income/Loss. Line 7 minus Line 156.		On investment property On non-investment property
10. Net income/2005. Line / minus Line 130.	140,424	Amortization
		Amortization
Expense Details - Cost of Goods Sold:		Depletion
•		Total Depreciation Expense
Beginning inventory		Evenes Dataila Evenest Activity Eveness
Purchases		Expense Details - Exempt Activity Expense:
Labor	-	Repairs and Maintenance
Section 263A costs	57,402	Bad debts
Other costs		Taxes/licenses
Ending inventory	57,402	Charitable contributions
Total Cost of Goods Sold	57,402	Dividend recd deductions
		Readership costs
Expense Details - Employment Expense:		Other expenses
Compensation of officers		Total Exempt Activity Expense
Other salaries and wages		
Pension plan contributions		Expense Details - Fundraising Expense:
Other employee benefits		Cash prizes
Payroll taxes		Non-cash prizes
Total Employment Expense		Rent and facility costs
		Food & beverages (Part II only)
Expense Details - Fees for Services:		Entertainment (Part II only)
Management		Other direct expenses
Legal		Total Fundraising Expense
Accounting		
Lobbying	_	
Professional fundraising		
Investment management	-	
Other		
Total Face for Commisse		
		An
Information is indicated for use on Form 9	·	Allocation of Expense to Program Service Accomplishments:
	Seq #	First
Part V, Debt Financing		Second
Part VI, Controlled Org Income		Third
Part VII, Investments for C(7)(9)(17)		All other
Part VIII, Exploited Activities		
Part IX, Advertising Income		

Form **4562**

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

chment 1

Hilton Head Island Foundation to Identifying number Name(s) shown on return Support Youth Sports, Inc. 46-5117877 Business or activity to which this form relates Indirect Depreciation Election To Expense Certain Property Under Section 179 Note: If you have any listed property, complete Part V before you complete Part I. 1,160,000 Maximum amount (see instructions) 1 Total cost of section 179 property placed in service (see instructions) 2 2 2,890,000 Threshold cost of section 179 property before reduction in limitation (see instructions) 3 3 4 Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-4 Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions 5 (a) Description of property 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 Tentative deduction. Enter the **smaller** of line 5 or line 8 9 9 Carryover of disallowed deduction from line 13 of your 2022 Form 4562 10 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 12 Carryover of disallowed deduction to 2024. Add lines 9 and 10, less line 12 Note: Don't use Part II or Part III below for listed property. Instead, use Part V. Part II Special Depreciation Allowance and Other Depreciation (Don't include listed property. See instructions.) Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year. See instructions 14 Property subject to section 168(f)(1) election 15 15 8,346 Other depreciation (including ACRS) 16 MACRS Depreciation (Don't include listed property. See instructions.) Section A MACRS deductions for assets placed in service in tax years beginning before 2023 17 624 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 2023 Tax Year Using the General Depreciation System (c) Basis for depreciation (b) Month and year (d) Recovery (e) Convention (f) Method (a) Classification of property (a) Depreciation deduction placed in (business/investment use only-see instructions) 19a 3-year property 5-year property С 7-year property 10-year property 15-year property **f** 20-year property 25-year property 25 yrs. S/L 27.5 yrs. MM S/L Residential rental property MM S/L 27.5 yrs. 39 yrs. MM S/L i Nonresidential real property MM S/L Section C-Assets Placed in Service During 2023 Tax Year Using the Alternative Depreciation System 20a Class life b 12-year 12 yrs. S/L 30-year ММ S/L С 30 yrs. d 40-year 40 yrs. MM S/L Part IV Summary (See instructions.) Listed property. Enter amount from line 28 21 Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter 8,970 here and on the appropriate lines of your return. Partnerships and S corporations—see instructions

For assets shown above and placed in service during the current year, enter the

23

chedule O (Form 990) 2023 ame of the organization Hilton Head Islan	d Foundation t	:o		Employer identification 46-5117877	Page number
\$	3,827	\$	0	\$	0
Equipment Repairs					
\$	2,439	\$	0	\$	0
Website					
\$	2,350	\$	0	\$	0
Fuel, Gas, Oil					
\$	2,321	\$	0	\$	0
Subscriptions					
\$	0	\$	2,231	\$	0
Postage					
\$	0	\$	2,221	\$	0
Telephone					
\$	0	\$	2,130	\$	0
Sand & Top Dressi					
\$	2,075	\$	0	\$	0
Fertilizer					
\$	1,715	\$	0	\$	0
Plant Seed Sod	1 (51				
Electric & Gas	1,651	······•		ə	
	0	ė	1 362	······	
Total	······································	······································	1,302	Y	.
	35,774	s	18.575	\$	0
		Т			
Form 990, Part XI	, Line 9 - Oth	ner Change	s in Net As:	sets Explanatio	on
Book / Tax Deprec				\$	2
				Page 1 of	1

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 Hi	lton Hea	d Island F	oundation to)	Employer identification	number
		outh Sports			46-5117877	
Form 990, Pa	rt VI, L	ine 11b -	Organization	's Process	to Review For	rm 990
No review wa	s or wil	l be condu	cted.			
Form 990, Pa	rt VI, L	ine 12c -	Enforcement	of Conflic	ts Policy	
All board me	mbers ar	e required	to review t	he Conflic	t of Interest	Policy
annually and	reveal	any conflic	cts and prov	ide their	signature as	
appropriate.						
Form 990, Pa	rt VI, I	ine 19 - G	overning Doo	cuments Dis	sclosure Expla	nation
No documents	availab	le to the	public			
Form 990, Pa	rt IX, L	ine 24e -	Other Expens	es		
Description						
	Tot/Prog	Service	Mgt &	General	Fundi	raising
Chemicals						
	\$	6,587	\$	0	\$	0
Credit Card	Processi	ng				
	\$	6,481	\$	0	\$	0
Other mainte	nance					
	\$	6,328	\$	0	\$	0
Other						
	\$	0	\$	6,318	\$	0
Office Supli	es					
	\$	0	\$	4,313	\$	0

Database

Sche	Edule G (Form 990) 2023 Hilton Head Island Foundation to 46-5117877				Page	<u> </u>
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					
	Address					
15a	Does the organization have a contract with a third party from whom the organization receives gaming		_		_	
	revenue?			Yes		No
b	If "Yes," enter the amount of gaming revenue received by the organization \$ and the					
	amount of gaming revenue retained by the third party \$					
С	If "Yes," enter name and address of the third party:					
	Nama					
	Name					
	Address					
16	Gaming manager information:					
	Name					
	Gaming manager compensation \$					
	Carning manager compensation \$\psi\$					
	Description of services provided					
	Director/officer					
17	Mandatory distributions:					
а	Is the organization required under state law to make charitable distributions from the gaming proceeds to		\Box	Vaa	\Box	NI.
L	retain the state gaming license?		Ш	Yes	Ш	No
D	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	urt IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns	(iii) an	d (v	/). ar	nd	
	Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional					
	See instructions.					

Schedule G (Form 990) 2023 Hilton Head Island Foundation to 46-5117877

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 Palmetto Bluff (add col. (a) through Awards Banquet (total number) (event type) (event type) Revenue 1 Gross receipts 46,250 14,197 197,826 258,273 2 Less: Contributions 3 Gross income (line 1 minus 14,197 46,250 197,826 258,273 line 2) 4 Cash prizes 5 Noncash prizes 6 Rent/facility costs 7 Food and beverages 8 Entertainment 3,202 57,402 29,046 9 Other direct expenses 89,650 10 Direct expense summary. Add lines 4 through 9 in column (d) 89,650 168,623 11 Net income summary. Subtract line 10 from line 3, column (d) ... Gaming. Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a. (b) Pull tabs/instant (d) Total gaming (add Revenue (c) Other gaming bingo/progressive bingo col. (a) through col. (c)) 1 Gross revenue 2 Cash prizes Expenses 3 Noncash prizes 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) 9 Enter the state(s) in which the organization conducts gaming activities: **a** Is the organization licensed to conduct gaming activities in each of these states? 10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? **b** If "Yes," explain:

SCHEDULE G (Form 990)

Supplemental Information Regarding Fundraising or Gaming Activities

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

OMB No. 1545-0047

Attach to Form 990 or Form 990-EZ. Department of the Treasury Internal Revenue Service

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

Open to Public Inspection

Hilton Head Island Foundation to Name of the organization Employer identification number Support Youth Sports, Inc. 46-5117877 Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Part I Form 990-EZ filers are not required to complete this part. Indicate whether the organization raised funds through any of the following activities. Check all that apply. Mail solicitations Solicitation of non-government grants Internet and email solicitations Solicitation of government grants Phone solicitations Special fundraising events 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 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 8 9 10 Total List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing

Schedule D (F	Form 990) 2023	3 Hi	lton	Head	Island	Foundation	n to	46-5117877	Page 5
Part XIII	Suppleme	ental	Informa	ation (co	ntinued)	Foundation			

	<u>edule D (Form 990) 2023 Hilton Head Island Foundatio</u>	<u>n to 46-511787</u>		
Pá	art XI Reconciliation of Revenue per Audited Financial Stater		r Ret	urn
	Complete if the organization answered "Yes" on Form 990,	Part IV, line 12a.		
1	Total revenue, gains, and other support per audited financial statements		1	
	Amounts included on line 1 but not on Form 990, Part VIII, line 12:	1 1		
а	Net unrealized gains (losses) on investments	2a	_	
b	Donated services and use of facilities	2b		
С	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)	2d		
е	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1		3	
	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	4-		
	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
	Other (Describe in Part XIII.)	4b	1	
	Add lines 4a and 4b Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)		4c 5	
	art XII Reconciliation of Expenses per Audited Financial State			oturn
Г	Complete if the organization answered "Yes" on Form 990,		JEI IN	Gtuili
1	Total expenses and losses per audited financial statements		1	
	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
	Donated services and use of facilities	2a		
h	Prior year adjustments	2b		
	Other losses	2c		
	Other (Describe in Part XIII.)	2d		
е	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1		3	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	1		
	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
	Other (Describe in Part XIII.)	4b		
С	Add lines 4a and 4b		4c	
	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (<i>This must equal Form</i> 990, <i>Part I, line 18.</i>)		4c 5	
5 Pa	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) art XIII Supplemental Information		5	
5 Pa	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) Art XIII Supplemental Information ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part II	V, lines 1b and 2b; Part V, line 4	5	X, line
5 Pa	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) art XIII Supplemental Information	V, lines 1b and 2b; Part V, line 4	5	X, line
5 Pa	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) Art XIII Supplemental Information ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part II	V, lines 1b and 2b; Part V, line 4	5	X, line
5 Pa	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) Art XIII Supplemental Information ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part II	V, lines 1b and 2b; Part V, line 4	5	X, line
5 Pa	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) Art XIII Supplemental Information ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part II	V, lines 1b and 2b; Part V, line 4 e any additional information.	5 ; Part	
5 Pa	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) art XIII Supplemental Information ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part I art XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide	V, lines 1b and 2b; Part V, line 4 e any additional information.	5 ; Part	
5 Pa	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) art XIII Supplemental Information ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part I art XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide	V, lines 1b and 2b; Part V, line 4 e any additional information.	5 ; Part	
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5 Pa	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) art XIII Supplemental Information ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part I art XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide	V, lines 1b and 2b; Part V, line 4 e any additional information.	5 ; Part	
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5 Pa	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) art XIII Supplemental Information ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part I art XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide	V, lines 1b and 2b; Part V, line 4 e any additional information.	5 ; Part	
5 Pa	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) art XIII Supplemental Information ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part I art XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide	V, lines 1b and 2b; Part V, line 4 e any additional information.	5 ; Part	
5 Pa	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) art XIII Supplemental Information ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part I art XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide	V, lines 1b and 2b; Part V, line 4 e any additional information.	5 ; Part	
5 Pa	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) art XIII Supplemental Information ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part I art XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide	V, lines 1b and 2b; Part V, line 4 e any additional information.	5 ; Part	
5 Pa	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) art XIII Supplemental Information ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part I art XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide	V, lines 1b and 2b; Part V, line 4 e any additional information.	5 ; Part	
5 Pa	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) art XIII Supplemental Information ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part I art XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide	V, lines 1b and 2b; Part V, line 4 e any additional information.	5 ; Part	
5 Pa	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) art XIII Supplemental Information ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part I art XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide	V, lines 1b and 2b; Part V, line 4 e any additional information.	5 ; Part	
5 Pa	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) art XIII Supplemental Information ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part I art XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide	V, lines 1b and 2b; Part V, line 4 e any additional information.	5 ; Part	
5 Prov	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) art XIII Supplemental Information ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part I art XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide	V, lines 1b and 2b; Part V, line 4 e any additional information.	5 ; Part	
5 Pa	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) art XIII Supplemental Information ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part I art XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide	V, lines 1b and 2b; Part V, line 4 e any additional information.	5 ; Part	
5 Prov	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) art XIII Supplemental Information ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part I art XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide	V, lines 1b and 2b; Part V, line 4 e any additional information.	5 ; Part	
5 Pa	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) art XIII Supplemental Information ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part I art XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide	V, lines 1b and 2b; Part V, line 4 e any additional information.	5 ; Part	

Sche		90) 2023 Hiltor									age 2
Pa	rt III Org	anizations Mainta	aining Co	llections o	f Art, Historical	Treasure	es, or Othe	er Similar Ass	ets (co	ntinu	ıed)
3		nization's acquisition, a (check all that apply).		d other record	ls, check any of the fo	ollowing tha	t make signifi	cant use of its			
а	Public exhi	bition		d \square L	Loan or exchange pro	gram					
b	Scholarly r	esearch			Other	-					
С	Preservatio	n for future generation	ns								
4	Provide a desc	ription of the organizat		ons and explai	n how they further the	e organizatio	on's exempt p	ourpose in Part			
_	XIII.	P. I. (I	P 24								
5		r, did the organization			•				□ v ₋		۱
Da		old to raise funds rather row and Custodi			part of the organization	on s collection	on?		Ye	s _	No
Га		nplete if the organi		•	s" on Form 990 I	Part I\/ lii	ne 0 or rei	norted an amou	ınt on	Form	,
	990	Part X, line 21.						ported all alliot	ant on	OIII	'
1a		tion an agent, trustee, rm 990, Part X?							☐ Ye	s [No
b	If "Yes," explain	n the arrangement in P	art XIII and	complete the fo	ollowing table.				_	_	,
		· ·			ŭ				Amount		
С	Beginning bala	nce						1c			
d	Additions during	g the year									
е	Distributions du	iring the year						1e			
f	Ending balance	e						1f			
2a	Did the organiz	ation include an amou	nt on Form 9	990, Part X, lin	e 21, for escrow or co	ustodial acc	ount liability?		Ye	s 🗌	No
b	If "Yes," explair	n the arrangement in P	art XIII. Che	ck here if the e	explanation has been	provided on	Part XIII				
Pa	rt V End	lowment Funds									
	Con	nplete if the organi	<u>ization ans</u>	swered "Yes	s" on Form 990, I	Part IV, lii	ne 10.				
			(a) (Current year	(b) Prior year	(c) Two ye	ears back ((d) Three years back	(e) Four	years I	oack
		ear balance									
С		earnings, gains, and									
d	Grants or scho	olarships									
		ures for facilities and									
	programs										
f	Administrative	expenses									
		lance									
		imated percentage of t			ce (line 1g, column (a)) held as:					
а	Board designat	ed or quasi-endowme	nt	%							
b	Permanent en	dowment	%								
С	Term endowme	ent %									
	The percentage	es on lines 2a, 2b, and	2c should e	qual 100%.							
3a	Are there endo	wment funds not in the	possession	of the organiz	ation that are held an	d administe	red for the			-	
	organization by									Yes	No
	(i) Unrelated								3a(i)		
	(ii) Related or								3a(ii)		
b		3a(ii), are the related							3b		
4		rt XIII the intended use			lowment funds.						
Pa		d, Buildings, and			-" 000 . [7-4 N / E	44- 0-	- F 000 D	4 V 1:	4	^
		nplete if the organi									<u>U.</u>
	Desc	ription of property		(a) Cost or other b	, ,		(c) Accu		(d) Book	value	
	1 !			(investment)	(othe	71)	depred	JauOII			
							1				
		rovements									
	- · ·						1				
		hrough 1e. (Column (d)		Form 000 Ba	rt V line 100 column	(R))	1				
i Ula	. Auu iiiles id l	inougii ie. (Oolulliii (a)	, musi c yuai	1 UIIII 33U, Fa	ил, ше тос, colullll	(<i>U))</i>					

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 Island Foundation to 46-5117877 Support Youth Sports, Inc. Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts Part I Complete if the organization answered "Yes" on Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts Total number at end of year Aggregate value of contributions to (during year) 2 Aggregate value of grants from (during year) 3 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? 6 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) 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 2h c Number of conservation easements on a certified historic structure included on line 2a 2c d Number of conservation easements included on line 2c acquired after July 25, 2006, and not on a historic structure listed in the National Register 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the Number of states where property subject to conservation easement is located Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Does each conservation easement reported on line 2d above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements. Part III Organizations Maintaining Collections of Art. Historical Treasures, or Other Similar Assets Complete if the organization answered "Yes" on Form 990, Part IV, line 8. 1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items. b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items. (i) Revenue included on Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items. a Revenue included on Form 990, Part VIII, line 1 Assets included in Form 990. Part X ...

Name of organization

Hilton Head Island Foundation to

Employer identification number 46-5117877

Part I	Contributors (see instructions). Use duplicate copies of	Part I if additional space is	needed.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
. 7	Rotary Club of Bluffton 11 Recreation Court Bluffton SC 29910	\$ 5,000	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
8	The Serra Family Foundation 9095 S Saginaw Road Unit 9 Grand Blanc MI 48439	\$ 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
9	Hickory Fund, Inc. 10361 W. Innovation Drive, Suite 35 Milwaukee WI 53226		Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
	Name, address, and Zir 1 4	\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

Name of organization

Hilton Head Island Foundation to

Employer identification number 46-5117877

Part I	Contributors (see instructions). Use duplicate copies of	Part I if additional space is	needed.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
. 1	Town of Hilton Head Island ATAX 1 Town Center Court Hilton Head Island SC 29928	\$ 40,000	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2	The Devlin Foundation 125 Cahill Court Weatherford TX 76088	\$ 8,500	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
. 3	Breedlove Foundation 528 Patterson Road Hendersonville NC 28739	\$ 10,000	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4	The Tiscornia Foundation 505 Pleasant Steet Saint Joseph MI 49085	\$ 19,044	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	Long Cove Foundation 399 Long Cove Drive Hilton Head Island SC 29928	\$ 6,500	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
6	Colleton River Charitable Fund 60 Colleton River Drive Bluffton SC 29910	\$ 5,000	Person X Payroll Noncash (Complete Part II for noncash contributions.)

Schedule B (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

Hilton Head Island Foundation to

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

Support Youth Sports, Inc.

Schedule of Contributors

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

OMB No. 1545-0047

Employer identification number

Schedule B (Form 990) (2023)

46-5117877

2023

Organization type (check one): Filers of: Section: **X** 501(c)(Form 990 or 990-EZ **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 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).

Schedule A (For	m 990) 2023	Hilton	Head Is	land Fo	oundation	to 4	46-5117877	Page 8
Part VI	Supplemental III, line 12; Part B, lines 1 and 2	Information. P IV, Section A, li ; Part IV, Section t V, line 1; Part	rovide the exp nes 1, 2, 3b, n C, line 1; P V, Section B,	planations 3c, 4b, 4c Part IV, Se line 1e; P	required by Pa , 5a, 6, 9a, 9b ction D, lines 2 art V, Section	art II, line , 9c, 11a, 2 and 3; Pa D, lines 5,	10; Part II, line 17a or 11b, and 11c; Part IV art IV, Section E, lines 6, and 8; and Part V	17b; Part , Section s 1c, 2a, 2b,
*								
*								
•								

DAA Schedule A (Form 990) 2023

Schedule A (Form 990) 2023 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 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 4 Qualified set-aside amounts (prior IRS approval required—provide details in Part VI) 5 Other distributions (describe in Part VI). See instructions. 6 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. 9 Distributable amount for 2022 from Section C, line 6 9 Line 8 amount divided by line 9 amount 10 (i) (ii) (iii) Section E - Distribution Allocations (see instructions) **Excess Distributions** Underdistributions Distributable Pre-2023 Amount for 2023 Distributable amount for 2023 from Section C, line 6 Underdistributions, if any, for years prior to 2023 (reasonable cause required-explain in Part VI). See instructions. 3 Excess distributions carryover, if any, to 2023 **a** From 2018 **b** From 2019 **c** From 2020 **d** From 2021 f Total of lines 3a through 3e g Applied to underdistributions of prior years h Applied to 2023 distributable amount i Carryover from 2018 not applied (see instructions) j Remainder. Subtract lines 3g, 3h, and 3i from line 3f. 4 Distributions for 2023 from Section D, line 7: a Applied to underdistributions of prior years **b** Applied to 2023 distributable amount c Remainder. Subtract lines 4a and 4b from line 4. 5 Remaining underdistributions for years prior to 2023, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions. Remaining underdistributions for 2023. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions. Excess distributions carryover to 2024. Add lines 3j and 4c. 8 Breakdown of line 7: a Excess from 2019 **b** Excess from 2020

Schedule A (Form 990) 2023

c Excess from 2021 **d** Excess from 2022 e Excess from 2023

	le A (Form 990) 2023 Hilton Head Island Foundati			877 Page 6
Par				
1	Check here if the organization satisfied the Integral Part Test as a qualifying trust on N		· ·	•
	instructions. All other Type III non-functionally integrated supporting organizations mu	ust co	mplete Sections A through	
Sect	ion A – Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or collection			
	of gross income or for management, conservation, or maintenance of			
	property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion B – Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
a	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
С	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other factors			
	(explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,			
	see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 0.035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
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	d Type	e III supporting organization	n
	(see instructions).			

Schedule A (Form 990) 2023

a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or

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.

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

3a

3b

Schedule A (Form 990) 2023

Hilton Head Island Foundation to 46-5117877

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

		Yes	No
	_		
	1		
	2		
	3a		
	Ja		
	3b		
	3с		
	-		
	4a		
	4b		
	1.0		
	4-		
	4c		
	_		
	5a		
	5b		
	5c		
	6		
	7	_	
	8		
	9a	_	
	9b		
	9с		
	10a		
	10b	<u></u>	90) 2023
che	dule A	(Form 9	90) 2023

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Schedule A (Form 990) 2023

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. If the organization fails to qualify under the tests listed below, please complete Part II.)

_				, ,		/	
	tion A. Public Support		ı		1	T	,
<i>J</i> alen	dar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that are not an unrelated trade or business under section 513						
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons						
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
С 8	Add lines 7a and 7b Public support. (Subtract line 7c from line 6.)						
Sec	tion B. Total Support						
	dar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
9	Amounts from line 6	(u) 2010	(6) 2020	(6) 2021	(u) LULL	(0) 2020	(i) rotal
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
С	Add lines 10a and 10b						
11	Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11,						
	and 12.)					1()(0)	<u> </u>
14	First 5 years. If the Form 990 is for the organization, check this box and stop he	•	second, third, fou	irtn, or titth tax yea	ar as a section 50	1(c)(3)	
Sec	tion C. Computation of Public S		entage				
15	Public support percentage for 2023 (line 8			ımn (f))		15	%
16	Public support percentage from 2022 Sch	edule A, Part III, I	ine 15				%
Sec	tion D. Computation of Investm						
17	Investment income percentage for 2023 (13, column (f))		17	%
18 li	nvestment income percentage from 2022					10	%
	33 1/3% support tests — 2023. If the or			line 14, and line 1	15 is more than 33	3 1/3%, and line	
	17 is not more than 33 1/3%, check this b						$lacksquare$
b	33 1/3% support tests — 2022. If the or	•					
	line 18 is not more than 33 1/3%, check the		-			-	
20	Private foundation. If the organization d	id not check a box	x on line 14, 19a,	or 19b, check this	box and see instr	uctions	

Schedule A (Form 990) 2023 Part II

Page 2

	(Complete only if you che Part III. If the organization						alify under
Sec	tion A. Public Support	······································			, p		
	dar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") Tax revenues levied for the organization's benefit and either paid	214,938	160,706	178,858	253,670	226,940	1,035,112
3	to or expended on its behalf The value of services or facilities furnished by a governmental unit to the organization without charge						
4	Total. Add lines 1 through 3	214,938	160,706	178,858	253,670	226,940	1,035,112
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)						324,974
6	Public support. Subtract line 5 from line 4						710,138
	tion B. Total Support	(-) 0040	(1.) 0000	(-) 0004	(-1) 0000	(-) 0000	
	dar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
7	Amounts from line 4	214,938	160,706	178,858	253,670	226,940	1,035,112
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	348	415	480	384	2,950	4,577
9	Net income from unrelated business activities, whether or not the business is regularly carried on						
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
11	Total support. Add lines 7 through 10						1,039,689
12	Gross receipts from related activities, etc					12	1,457,366
13	First 5 years. If the Form 990 is for the	•	second, third, four	th, or fifth tax year	as a section 501	(c)(3)	
<u> </u>	organization, check this box and stop he						
	tion C. Computation of Public					1	
14	Public support percentage for 2023 (line 6						68.30 %
15	Public support percentage from 2022 Sch						71.62 %
16a	33 1/3% support test — 2023. If the org box and stop here . The organization qua			ation			·
b	33 1/3% support test — 2022. If the org					r more check	X
b	this box and stop here . The organization			anization		·	
17a	10%-facts-and-circumstances test —					line 14 is	Ц
	10% or more, and if the organization med	_					
	Part VI how the organization meets the f						
b	organization 10%-facts-and-circumstances test —	2022. If the organiz	ation did not checl	k a box on line 13,		, and line	
	15 is 10% or more, and if the organization			·	•	•	
	in Part VI how the organization meets the					• •	
18	organization Private foundation. If the organization d instructions	id not check a box	on line 13, 16a, 16	6b, 17a, or 17b, ch	eck this box and	see	
							(Form 990) 2023

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.

Name of the organization

Hilton Head Island Foundation to Support Youth Sports, Inc

Employer identification number

46-5117877

P	art	Reas		/ Status. (All organizatio	ns mus	t comp		uctions.			
The	orga			se it is: (For lines 1 through 12			· '				
1	Ň	A church, co	nvention of churches, or as	sociation of churches described	d in sect i	on 170(l	o)(1)(A)(i).				
2	П	A school des	scribed in section 170(b)(1)(A)(ii). (Attach Schedule E (Fo	rm 990).)					
3	П			ice organization described in s			A)(iii).				
4	П	•		d in conjunction with a hospita				e hospital's name	е,		
	_	city, and stat	e:	,				•			
5		An organizat	ion operated for the benefit	of a college or university owne	d or oper	ated by a	governmental unit described	in			
	_)(b)(1)(A)(iv). (Complete Pa			,					
6		A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v) .									
7	X	An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.)									
8		A community	trust described in section	170(b)(1)(A)(vi). (Complete Pa	art II.)						
9	П	An agricultur	al research organization de	scribed in section 170(b)(1)(A	(ix) ope	rated in c	onjunction with a land-grant c	ollege			
		or university university:	or a non-land-grant college	of agriculture (see instructions)	. Enter th	e name,	city, and state of the college of	or			
10		An organizat	ion that normally receives (1	l) more than 33 1/3% of its su	oport fron	n contribu	tions, membership fees, and	gross			
		•		npt functions, subject to certain	•	•	,	S			
			0	nd unrelated business taxable	,		,				
			· ·	30, 1975. See section 509(a) (, , ,		,				
11	Н	ū	•	exclusively to test for public sa	•		` ` ` `				
12	Ш	-		exclusively for the benefit of, to tions described in section 509	•			•			
				escribes the type of supporting							
	а			perated, supervised, or controlle	•		•	•			
	_			wer to regularly appoint or elec	-			gg			
				complete Part IV, Sections A		,					
	b	Type II.	A supporting organization s	upervised or controlled in conn	ection wit	h its sup	ported organization(s), by hav	ing			
		control o	r management of the suppo	rting organization vested in the	same pe	rsons tha	at control or manage the supp	orted			
		organizat	ion(s). You must complete	e Part IV, Sections A and C.							
	С			supporting organization operat structions). You must comple				d with,			
	d			ed. A supporting organization of	•			, ,			
				e organization generally must	-		-	eness			
	_	\Box	` ,	must complete Part IV, Secti							
	е			ceived a written determination for on-functionally integrated suppo			is a Type ii, Type iii, Type iii				
	f		mber of supported organiza	, , , , , , , , , , , , , , , , , , , ,	,,g -0.g			Г			
	g			the supported organization(s).							
(i	_	e of supported	(ii) EIN	(iii) Type of organization	(iv) Is the	organization	(v) Amount of monetary	(vi) Amount	of		
•		ganization	()	(described on lines 1–10	listed in yo	ur governing	support (see	other support			
				above (see instructions))	docui	ment?	instructions)	instructions)		
					Yes	No					
(A)											
(B)											
(C)											
(D)											
(E)											
T-4-											

<u>⊢orm</u>	1 990 (2023) Hilton Head Island Foundation to 46-511/8//		Pag	ge 12
Pa	rt XI Reconciliation of Net Assets			
	Check if Schedule O contains a response or note to any line in this Part XI			_X_
1	Total revenue (must equal Part VIII, column (A), line 12)		29,9	
2	Total expenses (must equal Part IX, column (A), line 25)		05,2	
3	Revenue less expenses. Subtract line 2 from line 1		24,7	
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) 4	81	L2,1	
5	Net unrealized gains (losses) on investments 5		2,0	066
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)			2
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line			
	32, column (B)) 10	93	38,8	382
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** (2023)

Retained earnings, endowment, accumulated income, or other funds

Part X **Balance Sheet** Check if Schedule O contains a response or note to any line in this Part X (A) (B) End of year Beginning of year 774,275 348,095 Cash—non-interest-bearing Savings and temporary cash investments 532,066 2 Pledges and grants receivable, net 3 Accounts receivable, net 4 **5** Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons 5 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) 6 7 Notes and loans receivable, net 7 8 Inventories for sale or use 8 9 Prepaid expenses and deferred charges 10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D 87,377 10a **b** Less: accumulated depreciation 10b 22,372 44,510 65,005 10c 11 Investments—publicly traded securities 11 Investments—other securities. See Part IV, line 11 12 Investments—program-related. See Part IV, line 11 13 13 Intangible assets 14 14 Other assets. See Part IV, line 11 15 15 818,785 945,166 16 Total assets. Add lines 1 through 15 (must equal line 33) 16 Accounts payable and accrued expenses 17 17 18 Grants payable 18 Deferred revenue 19 19 Tax-exempt bond liabilities _____ 20 20 Escrow or custodial account liability. Complete Part IV of Schedule D 21 21 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons 22 Secured mortgages and notes payable to unrelated third parties 23 23 Unsecured notes and loans payable to unrelated third parties _____ 24 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X 6,672 6,284 of Schedule D 6,672 6,284 Total liabilities. Add lines 17 through 25 26 Organizations that follow FASB ASC 958, check here X **Net Assets or Fund Balances** and complete lines 27, 28, 32, and 33. Net assets without donor restrictions 724,046 848,490 Net assets with donor restrictions 88,067 28 90,392 Organizations that do not follow FASB ASC 958, check her and complete lines 29 through 33. Capital stock or trust principal, or current funds 29 30 Paid-in or capital surplus, or land, building, or equipment fund 30

945,166 Form **990** (2023)

938,882

31

32

33

812,113

818,785

31

Total net assets or fund balances

Total liabilities and net assets/fund balances .

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 (D) Fundraising (A) Total expenses (B) Program service Do not include amounts reported on lines 6b, 7b, Management and 8b, 9b, and 10b of Part VIII. expenses general expenses expenses Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 Grants and other assistance to domestic individuals. See Part IV, line 22 3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees 76,600 61,280 7,660 7,660 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Other salaries and wages 70,158 23,758 46,400 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) $5, \overline{971}$ 746 Other employee benefits 7,463 746 9,312 12,466 2,485 669 Payroll taxes 10 Fees for services (nonemployees): a Management **b** Legal 12,400 12,400 c Accounting **d** Lobbying e Professional fundraising services. See Part IV, line 1 Investment management fees g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.) 12 Advertising and promotion <u>51,863</u> 51,863 5,741 5,741 13 Office expenses 14 Information technology **15** Royalties 18,129 18,129 Occupancy 16 4,756 4,756 17 Payments of travel or entertainment expense for any federal, state, or local public officials Conferences, conventions, and meetings 19 Payments to affiliates 21 8,970 22 Depreciation, depletion, and amortization 8,844 126 15,281 15,281 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.) a Ground Maintenance 36,000 36,000 Program Services 13,863 13,863 9,702 7,501 54,349 Coach Training 9,702 7,501 Course labor e All other expenses 35,774 18,575 405,242 240,388 103,916 60,938 25 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)

Part VIII Statement of Revenue Check if Schedule O contains a response or note to any line in this Part VIII (B) Related or exempt (A) (C) (D) Revenue excluded Unrelated Total revenue from tax under sections 512-514 function revenu business revenue 1a Federated campaigns **b** Membership dues 1b **c** Fundraising events 1c **d** Related organizations 1d e Government grants (contributions) 40,000 1e f All other contributions, gifts, grants, and similar amounts not included above . . . 1f 186,939 **q** Noncash contributions included in lines 1a-1f 1g 226,939 h Total. Add lines 1a-1f . Business Cod 53,450 53,450 Program Service Revenue 2a Golf Range ... 34,106 34,106 Program Fees 24,562 24,562 Pro Shop Sales 20,192 20,192 Scholarship Program Fees **f** All other program service revenue 132,310 g Total. Add lines 2a-2f 3 Investment income (including dividends, interest, and other similar amounts) 2,950 2,950 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) 6c d Net rental income or (loss) 7a Gross amount from sales of assets 7a other than inventory Other Revenue **b** Less: cost or other basis and sales exps. 7b c Gain or (loss) 7с d Net gain or (loss) 8a Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18 259,273 **b** Less: direct expenses 91,529 8b c Net income or (loss) from fundraising events 167,744 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 iscellaneous Revenue 11a d All other revenue Total. Add lines 11a-11d

529,943

132,310

2,950

Total revenue. See instructions

Form 990 (2023) Hilton Head Island Foundation to 46-5117877

Part VIII Section A Officers Directors Trustees Key Familians and Island Foundation to 46-5117877

Part VII Section A. Officer	s, Directors, I	ruste	es,	ney	Em	pioy	ees	, and Hignest Compens	ated Employees (continu	ea)
(A) Name and title	(B) Average hours per week	offi	cer a	Pos check ess pe	erson i directo	than o	an tee)	(D) Reportable compensation from the	(E) Reportable compensation from related	(F) Estimated amount of other compensation
	(list any hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/ 1099-MISC/ 1099-NEC)	organizations (W-2/ 1099-MISC/ 1099-NEC)	from the organization and related organizations
(12) Chris Lane										
(12)	5.00									
Secretary (13) Darcie Patri	0.00	X		X				0	0	0
(13) Darcie Pacif	5.00									
Board Member	0.00	х						0	0	0
(14) Paul Rothwel										
(14)	5.00	١								•
Board Member (15) Brad Taylor	0.00	X						0	0	0
(15) Brad raylor (15)	5.00									
Board Member	0.00	х						0	0	0
(16) Ed Tiscornia										
(16)	5.00									
Board Member (17) Chuck Wisema	0.00	X						0	0	0
(17) Chuck Wisema (17)	5.00									
Board Member	0.00	х						0	0	0
(18)										
1b Subtotal							l	76,600		7,465
c Total from continuation she								,		
d Total (add lines 1b and 1c)					<u></u>			76,600		7,465
2 Total number of individuals (in reportable compensation from	•		ed to 0	tho	se li	sted	abo	ve) who received more that	an \$100,000 of	
Toportable compensation from	T tilo organizatio	<u>.</u>								Yes No
3 Did the organization list any f employee on line 1a? If "Yes,	ormer officer, d	irect	or, tr	uste	e, ke	ey er	nplo	yee, or highest compensa	ted	3 X
4 For any individual listed on lir	ne 1a, is the sun	n of	repo	<i>⊪ su</i> rtabl	e co	<i>mpe</i> i	<i>iuai</i> nsat	ion and other compensatio	n from the	
organization and related orga	nizations greate	r tha	ın \$1	150,0	000?	If "Y	es,"	complete Schedule J for s	such	4 X
individual5 Did any person listed on line	1a receive or a	ccrue	cor	 nper	 Isati	on fro	om a	any unrelated organization	or individual	4 A
for services rendered to the	organization? <i>If</i> '									5 X
Section B. Independent Contrac			_41	:I		-l 4			- H 0400 000 -f	
1 Complete this table for your f compensation from the organ										year.
Name and	(A) d business address							Descript	(B) tion of services	(C) Compensation
			_		_	_				
2 Total number of independent	contractors (incl	udin	g bu	t not	t limi	ted t	o th	ose listed above) who		
Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization									- 000	

		_				
Form 990 (2023) F	lilton	Head	Tsland	Foundation	to	46-5117877

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.

Check this box if neither the org	ganization nor a	iny re	elate	d oro	ganiz	zation	COI	mpensated any current off	icer, director, or trustee.	
(A) Name and title	(B) Average hours per week (list any hours for related organizations	òo	cer ar	Pos check ess pe	rson directo	than o is both or/trusted Highest compensated employee	an ee)	(D) Reportable compensation from the organization (W-2/ 1099-MISC/ 1099-NEC)	(E) Reportable compensation from related organizations (W-2/ 1099-MISC/ 1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
	below dotted line)	rustee	trustee		/ee	npensate				
(1) Patrick M Zuk						۵				
Executive Director	40.00			x				76,600	0	7,465
(2) Grace Chu								,		,
	5.00									
Chair	0.00	X		X				0	0	0
(3) Bob Curri										
	5.00									
Board Member	0.00	X						0	0	0
(4) Joe Datillo										
	5.00									
Board Member	0.00	X						0	0	0
(5) Krista Dunton										
	5.00									
Board Member	0.00	X						0	0	0
(6) Chuck Eberly										
	5.00									
Board Member	0.00	X						0	0	0
(7) John Farrell										
	5.00									
Board Member	0.00	X						0	0	0
(8) Bill Fuentes										
	5.00									
Board Member	0.00	X						0	0	0
(9) Bill Fuge										
_	5.00									
Board Member	0.00	Х						0	0	0
(10) Paul Gaines										
	5.00									
Vice-Chair	0.00	X		X				0	0	0
(11) Jacqueline Lamb										
	5.00	1								
Treasurer	0.00	X						0	0	0

Form **990** (2023)

	n 990 (2023) Hilton Head Island Foundation to 46-5117877 art VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, a	and fc		^p age t Vo″
	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O.			
	Check if Schedule O contains a response or note to any line in this Part VI	<u></u>	<u></u>	
Sec	ction A. Governing Body and Management		T	Т
4-	Enter the number of voting members of the governing body at the end of the tax year 1a 16		Yes	No
ıa	Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or			
	if the governing body delegated broad authority to an executive committee or similar			
	committee, explain on Schedule O.			
b	Enter the number of voting members included on line 1a, above, who are independent 1b 16			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with			
	any other officer, director, trustee, or key employee?	2		Х
3	Did the organization delegate control over management duties customarily performed by or under the direct			
	supervision of officers, directors, trustees, or key employees to a management company or other person?	3	<u> </u>	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?	5	<u> </u>	X
6	Did the organization have members or stockholders?	6	<u> </u>	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	, , , , , ,	71-		v
8	stockholders, or persons other than the governing body? Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following	7b		X
o a	The governing had Q	8a	х	
b	Each committee with authority to act on behalf of the governing body?	8b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at			
	the organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9		х
Sec	ction B. Policies (This Section B requests information about policies not required by the Internal Revenue	e Co	de.)	
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,			
	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b	<u> </u>	
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a		Х
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.			
12a		12a	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12a 12b	X	
_	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"	12b	Х	
b c	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done Did the organization have a written which leaves policy?	12b 12c	Х	x
b c 13	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done Did the organization have a written whistleblower policy?	12b 12c 13	Х	X
b c 13 14	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done Did the organization have a written whistleblower policy? Did the organization have a written document retention and destruction policy?	12b 12c	Х	X
b c 13	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done Did the organization have a written whistleblower policy? Did the organization have a written document retention and destruction policy? Did the process for determining compensation of the following persons include a review and approval by	12b 12c 13	Х	
b c 13 14	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done Did the organization have a written whistleblower policy? Did the organization have a written document retention and destruction policy? Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	12b 12c 13	Х	X
b c 13 14	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done Did the organization have a written whistleblower policy? Did the organization have a written document retention and destruction policy? Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? The organization's CEO, Executive Director, or top management official	12b 12c 13 14	Х	
b c 13 14 15	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done Did the organization have a written whistleblower policy? Did the organization have a written document retention and destruction policy? Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? The organization's CEO, Executive Director, or top management official	12b 12c 13 14	Х	X
b c 13 14 15	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done Did the organization have a written whistleblower policy? Did the organization have a written document retention and destruction policy? Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? The organization's CEO, Executive Director, or top management official Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.	12b 12c 13 14	Х	X
b c 13 14 15 a b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done Did the organization have a written whistleblower policy? Did the organization have a written document retention and destruction policy? Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? The organization's CEO, Executive Director, or top management official Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions. Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	12b 12c 13 14	Х	X
b c 13 14 15 a b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done Did the organization have a written whistleblower policy? Did the organization have a written document retention and destruction policy? Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? The organization's CEO, Executive Director, or top management official Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions. Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its	12b 12c 13 14 15a 15b	Х	X X X
b c 13 14 15 a b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done Did the organization have a written whistleblower policy? Did the organization have a written document retention and destruction policy? Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? The organization's CEO, Executive Director, or top management official Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions. Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? 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	12b 12c 13 14 15a 15b	Х	x x x
b c 13 14 15 a b 16a b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done Did the organization have a written whistleblower policy? Did the organization have a written document retention and destruction policy? Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? The organization's CEO, Executive Director, or top management official Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions. Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? 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?	12b 12c 13 14 15a 15b	Х	X X X
b c 13 14 15 a b 16a b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done Did the organization have a written whistleblower policy? Did the organization have a written document retention and destruction policy? Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? The organization's CEO, Executive Director, or top management official Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions. Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? 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? Etion C. Disclosure	12b 12c 13 14 15a 15b	Х	X X X
b c 13 14 15 a b 16a b Sec	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done Did the organization have a written whistleblower policy? Did the organization have a written document retention and destruction policy? Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? The organization's CEO, Executive Director, or top management official Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions. Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? 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? Etion C. Disclosure List the states with which a copy of this Form 990 is required to be filed SC	12b 12c 13 14 15a 15b 16a	x	X X X
b c 13 14 15 a b 16a b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done Did the organization have a written whistleblower policy? Did the organization have a written document retention and destruction policy? Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? The organization's CEO, Executive Director, or top management official Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions. Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? 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? Etion C. Disclosure List the states with which a copy of this Form 990 is required to be filed SC Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)	12b 12c 13 14 15a 15b 16a	x	X X X
b c 13 14 15 a b 16a b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done Did the organization have a written whistleblower policy? Did the organization have a written document retention and destruction policy? Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? The organization's CEO, Executive Director, or top management official Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions. Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? 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? Stion C. Disclosure List the states with which a copy of this Form 990 is required to be filed SC Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c) (3)s only) available for public inspection. Indicate how you made these available. Check all that apply.	12b 12c 13 14 15a 15b 16a	x	x x x
b c 13 14 15 a b 16a b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done Did the organization have a written whistleblower policy? Did the organization have a written document retention and destruction policy? Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? The organization's CEO, Executive Director, or top management official Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions. Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? 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? Etion C. Disclosure List the states with which a copy of this Form 990 is required to be filed SC Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)	12b 12c 13 14 15a 15b 16a	x	x x x

20 State the name, address, and telephone number of the person who possesses the organization's books and records.

Tammy Novak

2 Corpus Christi Place # 2

and financial statements available to the public during the tax year.

<u>Hilton Head Island</u>
DAA

SC 29928 843-785-4018
Form 990 (2023)

	990 (2023) Hilton Head Island Foundation to 46-5117877			age 5
	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 14		7.7	
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X	77
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		<u> </u>
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over,			v
	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).			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 transaction?	5b		_^_
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	6-		х
	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or	Ch		
7	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	70	х	
	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	Λ	-
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	7.0		v
لم	required to file Form 8282? If "Yes." indicate the number of Forms 8282 filed during the year 7d	7c		X
d	,	70		v
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e 7f		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	-		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	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		<u> </u>
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the	8		
٥	sponsoring organization have excess business holdings at any time during the year?	0		
9	Sponsoring organizations maintaining donor advised funds. Did the sponsoring organization make any taxable distributions under section 4966?	9a		
a b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		<u> </u>
	Section 501(c)(7) organizations. Enter:	30		
10	Initiation fees and capital contributions included on Part VIII, line 12			
a b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
11	Section 501(c)(12) organizations. Enter:			
a				
b	Gross income from members or snareholders Gross income from other sources. (Do not net amounts due or paid to other sources	_		
D	against amounts due or received from them.)			
12a	Section 4047(a)(4) non exempt charitable twister to the exemptation filing Form 000 in liquid Form 10412	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	120		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	le the complete livered to increase well-field be able place in more than one at the O	13a		
u	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			
~	the organization is licensed to issue qualified health plans 13b			
С	F () () () () () () () () () (
14a	Did the examination receive any normants for indeed tenning convices during the tay year?	14a		х
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b		_ <u></u>
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			
. •	excess parachute payment(s) during the year?	15		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 income?	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 activities			
	that would result in the imposition of an excise tax under section 4951, 4952 or 4953?	17		
	If "Yes," complete Form 6069.	1		
		Forn	990	(2023)

Form **990** (2023)

	art IV Checklist of Required Schedules (continued)			age i
	THE THE CHECKING OF REQUIRED CONTINUED		Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the			
	organization's current and former officers, directors, trustees, key employees, and highest compensated			
	employees? If "Yes," complete Schedule J	23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than			
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b			
	through 24d and complete Schedule K. If "No," go to line 25a	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year			
	to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior			
	year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?			
	If "Yes," complete Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key			
	employee, creator or founder, substantial contributor or employee thereof, a grant selection committee			
	member, or to a 35% controlled entity (including an employee thereof) or family member of any of these			
	persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties? (See the Schedule			
	L, Part IV, instructions for applicable filing thresholds, conditions, and exceptions).			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV	28a		X
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
С	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If			37
	"Yes," complete Schedule L, Part IV			X
29	Did the organization receive more than \$25,000 in noncash contributions? If "Yes," complete Schedule M	29		Х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			37
	conservation contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"			v
	complete Schedule N, Part II	32		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			3,5
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		Х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III,	1 24		v
05-	or IV, and Part V, line 1	34		X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a	251-		
26	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	26		v
27		36		Х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		x
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and	31		
30	19? Note: All Form 990 filers are required to complete Schedule O	38		х
P	art V Statements Regarding Other IRS Filings and Tax Compliance	30	<u> </u>	
Г	Check if Schedule O contains a response or note to any line in this Part V			
_	Chook is concease a content a response of note to any into in the fact v		Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a 1			
b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b 0			
c	Did the organization comply with backup withholding rules for reportable payments to vendors and			
-	reportable gaming (gambling) winnings to prize winners?	1с		х

			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		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)			
	election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,			
	assessments, or similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors			
	have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If			
	"Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			
	complete Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a			
	custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or			
	debt negotiation services? If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi-endowments? If "Yes," complete Schedule D, Part V	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,			
	VII, VIII, IX, or X, as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"			
	complete Schedule D, Part VI	11a	X	
b	Did the organization report an amount for investments—other securities in Part X, line 12, that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
С	Did the organization report an amount for investments—program related in Part X, line 13, that is 5% or more			
	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			32
	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	v	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		v
42-	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	420		х
h	Was the organization included in consolidated, independent audited financial statements for the tax year? If	12a		Λ
b	"Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
	Did the appropriation maintain on office appropriate an agents extends of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,	174		
~	fundraising, business, investment, and program service activities outside the United States, or aggregate			
	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or			
	for any 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		Х
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		X

	990 (2023) Hilton Head Islan rt III Statement of Program Serv Check if Schedule O contains	ice Accomplishments	46-5117877	Page 2
T 1	Briefly describe the organization's mission: he First Tee helps shap ife by introducing them ike integrity, respect	e the lives of kid to values inherer	ds and teens from all	f. Values
2	Did the organization undertake any significant p prior Form 990 or 990-EZ? If "Yes," describe these new services on Sched			Yes X No
3	Did the organization cease conducting, or make	significant changes in how it condu		Yes X No
4	Describe the organization's program service accepenses. Section 501(c)(3) and 501(c)(4) orgathe total expenses, and revenue, if any, for each	complishments for each of its three I nizations are required to report the a		
0	(Code:) (Expenses \$ 240 perating driving range tatement.	0,388 including grants of \$ for use in object:		ion
	·			
	• • • • • • • • • • • • • • • • • • • •			
	(Code:) (Expenses \$ /A	including grants of \$) (Revenue \$)
	·			
	·			
	(Code:) (Expenses \$ /A	including grants of \$) (Revenue \$)
	·			
4d	Other program services (Describe on Schedule	•) (Poyonus [©]	
4e	(Expenses \$ includ Total program service expenses	ing grants of \$ 240 , 388) (Revenue \$	

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.

2023

<u>A</u>	For the	e 2023 calendar year, or tax year beginning , and ending							
<u>B</u>	Check if ap	ock if applicable: C Name of organization Hilton Head Island Foundation to D Employer identification number							
Address change		Support Youth Sports, Inc.							
\Box	Name char	Doing business as The First Tee of the LowCountry		46-5117877					
H		Number and street (or P.O. box if mail is not delivered to street address)	Room/suite						
닏	Initial return			843-384-1751					
	terminated				604 480				
	Amended r	Hilton Head Island SC 29925		G Gross re	eceipts\$ 621,472				
Ħ		I Name and address of principal officer.			r subordinates? Yes X No				
Ш	Application	- Guoductine Tumbe							
		33 114g110114 210000m 211		o) Are all subordinates included? Yes No					
		Bluffton SC 29910	If "N	If "No," attach a list. See instructions					
1	Tax-exem								
J	Website:	http://www.thefirstteelowcountry.org/	H(c) Group e	xemption num	ber				
ĸ	Form of o	rganization: Corporation Trust Association Other L	Year of formation:	2014	M State of legal domicile: SC				
		Summary							
	1 B	Briefly describe the organization's mission or most significant activities:							
e		The First Tee helps shape the lives of kids and teens from all walks of							
an		life by introducing them to values inherent in the game of golf. Values							
Governance		like integrity, respect and perseverance							
Š	2 0	theck this box if the organization discontinued its operations or disposed of more than 2	 25% of its net a	 seets					
⊗		lumber of voting members of the governing body (Part VI, line 1a)			16				
	1 4 N	lumber of independent voting members of the governing body (Part VI, line 1b)		4	16				
Activities	4 N	otal number of individuals employed in calendar year 2023 (Part V, line 13)		5	14				
€					75				
¥		otal number of volunteers (estimate if necessary)			_				
		otal unrelated business revenue from Part VIII, column (C), line 12			0				
	b N	let unrelated business taxable income from Form 990-T, Part I, line 11	Prior Y		Current Year				
	Contributions and grants (Dort VIII line 1h)			3,670	 				
ne		8 Contributions and grants (Part VIII, line 1h)		6,807					
Revenue		rogram service revenue (Part VIII, line 2g)							
Re.	10 In	nvestment income (Part VIII, column (A), lines 3, 4, and 7d)		384	167 744				
_		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		2,128					
		Total revenue – add lines 8 through 11 (must equal Part VIII, column (A), line 12)		2,989					
		Grants and similar amounts paid (Part IX, column (A), lines 1–3)			0				
	14 B	enefits paid to or for members (Part IX, column (A), line 4)			0				
es	15 S	alaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)		5,296	166,687				
Sus	16a P	rofessional fundraising fees (Part IX, column (A), line 11e)			0				
Expenses	b T	otal fundraising expenses (Part IX, column (D), line 25) 60,938							
Ш	117 0	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)		4,317					
	18 T	otal expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)		9,613					
	19 R	Levenue less expenses. Subtract line 18 from line 12	16	3,376	124,701				
Net Assets or Fund Balances	<u>8</u>		Beginning of C		End of Year				
Set	20 T	otal assets (Part X, line 16)	81	8,785	945,166				
\$	21 T	otal liabilities (Part X, line 26)		<u>6,672</u>					
	22 N	let assets or fund balances. Subtract line 21 from line 20		2,113	938,882				
F	Part II	Signature Block							
U	Inder pen	alties of perjury, I declare that I have examined this return, including accompanying schedules and sta	atements, and to t	he best of n	my knowledge and belief, it is				
tr	ue, corre	ct, and complete. Declaration of preparer (other than officer) is based on all information of which prep	arer has any kno	wledge.					
			·						
Sig	gn	Signature of officer		Date	е				
He		Jacqueline Lambe Treasurer							
		Type or print name and title							
		Print/Type preparer's name Preparer's signature	Date	Check	k if PTIN				
Pai	id .	Patrick P. Carey, Jr., CPA Patrick P. Carey, Jr., CPA			P00033247				
Preparer					57-0927046				
Use Only		Fim's name Carey & Company P.A.		Firm's EIN	57-0927046				
-3	· • · · · · · ·	70 Main Street, Suite 100			042_601 4420				
		Firm's address Hilton Head Island, SC 29926		Phone no.	843-681-4430				
Ma	y the IRS	S discuss this return with the preparer shown above? See instructions			X Yes No				

Form **8879-TE**

IRS E-file Signature Authorization for a Tax Exempt Entity

OMB	No.	1545-0047
-----	-----	-----------

Department of the Treasury Internal Revenue Service

For calendar year 2023, or fiscal year beginning, 2023, and ending Do not send to the IRS. Keep for your records.

2023

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

EIN or SSN

Support Youth Sports, Inc.

46-5117877

Name and title of officer or person subject to tax Jacqueline Lambe

<u>Treasure</u>r

Type of Return and Return Information

Check the box for the return for which you are using this Form 8879-TE and enter the applicable amount, if any, from the return. Form 8038-CP and Form 5330 filers may enter dollars and cents. For all other forms, enter whole dollars only. If you check the box on line 1a, 2a, 3a, 4a, 5a, 6a, 7a, 8a, 9a, or 10a below, and the amount on that line for the return being filed with this form was blank, then leave line 1b, 2b,

ou, -u	, ou, ou, ru, ou, ou, or rou bolow,	una i	no unio	and off that line for the retain being med with this form was blank, the	on loave line	10, 20,
3b, 4b	, 5b , 6b , 7b , 8b , 9b , or 10b , which	ever	is applic	cable, blank (do not enter -0-). But, if you entered -0- on the return,	then enter -0)- on the
applica	ble line below. Do not complete m		han one	e line in Part I.		
1a F	orm 990 check here	X ı	o Tota	I revenue, if any (Form 990, Part VIII, column (A), line 12)	1b	529,943
2a F	orm 990-EZ check here	Щı	o Tota	I revenue, if any (Form 990-EZ, line 9)	2b	
3a F	orm 1120-POL check here	Щ I	o Tota	I tax (Form 1120-POL, line 22)	3b	
4a F	orm 990-PF check here	Щ	о Тах	based on investment income (Form 990-PF, Part V, line 5)	4b	
5a F	orm 8868 check here	Ш	o Bala	nce due (Form 8868, line 3c)	5b	
6a F	orm 990-T check here	╝	o Tota	I tax (Form 990-T, Part III, line 4)	6b	
7a F	orm 4720 check here	١Щ	o Tota	I tax (Form 4720, Part III, line 1)	7b	
	orm 5227 check here	ا إ	o FMV	of assets at end of tax year (Form 5227, Item D)	. 8b	
	orm 5330 check here	Ц і	тах Т	due (Form 5330, Part II, line 19)	. 9b	
	orm 8038-CP check here		o Amo	ount of credit payment requested (Form 8038-CP, Part III, line 22		
Par	t II Declaration and Signature	gnat	ure A	uthorization of Officer or Person Subject to Tax		
Under	penalties of perjury, I declare that	X	I am a	n officer of the above entity or U am a person subject to tax	with respect	to (name
of entit				, (EIN) and that I have	examined a	copy of the
2023 €	electronic return and accompanying	sche	dules a	nd statements, and, to the best of my knowledge and belief, they a	re true, corre	ct, and
comple	ete. I further declare that the amoun	nt in I	Part I ab	pove is the amount shown on the copy of the electronic return. I con-	sent to allow	my
	• • • • • • • • • • • • • • • • • • • •			return originator (ERO) to send the return to the IRS and to receive		` '
		•		the transmission, (b) the reason for any delay in processing the retu		,
				.S. Treasury and its designated Financial Agent to initiate an electro		
`	,			ndicated in the tax preparation software for payment of the federal ta		
			•	this account. To revoke a payment, I must contact the U.S. Treasu	•	•
		-		the payment (settlement) date. I also authorize the financial institut		
•	. ,			ive confidential information necessary to answer inquiries and resolv		
		identi	tication	number (PIN) as my signature for the electronic return and, if applic	able, the col	nsent to
	nic funds withdrawal.					
_	heck one box only			D 3	1 E	
X	I authorize Carey & C	omp		•	as ii	ny signature
			ERO		numbers, but er all zeros	ıt
		, s part		If I have indicated within this return that a copy of the return is bein IRS Fed/State program, I also authorize the aforementioned ERO to	•	
	filed return. If I have indicated with	hin th	is returi	pect to the entity, I will enter my PIN as my signature on the tax yean in that a copy of the return is being filed with a state agency(ies) reg PIN on the return's disclosure consent screen.		
Signature	e of officer or person subject to tax			Date		
Par	t III Certification and A	\uth	entica	ition		

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

57507812345

Do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2023 electronically filed return indicated above. I confirm that I am submitting this return in accordance with the requirements of Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

Patrick P. Carey, Jr., CPA

Date

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

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

June 30, 2024

CONFIDENTIAL

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

Dear Board Members:

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

We will prepare your federal and state exempt organization returns from information which you will furnish to us. Please verify the data you submit, although it may be necessary to ask you for clarification of some of the information.

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

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

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

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

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

If the foregoing fairly sets forth your understanding, please sign the enclosed copy of this letter in the space indicated and return it to our office. However, if there are other tax returns you expect us to prepare, please inform us by noting so at the end of the return copy of this letter.

Very truly yours,		
Carey & Company P.A.		
Accepted By:		
Date:		

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

June 30, 2024

CONFIDENTIAL

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

Dear Board Members:

We have prepared the enclosed returns from information provided by you, which was audited through a financial statement audit of the Foundation's financial records.

Return of Organization Exempt From Income Tax (Form 990)

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

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

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

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

Sincerely,

Carey & Company P.A.

	Form 990			nparison Report			2022 & 2023
Ļ	For calendar year 2023, or tax year begin			, en	ding		
	Name Hilton Head Island Foundation to				I	Taxpaye	er Identification Number
	Support Youth Sports, Inc.					46-5	5117877
	l	util Sports, Inc.		2022	2023		Differences
	1 Contributions	gifts, grants	1.	183,670		, 939	
	2 Membership du	les and assessments	2.	103,070	100	,,,,,,	3,203
	3. Government co	ontributions and grants	3.	70,000	40	,000	-30,000
9	4 Program service	e revenue	4.	126,807	132	,310	5,503
n u	5 Investment inco	ome	5.	384		, 950	2,566
>	6 Proceeds from	tax exempt bonds	6.	301	_	,,,,,,	
e	7. Net gain or (los	ss) from sale of assets other than inventory	7.				
		(loss) from fundraising events	8.	142,128	167	,744	25,616
		(loss) from gaming	9.			,	
		ss) on sales of inventory	10.				
	11. Other revenue		11.				
	12. Total revenue	. Add lines 1 through 11	12.	522,989	529	,943	6,954
	13. Grants and sim		13.	0== / 0 00		,	
	14. Benefits paid to		14.				
S		of officers, directors, trustees, etc.	15.	71,000	76	,600	5,600
S		compensation, and employee benefits	16.	84,296	90	,087	5,791
e n		ndraising fees	17.	,		•	,
σ	18. Other profession		18.	14,537	12	,400	-2,137
ш	19. Occupancy, rer	nt, utilities, and maintenance	19.	18,061	18	,129	68
		nd Depletion	20.	4,976	8	970	3,994
	21. Other expenses	s	21.	166,743	199	,056	32,313
	22. Total expense	es. Add lines 13 through 21	22.	359,613	405	,242	45,629
	23. Excess or (De	eficit). Subtract line 22 from line 12	23.	163,376		,701	-38,675
	24. Total exempt re	evenue	24.	522,989	529	,943	6,954
_	25. Total unrelated	revenue	25.				
tior	26. Total excludabl	e revenue	26.	127,191		,260	8,069
ma	07 T-4-14-		27.	818,785		,166	126,381
Information			28.	6,672		,284	-388
	29. Retained earning	ngs	29.	812,113	938	,882	126,769
Other		ng members of governing body	30.	15	16		
Ö	31. Number of inde	ependent voting members of governing body	31.	15	16		
	32. Number of emp	ployees	32.	5	14		
	33. Number of volu	ınteers	33.	75	75		

Form 990		Tax Re	Tax Return History			2023
Name Hil Sup	Hilton Head Island Founda Support Youth Sports, Inc	ndation to Inc.			Employer 46–51	mployer Identification Number 46-5117877
	2019	2020	2021	2022	2023	2024
Contributions, gifts, grants	s 214,938	160,706	178,858	253,670	226,939	
Membership dues Program service revenue	48,950	67,658	82,979	126,807	132,310	
Capital gain or loss						
Investment income	348	415	480	384		
Fundraising revenue (income/loss)	ome/loss) 96,610	87,744	124,311	142,128	167,744	
Gaming revenue (income/loss)	(ssol)					
Other revenue		31,708	31,708			
Total revenue	360,846	348,231	418,336	522,989	529,943	
Grants and similar amounts paid	its paid					
Benefits paid to or for members	mbers					
Compensation of officers, etc.	etc.	59,177	62,475	71,000	16,600	
Other compensation	130,405	114,452	78,381	84,296	90,087	
Professional fees	13,423	12,018	10,601	14,537	12,400	
Occupancy costs				18,061	18,129	
Depreciation and depletion	088 389	016	2,370	4,976	8,970	
Other expenses	119,755	117,466	168,849	166,743	199,056	
Total expenses	263,972	304,083	322,676	359,613	405,242	
Excess or (Deficit)	96,874	44,148	95,660	163,376	124,701	
		_	-	-	_	
Total exempt revenue	360,846	348,231	418,336	522,989	529,943	
Total unrelated revenue						
Total excludable revenue			115,167	_		
Total Assets	529,379		655,322	818,785	945,166	
Total Liabilities	85,297	72,547	71,256	6,672	6,284	
Net Fund Balances	444,082	488,230	584,066	812,113	938,882	

Filing Instructions

Hilton Head Island Foundation to Support Youth Sports, Inc.

Exempt Organization Tax Return

Taxable Year Ended December 31, 2023

Date Due: November 15, 2024

Remittance: None is required. Your Form 990 for the tax year ended 12/31/23 shows no

balance due.

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

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

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

organization and returned to:

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

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

8879-TE has been received by this office.

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

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

processing of your return.

Form **8879-TE**

IRS E-file Signature Authorization for a Tax Exempt Entity

OMB	No.	1545-0047
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Department of the Treasury

For calendar year 2023, or fiscal year beginning, 2023, and ending, 20 Do not send to the IRS. Keep for your records.

2023

Internal Revenue Service Name of filer

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

EIN or SSN

	<u>Support Yout</u>	<u>h Sports,</u>	Inc.	46-5117877	
Name and title of officer or person subject to tax Jac	cqueline Lam	abe			
	easurer				
Part I Type of Return and	Return Informatio	n			
Check the box for the return for which you	are using this Form 887	9-TE and enter the	applicable amount, if any, fr	om the return. Form	
8038-CP and Form 5330 filers may enter d					
3a, 4a, 5a, 6a, 7a, 8a, 9a, or 10a below, ar					
3b, 4b, 5b, 6b, 7b, 8b, 9b, or 10b, whiche			•		
applicable line below. Do not complete mo			, ,	,	
1a Form 990 check here			rt VIII. column (A). line 12)	1b <u>529,9</u>	43
2a Form 990-EZ check here		any (Form 990-F7	line 9)	2b	
3a Form 1120-POL check here	b Total tax (Form	1120-POL line 22)		3b	
4a Form 990-PF check here	b Tax based on in	vestment income	(Form 990-PF, Part V, line 5	5) 4b	
5a Form 8868 check here	b Balance due (Fo	orm 8868 line 3c)		5b	
6a Form 990-T check here	b Total tax (Form 9	990-T Part III line	4)	6b	
7a Form 4720 check here				7b	
8a Form 5227 check here	,			8b	
9a Form 5330 check here		-)	<u>'</u>	
10a Form 8038-CP check here	·		ted (Form 8038-CP, Part III,		
			or Person Subject to		
Under penalties of perjury, I declare that				et to tax with respect to (name	_
of entity)	I am an onicer or u	, (EIN)		I have examined a copy of the	
2023 electronic return and accompanying s	schedules and statement				
complete. I further declare that the amount					
intermediate service provider, transmitter, o			• •	•	
acknowledgement of receipt or reason for	_				
the date of any refund. If applicable, I auth	orize the U.S. Treasury	and its designated	Financial Agent to initiate an	electronic funds withdrawal	
(direct debit) entry to the financial institution	n account indicated in th	e tax preparation so	oftware for payment of the fe	ederal taxes owed on this	
return, and the financial institution to debit t	the entry to this account	. To revoke a paym	ent, I must contact the U.S.	Treasury Financial Agent at	
1-888-353-4537 no later than 2 business d					
processing of the electronic payment of tax					
the payment. I have selected a personal id	entification number (PIN) as my signature f	or the electronic return and,	if applicable, the consent to	
electronic funds withdrawal.					
PIN: check one box only			Г	10045	
X I authorize Carey & Co			to enter my PIN	12345 as my signature	
	ERO firm name			Enter five numbers, but	
				do not enter all zeros	
on the tax year 2023 electronically				9	
agency(ies) regulating charities as	•	e program, I also a	uthorize the aforementioned	ERO to enter my PIN on the	
return's disclosure consent screen.	•				
As an officer or person subject to ta					
filed return. If I have indicated withit of the IRS Fed/State program, I will				ies) regulating charities as part	
, •	i citter my r my on the re	cium s disclosure co			
Signature of officer or person subject to tax Part III Certification and Au	uthentication		Date		_
ERO's EFIN/PIN. Enter your six-digit elect					
number (EFIN) followed by your five-digit s	· ·		5750781	12345	
			Do not ente		
I certify that the above numeric entry is my	PIN which is my signal	ture on the 2023 ele			
am submitting this return in accordance with			•		
Providers for Business Returns.			()		
Patrick P C	'arou Tr	CDZ			
ERO's signature Patrick P. C	arey, or.,	OI'A	Date		

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

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

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.

2023 Open to Public Inspection

Α	For the	e 2023 <u>calendar year, or tax year beginning</u> , and end							
<u>B</u>	Check if a	pplicable: C Name of organization Hilton Head Island Found	dation to		D Employe	r identification number			
Ш	Address c								
\Box	Name cha	Doing business as The First Tee of the LowCountry 46-5117877							
H		Number and street (or P.O. box if mail is not delivered to street address) Room/suite E Telephone number							
닏	Initial retur								
Ш	terminated	ted.							
	Amended	return Hilton Head Island SC 29925 F Name and address of principal officer:			G Gross rec	eipts\$ 621,472			
H		Name and address of principal officer.	oup return for	subordinates? Yes X No					
Ш	Application	ouoquerric raine		_		5, 5 ,			
		53 Magnolia Blossom Dr.		H(b) Are all sub					
		Bluffton SC 29910		If "No,"	' attach a list	. See instructions			
<u></u>	Tax-exen	npt status: X 501(c)(3) 501(c) () (insert no.) 4947(a)(1)							
J	Website:	http://www.thefirstteelowcountry.c	org/	H(c) Group exe	mption numb	er			
ĸ	Form of o	organization: X Corporation Trust Association Other	L Y	ear of formation: 2	014	M State of legal domicile: SC			
F	Part I	Summary				_			
	1 E	Briefly describe the organization's mission or most significant activities:							
e		The First Tee helps shape the lives of kid	ds and teens	from al	l walk	s of			
ä		life by introducing them to values inheren							
eru		like integrity, respect and perseverance	. i	·					
Governance	2 0	Check this box if the organization discontinued its operations or dispose	ad of more than 250		ete				
	2 0	Sumber of voting members of the governing body (Part VI, line 1a)				16			
•ඊ ග] 4 \	Number of voting members of the governing body (Fart VI, line Ta)			4	16			
iţie	4	Number of independent voting members of the governing body (Part VI, line	,		5	14			
Activities		otal number of individuals employed in calendar year 2023 (Part V, line 2a	a)						
Ą		otal number of volunteers (estimate if necessary)				75			
		otal unrelated business revenue from Part VIII, column (C), line 12				0			
_	b N	let unrelated business taxable income from Form 990-T, Part I, line 11				0			
			-	Prior Yea		Current Year			
e	8 (Contributions and grants (Part VIII, line 1h)			670	226,939			
e	9 F	Program service revenue (Part VIII, line 2g)			807	132,310			
Revenue	10 lr	nvestment income (Part VIII, column (A), lines 3, 4, and 7d)			384	2,950			
Œ	11 0	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)			,128	167,744			
	12 T	otal revenue – add lines 8 through 11 (must equal Part VIII, column (A), lir	ne 12)	522	2,989	529,943			
	13 🤄	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	L			0			
	14 E	Benefits paid to or for members (Part IX, column (A), line 4)	L			0			
Ø	15 0	Salaries, other compensation, employee benefits (Part IX, column (A), lines		155	,296	166,687			
Expenses	16a F	Professional fundraising fees (Part IX, column (A), line 11e)				0			
be	b T	Total fundraising expenses (Part IX, column (D), line 25)	0.938						
ŭ	17 (Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	··········	204	,317	238,555			
		Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)			,613	405,242			
		Revenue less expenses. Subtract line 18 from line 12			3,376	124,701			
56	<u> </u>	ACTIONIC 1033 EXPENSES. SUDMACT INTO 10 HOM INTO 12		Beginning of Curr		End of Year			
Net Assets or	<u></u>	otal assets (Part X, line 16)			785	945,166			
ASS	21 7	- L L P L T T			672	6,284			
Þ	32 1	otal liabilities (Part X, line 26) let assets or fund balances. Subtract line 21 from line 20			,113	938,882			
	Part II	Signature Block	L	012	.,	J30,00 <u>2</u>			
_		nalties of perjury, I declare that I have examined this return, including accompanying	r ashadulaa and atata	monto and to the	haat af m	v knowledge and heliaf it is			
		ialities of perjury, I declare that I have examined this return, including accompanying act, and complete. Declaration of preparer (other than officer) is based on all inform	,	,		y knowledge and belief, it is			
_		,, (,		··· , ····- ···	1				
٥:		Cignature of officer			Data				
Si		Signature of officer	-		Date				
He	ere		reasurer						
		Type or print name and title		,					
		Print/Type preparer's name Preparer's signature		Date	Check	if PTIN			
Pa	id	Patrick P. Carey, Jr., CPA Patrick P. Carey,	Jr., CPA		self-em	ployed P00033247			
Pre	eparer	Firm's name Carey & Company P.A.		Fi	irm's EIN	57-0927046			
Us	e Only	70 Main Street, Suite 100		1	-				
			9926	DI	hone no.	843-681-4430			
Ma	v the IR	S discuss this return with the preparer shown above? See instructions		1		X Yes No			
	,					== .00 110			

Part III Stat	tement of Program	sland Foundati Service Accomplish	ments	46-5117877	Page 2
		ntains a response or n	<u>iote to any lir</u>	ne in this Part III	
The First	introducing t	shape the live	inhere	ds and teens front in the game of	om all walks of of golf. Values
prior Form 990 If "Yes," descri	or 990-EZ? be these new services or	ificant program services duri n Schedule O. or make significant changes			Yes X No
services?	•				Yes X No
expenses. Sec	tion 501(c)(3) and 501(c)(d to report the	largest program services, as me amount of grants and allocations	
4a (Code:) (Expenses \$	240,388 including	grants of \$) (Reve	nue \$
Operating statement	g driving rar	nge for use in	object	ives outlined in	
• • • • • • • • • • • • • • • • • • • •					
• • • • • • • • • • • • • • • • • • • •					
4b (Code: N/A) (Expenses \$	including	grants of\$) (Reve	nue \$)
4c (Code: N/A) (Expenses \$	including	g grants of \$) (Reve	nue \$)
•					
. •	services (Describe on So	,) /Day	`
(Expenses \$ 4e Total program	service expenses	including grants of \$ 240,388) (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	х	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to	_		
•	condidates for public office? If "Vas." 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,			
	assessments, or similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors			
	have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If			
	"Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			
	complete Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a			
	custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or			
	debt negotiation services? If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi-endowments? If "Yes," complete Schedule D, Part V	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,			
	VII, VIII, IX, or X, as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"		v	
	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	441-		v
_	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	11c		х
А	of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i> Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets	110		
u	reported in Part V, line 162 If "Vas." complete Schedule D. Part IV	11d		х
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	1.0		
-	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		Х
12a	Did the organization obtain separate, independent audited financial statements for the tax year? <i>If</i> "Yes," complete			
	Schedule D, Parts XI and XII	12a		X
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If			
	"Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,			
	fundraising, business, investment, and program service activities outside the United States, or aggregate			
	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or			
	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other			
	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on			v
40	Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17	-	X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on	40	x	
10	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	Λ	\vdash
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?	19		Х
20a	If "Yes," complete Schedule G, Part III Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
2ua 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	200		
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		х
	, , , , , , , , , , , , , , , , , , ,		000	

Form **990** (2023)

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<u> Pa</u>	art IV Checklist of Required Schedules (continued)		V	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on		Yes	No
22	D. LIV. There (A) P. CO. If West Translate Oaks d. L. Barta Land III.	22		х
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the			
	organization's current and former officers, directors, trustees, key employees, and highest compensated			
	employees? If "Yes," complete Schedule J	23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than			
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b			
	through 24d and complete Schedule K. If "No," go to line 25a	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year			
	to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			٠,
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		Х
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior			
	year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25h		х
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current	25b		
20	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? <i>If</i> "Yes," complete Schedule L, Part II	26		Х
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key			
	employee, creator or founder, substantial contributor or employee thereof, a grant selection committee			
	member, or to a 35% controlled entity (including an employee thereof) or family member of any of these			
	persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties? (See the Schedule			
	L, Part IV, instructions for applicable filing thresholds, conditions, and exceptions).			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV	28a		X
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
С	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If			٠,
00	"Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in noncash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	30		х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I			X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes,"</i>			- 22
-	complete Schedule N, Part II	32		х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III,			
	or IV, and Part V, line 1	34		X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a			
	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable			37
27	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	37		х
38	and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i> Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and	31		
JU	19? Note: All Form 990 filers are required to complete Schedule O.	38		х
P	art V Statements Regarding Other IRS Filings and Tax Compliance			
-	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a 1			
b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and			

reportable gaming (gambling) winnings to prize winners?..

	990 (2023) Hilton Head Island Foundation to 46-5117877		Р	age 5
<u> Pa</u>	rt V Statements Regarding Other IRS Filings and Tax Compliance (continued)		Yes	No
2a				
	Statements, filed for the calendar year ending with or within the year covered by this return 2a 14			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over,			
	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X
b	If "Yes," enter the name of the foreign country			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Х
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			
	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or			
	gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods			
	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	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			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		X
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		X
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
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.	40-		
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note: See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which			
•	the organization is licensed to issue qualified health plans Enter the amount of reserves on hand 13c	_		
C 140	Did the ergenization receive any neuments for indept tenning continue during the tay year?	14a		x
14a b	Did the organization receive any payments for indoor tanning services during the tax year? If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14a 14b		
	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or	170		
15		15		х
		15		A
16	If "Yes," see instructions and file Form 4720, Schedule N. Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		Х
	If "Yes," complete Form 4720, Schedule O.	10		4,
17	Section 501(c)(21) organizations. Did the trust, any disqualified or other person engage in any activities			
••	that would result in the imposition of an excise tax under section 4951, 4952 or 4953?	17		
	If "Yes," complete Form 6069.	1,		
		Form	990	(2023)

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

Form 0	000 (2023)	Hilton	Head	Teland	Foundation	to	46-5117877
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Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

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

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

Check this box if neither the or	ganization nor a	ny re	elate	d or	ganiz	zatior	ı co	mpensated any current off	icer, director, or trustee.	
(A) Name and title	(B) Average hours per week (list any hours for related	offi	cer a	Pos check ess pe	rson i	than of is both or/trust employer	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)	(F) Estimated amount of other compensation from the organization and related organizations
	organizations below dotted line)	Individual trustee or director	nal trustee		employee	Highest compensated employee		,	7	
(1) Patrick M Zuk	40.00									
Executive Director	40.00			x				76,600	0	7,465
(2) Grace Chu										
OL	5.00	,,		٠,					•	0
Chair (3) Bob Curri	0.00	X		X				0	0	0
(3) BOD CUIII	5.00									
Board Member	0.00	х						0	0	0
(4) Joe Datillo										
Board Member	5.00	x						0	0	0
(5) Krista Dunton		1							<u> </u>	
	5.00									
Board Member	0.00	X						0	0	0
(6) Chuck Eberly	5.00									
Board Member	0.00	х						0	0	0
(7) John Farrell										
	5.00							_	_	
Board Member	0.00	X						0	0	0
(8) Bill Fuentes	F 00									
Board Member	5.00 0.00	х						0	0	0
(9) Bill Fuge	0.00	^						0	0	<u> </u>
(8) BIII 1 uge	5.00									
Board Member	0.00	Х						0	0	0
(10) Paul Gaines										
Vice-Chair	5.00	x		x				o	0	0
(11) Jacqueline Lamb	e									
	5.00									
Treasurer	0.00	X			1			0	0	0

Form **990** (2023)

Form 990 (2023) Hilton Head Island Foundation to 46-5117877

Part VIII Section A Officers Directors Trustees Key Fundamental Control of the C

Part VII Section A. Officer	s, Directors, 11	ruste	es,	ney	Em	pioy	ees/	s, and Hignest Compens	ated Employees (continu	ea)	
(A) Name and title	(B) Average hours per week	box offi	cer a	Pos check ess pe	erson i directo	than o	an tee)	(D) Reportable compensation from the	(E) Reportable compensation from related	(F) Estimated amount of other compensation	
	(list any hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/ 1099-MISC/ 1099-NEC)	organizations (W-2/ 1099-MISC/ 1099-NEC)	from the organization and related organizations	
(12) Chris Lane											
(12)	5.00										
Secretary (13) Darcie Patri	0.00	X		X				0	0	0	
(13) Darcie Pacif	5.00										
Board Member	0.00	x						0	0	0	
(14) Paul Rothwel											
(14)	5.00	l									
Board Member (15) Brad Taylor	0.00	X						0	0	0	
(15) Brad Taylor (15)	5.00										
Board Member	0.00	х						0	0	0	
(16) Ed Tiscornia								_		_	
(16)	5.00							_	_	_	
Board Member	0.00	Х						0	0	0	
(17) Chuck Wisema (17)	n 5.00										
Board Member	0.00	х						0	0	0	
(18)											
1b Subtotal								76,600		7,465	
c Total from continuation she	eets to Part VII	, Se	ctior	ıΑ				7.6.600		- 165	
d Total (add lines 1b and 1c) Total number of individuals (in	aduding but not						abo	76,600	n \$100,000 of	7,465	
reportable compensation from	•		0) li lo	15C 11	sieu	abu	who received more that	an \$100,000 or		
										Yes No	
3 Did the organization list any for employee on line 1a? If "Yes,	ormer officer, d <i>" complete Sche</i>	irecto Idule	or, tr	uste or su	e, ke ch ir	ey er Individ	nplo dual	yee, or highest compensa	ted	3 X	
4 For any individual listed on lin	ne 1a, is the sun	n of	repo	rtabl	е со	mpei	nsat	ion and other compensatio	n from the		
organization and related orga individual	_							•	such	4 X	
5 Did any person listed on line	1a receive or ac								or individual		
for services rendered to the o		'Yes,	" coi	mple	te S	chea	lule	J for such person		5 X	
Section B. Independent Contract1 Complete this table for your f		nonc	atad	ind	onon	dont	cor	atractors that received mor	o than \$100,000 of		
compensation from the organ	ization. Report of							ndar year ending with or w	ithin the organization's tax		
Name and	(A) d business address							Descrip	(B) tion of services	(C) Compensation	
-											
							<u> </u>				
2 Total number of independent	contractors (incl	udin	g bu	t not	t limi	ted t	o th	ose listed above) who			
received more than \$100,000	of compensation	n fro	om th	ne o	rgan	izatio	n	,	0	- 000	

Part VIII Statement of Revenue Check if Schedule O contains a response or note to any line in this Part VIII (C) Unrelated (B) Related or exempt (A) (D) Revenue excluded Total revenue from tax under sections 512-514 function revenu business revenue 1a Federated campaigns **b** Membership dues 1b **c** Fundraising events 1c **d** Related organizations 1d e Government grants (contributions) 40,000 Contributions, and Other Sin 1e f All other contributions, gifts, grants, and similar amounts not included above . . . 1f 186,939 g Noncash contributions included in lines 1a-1f 1g 226,939 h Total. Add lines 1a-1f . Business Cod 53,450 53,450 Program Service Revenue 2a Golf Range ... 34,106 34,106 Program Fees 24,562 24,562 Pro Shop Sales 20,192 20,192 Scholarship Program Fees **f** All other program service revenue 132,310 g Total. Add lines 2a-2f 3 Investment income (including dividends, interest, and other similar amounts) 2,950 2,950 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) 6c d Net rental income or (loss) 7a Gross amount from sales of assets 7a other than inventory Other Revenue **b** Less: cost or other basis and sales exps. 7b c Gain or (loss) 7с d Net gain or (loss) 8a Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18 259,273 **b** Less: direct expenses 91,529 8b 167,744 c Net income or (loss) from fundraising events 9a Gross income from gaming activities. See Part IV, line 19 **b** Less: direct expenses 9b c Net income or (loss) from gaming activities **10a** Gross sales of inventory, less returns and allowances 10a **b** Less: cost of goods sold 10b c Net income or (loss) from sales of inventory Business Code iscellaneous Revenue 11a d All other revenue Total. Add lines 11a-11d 529,943 132,310 2,950

Total revenue. See instructions

Sect	on 501(c)(3) and 501(c)(4) organizations must com Check if Schedule O contains a respons			mplete column (A).	X
	not include amounts reported on lines 6b, 7b, 0b, 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		охреноев	general expenses	охроносо
•	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				
J	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,				
3	trustees, and key employees	76,600	61,280	7,660	7,660
6	Compensation not included above to disqualified	70,000	01,200	7,000	7,000
6	·				
	persons (as defined under section 4958(f)(1)) and				
-	persons described in section 4958(c)(3)(B)	70 150	46 400	22 750	
7	Other salaries and wages	70,158	46,400	23,758	
8	Pension plan accruals and contributions (include				
_	section 401(k) and 403(b) employer contributions)	7 462	E 071	746	746
9	Other employee benefits	7,463	5,971 9,312	746	
10	Payroll taxes	12,466	9,312	2,485	669
11	Fees for services (nonemployees):				
a	Management				
b	Legal	10 400		10 400	
С	Accounting	12,400		12,400	
	Lobbying				
	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.)				
12	Advertising and promotion	51,863			51,863
13	Office expenses	5,741	5,741		
14	Information technology				
15	Royalties				
16	Occupancy	18,129		18,129	
17	Travel	4,756		4,756	
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	8,970	8,844	126	
23	Insurance	15,281		15,281	
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	Ground Maintenance	36,000	36,000		
b	Program Services	13,863	13,863		
С	Coach Training	9,702	9,702		
d	Course labor	7,501	7,501		
е	All other expenses	54,349	35,774	18,575	
25		405,242	240,388	103,916	60,938
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)				
DAA					Form 990 (2023)

Part X **Balance Sheet** Check if Schedule O contains a response or note to any line in this Part X (A) (B) Beginning of year End of year 774,275 348,095 Cash—non-interest-bearing Savings and temporary cash investments 532,066 2 Pledges and grants receivable, net 3 Accounts receivable, net 4 5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons 5 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) 6 7 Notes and loans receivable, net ______ 7 8 Inventories for sale or use 8 9 Prepaid expenses and deferred charges 10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D 87,377 10a **b** Less: accumulated depreciation 10b 22,372 44,510 65,005 10c 11 Investments—publicly traded securities 11 Investments—other securities. See Part IV, line 11 12 Investments—program-related. See Part IV, line 11 13 13 Intangible assets 14 14 Other assets. See Part IV, line 11 15 15 818,785 945,166 16 Total assets. Add lines 1 through 15 (must equal line 33) 16 Accounts payable and accrued expenses 17 17 18 Grants payable 18 Deferred revenue 19 19 Tax-exempt bond liabilities 20 20 Escrow or custodial account liability. Complete Part IV of Schedule D 21 21 22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons 22 Secured mortgages and notes payable to unrelated third parties 23 23 Unsecured notes and loans payable to unrelated third parties _____ 24 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X 6,672 6,284 of Schedule D 6,672 6,284 26 Total liabilities. Add lines 17 through 25 26 Organizations that follow FASB ASC 958, check here X **Net Assets or Fund Balances** and complete lines 27, 28, 32, and 33. Net assets without donor restrictions 724,046 848,490 Net assets with donor restrictions 88,067 28 90,392 Organizations that do not follow FASB ASC 958, check her and complete lines 29 through 33. Capital stock or trust principal, or current funds 29 30 Paid-in or capital surplus, or land, building, or equipment fund 30 Retained earnings, endowment, accumulated income, or other funds 31 31 Total net assets or fund balances 812,113 32 938,882

945,166 Form 990 (2023)

818,785

33

Total liabilities and net assets/fund balances .

<u>⊢orm</u>	1 990 (2023) Hilton Head Island Foundation to 46-511/8//			Paç	ge 12
Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI	<u> </u>			X
1	Total revenue (must equal Part VIII, column (A), line 12)				43
2	Total expenses (must equal Part IX, column (A), line 25)				242
3	Revenue less expenses. Subtract line 2 from line 1				701
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))		81		<u> 113</u>
5	Net unrealized gains (losses) on investments			2,0	066
6	Donated services and use of facilities 6				
7	Investment expenses 7				
8	Prior period adjustments				
9	Other changes in net assets or fund balances (explain on Schedule O)				2
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line				
	32, column (B))		93	8,8	382
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII	<u> </u>			Ш
		_		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?	L	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** (2023)

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.

2023

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

Name of the organization

Hilton Head Island Foundation to

Employer identification number

46-5117877 Support Youth Sports, Inc. **Reason for Public Charity Status.** (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross 10 receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) 11 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 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). (iv) Is the organization (i) Name of supported (iii) Type of organization (v) Amount of monetary (vi) Amount of organization (described on lines 1-10 listed in your governing support (see other support (see above (see instructions)) document? instructions) instructions) (A) (B) (C) (D) (E)

Total

Schedule A (Form 990) 2023 Part II

Page 2

	Part III. If the organization						ality under
Sec	tion A. Public Support	, ,			, , , , , , , , , , , , , , , , , , , ,		
	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	214,938	160,706	178,858	253,670	226,940	1,035,112
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	214,938	160,706	178,858	253,670	226,940	1,035,112
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)						324,974
6	Public support. Subtract line 5 from line 4						710,138
	tion B. Total Support		# \ I		/ n aaaa T	() 2222	
	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
7	Amounts from line 4	214,938	160,706	178,858	253,670	226,940	1,035,112
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	348	415	480	384	2,950	4,577
9	Net income from unrelated business activities, whether or not the business is regularly carried on						
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
11	Total support. Add lines 7 through 10						1,039,689
12	Gross receipts from related activities, etc.						1,457,366
13	First 5 years. If the Form 990 is for the o	•	second, third, four	th, or fifth tax year	as a section 501	(c)(3)	
_	organization, check this box and stop he						
	tion C. Computation of Public S	• •				T. T	
14	Public support percentage for 2023 (line 6			nn (f))			68.30 %
15	Public support percentage from 2022 Sch						71.62 %
l6a	33 1/3% support test — 2023. If the org			•	is 33 1/3% or moi	re, cneck this	v
L	box and stop here . The organization qua 33 1/3% support test — 2022 . If the organization						X
b						•	
l7a	this box and stop here . The organization 10%-facts-and-circumstances test — 2					line 1/1 is	Ц
ı ı u	10% or more, and if the organization mee	_					
	Part VI how the organization meets the fa						
	organization		ŭ	·	. , ,	•	
b	10%-facts-and-circumstances test — 2						Ш
	15 is 10% or more, and if the organization	_					
	in Part VI how the organization meets the				-	•	
	organization				. ,	• •	
18	Private foundation. If the organization di	id not check a box	on line 13, 16a, 1	6b, 17a, or 17b, cl	neck this box and	see	
	instructions						
							(Form 990) 2023

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

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

_		-1		, ,			
	tion A. Public Support		ı		1	T	
<i>J</i> alen	dar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that are not an unrelated trade or business under section 513						
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5	<u> </u>					
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons						
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
с 8	Add lines 7a and 7b Public support. (Subtract line 7c from						
	line 6.)						
	tion B. Total Support				•		
Caler	dar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
9	Amounts from line 6						
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
С	Add lines 10a and 10b						
11	Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11,						
	and 12.)	L					
14	First 5 years. If the Form 990 is for the construction, should this have and stop be	•	second, third, fou	orth, or fifth tax yea	ar as a section 50	1(c)(3)	
800	organization, check this box and stop he tion C. Computation of Public S		ntago				
	•	• • •		ımn (f\)		1.5	%
15 16	Public support percentage for 2023 (line & Public support percentage from 2022 Sch	s, column (1), alvid redule A Part III i	ied by line 13, coll ine 15			15	%
	tion D. Computation of Investm					10	
17	Investment income percentage for 2023 (13 column (f))		17	%
	nvestment income percentage from 2022 s					10	%
	33 1/3% support tests — 2023. If the or			line 14 and line 1			1 70
. J u	17 is not more than 33 1/3%, check this b						П
b	33 1/3% support tests — 2022. If the or	-	•			-	and
	line 18 is not more than 33 1/3%, check the	~					
20	Private foundation. If the organization d					-	

Schedule A (Form 990) 2023

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.
- Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below
- Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination.
- Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.
- b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- 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?
- 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).
- Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI.
- Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer line 10b below.
- 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		
	3c		
	4a		
	4b		
	4c		
	. •		
	5a		
	5b		
	5c		
	6		
	7		
	8		
	9a		
	9b		
	9с		
	10-		
	10a		
	10b		90) 2023
Sche	dule A	(Form 9	90) 2023

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.

b Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.

- Parent of Supported Organizations. Answer lines 3a and 3b below.
- a 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.
- 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.

		Yes	No
	2a		
	2b		
	20		
	3a		
	3b		
che	dule A	(Form 9	90) 2023

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations 1		ule A (Form 990) 2023 Hilton Head Island Foundati			877 Page 6
instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E. Section A - Adjusted Net Income (A) Prior Year (B) Current Year (optional) 1 Net short-term capital gain 2 Recoveries of prior-year distributions 3 Other gross income (see instructions) 4 Add lines 1 through 3. 5 Depreciation and depletion 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) 7 Other expenses (see instructions) 8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4) 8 Section B - Minimum Asset Amount 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 b Average monthly value of securities c Fair market value of other non-exempt-use assets 1 C d Total (add lines 1a, 1b, and 1c) e Discount claimed for blockage or other factors					
Section A - Adjusted Net Income (A) Prior Year (optional) 1 Net short-term capital gain 2 Recoveries of prior-year distributions 3 Other gross income (see instructions) 3 Other gross income (see instructions) 4 Add lines 1 through 3. 5 Depreciation and depletion 5 Depreciation and depletion 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 Other expenses (see instructions) 7 Other expenses (see instructions) 7 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 b Average monthly cash balances C Fair market value of other non-exempt-use assets 1 C d Total (add lines 1a, 1b, and 1c) e Discount claimed for blockage or other factors	1			, ,	•
1 Net short-term capital gain 2 Recoveries of prior-year distributions 3 Other gross income (see instructions) 3 Other gross income (see instructions) 4 Add lines 1 through 3. 5 Depreciation and depletion 5 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 Other expenses (see instructions) 7 Other expenses (see instructions) 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 b Average monthly cash balances 1 Te d Total (add lines 1a, 1b, and 1c) e Discount claimed for blockage or other factors		instructions. All other Type III non-functionally integrated supporting organizations mu	ust co	mplete Sections A througl	
2 Recoveries of prior-year distributions 3 Other gross income (see instructions) 4 Add lines 1 through 3. 5 Depreciation and depletion 5 Depreciation and depletion 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 Other expenses (see instructions) 7 Other expenses (see instructions) 7 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 1 a b Average monthly cash balances 1 b c Fair market value of other non-exempt-use assets 1 c d Total (add lines 1a, 1b, and 1c) e Discount claimed for blockage or other factors	Sect	ion A – Adjusted Net Income		(A) Prior Year	
3 Other gross income (see instructions) 4 Add lines 1 through 3. 5 Depreciation and depletion 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) 7 Other expenses (see instructions) 8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4) 8 Section B – Minimum Asset Amount 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 b Average monthly cash balances 1 to d Total (add lines 1a, 1b, and 1c) e Discount claimed for blockage or other factors	1	Net short-term capital gain	1		
4 Add lines 1 through 3. 5 Depreciation and depletion 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) 7 Other expenses (see instructions) 8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4) 8 Section B – Minimum Asset Amount 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 b Average monthly cash balances c Fair market value of other non-exempt-use assets d Total (add lines 1a, 1b, and 1c) e Discount claimed for blockage or other factors	2	Recoveries of prior-year distributions	2		
5 Depreciation and depletion 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 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 1 a b Average monthly cash balances c Fair market value of other non-exempt-use assets 1 c d Total (add lines 1a, 1b, and 1c) e Discount claimed for blockage or other factors	3	Other gross income (see instructions)	3		
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) 7 Other expenses (see instructions) 8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4) 8 Section B – Minimum Asset Amount 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 b Average monthly cash balances 1 Total (add lines 1a, 1b, and 1c) e Discount claimed for blockage or other factors	4	Add lines 1 through 3.	4		
of gross income or for management, conservation, or maintenance of property held for production of income (see instructions) 7 Other expenses (see instructions) 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 b Average monthly cash balances C Fair market value of other non-exempt-use assets 1 C d Total (add lines 1a, 1b, and 1c) e Discount claimed for blockage or other factors	5	Depreciation and depletion	5		
property held for production of income (see instructions) 7 Other expenses (see instructions) 8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4) 8 Section B - Minimum Asset Amount 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 b Average monthly cash balances c Fair market value of other non-exempt-use assets 1c d Total (add lines 1a, 1b, and 1c) e Discount claimed for blockage or other factors	6	Portion of operating expenses paid or incurred for production or collection			
7 Other expenses (see instructions) 8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4) 8 Section B - Minimum Asset Amount 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 b Average monthly cash balances c Fair market value of other non-exempt-use assets d Total (add lines 1a, 1b, and 1c) e Discount claimed for blockage or other factors		of gross income or for management, conservation, or maintenance of			
8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4) Section B - Minimum Asset Amount 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 b Average monthly cash balances c Fair market value of other non-exempt-use assets d Total (add lines 1a, 1b, and 1c) e Discount claimed for blockage or other factors		property held for production of income (see instructions)	6		
Section B – Minimum Asset Amount 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 b Average monthly cash balances c Fair market value of other non-exempt-use assets d Total (add lines 1a, 1b, and 1c) e Discount claimed for blockage or other factors	7	Other expenses (see instructions)	7		
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 b Average monthly cash balances c Fair market value of other non-exempt-use assets d Total (add lines 1a, 1b, and 1c) e Discount claimed for blockage or other factors	8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
instructions for short tax year or assets held for part of year): a Average monthly value of securities b Average monthly cash balances c Fair market value of other non-exempt-use assets d Total (add lines 1a, 1b, and 1c) e Discount claimed for blockage or other factors	Sect	ion B – Minimum Asset Amount		(A) Prior Year	` '
a Average monthly value of securities b Average monthly cash balances c Fair market value of other non-exempt-use assets d Total (add lines 1a, 1b, and 1c) e Discount claimed for blockage or other factors	1	Aggregate fair market value of all non-exempt-use assets (see			
b Average monthly cash balances c Fair market value of other non-exempt-use assets d Total (add lines 1a, 1b, and 1c) e Discount claimed for blockage or other factors		instructions for short tax year or assets held for part of year):			
c Fair market value of other non-exempt-use assets d Total (add lines 1a, 1b, and 1c) e Discount claimed for blockage or other factors	a	Average monthly value of securities	1a		
d Total (add lines 1a, 1b, and 1c) e Discount claimed for blockage or other factors	b	Average monthly cash balances	1b		
e Discount claimed for blockage or other factors		Fair market value of other non-exempt-use assets	1c		
			1d		
(explain in detail in Part VI):	e	Discount claimed for blockage or other factors			
explain in detail in Fait VI).		(explain in detail in Part VI):			
2 Acquisition indebtedness applicable to non-exempt-use assets 2	2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3 Subtract line 2 from line 1d.	3	Subtract line 2 from line 1d.	3		
4 Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,	4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,			
see instructions).		see instructions).	4		
5 Net value of non-exempt-use assets (subtract line 4 from line 3) 5	5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6 Multiply line 5 by 0.035.	6	Multiply line 5 by 0.035.	6		
7 Recoveries of prior-year distributions 7	7	Recoveries of prior-year distributions	7		
8 Minimum Asset Amount (add line 7 to line 6) 8	8	Minimum Asset Amount (add line 7 to line 6)	8		
Section C – Distributable Amount Current Year	Sect	ion C – Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, column A) 1	1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2 Enter 0.85 of line 1. 2	2	Enter 0.85 of line 1.	2		
3 Minimum asset amount for prior year (from Section B, line 8, column A) 3	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	Enter greater of line 2 or line 3.	4		
5 Income tax imposed in prior year 5	5	Income tax imposed in prior year	5		
6 Distributable Amount. Subtract line 5 from line 4, unless subject to	6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
emergency temporary reduction (see instructions).		emergency temporary reduction (see instructions).	6		
7 Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization	7	Check here if the current year is the organization's first as a non-functionally integrated	туре	e III supporting organization	on
(see instructions).		(see instructions).			

Schedule A (Form 990) 2023

Par	t V Type III Non-Functionally Integrated 509(a)(3)	Supporting Organ	izations (continue	<u>ed)</u>	
Sect	ion D – Distributions				Current Year
1	Amounts paid to supported organizations to accomplish exempt purp	oses		1	
2	Amounts paid to perform activity that directly furthers exempt purpose	es of supported			
	organizations, in excess of income from activity			2	
3	Administrative expenses paid to accomplish exempt purposes of sup	ported organizations		3	
4	Amounts paid to acquire exempt-use assets			4	
5	Qualified set-aside amounts (prior IRS approval required-provide de	5			
6	Other distributions (describe in Part VI). See instructions.	6			
7	Total annual distributions. Add lines 1 through 6.			7	
8	Distributions to attentive supported organizations to which the organizations	8			
	(provide details in Part VI). See instructions.				
9	Distributable amount for 2022 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount			10	
		(i)	(ii)		(iii)
Sect	ion E - Distribution Allocations (see instructions)	Excess Distributions	Underdistributions	s	Distributable
	,		Pre-2023		Amount for 2023
1	Distributable amount for 2023 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2023				
_	(reasonable cause required–explain in Part VI). See				
	instructions.				
3	Excess distributions carryover, if any, to 2023				
а	From 2018				
b	From 2019				
	From 2020				
d	From 2021				
	From 2022				
	Total of lines 3a through 3e				
	Applied to underdistributions of prior years				
	Applied to 2023 distributable amount				
i	Carryover from 2018 not applied (see instructions)				
i	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2023 from				
•	Section D, line 7:				
2	Applied to underdistributions of prior years				
	Applied to 2023 distributable amount				
	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2023, if				
3	any. Subtract lines 3g and 4a from line 2. For result				
	greater than zero, explain in Part VI. See instructions.				
6	Remaining underdistributions for 2023. Subtract lines 3h				
0	•				
	and 4b from line 1. For result greater than zero, explain in				
	Part VI. See instructions.				
7	Excess distributions carryover to 2024. Add lines 3j				
	and 4c.				
8	Breakdown of line 7:				
a	Excess from 2019				

Schedule A (Form 990) 2023

b Excess from 2020
 c Excess from 2021
 d Excess from 2022
 e Excess from 2023

Schedule A (For	rm 990) 2023	Hilton	Head Isl	Land Fo	undation	to 46	-5117877	Page 8
Part VI	Supplemental III, line 12; Part B, lines 1 and 2	Information. Po IV, Section A, li 2; Part IV, Section t V, line 1; Part	rovide the exp nes 1, 2, 3b, n C, line 1; P V, Section B,	olanations r 3c, 4b, 4c, art IV, Sect line 1e; Pa	equired by Par 5a, 6, 9a, 9b, 9 ion D, lines 2 a rt V, Section D	t II, line 10; 9c, 11a, 11 and 3; Part , lines 5, 6,	Part II, line 17a or b, and 11c; Part IV, IV, Section E, lines and 8; and Part V,	17b; Part Section 1c, 2a, 2b,

DAA Schedule A (Form 990) 2023

Schedule B (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

Hilton Head Island Foundation to

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

Support Youth Sports, Inc.

Schedule of Contributors

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

OMB No. 1545-0047

Employer identification number

Schedule B (Form 990) (2023)

46-5117877

2023

Organization type (check one): Filers of: Section: **X** 501(c)(Form 990 or 990-EZ **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 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).

Name of organization

Hilton Head Island Foundation to

Employer identification number 46-5117877

Part I	Contributors (see instructions). Use duplicate copies of	Part I if additional space is	needed.	
(a) No.	(b) Name, address, and ZIP + 4	(d) Type of contribution		
. 1	Town of Hilton Head Island ATAX 1 Town Center Court Hilton Head Island SC 29928	\$ 40,000	Person X Payroll Noncash (Complete Part II for noncash contributions.)	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution	
2	The Devlin Foundation 125 Cahill Court Weatherford TX 76088	\$ 8,500	Person X Payroll Noncash (Complete Part II for noncash contributions.)	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution	
3	Breedlove Foundation 528 Patterson Road Hendersonville NC 28739	\$ 10,000	Person X Payroll Noncash (Complete Part II for noncash contributions.)	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution	
4	The Tiscornia Foundation 505 Pleasant Steet Saint Joseph MI 49085	\$ 19,044	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	Long Cove Foundation 399 Long Cove Drive Hilton Head Island SC 29928	\$ 6,500	Person X Payroll Noncash (Complete Part II for noncash contributions.)	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution	
6	Colleton River Charitable Fund 60 Colleton River Drive Bluffton SC 29910	\$ 5,000	Person X Payroll Noncash (Complete Part II for noncash contributions.)	

Name of organization

Hilton Head Island Foundation to

Employer identification number 46-5117877

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.							
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution					
. 7	Rotary Club of Bluffton 11 Recreation Court Bluffton SC 29910	\$ 5,000	Person X Payroll Noncash (Complete Part II for noncash contributions.)					
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution					
. 8	The Serra Family Foundation 9095 S Saginaw Road Unit 9 Grand Blanc MI 48439	\$ 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					
9	Hickory Fund, Inc. 10361 W. Innovation Drive, Suite 35 Milwaukee WI 53226		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					
	Nume, address, and Eli 1 4	\$	Person Payroll Noncash (Complete Part II for noncash contributions.)					
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution					
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)					
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution					
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)					

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

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

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

OMB No. 1545-0047 Open to Public Inspection

Name of the organization Employer identification number Hilton Head Island Foundation to 46-5117877 Support Youth Sports, Inc. Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts Part I Complete if the organization answered "Yes" on Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts Total number at end of year Aggregate value of contributions to (during year) 2 Aggregate value of grants from (during year) 3 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? 6 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 2 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 2h c Number of conservation easements on a certified historic structure included on line 2a 2c d Number of conservation easements included on line 2c 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 2d above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements. Part III Organizations Maintaining Collections of Art. Historical Treasures, or Other Similar Assets Complete if the organization answered "Yes" on Form 990, Part IV, line 8. 1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items. b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items. (i) Revenue included on Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items. a Revenue included on Form 990, Part VIII, line 1 Assets included in Form 990, Part X ...

Schedu	ule D (Form 990) 2023 Hilton H								age 2
Part	t III Organizations Maintainii	ng Collections of	of Art, Historical	Treasures,	or Other S	imilar Ass	ets (co	ntinu	ıed)
3 L	Using the organization's acquisition, acces collection items (check all that apply).	sion, and other recor	ds, check any of the	following that ma	ke significant ı	use of its			
а	Public exhibition	d 🗌	Loan or exchange pr	ogram					
ьГ	Scholarly research	е 🗌	Other						
С	Preservation for future generations	_							
4 F	Provide a description of the organization's	collections and expla	in how they further th	ne organization's	exempt purpos	se in Part			
X	KIII.								
	During the year, did the organization solici						П.,	_	1
	ssets to be sold to raise funds rather than		s part of the organizat	ion's collection?			Ye	s	No
Part	t IV Escrow and Custodial A Complete if the organizati		e" on Form 000	Part IV/ line (ar reporte	ad an amoi	ınt on	Eorm	
	990, Part X, line 21.					d all allio	unit On	OIII	
	s the organization an agent, trustee, custo						□ v ₂		1 N.
h if	ncluded on Form 990, Part X? f "Yes," explain the arrangement in Part X	'III and complete the	following table				Ye	s	No
D II	res, explain the analigement in Fart A	illi and complete the	iollowing table.		[Amount		
c F	Beginning balance					1c	,		
d A	Additions during the year					1d			
	Distributions during the year					1e			
	Ending balance					1f			
2a [Did the organization include an amount on	Form 990, Part X, li	ne 21, for escrow or o	custodial account	liability?		Ye	s	No
	f "Yes," explain the arrangement in Part X							. 🗀	1
Part	t V Endowment Funds			•					
	Complete if the organizati	on answered "Ye	s" on Form 990,	Part IV, line	10.				
		(a) Current year	(b) Prior year	(c) Two years be	ack (d) Thr	ee years back	(e) Four	years b	oack
1a E	Beginning of year balance								
b (Contributions								
	Net investment earnings, gains, and posses								
d G	Grants or scholarships								
	Other expenditures for facilities and								
р	programs								
	Administrative expenses								
	End of year balance								
2 F	Provide the estimated percentage of the co	urrent year end balan	ce (line 1g, column (a	a)) held as:					
a E	Board designated or quasi-endowment	%							
b F	Permanent endowment %								
сТ	erm endowment %								
	The percentages on lines 2a, 2b, and 2c s	•							
	are there endowment funds not in the pos	session of the organi	zation that are held a	nd administered	for the				
	organization by:							Yes	No
•							3a(i)		
	ii) Related organizations?						3a(ii)		
	f "Yes" on line 3a(ii), are the related organ			?			3b		
	Describe in Part XIII the intended uses of		dowment funds.						
Part	t VI Land, Buildings, and Ed Complete if the organization		e" on Form 000	Part IV line	11a Saa Ea	vrm 000 D	art V II	no 1	Λ
	Description of property	(a) Cost or other			(c) Accumulate		art ス, II (d) Book		υ.
	Description or property	(a) Cost or other (investment)	, ,		depreciation	٠ 	(u) DOOK	value	
19	and		(Oil	′					
id L	and								
י רו	Buildings .easehold improvements					+			
	Equipment		 	+					
	Other								
	Add lines 1a through 1e. (Column (d) mus		art X, line 10c, columi	n (B))					

	edule D (Form 990) 2023 Hilton Head Island Foundation	11 60 40 311/0/		Page 4
Pa	art XI Reconciliation of Revenue per Audited Financial Staten		Ret	urn
	Complete if the organization answered "Yes" on Form 990,	Part IV, line 12a.		
1	Total revenue, gains, and other support per audited financial statements		1	
	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
а	Net unrealized gains (losses) on investments	2a		
b	Donated services and use of facilities	2b		
С	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)	2d		
е	Add lines 2a through 2d		2e	
	Subtract line 2e from line 1		3	
	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	1 1		
	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
	Other (Describe in Part XIII.)	4b		
			4c	
	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)		5	
	art XII Reconciliation of Expenses per Audited Financial State			oturn
1 6	Complete if the organization answered "Yes" on Form 990,		CI IX	Gtuili
4			4	
1			1	
	Amounts included on line 1 but not on Form 990, Part IX, line 25:	a-		
	Donated services and use of facilities	2a	-	
	Prior year adjustments	2b	-	
	Other losses	2c	-	
d	Other (Describe in Part XIII.)	2d		
е	Add lines 2a through 2d		2e	
	Subtract line 2e from line 1	1	3	
	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
			-	
С	Add lines 4a and 4b		4c	
с 5	Add lines 4a and 4b Total expenses. Add lines 3 and 4c . (<i>This must equal Form 990, Part I, line 18.</i>)		4c 5	
с 5	Add lines 4a and 4b			
5 Pa	Add lines 4a and 4b Total expenses. Add lines 3 and 4c . (<i>This must equal Form 990, Part I, line 18.</i>)		5	X, line
5 Pa	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) art XIII Supplemental Information	V, lines 1b and 2b; Part V, line 4	5	X, line
5 Pa	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (<i>This must equal Form 990, Part I, line 18.</i>) art XIII Supplemental Information ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV	V, lines 1b and 2b; Part V, line 4 any additional information.	5 ; Part	X, line
5 Pa	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) art XIII Supplemental Information ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV art XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide	V, lines 1b and 2b; Part V, line 4 any additional information.	5 ; Part	X, line
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Schedule D (F	Form 990) 202	23 H i	ilton	Head	Island	Foundation	n to	46-5117877	Page 5
Part XIII	Supplem	ental	Informa	ation (co	ntinued)	Foundation			
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•									

SCHEDULE G (Form 990)

Supplemental Information Regarding Fundraising or Gaming Activities

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

OMB No. 1545-0047

Attach to Form 990 or Form 990-EZ. Department of the Treasury Internal Revenue Service

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

Open to Public Inspection

Hilton Head Island Foundation to Employer identification number Name of the organization Support Youth Sports, Inc. 46-5117877 Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Part I Form 990-EZ filers are not required to complete this part. Indicate whether the organization raised funds through any of the following activities. Check all that apply. Mail solicitations Solicitation of non-government grants Internet and email solicitations Solicitation of government grants Phone solicitations Special fundraising events 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 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 (or retained by) (iv) Gross receipts (or retained by) custody or (ii) Activity or entity (fundraiser) from activity fundraiser listed in organization control of contributions? col. (i) Yes No 1 8 9 10 Total List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing

Schedule G (Form 990) 2023 Hilton Head Island Foundation to 46-5117877 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 Palmetto Bluff (add col. (a) through Awards Banquet (total number) (event type) (event type) Revenue 1 Gross receipts 46,250 14,197 197,826 258,273 2 Less: Contributions 3 Gross income (line 1 minus 14,197 46,250 197,826 258,273 line 2) 4 Cash prizes 5 Noncash prizes Expenses 6 Rent/facility costs 7 Food and beverages 8 Entertainment 3,202 57,402 29,046 9 Other direct expenses 89,650 10 Direct expense summary. Add lines 4 through 9 in column (d) 89,650 168,623 11 Net income summary. Subtract line 10 from line 3, column (d) ... Gaming. Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a. (b) Pull tabs/instant (d) Total gaming (add Revenue (c) Other gaming bingo/progressive bingo col. (a) through col. (c)) 1 Gross revenue 2 Cash prizes Expenses 3 Noncash prizes 4 Rent/facility costs 5 Other direct expenses 6 Volunteer labor 7 Direct expense summary. Add lines 2 through 5 in column (d) 8 Net gaming income summary. Subtract line 7 from line 1, column (d) 9 Enter the state(s) in which the organization conducts gaming activities: **a** Is the organization licensed to conduct gaming activities in each of these states? 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) 2023 Hilton Head Island Foundation to 46-5117877			F	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:		ш		ш	
а		13a			0	6
	The organization's facility	13b				<u>%</u>
b	An outside facility	130			7	0
14	Enter the name and address of the person who prepares the organization's gaming/special events books and					
	records:					
	Name					
	Address					
15a	Does the organization have a contract with a third party from whom the organization receives gaming					
	revenue?			Yes		No
h	If "Yes," enter the amount of gaming revenue received by the organization \$ and the		ш		ш	
b						
_	amount of gaming revenue retained by the third party \$					
С	If "Yes," enter name and address of the third party:					
	Name					
	Address					
16	Gaming manager information:					
	Name					
	Gaming manager compensation \$					
	Carming manager compensation \$\psi\$					
	Description of continue provided					
	Description of services provided					
	Director/officer					
17	Mandatory distributions:					
а	Is the organization required under state law to make charitable distributions from the gaming proceeds to					
	retain the state gaming license?		Ш	Yes		Νo
b	Enter the amount of distributions required under state law to be distributed to other exempt organizations or					
	spent in the organization's own exempt activities during the tax year \$					
Pa	rt IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns	(iii) ar	d (v	r): ar	d	
	Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional	inform	atio	,, n		
	See instructions.			•		
	ode indiadonio.					_
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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 H:	ilton Hea	d Island F	oundation to	Em	nployer identification	number
		outh Sports		4	6-5117877	
Form 990, Pa	rt VI, L	ine 11b -	Organization's Pr	rocess to	Review For	cm 990
No review wa	s or wil	l be condu	cted.			
Form 990, Pa	rt VI, L	ine 12c -	Enforcement of C	onflicts I	olicy?	
All board me	mbers ar	e required	to review the C	onflict of	Interest	Policy
annually and	reveal	any conflic	cts and provide	their sign	ature as	
appropriate.						
Form 990, Pa	rt VI, I	ine 19 - G	overning Documen	ts Disclos	sure Explan	nation
No documents	availab	le to the	public			
		•••••	-			
Form 990 Pa	rt IX I	ine 24e - (Other Expenses			
Description	± 0±M,±	1116 246	ouler dapenses			
			Web 5 Con-			
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Chemicals						
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Credit Card	Processi	ng				
	\$	6,481	\$	0	\$	0
Other mainte	nance					
	\$	6,328	\$	0	\$	0
Other						
	\$	0	\$ 6,3	318	\$	0
Office Supli	es					
·····		0	\$ 4,3	313	\$	0
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Form **4562**

Department of the Treasury Internal Revenue Service Name(s) shown on return

Depreciation and Amortization

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

Hilton Head Island Foundation to

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

OMB No. 1545-0172

Identifying number Support Youth Sports, Inc. 46-5117877 Business or activity to which this form relates Indirect Depreciation Election To Expense Certain Property Under Section 179 Part I Note: If you have any listed property, complete Part V before you complete Part I. 1,160,000 Maximum amount (see instructions) 1 Total cost of section 179 property placed in service (see instructions) 2 2 2,890,000 Threshold cost of section 179 property before reduction in limitation (see instructions) 3 3 4 Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-4 Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions 5 (a) Description of property 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 8 Tentative deduction. Enter the **smaller** of line 5 or line 8 9 9 Carryover of disallowed deduction from line 13 of your 2022 Form 4562 10 10 11 Business income limitation. Enter the smaller of business income (not less than zero) or line 5. See instructions 11 12 Section 179 expense deduction. Add lines 9 and 10, but don't enter more than line 11 12 Carryover of disallowed deduction to 2024. Add lines 9 and 10, less line 12 Note: Don't use Part II or Part III below for listed property. Instead, use Part V. Part II Special Depreciation Allowance and Other Depreciation (Don't include listed property. See instructions.) Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year. See instructions 14 Property subject to section 168(f)(1) election 15 15 8,346 Other depreciation (including ACRS) 16 MACRS Depreciation (Don't include listed property. See instructions.) Section A MACRS deductions for assets placed in service in tax years beginning before 2023 17 624 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 2023 Tax Year Using the General Depreciation System (c) Basis for depreciation (b) Month and year (d) Recovery (e) Convention (f) Method (a) Classification of property (a) Depreciation deduction placed in (business/investment use only-see instructions) 19a 3-year property 5-year property С 7-year property 10-year property 15-year property 20-year property 25-year property 25 yrs. S/L 27.5 yrs. MM S/L Residential rental property MM S/L 27.5 yrs. 39 yrs. MM S/L i Nonresidential real property MM S/L Section C-Assets Placed in Service During 2023 Tax Year Using the Alternative Depreciation System 20a Class life b 12-year 12 yrs. S/L 30-year 30 yrs. ММ S/L С d 40-year 40 yrs. MM S/L Part IV Summary (See instructions.) Listed property. Enter amount from line 28 21 Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter 8,970 here and on the appropriate lines of your return. Partnerships and S corporations—see instructions For assets shown above and placed in service during the current year, enter the

23

Form **990**

Event Income and Deduction Worksheet

Description Champions for Charity

2023

Name

Hilton Head Island Foundation to

Part VIII, Exploited Activities
Part IX. Advertising Income

Taxpayer Identification Number 46-5117877

Use this worksheet to verify data entered for a specific activity on your form 990/990EZ Income & Expense Summary: Expense Details - Indirect Expense: 1. Gross receipts or sales _____1. Advertising and promotion 197,826 Office _____ Printing/publication/postage 3. Circulation income 3. ___ 4. Other income 4. ___ Info technology/Maintenance ______ Royalties & License Fees 5. Returns and allowances _____5. __ 6. ___ 6. Contributions received Occupancy/Real Estate Taxes Travel & Repairs ______ 57,402 Travel/entertainment (officials) Conferences/meetings 9. Employment Expense 9. _ **10.** Fees for services _______**10.** ____ Interest _____ **11.** Indirect Expense **11.** _____ Insurance _____ Total Indirect Expense ______ 12. Depreciation Expense 12. 13. Exempt Activity Expense 13. **14.** Fundraising Expense **14.** _ Expense Details - Depreciation Expense: 57,402 **15. Total expenses.** Add lines 8 through 1**45**. On investment property On non-investment property___ 140,424 16. Net Income/Loss. Line 7 minus Line 156. Amortization _____ Depletion _____ Total Depreciation Expense Expense Details - Cost of Goods Sold: Beginning inventory _____ Purchases _____ Expense Details - Exempt Activity Expense: Repairs and Maintenance ------ Section 263A costs _______ Bad debts _____ Taxes/licenses ______ Other costs _____ Ending inventory ______ Charitable contributions _____ Total Cost of Goods Sold 57,402 Dividend recd deductions Readership costs _____ Expense Details - Employment Expense: Other expenses _____ Compensation of officers _______ Total Exempt Activity Expense_ 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) Entertainment (Part II only) Expense Details - Fees for Services: Other direct expenses Management ______ Total Fundraising Expense _____ Legal ______ Accounting _____ Lobbying _____ Professional fundraising ______ Investment management ______ Total Fees for Services Information is indicated for use on Form 990-T, Schedule A: Allocation of Expense to Program Service Accomplishments: Schedule A, UBIT Activity Code ____ Seq #____ First Part V, Debt Financing Second Part VI, Controlled Org Income Third ______ Part VII, Investments for C(7)(9)(17)

Form **990**

Event Income and Deduction Worksheet

Description Palmetto Bluff Event

2023

Name

Hilton Head Island Foundation to

Part VI, Controlled Org Income

Part VIII, Exploited Activities
Part IX. Advertising Income

Part VII, Investments for C(7)(9)(17)

Taxpayer Identification Number 46-5117877

Use this worksheet to verify data entered for a specific activity on your form 990/990EZ Income & Expense Summary: Expense Details - Indirect Expense: Advertising and promotion 1. Gross receipts or sales _____1. ____ **2.** Advertising income _______**2.** ___ Office _____ Printing/publication/postage 3. Circulation income 3. _ Info technology/Maintenance **4.** Other income **4.** ___ Royalties & License Fees **5.** Returns and allowances ______**5.** _ 6. Contributions received 6. Occupancy/Real Estate Taxes 7. Total revenue. Add lines 1 through 6 7. Travel & Repairs ______ 3,202 Travel/entertainment (officials) Conferences/meetings _____ 9. Employment Expense 9. _ **10.** Fees for services **10.** __ Interest _____ **11.** Indirect Expense **11.** ___ Insurance _____ Total Indirect Expense ______ 12. Depreciation Expense 12. 13. Exempt Activity Expense 13. **14.** Fundraising Expense **14.** _ Expense Details - Depreciation Expense: 3,202 **15. Total expenses.** Add lines 8 through 1**45.** On investment property On non-investment property ______ 10,995 16. Net Income/Loss. Line 7 minus Line 156. Amortization _____ Depletion _____ Total Depreciation Expense Expense Details - Cost of Goods Sold: Beginning inventory ______ Purchases _____ Expense Details - Exempt Activity Expense: Repairs and Maintenance Section 263A costs ______ Bad debts _____ 3,202 Taxes/licenses ______ Other costs _____ 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_ Pension plan contributions ______ Expense Details - Fundraising Expense: Other employee benefits ______ Cash prizes _______ Payroll taxes _____ Non-cash prizes Rent and facility costs Total Employment Expense Food & beverages (Part II only) Entertainment (Part II only) Expense Details - Fees for Services: Other direct expenses Management ______ Total Fundraising Expense _____ Legal ______ Accounting _____ Lobbying _____ Professional fundraising ______ Investment management ______ Total Fees for Services Information is indicated for use on Form 990-T, Schedule A: Allocation of Expense to Program Service Accomplishments: Schedule A, UBIT Activity Code ____ Seq #____ First Part V, Debt Financing Second

Third ______

Name

Form **990**

Event Income and Deduction Worksheet Description Awards Banquet

2023

Hilton Head Island Foundation to

Taxpayer Identification Number 46-5117877

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

Income & Expense Summary:		Expense Details - Indirect Expense:
1. Gross receipts or sales 1	46,250	Advertising and promotion
2. Advertising income 2.		Office
3. Circulation income 3.		Printing/publication/postage
4. Other income 4.		Info technology/Maintenance
5. Returns and allowances 5.		Royalties & License Fees
		Occupancy/Real Estate Taxes
7. Total revenue. Add lines 1 through 6 7.	46,250	Travel & Repairs
8. Cost of Goods Sold 8.	·	Travel/entertainment (officials)
9. Employment Expense 9.		Conferences/meetings
10. Fees for services 10.		Interest
11. Indirect Expense 11.		Interest
12. Depreciation Expense 12		Insurance Total Indirect Expense
		Total maneet Expense
13. Exempt Activity Expense 13		Evnance Dataile Depressiation Evnance
14. Fundraising Expense 14.15. Total expenses. Add lines 8 through 145.		Expense Details - Depreciation Expense:
		On an investment property
16. Net Income/Loss. Line 7 minus Line 156.	17,204	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	29,046	Taxes/licenses
Ending inventory		Charitable contributions
Total Cost of Goods Sold	29,046	Dividend recd deductions
		Readership costs
Expense Details - Employment Expense:		Other expenses
Compensation of officers		Total Exempt Activity Expense
Other salaries and wages		
Pension plan contributions		Expense Details - Fundraising Expense:
Other employee benefits		Cash prizes
Payroll taxes		Non-cash prizes
Total Employment Expense		Rent and facility costs
		Food & beverages (Part II only)
Expense Details - Fees for Services:		Entertainment (Part II only)
Management		Other direct expenses
Legal		Total Fundraising Expense
Accounting		
Lobbying		
Professional fundraising		
Investment management		
Total Face for Complete		
Total Fees for Services		
Information is indicated for use on Form 990)-T, Schedule A:	Allocation of Expense to Program Service Accomplishments:
Schedule A, UBIT Activity Code Se	q #	First
Part V, Debt Financing		Second
Part VI, Controlled Org Income		Third
Part VII, Investments for C(7)(9)(17)		All other
Part VIII, Exploited Activities		
Part IX, Advertising Income		

Name

Form **990**

Event Income and Deduction Worksheet Description New Stewardship Event

2023

Hilton Head Island Foundation to

Taxpayer Identification Number 46-5117877

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

1. 1,000 2. Advertising and promotion 3. Cardivation income 3. Circulation income 4. Circulation income 5. Returns and allowances 6. Contributions received 6. Contributions received 6. Contributions received 6. Contributions received 7. Total revenue. Add lines 1 through 6 7. 1,000 8. Cost of Goods Sold 8. 1,879 8. Conferenceshneetings 10. Fees for services 10. Circulation income 11. Indirect Expense 11. Lindirect Expense 12. Depociation Expense 13. Conferenceshneetings 14. Fundraling Expense 14. Fundraling Expense 15. Total expenses. Add lines 8 through 145. 1,879 16. Net Income/Loss Line 7 minus Line 196. —879 16. Net Income/Loss Line 7 minus Line 196. —879 16. Net Income/Loss Line 7 minus Line 196. —879 16. Net Income/Loss Line 7 minus Line 196. —879 16. Net Income/Loss Line 7 minus Line 196. —879 16. Net Income/Loss Line 7 minus Line 196. —879 16. Net Income/Loss Line 7 minus Line 196. —879 16. Section 283A costs 1,879 16. Net Income/Loss Line 7 minus Line 196. —879 16. Net Income/Loss Line 7 minus Line 1	Income & Expense Summary:			Expense Details - Indirect Expense:
2. Advertising income 2. Office 3. Circulation income 3. Circulation income 4. Shedure and allowances 5. Returns and allowances 5. Returns and allowances 5. Contributions received 6. Total revenue. Add lines 1 through 6 7. 1,000 17. All Cost of Goods Sold 8. 1,879 17. Travel Entertationment (officials) Conferences/meetings 1. Returns and allowances 5. Cocupancy/Real Estale Taxes 7. Travel Repairs 1. Returns Repairs 1. Conferences/meetings 1. Returns Repairs 1. Conferences/meetings 1. Returns Repairs 1. Returns Returns Returns 1. Returns Repairs 1. Returns Repairs 1. Returns Returns Returns 1. Returns Returns Returns 1. Returns Returns Returns 1. Returns Returns Returns 1. Returns Returns Returns Returns 1. Returns Re	1. Gross receipts or sales	1	1,000	Advertising and promotion
3. Circulation income 3. A Other income 4. Other income 5. Returns and allowances 5. Contributions received 6. Contributions received				Office
4. Other income 4. S. Returns and allowances 5. Returns and allowances 5. Returns and allowances 5. Roughlies & License Fees 9. Cocupany/fleat Estate Taxes 7. Total revenue. Add lines 1 through 6 7. 1,000 8. Cost of Goods Sold 8. 1,879 Travel/eintertainment (officials) Conferences/meetings Interest 11. 1. Cheres for services 10. Interest 11. Indirect Expense 9. Insurance 11. Indirect Expense 11. 1. Cheres for services 11. 1. Cheres for services 11. 1. Cheres for services 12. Insurance 13. 14. Fundraising Expense 13. 14. Fundraising Expense 14. 1. Storial expenses Add lines 8 through 148. 1,879 16. Not incomel.coss. Line 7 minus Line 136879 On non-investment property Amortization Depletion Portion Control of Code Sold: Reginning inventory Purchases Labor Section 263A costs 1,879 Expense Details - Cost of Goods Sold: 1,879 Expense Details - Fundraising Expense: Cash prizes Non-cash prizes Professional fundraising Investment management Details - Detail - Expense Details - Fundraising Expense Details - Fundraising Expense Details - Expense Details - Fundraising Expense Details - Fundraising Expense Details - Fundraising Expense Details - Expense Details - Expense D				Printing/publication/postage
5. Returns and allowances 5. Contributions received 6. Contributions Characteristics and wages Person plan contributions Characteristic and part of the professional fundraling Investment amagement Characteristic Characteristics				
6. Contributions received 6. To Total revenue. Add lines 1 through 6 7 1,000 8. Cost of Goods Sold 8. 1,879 9. Employment Expense 9. 10. Fees for services 10. 11. Indirect Expense 11. 12. Depreciation Expense 11. 12. Depreciation Expense 12. 13. Exempt Activity Expense 13. 14. Fundraising Expense 14. 15. Total expenses. Add lines 8 through 145. 1,879 16. Net Income/Loss. Line 7 minus Line 136879 16. Net Income/Loss. Line 7 minus Line 136879 17. Catal expenses. Add lines 8 through 145. 1,879 18. Expense Details - Cost of Goods Sold: 18. Expense Details - Expense 19. Expense Details - Expense 10. Interest Insurance 19. Expense Details - Expense Details - Expense 19. Expense Details - Expense Details - Expense 19. Expense Details - Expense Details - Expense Details - Expense 10. Detail on Cribbutions 10. Expense Details - Expense Details - Expense Details - Expense 10. Detail on Cribbutions 10. Total Cost of Goods Sold 10. Septiment Details - Expense Details - Expense Details - Fundraising Expenses 10. Total Expense Details - Fees for Services 10. Detail on Cribbutions 10. Detail on Cribbutions 10. Cash prizes 10. Cash				Royalties & License Fees
7. Total revenue. Add lines 1 through 6 7. 1,000 8. Cost of Goods Sold 8. 1,879 9. Employment Expense 9. 10. Interest In	6. Contributions received	6.		Occupancy/Real Estate Taxes
8. Cost of Goods Sold 8. 1,879 9. Employment Expense 9. 10. Fees for services 10. 11. Indirect Expense 11. 12. Depreciation Expense 11. 12. 13. Expense 11. 14. 15. Total expenses 13. 14. 16. Total expenses. Add lines 8 through 145. 1,879 16. Not Incomel/Loss, Line 7 minus Line 136879 17. Not Incomel/Loss, Line 14, Li	7. Total revenue. Add lines 1 thro	ough 6 7.	1,000	Travel & Repairs
9. Employment Expense 9. Conferences/meetings Interest 10. Frees for services 10. 11. Indirect Expense 11. 12. Depreciation Expense 12. 13. Exempt Activity Expense 13. 14. Fundraising Expense 14. 15. Total expenses. Add line 8 through 145. 16. Not Income/Loss. Line 7 minus Line 136. Expense Details - Cost of Goods Sold: Expense Details - Exempt Activity Expense Expense Details - Employment Expense Expense Details - Employment Expense Expense Details - Employment Expense Expense Details - Fundraising Expense Expense Details - Exempt Activity Expense Expense Details - Fundraising Expense Expense Details - Exempt Activity Expense Expense Details - Ex	8. Cost of Goods Sold	8.	1,879	Travel/entertainment (officials)
10. Fees for services 10.				Conferences/meetings
11. Indirect Expense 11.				Interest
12. Depreciation Expense 12.				Insurance
13. Exempt Activity Expense 14. 15. Total expenses. Add lines 8 through 145. 15. Not Income/Loss. Line 7 minus Line 136. 16. Net Income/Loss. Line 7 minus Line 136. Expense Details - Cost of Goods Sold: Beginning inventory Purchases Labor Section 263A costs Other costs 1,879 Total Cost of Goods Sold 1,879 Total Cost of Goods Sold 1,879 Total Cost of Goods Sold 1,879 Expense Details - Employment Expense: Compensation of officers Other salaries and wages Pension plan contributions Other employee benefits Payroll taxes Total Employment Expense Expense Details - Fees for Services: Management Legal Accounting Lobbying Professional fundraising Investment management Other Total Fees for Services Information is indicated for use on Form 990-T, Schedule A: Schedule A, UBIT Activity Code Part VI, Controlled Org Income Part VV, Investments for C(7(8)(17) Expense Details - Fees for C(7(8)(17) All other				Total Indirect Expense
14. Fundraising Expense 14. 1. 8. 799 15. Total expenses. Add lines 8 through 145. 1. 8.79 16. Net Income/Loss. Line 7 minus Line 136. -879 On investment property On non-investment property Amortization Depletion				
16. Net Income/Loss. Line 7 minus Line 136. 16. Net Income/Loss. Line 7 minus Line 136. Expense Details - Cost of Goods Sold: Beginning inventory Purchases Labor Section 263A costs Other costs Compensation of officers Other salaries and waiges Pension plan contributions Other employee benefits Part VI, Lord Total Expense Expense Details - Foes for Services Information is indicated for use on Form 990-T, Schedule A: Beginning inventory Controlled Org Income Part VI, Controlled Org Income Part VI, Controlled Org Income Part VI, Investments for C(7)(9)(17) Annotized to Reperse On non-investment property On on-investment expense Expense Details				Expense Details - Depreciation Expense:
16. Net Income/Loss. Line 7 minus Line 136. —879 Expense Details - Cost of Goods Sold: Expense Details - Cost of Goods Sold: Expense Details - Exempt Activity Expense: Labor Purchases Labor Section 263A costs Other costs Total Cost of Goods Sold 1,879 Ending inventory Total Cost of Goods Sold 1,879 Ending inventory Total Cost of Goods Sold 1,879 Expense Details - Employment Expense: Compensation of officers Other expenses Other expenses Other expenses Other expenses Total Exempt Activity Expense: Cash prizes Non-cash prizes Rent and facility costs Food & Everages (Part II only) Expense Details - Fees for Services: Information is indicated for use on Form 990-T, Schedule A: Schedule A, USIT Activity Code Part VI, Controlled Org Income Part VI, Controlled Org Income Part VI, Controlled Org Income Part VI, Investment sor C(7/8)(17) Expense Details - Seomd Amontzation Depletion Total Depreciation Expense Expense Details - Exempt Activity Expense: Charitable contributions Charletine Expenses Charitable contributions Charletine Toxes/ficenses Charitable contributions Charletine Toxes/ficenses Charitable contributions Charletine Toxes/ficenses Charltable contributions Charletine Toxes/ficenses Charltable contributions Charletine Expenses Total Exempt Activity Expense Expense Details - Exempt Activity Expenses Total Exempt Activity Expenses Expense Details - Fundraising Expense: Cash prizes Non-cash prizes Rent and facility costs Non-cash prizes Rent and facility costs Pood & Everages (Part II only) Cher direct expenses Total Fundraising Expense Total Fun	15. Total expenses. Add lines 8 th	rough 1 45.	1,879	
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Expense Details - Cost of Goods Sold: Beginning inventory Purchases Labor Section 263A costs Other costs Compensation of officers Other exployee benefits Pernsion plan contributions Other employee benefits Paryotl taxes Total Employment Expense Expense Details - Exempt Activity Expense: Expense Details - Employment Expense: Compensation of officers Other exployee benefits Paryotl taxes Total Employment Expense Expense Details - Fees for Services: Information is indicated for use on Form 990-T, Schedule A: Schedule A, UBIT Activity Code Part VI, Controlled Org Income Part VI, Controlled Org Income Part VI, Investments for C(7)(9)(17) Expense Details - Fees for Cast prizes Total Expense totalis - Frogram Service Accomplishments: First Second Third				Amortization
Expense Details - Cost of Goods Sold: Beginning inventory Purchases Labor Section 263A costs Other costs 1,879 Ending inventory Total Cost of Goods Sold 1,879 Expense Details - Exempt Activity Expense: Repairs and Maintenance Bad debts Taxes/licenses Charitable contributions Dividend recd deductions Readership costs Compensation of officers Other salaries and wages Pension plan contributions Other employee benefits Payroll taxes Total Employment Expense Expense Details - Fees for Services: Repairs and debts Total Exempt Activity Expense Cash prizes Rent and facility costs Food & beverages (Part II only) Entertainment (Part II only) Cher direct expenses Total Fundraising Investment management Other Total Fees for Services Information is indicated for use on Form 990-T, Schedule A: Schedule A, UBIT Activity Code Part VI, Controlled Org Income Part VI, Controlled Org Income Part VI, Investments for C(7(9)(17) All other				Depletion
Beginning inventory Purchases	Expense Details - Cost of Goods	Sold:		Total Depreciation Expense
Purchases Labor Section 263A costs Other costs				
Labor Section 263A costs Other costs 1,879 Ending inventory Total Cost of Goods Sold 1,879 Expense Details - Employment Expense: Compensation of officers Other employee benefits Paryoll taxes Total Employment Expense Total Fundraising Expense: Cash prizes Non-cash prizes Non-cash prizes Prod & bevirages (Part II only) Expense Details - Fees for Services: Management Legal Accounting Lobbying Professional fundraising Investment management Other Total Fees for Services Information is indicated for use on Form 990-T, Schedule A: Schedule A, UBIT Activity Code Part VI, Debt Financing Part VV, Debt Financing Part VI, Investments for C(7)(9)(17) All other	Purchases			Expense Details - Exempt Activity Expense:
Section 263A costs Other costs Other costs Total Cost of Goods Sold Total Cost of Goods Sold Total Cost of Goods Sold Total Compensation of officers Other salaries and wages Pension plan contributions Other employee benefits Payroll taxes Total Employment Expense Total Employment Expense Expense Details - Fees for Services: Food & beverages (Part II only) Other direct expenses Total Fundraising Expense Total Fundraising Expense Total Fundraising Expense Allocation of Expense to Program Service Accomplishments: First Second Part VI, Controlled Org Income Part VI, Controlled Org Income Part VI, Investments for C(7)(9)(17) All other	Labor			
Other costs	Section 263A costs			Bad debts
Ending inventory Total Cost of Goods Sold 1,879 Expense Details - Employment Expense: Compensation of officers Cher salaries and wages Pension plan contributions Cher employee benefits Payroll taxes Total Employment Expense Expense Details - Fees for Services: Readership costs Other expenses Total Exempt Activity Expense Expense Details - Fundraising Expense: Cash prizes Non-cash prizes Rent and facility costs Food & beverages (Part II only) Expense Details - Fees for Services: Expense Details - Fees for Services: Total Fundraising Expense Accounting Lobbying Professional fundraising Investment management Other Total Fees for Services Information is indicated for use on Form 990-T, Schedule A: Schedule A, UBIT Activity Code Part V, Debt Financing Part V, Controlled Org Income Part VII, Investments for C(7)(9)(17) All other	Other costs		1,879	Taxes/licenses
Total Cost of Goods Sold 1,879 Expense Details - Employment Expense: Compensation of officers Other salaries and wages Pension plan contributions Other employee benefits Payroll taxes Total Employment Expense Rent and facility costs Food & beverages (Part II only) Expense Details - Fees for Services: Management Legal Accounting Lobbying Professional fundraising Investment management Other Total Fees for Services Information is indicated for use on Form 990-T, Schedule A: Schedule A, UBIT Activity Code Part VI, Controlled Org Income Part VII, Investments for C(7)(9)(17) Dividend recd deductions Readership costs Total Exempt Activity Expense Lotal Fundraising Expense: Cash prizes Non-cash prizes Non-cash prizes Rent and facility costs Food & beverages (Part II only) Other direct expenses Total Fundraising Expense Total Fundraising Expense Allocation of Expense to Program Service Accomplishments: First Schedule A, UBIT Activity Code Part VI, Controlled Org Income Part VII, Investments for C(7)(9)(17) All other	Ending inventory			Charitable contributions
Expense Details - Employment Expense: Compensation of officers Cother expenses Cother salaries and wages Pension plan contributions Other employee benefits Payroll taxes Total Employment Expense Total Fees for Services: Entertainment (Part II only) Other direct expenses Total Fundraising Expense Total Fundraising Expense Total Fundraising Expense Information is indicated for use on Form 990-T, Schedule A: Schedule A, UBIT Activity Code Part VI, Controlled Org Income Part VII, Investments for C(7)(9)(17) All other	Total Cost of Goods Sold		1.879	Dividend recd deductions
Expense Details - Employment Expense: Compensation of officers Other salaries and wages Pension plan contributions Other employee benefits Payroll taxes Total Employment Expense Total Employment Expense Rent and facility costs Food & beverages (Part II only) Expense Details - Fees for Services: Entertainment (Part II only) Management Legal Accounting Lobbying Professional fundraising Investment management Other Total Fees for Services Information is indicated for use on Form 990-T, Schedule A: Schedule A, UBIT Activity Code Part VI, Controlled Org Income Part VII, Investments for C(7)(9)(17) All other				Readership costs
Compensation of officers Other salaries and wages Pension plan contributions Other employee benefits Payroll taxes Total Employment Expense Total Employment Expense Rent and facility costs Food & beverages (Part II only) Expense Details - Fees for Services: Management Legal Accounting Lobbying Professional fundraising Investment management Other Total Fees for Services Information is indicated for use on Form 990-T, Schedule A: Schedule A, UBIT Activity Code Part VI, Controlled Org Income Part VII, Investments for C(7)(9)(17) Fixed Total Exempt Activity Expense Expense Details - Fundraising Expense: Cash prizes Rent and facility costs Food & beverages (Part II only) Other direct expenses Total Fundraising Expense Total Fundraising Expense Allocation of Expense to Program Service Accomplishments: First Second Third All other	Expense Details - Employment F	-xnense·		Other expenses
Other salaries and wages Pension plan contributions Other employee benefits Payroll taxes Total Employment Expense Total Employment Expense Expense Details - Fundraising Expense: Cash prizes Non-cash prizes Rent and facility costs Food & beverages (Part II only) Expense Details - Fees for Services: Management Legal Accounting Lobbying Professional fundraising Investment management Other Total Fees for Services Information is indicated for use on Form 990-T, Schedule A: Schedule A, UBIT Activity Code Part VI, Controlled Org Income Part VII, Investments for C(7)(9)(17) Expense Details - Fundraising Expense: Cash prizes Non-cash prizes Rent and facility costs Food & beverages (Part II only) Dent direct expenses Total Fundraising Expense Total Fundraising Expense Allocation of Expense to Program Service Accomplishments: First Second Third All other				Total Exempt Activity Expense
Pension plan contributions Other employee benefits Payroll taxes Total Employment Expense Total Fees for Services: Management Legal Accounting Lobbying Professional fundraising Investment management Other Total Fees for Services Information is indicated for use on Form 990-T, Schedule A: Schedule A, UBIT Activity Code Part VI, Controlled Org Income Part VII, Investments for C(7)(9)(17) Expense Details - Fundraising Expense: Cash prizes Non-cash prizes Non-cash prizes Non-cash prizes Part and facility costs Food & beverages (Part II only) Cher II only) Other direct expenses Total Fundraising Expense Total Fundraising Expense Allocation of Expense to Program Service Accomplishments: First Second Third All other	Other salaries and wages			Total Exempt Notify Expense
Other employee benefits Payroll taxes Total Employment Expense Expense Details - Fees for Services: Management Legal Accounting Lobbying Professional fundraising Investment management Other Total Fees for Services Information is indicated for use on Form 990-T, Schedule A: Schedule A, UBIT Activity Code Part VI, Controlled Org Income Part VII, Investments for C(7)(9)(17) Sendand facility costs Fend a facility costs Fend & beverages (Part II only) Other direct expenses Total Fundraising Expense Allocation of Expense to Program Service Accomplishments: Second Third All other	Pension plan contributions			Expense Details - Fundraising Expense:
Payroll taxes Total Employment Expense Rent and facility costs Food & beverages (Part II only) Expense Details - Fees for Services: Management Legal Accounting Lobbying Professional fundraising Investment management Other Total Fees for Services Information is indicated for use on Form 990-T, Schedule A: Schedule A, UBIT Activity Code Part V, Debt Financing Part VI, Controlled Org Income Part VII, Investments for C(7)(9)(17) Non-cash prizes Rent and facility costs Food & beverages (Part II only) Deter II only) All other Allocation of Expense to Program Service Accomplishments: Second Third All other	Other employee henefits			· · · · · · · · · · · · · · · · · · ·
Total Employment Expense Rent and facility costs Food & beverages (Part II only) Expense Details - Fees for Services: Management Legal Accounting Lobbying Professional fundraising Investment management Other Total Fees for Services Information is indicated for use on Form 990-T, Schedule A: Schedule A, UBIT Activity Code Part VI, Controlled Org Income Part VII, Investments for C(7)(9)(17) Rent and facility costs Food & beverages (Part II only) Cher II only Other direct expenses Total Fundraising Expense Allocation of Expense to Program Service Accomplishments: First Second Third All other	Payroll taxes			Non-cash prizes
Expense Details - Fees for Services: Management Legal Accounting Lobbying Professional fundraising Investment management Other Total Fees for Services Information is indicated for use on Form 990-T, Schedule A: Schedule A, UBIT Activity Code Part VI, Debt Financing Part VI, Controlled Org Income Part VII, Investments for C(7)(9)(17) Food & beverages (Part II only) Entertainment (Part II only) Other direct expenses Total Fundraising Expense Allocation of Expense to Program Service Accomplishments: First Second Third All other	Total Employment Expense		.	Pent and facility costs
Expense Details - Fees for Services: Management Legal Accounting Lobbying Professional fundraising Investment management Other Total Fees for Services Information is indicated for use on Form 990-T, Schedule A: Schedule A, UBIT Activity Code Part V, Debt Financing Part VI, Controlled Org Income Part VII, Investments for C(7)(9)(17) Entertainment (Part II only) Other direct expenses Total Fundraising Expense Allocation of Expense to Program Service Accomplishments: First Second Third All other	Total Employment Expense			Food & heverages (Part II only)
Management Legal Accounting Lobbying Professional fundraising Investment management Other Total Fees for Services Information is indicated for use on Form 990-T, Schedule A: Schedule A, UBIT Activity Code Seq # First Part V, Debt Financing Part VI, Controlled Org Income Part VII, Investments for C(7)(9)(17) Other direct expenses Total Fundraising Expense Allocation of Expense to Program Service Accomplishments: First Second Third All other	Expanse Details - East for Sami	0001		Entertainment (Part II only)
Legal Accounting Lobbying Professional fundraising Investment management Other Total Fees for Services Information is indicated for use on Form 990-T, Schedule A: Schedule A, UBIT Activity Code Part V, Debt Financing Part VI, Controlled Org Income Part VII, Investments for C(7)(9)(17) Total Fundraising Expense Total Fundraising Expense Allocation of Expense to Program Service Accomplishments: First Second Third All other				Other direct expenses
Accounting Lobbying Professional fundraising Investment management Other Total Fees for Services Information is indicated for use on Form 990-T, Schedule A: Schedule A, UBIT Activity Code Seq # First Part V, Debt Financing Second Part VI, Controlled Org Income Part VII, Investments for C(7)(9)(17) All other	L agal			Total Fundraising Expanse
Lobbying Professional fundraising Investment management Other Total Fees for Services Information is indicated for use on Form 990-T, Schedule A: Schedule A, UBIT Activity Code Seq # First Part V, Debt Financing Second Part VI, Controlled Org Income Third Part VII, Investments for C(7)(9)(17) All other		·····		Total Fundraising Expense
Professional fundraising Investment management Other Total Fees for Services Information is indicated for use on Form 990-T, Schedule A: Schedule A, UBIT Activity Code Seq # First Part V, Debt Financing Second Part VI, Controlled Org Income Third Part VII, Investments for C(7)(9)(17) All other	•	· · · · · · · · · · · · · · · · · · ·		
Information is indicated for use on Form 990-T, Schedule A: Schedule A, UBIT Activity Code Seq # First Part V, Debt Financing Second Third Part VII, Investments for C(7)(9)(17) All other	Drafaccional fundraining	·····		
Other Total Fees for Services Information is indicated for use on Form 990-T, Schedule A: Schedule A, UBIT Activity Code Seq # First Part V, Debt Financing Second Part VI, Controlled Org Income Third Part VII, Investments for C(7)(9)(17) All other	Investment management	·····		
Information is indicated for use on Form 990-T, Schedule A: Schedule A, UBIT Activity Code Seq # First Part V, Debt Financing Second Part VI, Controlled Org Income Part VII, Investments for C(7)(9)(17) All other	Other	·····		
Information is indicated for use on Form 990-T, Schedule A: Schedule A, UBIT Activity Code Seq # First Part V, Debt Financing Second Part VI, Controlled Org Income Third Part VII, Investments for C(7)(9)(17) All other				
Schedule A, UBIT Activity Code Seq # First Part V, Debt Financing Second Part VI, Controlled Org Income Third Part VII, Investments for C(7)(9)(17) All other	lotal Fees for Services	· · · · · · · · · · · · · · · · · · ·		
Schedule A, UBIT Activity Code Seq # First Part V, Debt Financing Second Part VI, Controlled Org Income Third Part VII, Investments for C(7)(9)(17) All other	Information is indicated for use	e on Form 990-T. \$	Schedule A:	Allocation of Expense to Program Service Accomplishments:
Part V, Debt Financing Second Third Part VII, Investments for C(7)(9)(17) All other		•		
Part VI, Controlled Org Income Third Part VII, Investments for C(7)(9)(17) All other	_			·····
Part VII, Investments for C(7)(9)(17) All other		come		
· · · · · · · · · · · · · · · · · · ·				A II - 41
Part VIII, Exploited Activities	Part VIII, Exploited Activit	. , . , . ,		
Part IX, Advertising Income				

SCHEDULE G (Form 990 or		Fundraising Other Events					
		For calendar year 2023, or tax year	r beginning	, and ending			
Nan	·-				Employer Id	entification Number	
		Island Foundation	to				
S	upport Yout	h Sports, Inc.			46-511	7877	
		(a) Other event	(b) Other event	(c) Other event		(d) Total other events	
		Champions for C				(add col. (a) through	
(I)		(event type)	(event type)	(event type)		col. (c))	
Revenue	1 Gross receipts	197,826				197,826	
_	2 Less: Charitable contributions						
	3 Gross income (line 1 minus line 2)	197,826				197,826	
	4 Cash prizes						
	5 Noncash prizes						
t Expenses	6 Rent/facility costs						
	7 Food/beverages						
Direct	8 Entertainment						
	9 Other expenses	57,402				57,402	

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

May 12, 2023

CONFIDENTIAL

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

Dear Board Members:

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

We will prepare your federal and state exempt organization returns from information which you will furnish to us. It may be necessary to ask you for clarification of some of the information.

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

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

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

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

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

If the foregoing fairly sets forth your understanding, please sign the enclosed copy of this letter in the space indicated and return it to our office. However, if there are other tax returns you expect us to prepare, please inform us by noting so at the end of the return copy of this letter.

Carey & Company P.A.		
Accepted By:		
Date:		

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

May 12, 2023

CONFIDENTIAL

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

Dear Board Members:

We have prepared the following returns from information provided by you, which was audited through a financial statement audit of the Foundation's financial records.

Return of Organization Exempt From Income Tax (Form 990)

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

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

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

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

Sincerely,

Carey & Company P.A.

Form 990				nparison Report		2021 & 2022
L		For calendar year 2022, or tax year begin	ning	, en	ding	
Nar					Тахраує	er Identification Number
		d Island Foundation to			16 5	117077
	upport 10	ith Sports, Inc.	1	2021	·	117877
	4 Osmatolistations on	Mr		153,858	2022 183,670	Differences 29,812
	1. Contributions, g	ifts, grants		133,636	103,070	23,012
		es and assessments	3.	25,000	70,000	45,000
Φ	3. Government col	ntributions and grants	4.	82,979	126,807	43,828
n u	4. Program service	e revenue	5.	480	384	43,626 -96
Ð	5. Investment inco	me	6.	400	304	-30
e <	6. Proceeds from 1	ax exempt bonds				
œ		s) from sale of assets other than inventory	8.	124,311	142,128	17,817
		loss) from fundraising events	9.	127,311	142,120	17,017
		loss) from gaming	10.			
	11. Other revenue	s) on sales of inventory	11.	31,708		-31,708
		Add lines 1 through 11	12.	418,336	522,989	104,653
		lar amounts paid	13.	410,330	322,303	104,033
	14 Popofito poid to	or for members	14.			
S	15. Componention	of officers, directors, trustees, etc.	15.	62,475	71,000	8,525
se		compensation, and employee benefits	16.	78,381	84,296	5,915
_		ndraising fees	17.	70,301	01,230	3,713
ď	18 Other profession	nal fees	18.	10,601	14,537	3,936
×	19 Occupancy ren	t, utilities, and maintenance	19.	10,001	18,061	18,061
		d Depletion	20.	2,370	4,976	2,606
			21.	168,849	166,743	-2,106
	22 Total expenses	s. Add lines 13 through 21	22.	322,676	359,613	36,937
	1	ficit). Subtract line 22 from line 12	23.	95,660	163,376	67,716
		venue	24.	418,336	522,989	104,653
	25. Total unrelated	revenue	25.		0	
<u>io</u>	26. Total excludable	e revenue	26.	115,167	127,191	12,024
Information	27. Total assets		27.	655,322	818,785	163,463
ōr	28. Total liabilities		28.	71,256	6,672	-64,584
	29. Retained earning	gs	29.	584,066	812,113	228,047
Other		g members of governing body	30.	17	15	, -
ᅙ		pendent voting members of governing body	31.	17	15	
		loyees	32.	6	5	
	33. Number of volu		33.	75	75	

Form 990	Tax Return History	2022
Name	Hilton Head Island Foundation to Support Youth Sports, Inc.	Employer Identification Number 46-5117877

	2018	2019	2020	2021	2022	2023
Contributions, gifts, grants	282,459	214,938	160,706	178,858	253,670	
Membership dues						
Program service revenue	44,537	48,950	67,658	82,979	126,807	
Capital gain or loss						
Investment income	231	348	415	480	384	
Fundraising revenue (income/loss)	81,705	96,610	87,744	124,311	142,128	
Gaming revenue (income/loss)						
Other revenue			31,708	31,708		
Total revenue	408,932	360,846	348,231	418,336	522,989	
Grants and similar amounts paid						
Benefits paid to or for members						
Compensation of officers, etc.			59,177	62,475	71,000	
Other compensation	119,446	130,405	114,452	78,381	84,296	
Professional fees	11,580	13,423	12,018	10,601	14,537	
Occupancy costs					18,061	
Depreciation and depletion	388	389	970	2,370	4,976	
Other expenses		119,755	117,466	168,849	166,743	
Total expenses	247,276	263,972	304,083	322,676	359,613	
Excess or (Deficit)	161,656	96,874	44,148	95,660	163,376	
Total exempt revenue		360,846	348,231	418,336	522,989	
Total unrelated revenue						
Total excludable revenue	44,768	49,298	99,781	115,167	127,191	
Total Assets	492,731	529,379	560,777	655,322	818,785	
Total Liabilities	145,523	85,297	72,547	71,256	6,672	
Net Fund Balances	347,208	444,082	488,230	584,066	812,113	

Filing Instructions

Hilton Head Island Foundation to Support Youth Sports, Inc.

Exempt Organization Tax Return

Taxable Year Ended December 31, 2022

Date Due: May 15, 2023

Remittance: None is required. Your Form 990 for the tax year ended 12/31/22 shows no

balance due.

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

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

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

organization and returned to:

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

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

8879-TE has been received by this office.

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

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

processing of your return.

Form **8879-TE**

IRS *e-file* Signature Authorization for a Tax Exempt Entity

OMB	No.	1545-0047

out of the Torres

For calendar year 2022, or fiscal year beginning, 2022, and ending, 20

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

2022

Department of the Treasury
Internal Revenue Service
Name of filer

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

EIN or SSN

Support Youth Sports, Inc.

46-5117877

Name and title of officer or person subject to tax Jacqueline Perrotti

Current Treasurer

Part I Type of Return and Return Information

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

1a	Form 990 check he	re X	⊈ b	Total revenue, if any (Form 990, Part VIII, column (A), line 12)	1b	522,989
2a	Form 990-EZ check	chere	_ b	Total revenue, if any (Form 990-EZ, line 9)	2b	
	Form 1120-POL ch		_ b	Total tax (Form 1120-POL, line 22)	3b	
4a	Form 990-PF check	here	_ b	Tax based on investment income (Form 990-PF, Part V, line 5)	4b	
5a	Form 8868 check h	ere	_ b	Balance due (Form 8868, line 3c)	5b	
6a	Form 990-T check	here		Total tax (Form 990-T, Part III, line 4)		
	Form 4720 check h			Total tax (Form 4720, Part III, line 1)		
8a	Form 5227 check h	ere	_ b	FMV of assets at end of tax year (Form 5227, Item D)	8b	
9a	Form 5330 check h	ere	_ b	Tax due (Form 5330, Part II, line 19)	9b	
			<u></u> b	Amount of credit payment requested (Form 8038-CP, Part III, line 22)	10b	
_	and II Dealers		4	we Authorize the of Officer on Develop Ordelect to Terr		

Part II Declaration and Signature Authorization of Officer or Person Subject to Tax

Under penalties of perjury, I declare that X I am an officer of the above entity or , (EIN) I am a person subject to tax with respect to (name of entity) and that I have examined a copy of the 2022 electronic return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission (b) the reason for any delay in processing the return or refund and (c)

intermediate service provider, transmitter, or electronic return originator (ERO) to send the return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the electronic return and, if applicable, the consent to electronic funds withdrawal.

PIN: check one box only

X	I authorize	Carey	&	Company	P.A.
_					irm name

to enter my PIN

12345 as my signature Enter five numbers, but

do not enter all zeros

on the tax year 2022 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

As an officer or person subject to tax with respect to the entity, I will enter my PIN as my signature on the tax year 2022 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Signature of officer or person subject to tax .

Date

Part III Certification and Authentication

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

57507812345

Do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2022 electronically filed return indicated above. I confirm that I am submitting this return in accordance with the requirements of **Pub. 4163**, Modernized e-File (MeF) Information for Authorized IRS *e-file* Providers for Business Returns.

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

Date

ERO Must Retain This Form — See Instructions

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

Department of the Treasury Internal Revenue Service

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

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

OMB No. 1545-0047 2022 Open to Public Inspection

<u>A</u>	For the	e 2022 calendar year, or tax year beginning , and ending			
<u>B</u>	Check if a			D Employe	r identification number
	Address c	change Support Youth Sports, Inc.			
同	Name cha	Doing business as The First Tee of the LowCountry			117877
\vdash		Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	E Telephon	
\sqcup	Initial retur			843-	384-1751
\sqcup	Final retur terminated				
	Amended	Hilton Head Island SC 29925		G Gross red	ceipts\$ 591,875
\vdash		r Name and address of principal officer.	H(a) Is this a g	roun return for	subordinates? Yes X No
Ш	Application	ododaciic iciicci		·	7. 7.
		53 Magnolia Blossom Dr.	H(b) Are all su		
		Bluffton SC 29910	If "No	," attach a list	. See instructions
1	Tax-exen	npt status: X 501(c)(3) 501(c) () (insert no.) 4947(a)(1) or 527			
J	Website:	http://www.thefirstteelowcountry.org/	H(c) Group ex	emption numb	per
ĸ	Form of o		Year of formation: 2	014	M State of legal domicile: SC
F	Part I	Summary			·
	1	Briefly describe the organization's mission or most significant activities:			
ė		The First Tee helps shape the lives of kids and teen	s from al	l walk	s of
au		life by introducing them to values inherent in the g			
Ĩ		like integrity, respect and perseverance		· · · · · · · · · · · · · · · · · · ·	2
Governance	1 .	· · · · · · · · · · · · · · · · · · ·			
		Check this box if the organization discontinued its operations or disposed of more than 2	5% of its het as	1	16
∞ ∞		Number of voting members of the governing body (Part VI, line 1a)		. 3	15
Activities	4	Number of independent voting members of the governing body (Part VI, line 1b)		4	15
₹	5 T	Total number of individuals employed in calendar year 2022 (Part V, line 2a)			5
Ą		Total number of volunteers (estimate if necessary)			75
	7a⊺	Total unrelated business revenue from Part VIII, column (C), line 12		7a	0
		Net unrelated business taxable income from Form 990-T, Part I, line 11			0
			Prior Ye	ar	Current Year
<u>a</u>	8 (Contributions and grants (Part VIII, line 1h)		8,858	253,670
ž		Program service revenue (Part VIII, line 2g)	8:	2,979	126,807
Revenue	10 h	nvestment income (Part VIII, column (A), lines 3, 4, and 7d)		480	384
Ř		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	150	6,019	142,128
		Total revenue – add lines 8 through 11 (must equal Part VIII, column (A), line 12)		8,336	522,989
		2 () () () () () () () () () (,	0
	1	Grants and similar amounts paid (Part IX, column (A), lines 1–3) Benefits paid to or for members (Part IX, column (A), line 4)			0
	ء ـ ـ ا	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	14	0,856	155,296
Expenses	15 3		7-7'	0,030	133,230
ë	16aF	Professional fundraising fees (Part IX, column (A), line 11e)			U
꼾	l d	Total fundraising expenses (Part IX, column (D), line 25) 53,488	10	1 000	204 217
ш	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		1,820	204,317
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		2,676	359,613
	19 F	Revenue less expenses. Subtract line 18 from line 12	9.	5,660	163,376
Net Assets or		5 - 1	Beginning of Cu		End of Year
Sset	20 T	Total assets (Part X, line 16)		5,322	818,785
T A	21 T	Total liabilities (Part X, line 26)		6,585	6,672
		Net assets or fund balances. Subtract line 21 from line 20	648	8 , 737	812,113
F	Part II	Signature Block			
		nalties of perjury, I declare that I have examined this return, including accompanying schedules and stat			y knowledge and belief, it is
tr	ue, corre	ect, and complete. Declaration of preparer (other than officer) is based on all information of which preparer	arer has any knov	vledge.	
Sig	gn	Signature of officer		Date	
He	_	Jacqueline Perrotti Current T	reasurer	•	
	-	Type or print name and title			
_		Print/Type preparer's name Preparer's signature	Date	Check	if PTIN
Pai	id	Patrick P. Carey, Jr., CPA Patrick P. Carey, Jr., CPA			
	eparer		1.		57-0927046
	e Only	Firm's name Carey & Company P.A.	F	Firm's EIN	31-034/040
Jai	Conny	70 Main Street, Suite 100			042 601 4420
_		Firm's address Hilton Head Island, SC 29926		Phone no.	843-681-4430
Ma	y the IR	S discuss this return with the preparer shown above? See instructions			X Yes No

	990 (2022) HIITON Head ISI		40-311/0//	Page Z
Pa	rt III Statement of Program S			
	Check if Schedule O conta	ins a response or note to any lin	e in this Part III	<u> </u>
1	Briefly describe the organization's mission:			
Т	he First Tee helps sh	ape the lives of kid	ls and teens from	all walks of
1	ife by introducing the	em to values inheren	t in the game of	golf. Values
	ike integrity, respec			
	ike integrity, respec	c and perseverance		
		· · · · · · · · · · · · · · · · · · ·		
2	Did the organization undertake any significa	nt program services during the year which	h were not listed on the	
				Yes X No
	If "Yes," describe these new services on So	chedule O.		
3	Did the organization cease conducting, or n	nake significant changes in how it conduc	cts, any program	
			· · · ·	Yes X No
	If "Yes," describe these changes on Schedu			🗀 133 🛅 133
4	Describe the organization's program service		argest program convices, as mass	urad by
4				
	expenses. Section 501(c)(3) and 501(c)(4)	-	mount of grants and allocations to	o otners,
	the total expenses, and revenue, if any, for	each program service reported.		
4a	(Code:) (Expenses \$ 2 perating driving range	209,499 including grants of \$) (Revenue	e \$)
0	perating driving range	e for use in objecti	ves outlined in	mission
	tatamant			
	• • • • • • • • • • • • • • • • • • • •			
	• • • • • • • • • • • • • • • • • • • •			
	•			
	(Code:) (Expenses \$	including grants of \$) (Revenu	e \$)
N	/A			
	*			
	• • • • • • • • • • • • • • • • • • • •	• • • • • • • • • • • • • • • • • • • •	• • • • • • • • • • • • • • • • • • • •	
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	(O-d-:	in alreading a support of C) (D	- ^
	(Code:) (Expenses \$	including grants of \$) (Revenue	e \$)
N	/A			
	• • • • • • • • • • • • • • • • • • • •			
	•			
44	Other program services (Describe on Schee	dule O)		
TU	· -) (Payerus [©]	`
	ILADEIISES 3 IN	cluding grants of \$) (Revenue \$)
	Total program service expenses	209,499	· •	•

			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)	3		
7	also the attention of the device of the device of the Market Mark	4		x
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,	_		
	assessments, or similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors			
	have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If			
	"Yes," complete Schedule D, Part I	6		Х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			
	complete Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a			
	custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or			
	debt negotiation services? If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,			
	VII, VIII, IX, or X, as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"	44-	Х	
h	complete Schedule D, Part VI	11a		
b	Did the organization report an amount for investments—other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		x
С	Did the organization report an amount for investments—program related in Part X, line 13, that is 5% or more	110		-21
·	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		х
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a		X
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If			
	"Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
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	140		
	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		x
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other			
-	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on			
	Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		Х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on			
	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	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	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		<u> </u>
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		<u> </u>

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

	990 (2022) HILLON Head ISLAND FOUNDATION to 46-5117				Р	age ɔ
Pa	rt V Statements Regarding Other IRS Filings and Tax Compliance (cor	ntinue	ed)		Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax					
	Statements, filed for the calendar year ending with or within the year covered by this return	2a	5			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax ret	turns?		2b	Х	
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 Schedu	le O		3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other	er auth	ority over,			
	a financial account in a foreign country (such as a bank account, securities account, or other financial	cial ac	count)?	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 Financia	I Acco	ounts (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 trans	action	?	5b		X
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?			5с		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did	the				
	organization solicit any contributions that were not tax deductible as charitable contributions?			6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contribu	tions o	or			
	gifts were not tax deductible?			6b		
7	Organizations that may receive deductible contributions under section 170(c).					
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly fo	r good	ls			
	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	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	contra	act?	7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit cor			7 f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file F	Form 8	8899 as required?	7g		Х
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organi	zation	file a Form 1098-C?	7h		X
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund mainta	ined b	y the			
	sponsoring organization have excess business holdings at any time during the year?			8		
9	Sponsoring organizations maintaining donor advised funds.					
а	Did the sponsoring organization make any taxable distributions under section 4966?			9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?			9b		
10	Section 501(c)(7) organizations. Enter:					
а	Initiation fees and capital contributions included on Part VIII, line 12	10a				
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b				
11	Section 501(c)(12) organizations. Enter:					
а	Gross income from members or shareholders	11a				
b	Gross income from other sources. (Do not net amounts due or paid to other sources					
	against amounts due or received from them.)	11b				
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form	orm 10)41?	12a		
	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				
I4a	Did the considering section and a section of the feet			14a		Х
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on School			14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remur	neratio	n 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 investme	nt inco	ome?	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 a	ctivities	3			
	that would result in the imposition of an excise tax under section 4951, 4952 or 4953?			17		
	If "Yes," complete Form 6069.					

Section C. Disclosure

17	List the states	with which a	copy of this	Form 990 is	required to be filed	SC

organization's exempt status with respect to such arrangements? .

18 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)

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

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 records

Dale M Planicka

Hilton Head Island

PO Box 23334

843-715-0256

SC 29925

Form 990 (2	022) Hilton I	Head	Island	Founda	tion	to 46-	5117877		F	Page 7
Part VII	Compensation	of Offi	cers, Direc	tors, Tru	stees, Ke	ey Employee	s, Highest	Compensated	Employees,	and
	Independent C	Contrac	tors							_
	Check if Schedu	ule O co	ontains a re	sponse or	note to a	any line in this	Part VII			. Ш
O	Officers Discotors	- T	1/		I II all and O			•	•	

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

12 Complete this table for all persons required to be listed. Persons required with the calendar year ending with the calend

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. See the instructions for the order in which to list the persons above.

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

(A) Name and title	(B) Average hours per week	box	, unle cer ar	ss pe	ition more rson	than on is both a or/trustee	an e)	(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	Former Highest compensaled employee Key employee Officer Institutional trustee			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) Patrick M Zuk	40.00									
Executive Director	40.00			x				71,000	o	12,535
(2) Jim Capps	0.00							71,000	0	12,555
(=) C III CGPPD	5.00									
Board Member	0.00	x						0	0	0
(3) Grace Chu										
	5.00							_	_	_
Vice Chair	0.00	X		Х				0	0	0
(4)Bob Curri	F 00									
Board Member	5.00 0.00	x						o	0	0
(5) Joe Datillo	0.00	^						<u> </u>	<u> </u>	<u> </u>
(0) 3 3 3 3 3 3 3 3 3	5.00									
Board Member	0.00	X						0	0	0
(6) Chuck Elberly										
	5.00									
Prior Treasurer	0.00	X		X				0	0	0
(7)Dick Farmer										
Office of the second	5.00	٦,		37				_	_	0
Chair (8)John Farrell	0.00	X		Х				0	0	0
(6)UOIII FAITEII	5.00									
Board member	0.00	x						0	0	0
(9) Bill Fuentes										
•	5.00									
Board Member	0.00	X						0	0	0
(10)Paul Gaines										
	5.00									
Board Member	0.00	X						0	0	0
(11)Don Krahnke	5.00									
Board Member	0.00	x						0	0	0
				ı					<u> </u>	F 990 (2222)

Part VII Section A. Office	rs, Directors, T	rust	ees,	Key	/ Em	ploy	yees	s, and Highest Compens	ated Employees (continu	ed)			
(A) Name and title	(B) Average hours per week (list any hours for related organizations below	bo	x, unle	Pos check ess pe	erson	than is both or/trus Highest compensated employee	n an tee)	(D) Reportable compensation from the organization (W-2/ 1099-MISC/ 1099-NEC)	(E) Reportable compensation from related organizations (W-2/ 1099-MISC/ 1099-NEC)	c	(F) timated a of othe compensa from th ganization ed organ	er ation ne n and	
	dotted line)	e e	stee			sated							
(12) Chris Lane	F 00												
Secretary	5.00	x		x				0	0				0
	Perrotti												
Current Treasurer	5.00 0.00	х						0	0				0
(14) Paul Rothwel													
Board Member	5.00	x						0	0				0
(15) Ed Tiscornia	1	 											
Danid Wamban	5.00	3,											^
Board Member (16) Chuck Wisema	0.00	X						0	0				0
(==) Cliudil Wilder	5.00												
Board Member	0.00	x						0	0				0
1b Subtotal								71,000			1	2,5	535
c Total from continuation sh								71 000					
d Total (add lines 1b and 1c Total number of individuals () including but not	limit	 ed to		se li	sted	abo	71,000	n \$100.000 of			2,:	535
reportable compensation from												V	NI-
3 Did the organization list any	former officer d	lirect	or. tı	uste	e. k	ev er	olam	ovee, or highest compensa	ted	ſ		Yes	No
employee on line 1a? If "Yes	s," complete Sche	edule	J fo	or su	ich ii	ndivi	dual				3		X
4 For any individual listed on li organization and related org													
individual5 Did any person listed on line						on fr		any unrelated organization	or individual		4		X
for services rendered to the											5		Х
Section B. Independent Contract				امدا ا					- than \$100,000 of				
Complete this table for your compensation from the organ	nization. Report of							ndar year ending with or w	ithin the organization's tax	year.			
Name ar	(A) nd business address							Descrip	(B) tion of services		Cor	(C) npensai	tion
2 Total number of independen	t contractors (inc	ludin	g bu	t no	t limi	ited t	to th	ose listed above) who					
received more than \$100,00								•	0				

Pa	rt V			of Revenue nedule O con	ntains	a respo	onse or not	e to anv line in	this Part VIII		П
								(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
nts	1a	Federated cam	paigns	 }	1a						
Gra	b	Membership du	es		1b						
ts, An	С	Fundraising eve	ents		1c						
Gif	d	Related organiz			1d						
Sim	е	Government grants (d	contributi	ions)	1e		70,000				
Contributions, Gifts, Grants and Other Similar Amounts	f	All other contributions, and similar amounts in Noncash contributions	not includ	ded above	1f		183,670				
ntri d C	9	lines 1a-1f			1g	\$					
<u>a</u>	h	Total. Add lines	s 1a–1	f				253,670			
							Business Code				
ce	2a	Golf Range	<u> </u>					45,194	45,194		
Program Service Revenue	b							37,752	37,752		
n enc	С	Scholarshi	p Pr	ogram Fees				26,478	26,478		
grar Rev	d	Pro Shop S	Sales	!				17,383	17,383		
Pro	е										
	f	All other progra									
_		Total. Add lines						126,807			
	3	Investment inco	,	J	,			204			204
	_	other similar am						384			384
	4	Income from inv				•	ds				
	5	Royalties			<u></u>						
	٥-	0		(i) Real		(11)	Personal				
		Gross rents	6a				-				
	b	Less: rental expenses					-				
	C	Rental inc. or (loss) Net rental incon	6c	(1000)							
		Gross amount from	ne or i	(i) Securities) Other				
		sales of assets	70	(i) Securities	<u> </u>	(11) Other				
ē	h	other than inventory Less: cost or other	7a_								
Revenue		basis and sales exps.	7b								
Şe	c	Gain or (loss)	7c								
		Net gain or (los:									
)ther		Gross income from									
		(not including \$									
		of contributions re									
		1c). See Part IV, I			8a		211,014				
	b	Less: direct exp			8b		68,886				
		Net income or (events	3		142,128			
		Gross income fi		_							
		activities. See P	art IV	, line 19	9a						
	b	Less: direct exp			9b						
	С	Net income or ((loss) f	from gaming ac	tivities						
	10a	Gross sales of i		•			T				
		returns and allo			10a						
		Less: cost of go			10b						
	С	Net income or (loss) f	from sales of in	ventory						
sn							Business Code				
ne o	11a	*									
llar	b										
Miscellaneous Revenue	С										
Ξ̈́		All other revenu									
		Total. Add lines						F00 000	106 007		201
	17	Total revenue	See	instructions			ı	522,989	126,807	0	384

	ion 501(c)(3) and 501(c)(4) organizations must co	mplete all columns. All ot		omplete column (A).	
	Check if Schedule O contains a respon				X
	not include amounts reported on lines 6b, 7b, Pb, 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	71,000	56,800	7,100	7,100
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	60,534	41,500	19,034	
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits	12,535	10,028	1,254	1,253 602
10	Payroll taxes	11,227	8,387	2,238	602
11	Fees for services (nonemployees):				
а	Management				
	Legal				
	Accounting	7,652		7,652	
	Lobbying				
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.)	6,885	6,885		
12	Advertising and promotion	44,533			44,533
13	Office expenses	4,326	4,326		
14	Information technology				
15	Royalties				
16	Occupancy	18,061		18,061	
17	Travel	8,110		8,110	
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	4,976	4,851	125	
23	Insurance	14,077		14,077	
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.)	24 222	24 222		
а	Ground Maintenance	34,992	34,992		
b	Course labor	7,789	7,789		
С	Miscellaneous	7,222		7,222	
d	Equipment Repairs	6,088	6,088		
е	All other expenses	39,606	27,853	11,753	
25	Total functional expenses. Add lines 1 through 24e	359,613	209,499	96,626	53,488
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs				
	from a combined educational cam <u>paig</u> n and				
	fundraising solicitation. Check here if				
D.4.4	following SOP 98-2 (ASC 958-720)				
DAA					Form 990 (2022)

Total liabilities and net assets/fund balances

Part X **Balance Sheet** Check if Schedule O contains a response or note to any line in this Part X (A) (B) Beginning of year End of year 629,721 774,275 Cash—non-interest-bearing 1 Savings and temporary cash investments 2 Pledges and grants receivable, net 3 Accounts receivable, net 4 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons 5 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) 6 **Assets** Notes and loans receivable, net 7 Inventories for sale or use 8 9 Prepaid expenses and deferred charges 9 10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D 10a 57,914 **b** Less: accumulated depreciation 10b 13,404 25,601 44,510 10c Investments—publicly traded securities 11 Investments—other securities. See Part IV, line 11 12 12 Investments—program-related. See Part IV, line 11 13 13 14 Intangible assets 14 Other assets. See Part IV, line 11 15 15 655,322 818,785 16 Total assets. Add lines 1 through 15 (must equal line 33) 16 Accounts payable and accrued expenses 17 17 18 Grants payable 18 19 Deferred revenue 19 Tax-exempt bond liabilities 20 20 Escrow or custodial account liability. Complete Part IV of Schedule D 21 21 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons 22 Secured mortgages and notes payable to unrelated third parties 23 23 Unsecured notes and loans payable to unrelated third parties 24 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X 6,585 6,672 25 of Schedule D 6,585 6,672 26 26 Total liabilities. Add lines 17 through 25 Organizations that follow FASB ASC 958, check here X Net Assets or Fund Balances and complete lines 27, 28, 32, and 33. Net assets without donor restrictions 584,066 724,046 27 27 Net assets with donor restrictions 28 64,671 28 88,067 Organizations that do not follow FASB ASC 958, check her and complete lines 29 through 33. Capital stock or trust principal, or current funds 29 29 30 30 Paid-in or capital surplus, or land, building, or equipment fund Retained earnings, endowment, accumulated income, or other funds 31 31 812,113 32 Total net assets or fund balances 648,737 32 818,785

Form **990** (2022)

655,322

33

	1 990 (2022) Hilton Head Island Foundation to 46-5117877			Pag	ge 12
Pa	art 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			989
2	Total expenses (must equal Part IX, column (A), line 25)	2			<u> 513</u>
3	Revenue less expenses. Subtract line 2 from line 1	3			<u> 376</u>
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	64	18,7	<u>737</u>
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain on Schedule O)	9			
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line				
	32, column (B))	10	81	L 2, 1	<u> 113</u>
Pa	art 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				1
	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		

SCHEDULE A

(Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

Public Charity Status and Public Support

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

OMB No. 1545-0047 **2022**

Open to Public Inspection

Attach to Form 990 or Form 990-EZ.

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

Hilton Head Island Foundation to Employee

Employer identification number

			Support	Yout	h Sports	s, Inc.			46-511	_7877
Part I Reason for Public Charity Status. (All organizations must complete this part.) See instructions.										
The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)										
1	1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).									
2		A school des	scribed in section	170(b)(1)	(A)(ii). (Attach S	Schedule E (Fo	orm 990).))		
3	П	A hospital or	a cooperative hos	spital servi	ce organization	described in	section 1	70(b)(1)(A)(iii).	
4	П	A medical re	spital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). Idical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name,							
	_	city, and stat	city, and state:							
5		An organizat	ion operated for the	e benefit o	of a college or u	niversity owne	ed or oper	ated by a	governmental unit described	l in
		-	-		=	•	•	•		
6	section 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).									
7	X									
0					-		ort II \			
8	Н	-	trust described in			-				
9	Ш	An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university:								
10		An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 331/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.)								
11		An organizati	ion organized and	operated	exclusively to te	st for public s	afety. See	section	509(a)(4).	
12	П	An organizati	ion organized and	operated o	exclusively for th	e benefit of, t	o perform	the funct	ions of, or to carry out the pu	urposes of
		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.								
	а		=				-		·	=
		Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B.								
	b	\neg			-			th its sup	ported organization(s), by har	ving
		control of		he suppor	ting organization	vested in the		-	at control or manage the supp	-
	С	Type III		grated. A	supporting orga	nization opera			vith, and functionally integrate	ed with,
	ч		= :							ization(e)
	d	that is no	ot functionally integ	rated. The	e organization g	enerally must	satisfy a	distributio	tion with its supported organ n requirement and an attentive	
			ent (see instruction	,	•	•		•		
	е								is a Type I, Type II, Type III	
	£		lly integrated, or T mber of supported			legrated supp	orung org	anızalıon.		
	t g		following informatio	•		nanization(s)				
/i:		e of supported	(ii) EIN	T about ti	(iii) Type of o		(iv) Is the	organization	(v) Amount of monotony	(vi) Amount of
(1)		anization	(11) E114		(described on	-		ur governing	(v) Amount of monetary support (see	other support (see
	Ü				above (see ir			ment?	instructions)	instructions)
							Yes	No		
(A)										
(B)										
(C)										
(D)										
(E)										
T-4-							1			i .

Schedule A (Form 990) 2022

Page 2

Hilton Head Island Foundation to 46-5117877

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.) Part II

Sec	tion A. Public Support						
Calen	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	282,459	214,938	160,706	178,858	253,670	1,090,631
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						_
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4	Total. Add lines 1 through 3	282,459	214,938	160,706	178,858	253,670	1,090,631
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)						308,150
6	Public support. Subtract line 5 from line 4						782,481
	tion B. Total Support						702,401
	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
7	Amounts from line 4	282,459	214,938	160,706	178,858	253,670	1,090,631
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	231	348	415	480	384	1,858
9	Net income from unrelated business activities, whether or not the business is regularly carried on						
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
11	Total support. Add lines 7 through 10					1.5	1,092,489
12	Gross receipts from related activities, etc.						1,274,537
13	First 5 years. If the Form 990 is for the c			•			
Soo	organization, check this box and stop he						
	tion C. Computation of Public S			(f))		144	F1 60 0/
14 15	Public support percentage for 2022 (line 6	o, column (1) alvide	a by line 11, colu	····· (۱))		14	71.62 % 82.05 %
16a	Public support percentage from 2021 Sch 33 1/3% support test—2022. If the orga	nization did not ch	ock the box on lin	0 13 and line 14 i	c 22 1/20/ or more	o chock this	62.05 /0
IVa							X
b							
-	this box and stop here. The organization						
17a	10%-facts-and-circumstances test—20						
	10% or more, and if the organization mee	_					
	_						
b	Part VI how the organization meets the facts-and-circumstances test. 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, 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					•	
	organization			-			
18	Private foundation. If the organization di	id not check a box	on line 13, 16a.	16b, 17a, or 17b. c	heck this box and	see	
-	instructions					-	
						0-11-1-	A /Form 000\ 2022

Schedule A (Form 990) 2022

Part III

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

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

<u> </u>	tion A. Public Support						
Caler	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1	Gifts, grants, contributions, and membership fees						
	received. (Do not include any "unusual grants.")						
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that are not an unrelated trade or business under section 513						
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons						
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
С	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from						
<u></u>	tion B. Total Support						
	idar year (or fiscal year beginning in)	(a) 2019	(b) 2010	(a) 2020	(4) 2021	(a) 2022	(f) Total
9		(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
	Amounts from line 6						
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources.						
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
С	Add lines 10a and 10b						
11	Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11,						
	and 12.)						
14	First 5 years. If the Form 990 is for the		, second, third, fou	urth, or fifth tax ye	ar as a section 50	01(c)(3)	_
	organization, check this box and stop he						
	tion C. Computation of Public					T	
15	Public support percentage for 2022 (line 8						%
16 Saa	Public support percentage from 2021 Sch					16	%
	tion D. Computation of Investm			40 salves = (5)\		1	24
17 10 1	Investment income percentage for 2022		III P 47			40	%
	nvestment income percentage from 2021			ino 14 and lino 14			%
19a							Г
h	17 is not more than 33 1/3%, check this be 33 1/3% support tests—2021. If the org	=	=			=	
b	line 18 is not more than 33 1/3%, check t						
20	Private foundation. If the organization of	=	=			=	
	i iii die organization o	and flot offects a bu	A OII III IO 14, 13a,	or rob, oriect this	וואל מווע אכב ווואני	GOROTIS	

Schedule A (Form 990) 2022

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

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

		Yes	No
	1		
	•		
	2		
	3a		
	3b		
	3с		
	4a		
	4b		
	4c		
	5a		
	5b		
	5c		
	6		
	7		
	8		
	9a		
	٥L		
	9b		
	9с		
	10a		
	iva		
	10b		
che	dule A	(Form 9	90) 2022

Hilton Head Island Foundation to 46-5117877 Schedule A (Form 990) 2022 Page 5 **Supporting Organizations** (continued) Part IV Yes No Has the organization accepted a gift or contribution from any of the following persons? a 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 c A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide detail in Part VI. 11c Section B. Type I Supporting Organizations Yes No Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year. 1 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 Section 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). Section 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 2 the organization maintained a close and continuous working relationship with the supported organization(s). 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 3 supported organizations played in this regard. Section 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). а The organization satisfied the Activities Test. Complete line 2 below. b The organization is the parent of each of its supported organizations. Complete line 3 below. The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instructions). С Activities Test. Answer lines 2a and 2b below. No Yes 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 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 Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would 2b have engaged in these activities but for the organization's involvement. Parent of Supported Organizations. Answer lines 3a and 3b below. a 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

Schedu	ule A (Form 990) 2022 Hilton Head Island Foundati	Lon	to 46-5117	7877 Page 6				
Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations								
1	Check here if the organization satisfied the Integral Part Test as a qualifying trust on N	lov. 20), 1970 (explain in Part V	/l). See				
instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E.								
Sect	ion A – Adjusted Net Income	(A) Prior Year	(B) Current Year					
			(7.) 1.101 1.001	(optional)				
1	Net short-term capital gain	1_						
2	Recoveries of prior-year distributions	2						
3_	Other gross income (see instructions)	3						
4	Add lines 1 through 3.	4						
5_	Depreciation and depletion	5						
6	Portion of operating expenses paid or incurred for production or collection							
	of gross income or for management, conservation, or maintenance of							
	property held for production of income (see instructions)	6						
	Other expenses (see instructions)	7						
8_	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8						
Sect	ion B – Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)				
1	Aggregate fair market value of all non-exempt-use assets (see							
	instructions for short tax year or assets held for part of year):							
a	Average monthly value of securities	1a						
b	Average monthly cash balances	1b						
	Fair market value of other non-exempt-use assets	1c						
	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						
	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	d Type	e III supporting organization	on				

(see instructions).

Schedule A (Form 990) 2022

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

Excess distributions carryover to 2023. Add lines 3i

Part VI. See instructions.

b Excess from 2019

and 4c.

8 Breakdown of line 7:a Excess from 2018

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

Part VI	Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)
• • • • • • • • • • • • • • • • • • • •	
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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

Employer identification number Name of the organization Hilton Head Island Foundation to Support Youth Sports, Inc. 46-5117877 Organization type (check one): Filers of: Section: Form 990 or 990-EZ **X** 501(c)(**3**) (enter number) organization 4947(a)(1) nonexempt charitable trust not treated as a private foundation 527 political organization Form 990-PF 501(c)(3) exempt private foundation 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundation 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

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

contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such

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).

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

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one

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

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

Schedule B (Form 990) (2022)

Part I	art I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.						
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution				
. 1		\$ 70,000	Person X Payroll Noncash (Complete Part II for noncash contributions.)				
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution				
2		\$ 8,500	Person X Payroll Noncash (Complete Part II for noncash contributions.)				
(a)	(b)	(c)	(d)				
No. 3	Name, address, and ZIP + 4	Total contributions \$ 10,000	Person X Payroll Noncash (Complete Part II for noncash contributions.)				
(a)	(b)	(c)	(d)				
No. 4	Name, address, and ZIP + 4	Total contributions \$ 37,400	Person X Payroll Noncash (Complete Part II for noncash contributions.)				
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution				
5	Tunioj Madroooj Mila Ed. T.T.	\$ 20,000	Person X Payroll Noncash (Complete Part II for noncash contributions.)				
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution				
6		\$ 6,500	Person X Payroll Noncash (Complete Part II for noncash contributions.)				

Name of organization

Hilton Head Island Foundation to

Employer identification number 46-5117877

Part I	art I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.						
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution				
7		\$ 6,500	Person X Payroll Noncash (Complete Part II for noncash contributions.)				
(a)	(b)	(c)	(d)				
No. 8	Name, address, and ZIP + 4	Total contributions \$ 10,000	Person X Payroll Noncash (Complete Part II for noncash contributions.)				
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution				
9		\$ 5,975	Person X Payroll Noncash (Complete Part II for noncash contributions.)				
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution				
	Name, address, and Zir + 4	\$	Person Payroll Noncash (Complete Part II for noncash contributions.)				
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution				
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)				
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution				
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)				

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements Complete if the organization answered "Yes" on Form 990,

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

2022

Open to Public Inspection

Employer identification number Name of the organization Hilton Head Island Foundation to Support Youth Sports, Inc. 46-5117877 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Part I Complete if the organization answered "Yes" on Form 990, Part IV, line 6. (a) Donor advised funds Total number at end of year Aggregate value of contributions to (during year) Aggregate value of grants from (during year) Aggregate value at end of year Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of land for public use (for example, recreation or education) Preservation of a historically important land area Protection of natural habitat Preservation of a certified historic structure Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year. Held at the End of the Tax Year a Total number of conservation easements 2a **b** Total acreage restricted by conservation easements 2b c Number of conservation easements on a certified historic structure included in (a) 2c Number of conservation easements included in (c) acquired after July 25, 2006, and not on a historic structure listed in the National Register 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the Number of states where property subject to conservation easement is located Does the organization have a written policy regarding the periodic monitoring, inspection, handling of Yes No violations, and enforcement of the conservation easements it holds? Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements. Part III Organizations Maintaining Collections of Art. Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8. 1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items. b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenue included on Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items: a Revenue included on Form 990, Part VIII, line 1 Assets included in Form 990, Part X

Sche	dule D (Form 990) 2022 Hilton B	Head Island	d Foundation	n to	46-51178	377		Page 2
Pa	rt III Organizations Maintaini	ng Collections	of Art, Historical	Treasures	s, or Other	Similar Ass	ets (cc	ntinued)
3	3 Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its collection items (check all that apply):							
а	Public exhibition	d 🗌	Loan or exchange pro	ogram				
b	Scholarly research	e	Other					
С	Preservation for future generations							
4	Provide a description of the organization's XIII.	collections and expl	ain how they further th	e organizatior	n's exempt purp	ose in Part		
5	During the year, did the organization solic	it or receive donation	ns of art historical treas	sures or othe	r similar			
	assets to be sold to raise funds rather tha						☐ Ye	s \square No
Pa	ert IV Escrow and Custodial		ран от инс отдениван					<u></u>
	Complete if the organizat 990, Part X, line 21.		es" on Form 990,	Part IV, line	e 9, or repor	ted an amou	ınt on I	-orm
1a	Is the organization an agent, trustee, cust	odian or other interm	nediary for contributions	or other asse	ets not			
	included on Form 990, Part X?		-				☐ Ye	s \square No
b	If "Yes," explain the arrangement in Part >	KIII and complete the	following table:				ш	- Ш
	3.	, , , , , , , , , , , , , , , , , , , ,	5 •				Amount	
С	Beginning balance					1c		
d	Additions during the year					1d		
	Distributions during the year							
f	Ending balance							
2a	Did the organization include an amount or	n Form 990, Part X, I	line 21, for escrow or c	ustodial accou	unt liability?		Ye	s No
	If "Yes," explain the arrangement in Part >							. П
Pa	rt V Endowment Funds.							•
	Complete if the organizat	ion answered "Ye	es" on Form 990,	Part IV, line	e 10.			
		(a) Current year	(b) Prior year	(c) Two year	rs back (d) T	hree years back	(e) Four	years back
1a	Beginning of year balance							
b	Contributions							
	Net investment earnings, gains, and losses							
d	Grants or scholarships							
	Other expenditures for facilities and							
	programs							
f	Administrative expenses							
	End of year balance							
	Provide the estimated percentage of the o		nce (line 1g, column (a	i)) held as:				
	Board designated or quasi-endowment	%						
b	Permanent endowment %	Ď						
С	Term endowment %							
	The percentages on lines 2a, 2b, and 2c							
3a	Are there endowment funds not in the pos	ssession of the organ	nization that are held ar	nd administere	ed for the		_	
	organization by:							Yes No
	(i) Unrelated organizations						3a(i)	
	(ii) Related organizations						3a(ii)	
b	If "Yes" on line 3a(ii), are the related orga						3b	
4	Describe in Part XIII the intended uses of		ndowment funds.					
Pa	rt VI Land, Buildings, and E	• •	" F 000	Dant IV line	- 11- C I	000 D	V 1:	10
	Complete if the organizat							
	Description of property	(a) Cost or other	''	1	(c) Accumula		(d) Book	value
	Land	(investment	t) (oth	U1)	depreciatio			
	Land			-				
	Buildings					-		
	Leasehold improvements					-		
	Equipment			+				
	Other		Part X column (R) line	10c)				
· Otal	ii 7 wa iii wa ta kii wagit te. (Wiaitiit (a) Illa	or oqual i olili 990, F	art A, column (D), line	, oo./				

1.	(a) Description of liability	(b) Book value
	Federal income taxes	
(2)	Payroll Liabilities	4,903 1,769
	Health Insurance	1,769
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total	(Column (b) must equal Form 990, Part X, col. (B) line 25.)	6 - 672

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

	edule D (Form 990) 2022 Hilton Head Island Foundatio			Page 4
Pa	art XI Reconciliation of Revenue per Audited Financial Stater	<u>-</u>	r Return.	
	Complete if the organization answered "Yes" on Form 990,			
1	Total revenue, gains, and other support per audited financial statements		1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
а	Net unrealized gains (losses) on investments	2a		
b		2b		
С		2c		
d		2d		
е	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1		3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	I I		
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b		4b		
С			4c	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		5	
Pa	art XII Reconciliation of Expenses per Audited Financial State		per Return.	
	Complete if the organization answered "Yes" on Form 990,			
1			1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
a		2a		
b		2b	1	
c	* * * * * * * * * * * * * * * * * * * *	2c	1	
d			1	
	/	Zu	20	
3	Add lines 2a through 2d		2e 3	
_	Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1:	.1		
4		40		
а	, , , , , , , , , , , , , , , , , , , ,	4a		
L-	Other (Describe in Dert VIII.)	1 41-		
	Other (Describe in Part XIII.)	4b	4-	
С	Add lines 4a and 4b		4c	
с 5	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (<i>This must equal Form 990, Part I, line 18.</i>)		4c 5	
5 Pa	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (<i>This must equal Form 990, Part I, line 18.</i>) art XIII Supplemental Information.		5	
5 Pa	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) art XIII Supplemental Information. ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part I	V, lines 1b and 2b; Part V, line 4	5	
5 Pa	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (<i>This must equal Form 990, Part I, line 18.</i>) art XIII Supplemental Information.	V, lines 1b and 2b; Part V, line 4	5	
5 Pa	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) art XIII Supplemental Information. ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part I	V, lines 1b and 2b; Part V, line 4	5	
5 Pa	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) art XIII Supplemental Information. ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part I	V, lines 1b and 2b; Part V, line 4	5	
5 Pa	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) art XIII Supplemental Information. ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part I	V, lines 1b and 2b; Part V, line 4e any additional information.	5 4; Part X, line	
5 Pa	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) art XIII Supplemental Information. ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part II art XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide	V, lines 1b and 2b; Part V, line 4e any additional information.	5 4; Part X, line	
5 Pa	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) art XIII Supplemental Information. ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part II art XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide	V, lines 1b and 2b; Part V, line 4e any additional information.	5 4; Part X, line	
5 Pa	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) art XIII Supplemental Information. ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part II art XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide	V, lines 1b and 2b; Part V, line 4e any additional information.	5 4; Part X, line	
5 Pa	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) art XIII Supplemental Information. ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part II art XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide	V, lines 1b and 2b; Part V, line 4e any additional information.	5 4; Part X, line	
5 Pa	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) art XIII Supplemental Information. ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part II art XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide	V, lines 1b and 2b; Part V, line 4e any additional information.	5 4; Part X, line	
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5 Pa	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) art XIII Supplemental Information. ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part II art XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide	V, lines 1b and 2b; Part V, line 4e any additional information.	5 4; Part X, line	
5 Pa	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) art XIII Supplemental Information. ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part II art XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide	V, lines 1b and 2b; Part V, line 4e any additional information.	5 4; Part X, line	
5 Pa	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) art XIII Supplemental Information. ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part II art XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide	V, lines 1b and 2b; Part V, line 4e any additional information.	5 4; Part X, line	
5 Pa	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) art XIII Supplemental Information. ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part II art XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide	V, lines 1b and 2b; Part V, line 4e any additional information.	5 4; Part X, line	
5 Pa	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) art XIII Supplemental Information. ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part II art XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide	V, lines 1b and 2b; Part V, line 4e any additional information.	5 4; Part X, line	
5 Pa	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) art XIII Supplemental Information. ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part II art XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide	V, lines 1b and 2b; Part V, line 4e any additional information.	5 4; Part X, line	
5 Pa	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) art XIII Supplemental Information. ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part II art XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide	V, lines 1b and 2b; Part V, line 4e any additional information.	5 4; Part X, line	
5 Pa	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) art XIII Supplemental Information. ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part II art XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide	V, lines 1b and 2b; Part V, line 4e any additional information.	5 4; Part X, line	
5 Pa	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) art XIII Supplemental Information. ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part II art XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide	V, lines 1b and 2b; Part V, line 4e any additional information.	5 4; Part X, line	
5 Pa	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) art XIII Supplemental Information. ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part II art XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide	V, lines 1b and 2b; Part V, line 4e any additional information.	5 4; Part X, line	
5 Pa	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) art XIII Supplemental Information. ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part II art XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide	V, lines 1b and 2b; Part V, line 4e any additional information.	5 4; Part X, line	
5 Pa	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) art XIII Supplemental Information. ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part II art XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide	V, lines 1b and 2b; Part V, line 4e any additional information.	5 4; Part X, line	
5 Pa	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) art XIII Supplemental Information. ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part II art XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide	V, lines 1b and 2b; Part V, line 4e any additional information.	5 4; Part X, line	
5 Pa	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) art XIII Supplemental Information. ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part II art XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide	V, lines 1b and 2b; Part V, line 4e any additional information.	5 4; Part X, line	
5 Pa	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) art XIII Supplemental Information. ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part II art XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide	V, lines 1b and 2b; Part V, line 4e any additional information.	5 4; Part X, line	

Schedule D (F	Form 990) 20)22 H :	ilton	Head	Island	Foundation	to	46-5117877	Page 5
Part XIII	Suppler	nental	Informa	ation (co	ntinued)	Foundation			
				•	•				
									• • • • • • • • • • • • • • • • • • • •
• • • • • • • • • • • • • • • • • • • •									
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• • • • • • • • • • • • • • • • • • • •									

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.

u Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Open to Public Inspection

Support Youth Sports, Inc. Employer Identification number 46-5117877						
Part I Fundraising Activities. Complete i	f the organiza	ation :	ansv	vered "Yes" on Form		
Form 990-EZ filers are not required						
1 Indicate whether the organization raised funds through		_				
			-	vernment grants		
b Internet and email solicitations		_		ment grants		
	g Special fu	ndraisi	ng ev	vents		
d In-person solicitations	50 - 1 P.11	1.0		<i>m</i>		
2a Did the organization have a written or oral agreement or key employees listed in Form 990, Part VII) or entityb If "Yes," list the 10 highest paid individuals or entities (f	in connection w	ith pro	fessio	onal fundraising services?		Yes No
compensated at least \$5,000 by the organization.	r			The street which the		Γ
(i) Name and address of individual or entity (fundraiser)	(ii) Activity	raiser custo conti		(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						
10						
Total						
3 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.						

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

ne		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	(a) Event #1 Spring Event (event type)	(b) Event #2 Champions for C (event type)	(c) Other events None (total number)	(d) Total events (add col. (a) through col. (c))
Revenue	1	Gross receipts	33,576	176,188		209,764
		Less: Contributions				
	3	Gross income (line 1 minus line 2)	33,576	176,188		209,764
			,	,		
		Cash prizes				
	5	Noncash prizes				
Direct Expenses	6	Rent/facility costs				
t Exp	7	Food and beverages _				
Direc	8	Entertainment				
	9	Other direct expenses	19,716	49,170		68,886
	10	Direct expense summary.	. Add lines 4 through 9 in column	n (d)		68,886
				n (d)		140,878
P	art	III Gaming. Com	plete if the organization a	nswered "Yes" on Form 990), Part IV, line 19, or re	
		\$15,000 on Fo	orm 990-EZ, line 6a.			_
Revenue			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Reve		_				
	1	Gross revenue				
Expenses	2	Cash prizes				
	3	Noncash prizes				
Direct	4	Rent/facility costs				
	5	Other direct expenses				
	6	Volunteer labor	Yes % No	Yes %	Yes %	
	7	Direct expense summary	. Add lines 2 through 5 in columr	n (d)		
	8	Net gaming income sumr	mary. Subtract line 7 from line 1,	column (d)		
9	Ent	ter the state(s) in which th	ne organization conducts gaming	activities:		
				ch of these states?		Yes No
		-, 				
				pended, or terminated during the ta		Yes No

	dule G (Form 990) 2022 Hilton Head Island Foundation to 46-5117877				age 3
11	Does the organization conduct gaming activities with nonmembers?			Yes	No
12	Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity				
	formed to administer charitable gaming?			Yes	No
	Indicate the percentage of gaming activity conducted in:				
а	The organization's facility	13a			%
b	An outside facility	13b			%
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records:				
	Name				
	Address				
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?			Yes	No
b	If "Yes," enter the amount of gaming revenue received by the organization \$ and the			-	
	amount of gaming revenue retained by the third party \$				
С	If "Yes," enter name and address of the third party:				
	Name				
	Address				
16	Gaming manager information:				
	Name				
	Gaming manager compensation \$				
	Description of services provided				
	Director/officer Employee Independent contractor				
	Mandatory distributions:				
	Is the organization required under state law to make charitable distributions from the gaming proceeds to			_	_
	retain the state gaming license?			Yes	No
b	Enter the amount of distributions required under state law to be distributed to other exempt organizations or				
Dai	spent in the organization's own exempt activities during the tax year \$ rt IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns	/iii\ on	d (v)	. 000	
Гаі	Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional				J
	See instructions.		atioi	٠.	
	COO III OLI GOLIOTIO.				

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.

Name of the organization Hilton Head Island Foundation to

Open to Public Inspection

Employer identification number

46-5117877 Support Youth Sports, Inc. Form 990, Part VI, Line 11b - Organization's Process to Review Form 990 No review was or will be conducted. Form 990, Part VI, Line 12c - Enforcement of Conflicts Policy All board members are required to review the Conflict of Interest Policy annually and reveal any conflicts and provide their signature as appropriate. Form 990, Part VI, Line 19 - Governing Documents Disclosure Explanation No documents available to the public Form 990, Part IX, Line 24e - Other Expenses Description Tot/Prog Service Mgt & General Program Services 5,721 Website 4,810 Office Suplies 4,754 Chemicals 3,760 Fertilizer

Coach Training

Name of the organization Hilton Head		d Foundation t	ю.		Employer identification r 46-5117877	number
	\$	3,551	\$	0	\$	0
Credit Card	l Proce	essing				
	\$	2,429	\$	0	\$	0
Subscriptio	ns					
	\$	0	\$	2,215	\$	0
Fuel, Gas,	Oil					
	\$	2,129	\$	0	\$	0
Telephone						
	\$	0	\$	2,084	\$	0
Postage						
	\$	0	\$	1,871	\$	0
Other maint	tenance	<u> </u>				
	\$	1,715	\$	0	\$	0
Electric &	Gas					
	\$	0	\$	829	\$	0
Total						
	\$	27,853	\$	11,753	\$	0
					Page 1 of 1	_

Form **4562**

Department of the Treasury
Internal Revenue Service
Name(s) shown on return

Depreciation and Amortization

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

Hilton Head Island Foundation to

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

OMB No. 1545-0172

Identifying number

2022

hment ence No. 17

46-5117877 Support Youth Sports, Inc. Business or activity to which this form relates Indirect Depreciation **Election To Expense Certain Property Under Section 179** Part I Note: If you have any listed property, complete Part V before you complete Part I. 1,080,000 Maximum amount (see instructions) 1 Total cost of section 179 property placed in service (see instructions) 2 Threshold cost of section 179 property before reduction in limitation (see instructions) 2,700,000 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 Tentative deduction. Enter the **smaller** of line 5 or line 8 9 9 Carryover of disallowed deduction from line 13 of your 2021 Form 4562 10 10 11 Business income limitation. Enter the smaller of business income (not less than zero) or line 5. See instructions 11 12 Section 179 expense deduction. Add lines 9 and 10, but don't enter more than line 11 12 Carryover of disallowed deduction to 2023. 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.) Special depreciation allowance for qualified property (other than listed property) placed in service 14 during the tax year. See instructions Property subject to section 168(f)(1) election 15 15 4,102 Other depreciation (including ACRS). 16 MACRS Depreciation (Don't include listed property. See instructions.) Section A 874 MACRS deductions for assets placed in service in tax years beginning before 2022 17 17 18 If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here Section B-Assets Placed in Service During 2022 Tax Year Using the General Depreciation System (b) Month and year (c) Basis for depreciation placed in (e) Convention (f) Method (a) Classification of property (business/investment use (a) Depreciation deduction only-see instructions) service 19a 3-year property 5-year property 7-year property 10-year property 15-year property 20-year property 25 yrs. S/L 25-year property 27.5 yrs. MM S/I Residential rental property 27.5 yrs. MM S/L 39 yrs. MM S/L i Nonresidential real property MM S/L Section C—Assets Placed in Service During 2022 Tax Year Using the Alternative Depreciation System 20a Class life S/L **b** 12-year 12 yrs. S/L 30-year MM S/L 30 yrs. d 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 22 4,976 here and on the appropriate lines of your return. Partnerships and S corporations—see instructions. For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs

Name

Form **990**

Event Income and Deduction Worksheet

Description Champions for Charity

Hilton Head Island Foundation to

Taxpayer Identification Number

2022

46-5117877

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

Income & Expense Summary:		Expense Details - Indirect Expense:
1. Gross receipts or sales1	. <u>176,188</u>	Advertising and promotion
2. Advertising income 2		Office
3. Circulation income 3.		Printing/publication/postage
4. Other income 4		Info technology/Maintenance
5. Returns and allowances 5.		Royalties & License Fees
6. Contributions received 6		Occupancy/Real Estate Taxes
7. Total revenue. Add lines 1 through 6 7.	176,188	Travel & Repairs
8. Cost of Goods Sold 8.	49,170	Travel/entertainment (officials)
9. Employment Expense 9.		Conferences/meetings
10. Fees for services 10		Interest
11. Indirect Expense 11		Insurance
12. Depreciation Expense 12		Total Indirect Expense
13. Exempt Activity Expense 13		
14. Fundraising Expense 14		Expense Details - Depreciation Expense:
15. Total expenses. Add lines 8 through 145	49,170	On investment property
16. Net Income/Loss. Line 7 minus Line 156	127.018	On non-investment property
Tot rear mooning 2000; Enter 1 minute Enter 14.		Amortization
		Amortization
Expense Details - Cost of Goods Sold:		Depletion Total Depreciation Expense
		Total Depreciation Expense
Beginning inventory		Expense Details - Exempt Activity Expense:
Purchases		Repairs and Maintenance
Labor Section 263A costs		Rad debts
Section 263A costs Other costs	49,170	Bad debts
Other costs Ending inventory		Taxes/licenses Charitable contributions
Ending inventory Total Cost of Goods Sold	49,170	Dividend recd deductions
		Readership costs
Expense Details - Employment Expense:		Other expenses
Compensation of officers		Total Exempt Activity Expense
Other salaries and wages		
Pension plan contributions		Expense Details - Fundraising Expense:
Other employee benefits		Cash prizes
Payroll taxes		Non-cash prizes
Total Employment Expense		Rent and facility costs
		Food & beverages (Part II only)
Expense Details - Fees for Services:		Entertainment (Part II only)
Management		Other direct expenses
		Total Fundraising Expense
Legal Accounting		
Accounting	. —	
Lobbying Professional fundraising	. —	
Investment management	· 	
Other	· 	
Other Total Fees for Services	· 	
Total 1 000 101 001 11000	· 	
Information is indicated for use on Form	990-T, Schedule A:	Allocation of Expense to Program Service Accomplishments:
	Seq #	First
Part V, Debt Financing	• ——	Second
Part VI, Controlled Org Income		Third
Part VII, Investments for C(7)(9)(17)		All other
Part VIII, Exploited Activities		.
Part IX, Advertising Income		

Form **990**

Event Income and Deduction Worksheet

Description Jim Ferguson Memorial

2022

Name

Hilton Head Island Foundation to

Taxpayer Identification Number

46-5117877

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

Income & Expense Summary:	Expense Details - Indirect Expense:
1. Gross receipts or sales1.	Advertising and promotion
2. Advertising income 2.	Office
3. Circulation income 3.	Printing/publication/postage
4. Other income 4.	Info technology/Maintenance
5. Returns and allowances 5.	Royalties & License Fees
6. Contributions received 6.	Occupancy/Real Estate Taxes
7. Total revenue. Add lines 1 through 6 7.	Travel & Repairs
8. Cost of Goods Sold 8.	Travel/entertainment (officials)
9. Employment Expense 9.	Conferences/meetings
10. Fees for services 10.	Interest
11. Indirect Expense 11.	
12. Depreciation Expense 12.	Insurance Total Indirect Expense
13. Exempt Activity Expense 13.	Total indirect Expense
	Expense Details - Depreciation Expense:
14. Fundraising Expense 14. 15. Total expenses. Add lines 8 through 145.	
	On investment property
16. Net Income/Loss. Line 7 minus Line 156.	On non-investment property
	Amortization
	Depletion
Expense Details - Cost of Goods Sold:	Total Depreciation Expense
Beginning inventory	
Purchases	Expense Details - Exempt Activity Expense:
Labor	Repairs and Maintenance
Section 263A costs	Bad debts
Other costs	Taxes/licenses
Ending inventory	Charitable contributions
Total Cost of Goods Sold	Dividend recd deductions
	Readership costs
Expense Details - Employment Expense:	Other expenses
Compensation of officers	Total Exempt Activity Expense
Other salaries and wages	
Pension plan contributions	Expense Details - Fundraising Expense:
Other employee benefits	Cash prizes
Payroll taxes	Non-cash prizes
Total Employment Expense	Rent and facility costs
	Food & beverages (Part II only)
Expense Details - Fees for Services:	Entertainment (Part II only)
Management	Other direct expenses
Legal	Total Fundraising Expense
Accounting	
Lobbying	
Professional fundraising	
Investment management	
Investment management Other	
Total Fees for Services	
Information is indicated for use on Form 990-T, Schedule A:	Allocation of Expense to Program Service Accomplishments:
Schedule A, UBIT Activity Code Seq #	First
Part V, Debt Financing	Second
Part VI, Controlled Org Income	Third
Part VII, Investments for C(7)(9)(17)	All other
Part VIII, Exploited Activities	
Part IX, Advertising Income	
L Car Day Actioning Moonile	

Form **990**

Event Income and Deduction Worksheet

Description Spring Event

Taxpayer Identification Number

2022

46-5117877

Name Hilton Head Island Foundation to

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

Income & Expense Summary:		Expense Details - Indirect Expense:
1. Gross receipts or sales1	33,576	Advertising and promotion
2. Advertising income		Office
3. Circulation income3		Printing/publication/postage
4. Other income 4.		Info technology/Maintenance
5. Returns and allowances 5.		Royalties & License Fees
6. Contributions received 6.		Occupancy/Real Estate Taxes
7. Total revenue. Add lines 1 through 6 7.	33,576	Travel & Repairs
8. Cost of Goods Sold 8.	19,716	Travel/entertainment (officials)
9. Employment Expense 9.		Conferences/meetings
10. Fees for services 10.		Interest
11. Indirect Expense 11.		Insurance
12. Depreciation Expense 12.		Total Indirect Expense
13. Exempt Activity Expense 13.		
14. Fundraising Expense 14.		Expense Details - Depreciation Expense:
15. Total expenses. Add lines 8 through 145.	19.716	On investment property
16. Net Income/Loss. Line 7 minus Line 156.		On non-investment property
10. Net income/Loss. Line / minus Line 130.	13/000	On non-investment property
		Amortization
Expanse Details Cost of Goods Solds		Depletion
Expense Details - Cost of Goods Sold:		Total Depreciation Expense
Beginning inventory		France Details - France Activity Frances
Purchases		Expense Details - Exempt Activity Expense:
Labor		Repairs and Maintenance
Section 263A costs	19,716	Bad debts
Other costs		Taxes/licenses
Ending inventory	10 716	Charitable contributions
Total Cost of Goods Sold	19,716	Dividend recd deductions
		Readership costs
Expense Details - Employment Expense:		Other expenses
Compensation of officers		Total Exempt Activity Expense
Other salaries and wages		
Pension plan contributions		Expense Details - Fundraising Expense:
Other employee benefits		Cash prizes
Payroll taxes		Non-cash prizes
Total Employment Expense		Rent and facility costs
		Food & beverages (Part II only)
Expense Details - Fees for Services:		Entertainment (Part II only)
Management		Other direct expenses
Legal		Total Fundraising Expense
Accounting		
Lobbying		
Professional fundraising		
Investment management		
Other		
Total Fees for Services		
Information is indicated for use on Form 990-T	•	Allocation of Expense to Program Service Accomplishments:
Schedule A, UBIT Activity Code Seq #	#	First
Part V, Debt Financing		Second
Part VI, Controlled Org Income		Third
Part VII, Investments for C(7)(9)(17)		All other
Part VIII, Exploited Activities		
Part IX, Advertising Income		

Name

Form **990**

Event Income and Deduction Worksheet

Description Other Events

Taxpaver Identification Number

2022

46-5117877

Hilton Head Island Foundation to

Part VIII, Exploited Activities Part IX, Advertising Income

Use this worksheet to verify data entered for a specific activity on your form 990/990EZ Income & Expense Summary: **Expense Details - Indirect Expense:** Advertising and promotion____ 1. Gross receipts or sales 1. Office ______ 2. Advertising income 2. Printing/publication/postage ______ 3. Circulation income 3. Info technology/Maintenance ______ **4.** Other income **4.** _ Royalties & License Fees **5.** Returns and allowances ______**5.** _ Occupancy/Real Estate Taxes **6.** Contributions received **6.** _ Travel & Repairs ______ 7. Total revenue. Add lines 1 through 6 7. _____ Travel/entertainment (officials) **8.** Cost of Goods Sold _______**8.** ___ Conferences/meetings ______ **9.** Employment Expense _______**9.** ___ Interest _____ **10.** Fees for services _______**10.** _ 11. Indirect Expense 11. Insurance _____ Total Indirect Expense 12. Depreciation Expense 12. _ 13. Exempt Activity Expense 13. **14.** Fundraising Expense **14.** _ Expense Details - Depreciation Expense: **15. Total expenses.** Add lines 8 through 1**45.** On investment property 1,250 On non-investment property 16. Net Income/Loss. Line 7 minus Line 156. Amortization ______ Depletion _____ Total Depreciation Expense_ Expense Details - Cost of Goods Sold: Beginning inventory _____ Purchases _______ Expense Details - Exempt Activity Expense: Repairs and Maintenance Section 263A costs ______ Bad debts _____ Other costs _____ Taxes/licenses ______ Charitable contributions Ending inventory _______ Total Cost of Goods Sold Dividend recd deductions ______ Readership costs Other expenses **Expense Details - Employment Expense:** Total Exempt Activity Expense Other salaries and wages Pension plan contributions_ **Expense Details - Fundraising Expense:** Cash prizes _____ Other employee benefits Non-cash prizes ______ Payroll taxes ______ Total Employment Expense _______ Rent and facility costs Food & beverages (Part II only) Entertainment (Part II only) Expense Details - Fees for Services: Other direct expenses ______ Management ______ Total Fundraising Expense ______ Legal _____ Accounting _____ Lobbying _____ Professional fundraising _____ Investment management __________ Total Fees for Services___ Information is indicated for use on Form 990-T, Schedule A: Allocation of Expense to Program Service Accomplishments: Schedule A, UBIT Activity Code_____ Seq #___ First _____ Part V, Debt Financing Second _____ Part VI, Controlled Org Income Third ______ Part VII, Investments for C(7)(9)(17) All other

2790 Hilton Head Island Foundation to

Federal Statements

5/12/2023 11:45 AM

FYE: 12/31/2022

46-5117877

Taxable Interest on Investments

14

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

384 14

\$ 384 Total

5/12/2023 11:45 AM

Federal Statements

46-5117877 FYE: 12/31/2022

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

Description	_	Total xpenses	Program Service	~ ~	jement & neral	Fund aising
Instructor Payments	\$	6,885	\$ 6,885	\$		\$
Total	\$	6,885	\$ 6,885	\$	0	\$ 0

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

Description	E	Total xpenses	Program Service	nagement & General	 Fund Raising
Program Services	\$	5,721	\$ 5,721	\$	\$
Website		4,810	4,810		
Office Suplies		4,754		4,754	
Chemicals		3,760	3,760		
Fertilizer		3,738	3,738		
Coach Training		3,551	3,551		
Credit Card Processing		2,429	2,429		
Subscriptions		2,215		2,215	
Fuel, Gas, Oil		2,129	2,129		
Telephone		2,084		2,084	
Postage		1,871		1,871	
Other maintenance		1,715	1,715		
Electric & Gas		829	 ·	 829	
Total	\$	39,606	\$ 27,853	\$ 11,753	\$ 0

2790 Hilton Head Island Foundation to

46-5117877

FYE: 12/31/2022

Federal Statements

5/12/2023 11:45 AM

Schedule A, Part II, Line 5 - Excess Gifts

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



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33. Number of volunteers

Two Year Comparison Report 2020 & 2021 Form **990** For calendar year 2021, or tax year beginning Taxpayer Identification Number Name Hilton Head Island Foundation to **-***7877 Support Youth Sports, Inc. 2020 Differences 2021 1. Contributions, gifts, grants 1. 130,706 153,858 23,152 2. Membership dues and assessments 2. 3. Government contributions and grants 30,000 25,000 -5,000 3. 67,658 82,979 15,321 4. Program service revenue 4. 5. Investment income 5. 415 480 65 6. Proceeds from tax exempt bonds 6. 7. Net gain or (loss) from sale of assets other than inventory 7. 8. Net income or (loss) from fundraising events 87,744 124,311 36,567 8. 9. Net income or (loss) from gaming 9. **10.** Net gain or (loss) on sales of inventory 10. 31,708 31,708 11. Other revenue 11. 12. Total revenue. Add lines 1 through 11 12. 348,231 418,336 70,105 13. Grants and similar amounts paid 13. 14. Benefits paid to or for members 14. 62,475 3,298 **15.** Compensation of officers, directors, trustees, etc. 59,177 15. 78,381 114,452 -36,07116. Salaries, other compensation, and employee benefits 16. 17. Professional fundraising fees 17. -1,417 18. Other professional fees 18. 12,018 10,601 **19.** Occupancy, rent, utilities, and maintenance 19. 20. Depreciation and Depletion 970 2,370 1,400 20. 117,466 168,849 51,383 21. Other expenses 21. 18,593 22. Total expenses. Add lines 13 through 21 22. 304,083 322,676 51,51244,148 95,660 23. Excess or (Deficit). Subtract line 22 from line 12 23. 348,231 418,336 70,105 24. Total exempt revenue 24. 25. Total unrelated revenue 25. 99,781 115,167 15,386 26. Total excludable revenue 26. 560,777 94,545 655,322 27. Total assets 27. 72,547 -1,291 28. Total liabilities 71,256 28. 29. Retained earnings 488,230 584,066 95,836 29. 16 17 **30.** Number of voting members of governing body 30. 17 16 **31.** Number of independent voting members of governing body 31. 32. Number of employees 32. 4 6

33.

75

Form 990	Tax Return History		2021
Name	Hilton Head Island Foundation to	Employer **_**	dentification Number
	Support Youth Sports, Inc.	**=**	*7877

	2017	2018	2019	2020	2021	2022
Contributions, gifts, grants	286,635	282,459	214,938	160,706	178,858	
Membership dues						
Program service revenue	24,076	44,537	48,950	67,658	82,979	
Capital gain or loss						
Investment income	150	231	348	415	480	
Fundraising revenue (income/loss)	95,845	81,705	96,610	87,744	124,311	
Gaming revenue (income/loss)						
Other revenue	671			31,708	31,708	
Total revenue	407,377	408,932	360,846	348,231	418,336	
Grants and similar amounts paid						
Benefits paid to or for members						
Compensation of officers, etc.				59,177	62,475	
Other compensation		119,446	130,405	114,452	78,381	
Professional fees	8,924	11,580	13,423	12,018	10,601	
Occupancy costs						
Depreciation and depletion	563	388	389	970	2,370	
Other expenses		115,862	119,755	117,466	168,849	
Total expenses		247,276	263,972	304,083	322,676	
Excess or (Deficit)	137,260	161,656	96,874	44,148	95,660	
Total exempt revenue	407,377	408,932	360,846	348,231	418,336	
Total unrelated revenue				,	,	
Total excludable revenue	24,897	44,768	49,298	99,781	115,167	
Total Assets		492,731	529,379	560,777	655,322	
Total Liabilities	251,218	145,523	85,297	72,547	71,256	
Net Fund Balances	185,552	347,208	444,082	488,230	584,066	

Filing Instructions

Hilton Head Island Foundation to Support Youth Sports, Inc.

Exempt Organization Tax Return

Taxable Year Ended December 31, 2021

Date Due: May 16, 2022

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

balance due.

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

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

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

organization and returned to:

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

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

8879-TE has been received by this office.

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

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

processing of your return.

Form **8879-TE**

IRS e-file Signature Authorization for a Tax Exempt Entity

For calendar year 2021, or fiscal year beginning

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

2021

Department of the Treasury Internal Revenue Service Name of file

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

FIN or SSN **-***7877

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

Treasurer

Part I	Type of Return and Return Information	
--------	---------------------------------------	--

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

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

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

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

PIN: check one box only

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

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

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

Signature of officer or person subject to tax

Certification and Authentication Part III

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

Do not enter all zeros

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

Patrick P. Carey, Jr., CPA

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

Department of the Treasury Internal Revenue Service

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

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

OMB No. 1545-0047 2021 Open to Public Inspection

<u>A</u>	For the 2021	calendar year, or tax year beginning , and ending											
<u>B</u>	Check if applicable	neck if applicable: C Name of organization Hilton Head Island Foundation to D Employer identification number											
	Address change												
$\overline{\Box}$	Name change	Doing business as The First Tee of the LowCountry		**-***7877									
H	· ·	Number and street (or P.O. box if mail is not delivered to street address) P.O. Box 23334	E Telephon		7 = 1								
-	Initial return Final return/	043-	<u> 384-17</u>	21									
	terminated	City or town, state or province, country, and ZIP or foreign postal code				464 050							
	Amended return	Hilton Head Island SC 29925 F Name and address of principal officer:	1	G Gross red	:eipts\$	464,059							
Ħ	Application pendin	· ·	H(a) Is this a gr	roup return for	subordinates	Yes X No							
Ш	Application penulin	- Chack biberry		·	-	= =							
		PO Box 23334	H(b) Are all su		_								
		Hilton Head Island SC 29926	It "No,	" attach a list	. See instructio	ins							
<u></u>	Tax-exempt statu		4										
		http://www.thefirstteelowcountry.org/	H(c) Group exe		er u								
<u>K</u>	Form of organizat	on: X Corporation Trust Association Other u L Y	'ear of formation: $oldsymbol{2}$	014	M State of le	egal domicile: SC							
P	Part I S	ummary											
		describe the organization's mission or most significant activities:											
Se	The	First Tee helps shape the lives of kids and teens	s from al	l walk	s of								
nar	lif	e by introducing them to values inherent in the ga	ame of go	olf. Va	lues								
Governance	lik	e integrity, respect and perseverance											
Ó	2 Check	his box u if the organization discontinued its operations or disposed of more than	25% of its ne	t assets.									
৺	1	r of voting members of the governing body (Part VI, line 1a)		ا م ا	17								
		r of independent voting members of the governing body (Part VI, line 1b)		4	17								
Ϋ́		umber of individuals employed in calendar year 2021 (Part V, line 2a)			6								
Activities	1	umber of volunteers (estimate if necessary)		_	75								
۹		nrelated business revenue from Part VIII, column (C), line 12				0							
		elated business taxable income from Form 990-T, Part I, line 11				0							
_	D Not un	orated business taxable intentit offit esseries, into 11	Prior Ye		Curr	rent Year							
ø.	8 Contrib	utions and grants (Part VIII, line 1h)	160	706	•	178,858							
Ž		n service revenue (Part VIII, line 2g)		7,658		82,979							
Revenue		ent income (Part VIII, column (A), lines 3, 4, and 7d)		415		480							
æ	11 Other r	evenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	119	9,452		156,019							
	1	venue – add lines 8 through 11 (must equal Part VIII, column (A), line 12)		3,231		418,336							
		and similar amounts paid (Part IX, column (A), lines 1–3)				0							
		s paid to or for members (Part IX, column (A), line 4)				0							
w	1	s, other compensation, employee benefits (Part IX, column (A), lines 5–10)	171	3,629		140,856							
Expenses		ional fundraising fees (Part IX, column (A), line 11e)		7,023	<u>.</u>	0							
Sen		ndraising expenses (Part IX, column (D), line 25) u 61,147											
Ä	17 Othor	xpenses (Part IX, column (A), lines 11a–11d, 11f–24e)	130	7,454		181,820							
				1,083		322,676							
		o loss evenness. Subtract line 19 from line 12		4,148		95,660							
D.	is Kevent	e less expenses. Subtract line 18 from line 12	Beginning of Cu	rrent Year	End	of Year							
Net Assets or	20 Total a	ssets (Part X, line 16)		777		655,322							
ASS	21 Total lis	abilities (Part X, line 26)		2,547		71,256							
Net	22 Net as	ets or fund balances. Subtract line 21 from line 20		3,230	ſ	584,066							
		ignature Block		3,230	<u>.</u>	551,555							
		of perjury, I declare that I have examined this return, including accompanying schedules and sta	atomonts and to	the best o	f my knowlo	dge and bolief it is							
		complete. Declaration of preparer (other than officer) is based on all information of which prepared			i iliy kilowic	uge and belief, it is							
				\neg									
Sig	nn	Signature of officer		I Date									
	- I .			Date									
He	ा ए	<u>Chuck Elberly</u> <u>Treas</u> Type or print name and title	ar er.										
	Drink/T	· · · · · · · · · · · · · · · · · · ·	D	Ι.									
Pai		pe preparer's name Preparer's signature	Date	Check	if PTIN								
	naror	.ck P. Carey, Jr., CPA Patrick P. Carey, Jr., CPA			,	******							
	eparer Firm's		F	irm's EIN }	*	***7046							
US	e Only	70 Main Street, Suite 100											
		address } Hilton Head Island, SC 29926	F	Phone no.		81-4430							
Ma	y the IRS disc	uss this return with the preparer shown above? See instructions			$ \overline{\mathbf{x}} $	Yes No							

Form 990 (2021) Hilto	n Head Island	d Foundation to	**-***7877	Page 2
		ce Accomplishments		
		a response or note to any	/ line in this Part III	<u></u>
1 Briefly describe the o				
			ids and teens from	
			ent in the game of	golf. Values
like integri	ty, respect a	and perseverance	.	
2 Did the organization (undertake any significant n	ogram services during the year	which were not listed on the	
_				Yes X No
If "Yes " describe thes	e new services on Sched			[] 1es [A] NO
•		significant changes in how it co	anducts any program	
continue?				Yes X No
	e changes on Schedule C			
	=		ree largest program services, as meas	sured by
_	· -	-	the amount of grants and allocations t	
the total expenses, ar	nd revenue, if any, for each	n program service reported.		
4a (Code:) (Ex	kpenses \$ 202	,882 including grants of\$) (Revenue ctives outlined in	\$)
	iving range f	or use in objec	tives outlined in	mission
statement.				
*				
• • • • • • • • • • • • • • • • • • • •				
• • • • • • • • • • • • • • • • • • • •				
4b (Code:) (Ex	xpenses \$	including grants of\$) (Revenue	\$)
NT / 7A				
*				
• • • • • • • • • • • • • • • • • • • •				
4c (Code:) (Ex	kpenses \$	including grants of\$) (Revenue	۲ 2
N/A	фензез ф	including grants or) (Revenue	Ψ,
= 14 = =				
• • • • • • • • • • • • • • • • • • • •				
• • • • • • • • • • • • • • • • • • • •				
• • • • • • • • • • • • • • • • • • • •				
*				
*				
4d Other program service) (-	,
(Expenses \$		g grants of\$ 202,882) (Revenue \$)
4e Total program service	expenses u	ZUZ,00Z		

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"			
	complete Schedule A	1	X	<u> </u>
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	X	
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,	_		v
6	assessments, or similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		<u> </u>
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If			
	"Yes," complete Schedule D, Part I	6		x
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	-		
•	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If</i> "Yes,"			
•	complete Schedule D. Part III	8		х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a			
-	custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or			
	debt negotiation services? If "Yes," complete Schedule D, Part IV	9		х
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		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			
	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	37	<u> </u>
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	446		
120	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		<u> </u>
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
h	Was the organization included in consolidated, independent audited financial statements for the tax year? If	IZa		
D	"Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		x
13	1 (1) (1) (1) (1) (1) (1) (1) (1	13		X
14a	Did the arganization maintain on office ampleyage or agents outside of the United States?	14a		X
b	Did the organization maintain an office, employees, or agents outside of the officed states? 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	<u> </u>
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		<u> X</u>
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	000	<u> </u>

DAA

Pa	art IV Checklist of Required Schedules (continued)			
			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III			Х
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the			
	organization's current and former officers, directors, trustees, key employees, and highest compensated			
	employees? If "Yes," complete Schedule J	23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than			
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b			
	through 24d and complete Schedule K. If "No," go to line 25a	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year			
	to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior			
	year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?			
	If "Yes," complete Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key			
	employee, creator or founder, substantial contributor or employee thereof, a grant selection committee			
	member, or to a 35% controlled entity (including an employee thereof) or family member of any of these			
	persons? If "Yes," complete Schedule L, Part III	. 27		X
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L,			
	Part IV, instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV	28a		X
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
С	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If			
	"Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
	conservation contributions? If "Yes," complete Schedule M	30		X
31	· · · · · · · · · · · · · · · · · · ·			Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"			l
	complete Schedule N, Part II	. 32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			l
	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,			<u></u>
	or IV, and Part V, line 1	. 34		X
35a	• • • • • • • • • • • • • • • • • • • •	. 35a		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a			
	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	. 35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable			
	related organization? If "Yes," complete Schedule R, Part V, line 2	. 36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			3,5
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	. 37		X
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and			7.7
D	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			
4 -	Establic musches assessed in house of Essay 4000 Estay of it.		Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b 0			
b				
С	Did the organization comply with backup withholding rules for reportable payments to vendors and	4-		v
	reportable gaming (gambling) winnings to prize winners?	. 1c		X

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

-*7877 Form 990 (2021) Hilton Head Island Foundation to Page 6 Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI Section A. Governing Body and Management Yes No 1a Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O. 17 Enter the number of voting members included on line 1a, above, who are independent 1b Did any officer, director, trustee, or key employee have a family relationship or a business relationship with anv other officer, director, trustee, or key employee? X 2 Did the organization delegate control over management duties customarily performed by or under the direct 3 supervision of officers, directors, trustees, or key employees to a management company or other person? Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4 4 Did the organization become aware during the year of a significant diversion of the organization's assets? 5 Did the organization have members or stockholders? 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? X Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? X 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: The governing body? 8a Х Each committee with authority to act on behalf of the governing body? X 8b Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at Х the organization's mailing address? If "Yes," provide the names and addresses on Schedule O... Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) No 10a Did the organization have local chapters, branches, or affiliates? X 10a If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? X 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11a **b** Describe on Schedule O the process, if any, used by the organization to review this Form 990. 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 Х 12a Х Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12b Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done 12c Did the organization have a written whistleblower policy? X 13 13 X Did the organization have a written document retention and destruction policy? 14 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? The organization's CEO, Executive Director, or top management official X 15a Other officers or key employees of the organization 15b Х If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions. 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? Х 16a If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed **u** SC Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c) (3)s only) available for public inspection. Indicate how you made these available. Check all that apply. Own website Another's website X Upon request Other (explain on Schedule O) Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and 19 financial statements available to the public during the tax year. State the name, address, and telephone number of the person who possesses the organization's books and records ${f u}$

Dale M Planicka Hilton Head Island PO Box 23334

SC 29925

843-715-0256

orm 990 (2	021) Hilton Head	Island	Foundation	to *	*-***7877		Р	age -
Part VII	Compensation of Of	ficers, Direc	tors, Trustees,	Key Emplo	oyees, Highest	Compensated	Employees,	and
	Independent Contra	ctors		-		-		_
	Check if Schedule O	contains a re	sponse or note to	any line i	n 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.

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

(A) Name and title	(B) Average hours per week	box	, unle cer ar	ss pe nd a d	ition more rson	than one is both an or/trustee)	(D) Reportable compensation from the	(E) Reportable compensation from related	(F) Estimated amount of other compensation
	(list any hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Former Highest compensated employee	organization (W-2/ 1099-MISC/ 1099-NEC)	organizations (W-2/ 1099-MISC/ 1099-NEC)	from the organization and related organizations
(1) Jim Capps									
	5.00								
Board Member (2) Mike Cerrati	0.00	X					0	0	0
(2) MIRE CEITACI	5.00								
Secretary	0.00	x		х			0	0	0
(3) Grace Chu	0.00	1							
(0,01000 0110	5.00								
Vice Chair	0.00	x		X			0	0	0
(4) Joe Datillo									
	5.00								
Board Member	0.00	X					0	0	0
(5) Chuck Elberly									
<u></u>	5.00								
Treasurer	0.00	X		X			0	0	0
(6)Jeremiah Faber	5.00								
Board Member	0.00	$ \mathbf{x} $					0	0	0
(7) Dick Farmer	0.00						†		<u> </u>
(//DICH TAIMEL	5.00								
Chair	0.00	x		х			0	0	0
(8) John Farrell									
	5.00								
Board member	0.00	X					0	0	0
(9)Bill Fuentes									
	5.00						_	_	_
Board Member	0.00	X					0	0	0
(10)Paul Gaines	- 00								
Board Mombor	5.00	.						_	0
Board Member (11) Ken Groff	0.00	X					0	0	0
(11) Vell GLOTT	5.00								
Board Member	0.00	x					0	0	0
-					_				F QQQ (2024)

Part VII Section A. Officer	s, Directors, Ti	rust	ees,	Key	' En	ploy	/ees	, and Highest Compens	ated Employees (continu	ıed)			
(A) Name and title	(B) Average hours per week	off	x, unle	Pos check ess pe	rson i directo	than of south	an tee)	(D) Reportable compensation from the	(E) Reportable compensation from related		(F) timated a of othe compensa	r tion	
	(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 th ganizatior ed organ	n and	i
(12) Don Krahnke Board Member	5.00	x						0	0				0
(13) Chris Lane	5.00							0	0				
Board Member (14) Laurie Layki	0.00 sh 5.00	X						0	0				0
Board Member (15) Paul Rothwel	0.00	x						0	0				0
Board Member (16) Chuck Wisema	5.00	x						0	0				0
Board Member	5.00 0.00	x						0	0				0
(17) Paul Zaffaor Board Member	i 5.00 0.00	x						0	0				0
(18) Patrick M Zu	k 40.00	21							<u> </u>				
Executive Director	0.00			Х				0	0				0
1b Subtotal		<u> </u>	<u> </u>	<u> </u>		<u> </u>	u						
 c Total from continuation she d Total (add lines 1b and 1c) 2 Total number of individuals (in the continuation she 		· 					u	powa) who received more	than \$100,000 of				
reportable compensation from	n the organizati	ion 1	.0_								\equiv	Yes	No
 3 Did the organization list any temployee on line 1a? If "Yes 4 For any individual listed on line organization and related organization 	r," complete Sch ne 1a, is the su anizations great	edui m o er th	<i>le J</i> f rep nan S	for s ortal \$150	ole o	indiv comp)? If	<i>idua</i> ensa "Yes	al ation and other compensa s," complete Schedule J fo	tion from the		3		X
individualDid any person listed on line for services rendered to the	1a receive or a	accru	ie co	ompe	ensa	tion :	trom	i any unrelated organization	on or individual		5		X X
Section B. Independent Contract Complete this table for your compensation from the organ	five highest con	nper	sate	d inc	depe	endei	nt co	ontractors that received m	ore than \$100,000 of	tay year			
	(A) I business address	COII	реп	sauo	11 10	i tilo	Care		(B) tion of services	tax year		(C) npensatio	on
2 Total number of independent	contractors #==	oli vel:	na L		ot II	nito -	to 1	those listed should who					
2 Total number of independent received more than \$100,000									0				

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

Secti	<u>fon 501(c)(3) and 501(c)(4) organizations mus</u> Check if Schedule O contains a res			t complete column (A).	X
	not include amounts reported on lines 6b, 2b, and 10b of Part VIII.	i i	(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	62,475	62,475		
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
7	persons described in section 4958(c)(3)(B)	53,365	53,365		
7 8	Other salaries and wages Pension plan accruals and contributions (include	33,303	33,303		
U	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits	15,932	15,932		
10	Payroll taxes	9,084	9,084		
	Fees for services (nonemployees):	7,00	7,002		
	Management				
	Legal				
С	Accounting	5,841		5,841	
d	Lobbying				
е	Professional fundraising services. See Part IV, line	17			
	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25, column	4 560	4 560		
	(A) amount, list line 11g expenses on Schedule O.)	4,760	4,760		C1 1 4 7
	Advertising and promotion	61,147			61,147
13	Office expenses				
14 15	Information technology				
16	Royalties				
17	Occupancy Travel				
18	Payments of travel or entertainment expense	es			
-	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization .	2,370	2,244	126	
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				
а	(A) amount, list line 24e expenses on Schedule O.) BGC Rental	18,000		18,000	
a b	Ground Maintenance	17,498	17,498	10,000	
C	Program Services	11,457	11,457		
d	General & Liability Insur		,,	10,642	
	All other expenses	50,105	26,067	24,038	
25	Total functional expenses. Add lines 1 through 24e	322,676	202,882	58,647	61,147
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here u if following SOP 98-2 (ASC 958-720)	,			

				(A) Beginning of year		(B) End of year
1	Cash—non-interest-bearing			556,023	1	629,721
2					2	
3			L		3	
4	Accounts receivable, net		L		4	
5	Loans and other receivables from any current or for	mer officer, di	rector,			
	trustee, key employee, creator or founder, substanti	al contributor,	or 35%			
	controlled entity or family member of any of these p	ersons			5	
6						
	under section 4958(f)(1)), and persons described in				6	
7					7	
8	Inventories for sale or use		L		8	
9					9	
10	a Land, buildings, and equipment: cost or other					
	basis. Complete Part VI of Schedule D	10a	33,852			
k	b Less: accumulated depreciation	_ 10b	8,251	4,754	10c	25,601
11	Investments—publicly traded securities		L		11	
12	•				12	
13	, , ,				13	
14					14	
15					15	
16	Total assets. Add lines 1 through 15 (must equal li		560,777	16	655,322	
17			17			
18	• • • • • • • • • • • • • • • • • • • •			18		
19					19	
20					20	
21	Escrow or custodial account liability. Complete Part	IV of Schedul	e D		21	
22	, ,					
	trustee, key employee, creator or founder, substanti					
	controlled entity or family member of any of these p	ersons			22	
23	0 0 1 7	third parties .			23	
24	. ,				24	
25	, , , , , , , , , , , , , , , , , , , ,					
	parties, and other liabilities not included on lines 17	-24). Complete	e Part X	E0 E4E		E1 056
	of Schedule D			72,547	25	71,256
26				72,547	26	71,256
	Organizations that follow FASB ASC 958, check	here X				
	and complete lines 27, 28, 32, and 33.			400 000		F04 0CC
27	***************************************			488,230	27	584,066
28			·		28	
	Organizations that do not follow FASB ASC 958	cneck nere	Ч			
	and complete lines 29 through 33.				00	
29	· · · · · · · · · · · · · · · · · · ·				29	
30					30	
31	9 , ,			100 220	31	E01 066
32	Total net assets or fund balances Total liabilities and net assets/fund balances			488,230 560,777	32	584,066 655,322

Form **990** (2021)

Forn	n 990 (2021) Hilton Head Island Foundation to **-***/8/7			Pag	ge 12
Pa	art XI Reconciliation of Net Assets				\equiv
	Check if Schedule O contains a response or note to any line in this Part XI	<u> </u>			_X_
1	Total revenue (must equal Part VIII, column (A), line 12)				336
2	Total expenses (must equal Part IX, column (A), line 25)				<u> 576</u>
3	Revenue less expenses. Subtract line 2 from line 1				<u> 560</u>
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))		48	8,2	<u> 230</u>
5	Net unrealized gains (losses) on investments				
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)			1	176
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line				
	32, column (B))		58	4,0)66
Pa	art XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII	<u></u>			
		_		Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain on				
	Schedule O.				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	L	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?	L	2b		X
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a				
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of				ĺ
	the audit, review, or compilation of its financial statements and selection of an independent accountant?	L	2c		
	If the organization changed either its oversight process or selection process during the tax year, explain on				
	Schedule O.				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the				
	Single Audit Act and OMB Circular A-133?	L	3a		
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the				
	required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b		
		<u></u>	Form	990	(2021)

SCHEDULE A

(Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

Public Charity Status and Public Support

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

OMB No. 1545-0047

Open to Public Inspection

u Attach to Form 990 or Form 990-EZ.

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

Hilton Head Island Foundation to Support Youth Sports, Inc.

Employer identification number **-***7877

Pa	art I	Reas	on for Public Charity	Status. (All organization	ns mus	st comp	lete this part.) See inst	ructions.	
The	orga	nization is no	t a private foundation becau	use it is: (For lines 1 through 1	12, check	only one	box.)		
1	П	A church, co	nvention of churches, or as	ssociation of churches describe	ed in sec	tion 170	(b)(1)(A)(i).		
2	П	A school des	scribed in section 170(b)(1)(A)(ii). (Attach Schedule E (F	orm 990)	.)			
3	П			vice organization described in)(A)(iii).		
4	П	-		ed in conjunction with a hospit				the hospital's na	ame,
	_	city, and stat		, , ,			(/ / / / /	'	•
5	\Box	•		of a college or university own	ned or ope	erated by	a governmental unit describe	ed in	
	ш	_	(b)(1)(A)(iv). (Complete Pa	=		,	3		
6	A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).								
7	X		· •	a substantial part of its suppor				public	
	_		section 170(b)(1)(A)(vi). (`	•	G		
8	П	A community	trust described in section	170(b)(1)(A)(vi). (Complete F	Part II.)				
9	П	An agricultur	al research organization de	escribed in section 170(b)(1)((A)(ix) op	erated in	conjunction with a land-grant	college	
	_	or university university:	or a non-land-grant college	of agriculture (see instruction	s). Enter	the name	e, city, and state of the colleg	e or	
10		An organizat	ion that normally receives (1) more than 33 1/3% of its s	upport fro	m contril	butions, membership fees, an	d gross	
				mpt functions, subject to certa					
			•	and unrelated business taxable		`	,	S	
11	П	. ,	· ·	30, 1975. See section 509(a)		•	,		
11 12	Н	_	-	I exclusively to test for public at exclusively for the benefit of,	-			nurnoene of	
12	Ш	•	•	ations described in section 5 (•				
				escribes the type of supporting					
	а	Type I. A	A supporting organization of	perated, supervised, or control	lled by its	support	ed organization(s), typically b	y giving	
		the supp	orted organization(s) the po	wer to regularly appoint or ele	ect a majo	ority of th	e directors or trustees of the	,	
		supportin	g organization. You must	complete Part IV, Sections A	and B.				
	b			supervised or controlled in con					
				orting organization vested in the		persons t	hat control or manage the su	pported	
		\Box	•	e Part IV, Sections A and C.					
	С	its suppo	orted organization(s) (see in	supporting organization operanstructions). You must compl e	ete Part I	V, Section	ons A, D, and E.		
	d			ed. A supporting organization	-				
				ne organization generally must			The state of the s	itiveness	
	_			must complete Part IV, Sect ceived a written determination				11	
	е			ion-functionally integrated sup				11	
	f		mber of supported organiza			J		ſ	
	g			the supported organization(s)					
(i)	Nam	e of supported	(ii) EIN	(iii) Type of organization	(iv) Is the	organization	(v) Amount of monetary	(vi) Amount	of
		anization	.,	(described on lines 1-10		ur governing	support (see	other support	(see
				above (see instructions))		nent?	instructions)	instructions	s)
					Yes	No			
(A)									
(B)									
(C)									
(D)									
(E)									

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

<u>Sec</u>	tion A. Public Support						
Caler	ndar year (or fiscal year beginning in) u	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	286,635	282,459	214,938	160,706	178,858	1,123,596
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						_
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4 5	Total. Add lines 1 through 3 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount	286,635	282,459	214,938	160,706	178,858	1,123,596
	shown on line 11, column (f)						200,354
6	Public support. Subtract line 5 from line 4						923,242
	tion B. Total Support	(=) 0047	(b) 0040	(a) 0040	(4) 0000	(5) 2004	(f) T : :
	ndar year (or fiscal year beginning in) u	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
7	Amounts from line 4	286,635	282,459	214,938	160,706	178,858	1,123,596
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	150	231	348	415	480	1,624
9	Net income from unrelated business activities, whether or not the business is regularly carried on						
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
11	Total support. Add lines 7 through 10						1,125,220
12	Gross receipts from related activities, etc						1,120,447
13	First 5 years. If the Form 990 is for the	•	, second, third, fo	urth, or fifth tax ye	ear as a section 5	01(c)(3)	
0	organization, check this box and stop he						
	tion C. Computation of Public					1	
14	Public support percentage for 2021 (line	6, column (f) divid	led by line 11, co	lumn (f))		14	82.05 %
15	Public support percentage from 2020 Sc	hedule A, Part II, I	ine 14				89.12 %
16a	33 1/3% support test—2021. If the orga				Is 33 1/3% or mo	ore, check this	⊾ 🖅
I-	box and stop here. The organization qu						▶ <u>X</u>
b	33 1/3% support test—2020. If the organization						▶ □
170	this box and stop here. The organization						▶ ⊔
ı/a	10%-facts-and-circumstances test—2	_					
	10% or more, and if the organization me				-		
	Part VI how the organization meets the			-			▶ □
h	organization						▶ ⊔
b	10%-facts-and-circumstances test—2	•					
	15 is 10% or more, and if the organization meets the				-	•	
	in Part VI how the organization meets the						▶ □
10	organization Private foundation. If the organization of	did not about a ba	v on line 12 16c	16h 17a ar 17h	chock this box a		▶ ⊔
18	instructions						▶ □

Part III

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

Caler	ndar year (or fiscal year beginning in) u	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 202	1	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")							
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose							
3	Gross receipts from activities that are not an unrelated trade or business under section 513							
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf							
5	The value of services or facilities furnished by a governmental unit to the organization without charge							
6	Total. Add lines 1 through 5							
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons							
b c	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year Add lines 7a and 7b							
8	Public support. (Subtract line 7c from							
	line 6.)							
	tion B. Total Support							
Caler	ndar year (or fiscal year beginning in) ${f u}$	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 202	1	(f) Total
9	Amounts from line 6							
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources .							
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975							
С	Add lines 10a and 10b							
11	Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on							
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)							
13	Total support. (Add lines 9, 10c, 11, and 12)							
14	and 12.) First 5 years. If the Form 990 is for the	organization's fire	t second third fo	ourth or fifth toy v	L Par as a soction	L 501(c)(3)		
14	organization, check this box and stop h e	~**		or milit tax y		`		▶ □
Sec	tion C. Computation of Public							········ <u> </u>
15	Public support percentage for 2021 (line			olumn (f))			15	%
16	Public support percentage from 2020 Sc						16	%
	tion D. Computation of Investm							
17	Investment income percentage for 2021			e 13, column (f))			17	%
18 In	vestment income percentage from 2020		III line 17				18	%
19a	33 1/3% support tests—2021. If the org	ganization did not					line	
	17 is not more than 33 1/3%, check this							▶ ∐
b	33 1/3% support tests—2020. If the org	ganization did not	check a box on li	ne 14 or line 19a,	and line 16 is mo	ore than 33 1	/3%, a	nd
	line 18 is not more than 33 1/3%, check	-	=	-		_		. \square
20	Private foundation. If the organization of	did not check a bo	ox on line 14, 19a	, or 19b, check th	is box and see in	structions		> [_

Schedule A (Form 990) 2021

Part IV **Supporting Organizations**

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

Section A. All Supporting Organizations

- Are all of the organization's supported organizations listed by name in the organization's governing 1 documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain,
- Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes." explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below.
- Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination.
- Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.
- Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes." describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B)
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- Substitutions only. Was the substitution the result of an event beyond the organization's control?
- Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes." provide detail in Part VI.
- Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).
- Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? If "Yes," complete Part I of Schedule L (Form 990).
- Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI.
- Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 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
		103	140
	1		
	2		
	_		
	3a		
	3b		
	3с		
	4.		
	4a		
	4b		
	4c		
	5a		
	5b 5c		
	30		
	6		
	7		
	8		
	9a		
	9b		
	9с		
	4.0		
	10a		
	10b		
chec	lule A	(Form 9	90) 2021

Sc

Schedu	ule A (Form 990) 2021 Hilton Head Island Foundation to **-***787	7		Page 5
Par	t IV Supporting Organizations (continued)			1
			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		
	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,			
0 1	provide detail in Part VI.	11c		
Sect	on B. Type I Supporting Organizations			
_			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or			
	more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers,			
	directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s)	,		
	effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported	ו		
	organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the	4		
2	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			1
	on or type in employming 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			
<u> </u>	supported organizations played in this regard.	3		
	on E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instruct	ions).		
a	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. <i>Complete line 3 below.</i>		- (: \	
C	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see	instru		No
2	Activities Test. Answer lines 2a and 2b below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described on line 2a, above, constitute activities that, but for the organization's	<u>-u</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		

Sched	ule A (Form 990) 2021 Hilton Head Island Foundat.	ion	to **-***7	877 Page 6
Pai	Type III Non-Functionally Integrated 509(a)(3) Supporting C)rgan	izations	
1	Check here if the organization satisfied the Integral Part Test as a qualifying trust on	Nov.	20, 1970 (explain in Part	VI). See
	instructions. All other Type III non-functionally integrated supporting organizations in	must c	complete Sections A throu	ugh E.
Sect	ion A – Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or collection			
	of gross income or for management, conservation, or maintenance of			
	property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion B – Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
a	Average monthly value of securities	1a		
k	Average monthly cash balances	1b		
	Fair market value of other non-exempt-use assets	1c		
	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		
Sec	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 integral	ted Ty	pe III supporting organiza	ation

(see instructions).

Schedule A (Form 990) 2021

a Excess from 2017

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

b Excess from 2018

Schedule A (For	rm 990) 2021	Hilton	Head Is	land Fo	undation	to **	-***7877	Page 8
Part VI	Supplemental III, line 12; Part B, lines 1 and 2;	Information. P IV, Section A, I Part IV, Section V, line 1; Part	rovide the exines 1, 2, 3b on C, line 1; V, Section B	rplanations i , 3c, 4b, 4c, Part IV, Sec s, line 1e; Pa	required by Pa 5a, 6, 9a, 9b ction D, lines 2 art V, Section	art II, line 10 , 9c, 11a, 1 2 and 3; Pai D, lines 5, 0	D; Part II, line 17a 1b, and 11c; Part t IV, Section E, li 6, and 8; and Part structions.)	or 17b; Part IV, Section nes 1c, 2a, 2b,
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DAA Schedule A (Form 990) 2021

Schedule B (Form 990)

Department of the Treasury Internal Revenue Service

Schedule of Contributors

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

2021

Name of the organization

Hilton Head Island Foundation to Support Youth Sports, Inc.

Employer identification number

-*7877

Organization type (check one): Filers of: Section: **X** 501(c)(Form 990 or 990-EZ **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).

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

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

Schedule B (Form 990) (2021)

Part I	Contributors (see instructions). Use duplicate copies of	Part I if additional space i	s needed.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
.1		\$ 25,000	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2		\$ 5,000	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
3		\$ 6,500	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No	Name, address, and ZIP + 4	Total contributions \$ 30,000	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
No. 5	Name, address, and Lif T4	\$ 5,000	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b) Name, address, and ZIP + 4	(C)	(d)
No.	Name, address, and ZIP + 4	Total contributions \$ 10,000	Person X Payroll Noncash (Complete Part II for

Employer identification number

Hilton Head Island Foundation to **-***7877 Contributors (see instructions). Use duplicate copies of Part I if additional space is needed. (a) (d) Name, address, and ZIP + 4 **Total contributions** Type of contribution No. 7 Person **Payroll** \$ 5,000 Noncash (Complete Part II for noncash contributions.) (a) (b) (c) (d) Type of contribution Name, address, and ZIP + 4 **Total contributions** No. 8 Person **Payroll** 10,000 Noncash (Complete Part II for noncash contributions.) (a) (b) (c) (d) **Total contributions** Name, address, and ZIP + 4 Type of contribution No. 9 Person **Payroll \$** 13,500 Noncash (Complete Part II for noncash contributions.) (a) (b) (c) (d) Name, address, and ZIP + 4 **Total contributions** Type of contribution No. Person **Payroll** Noncash (Complete Part II for noncash contributions.) (c) (a) (b) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution Person **Payroll** Noncash (Complete Part II for noncash contributions.) (a) (b) (c) (d) Name, address, and ZIP + 4 Type of contribution No. **Total contributions** Person **Payroll** Noncash (Complete Part II for noncash contributions.)

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements
u Complete if the organization answered "Yes" on Form 990,
Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.
u Attach to Form 990.
u Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047 Open to Public Inspection

Name of the organization

Employer identification number

Н	ilton Head Island Foundation to		
	upport Youth Sports, Inc.	**-***7877	
	art I Organizations Maintaining Donor Advised F	unds or Other Similar Funds	or Accounts.
	Complete if the organization answered "Yes" or	n Form 990, Part IV, line 6.	
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
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		
	funds are the organization's property, subject to the organization's e		
6	Did the organization inform all grantees, donors, and donor advisors		d
	only for charitable purposes and not for the benefit of the donor or d		
_			Yes No
Pa	rt II Conservation Easements. Complete if the organization answered "Yes" or	n Form 990 Part IV line 7	
1	Purpose(s) of conservation easements held by the organization (che		v important land area
	Preservation of land for public use (for example, recreation or e	ducation Preservation of a historicall Preservation of a certified	
	Protection of natural habitat Preservation of open space	Preservation of a certified	nistoric structure
2	Complete lines 2a through 2d if the organization held a qualified con	esonyation contribution in the form of a	consonyation
_	easement on the last day of the tax year.	iservation contribution in the form of a	Held at the End of the Tax Year
а	•		
b			
c			
	Number of conservation easements included in (c) acquired after 7/2		
			2d
3	Number of conservation easements modified, transferred, released,	extinguished, or terminated by the org	anization during the
	tax year u		_
4	Number of states where property subject to conservation easement	is located u	
5	Does the organization have a written policy regarding the periodic n		
	violations, and enforcement of the conservation easements it holds?	·	Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting, handling	g of violations, and enforcing conserva	tion easements during the year
	u		
7	Amount of expenses incurred in monitoring, inspecting, handling of	violations, and enforcing conservation	easements during the year
_	u \$		
8	Does each conservation easement reported on line 2(d) above satisfying the conservation of the conservatio		
•	and section 170(h)(4)(B)(ii)?		
9	In Part XIII, describe how the organization reports conservation easi- balance sheet, and include, if applicable, the text of the footnote to	·	
	organization's accounting for conservation easements.	the organizations infancial statements	triat describes trie
Pa	art III Organizations Maintaining Collections of Ar	t. Historical Treasures, or Otl	her Similar Assets.
	Complete if the organization answered "Yes" or		
1a	If the organization elected, as permitted under FASB ASC 958, not	to report in its revenue statement and b	palance sheet works
	of art, historical treasures, or other similar assets held for public exh	ibition, education, or research in furthe	rance of public
	service, provide in Part XIII the text of the footnote to its financial sta	atements that describes these items.	
b	If the organization elected, as permitted under FASB ASC 958, to re-	port in its revenue statement and balar	nce sheet works of
	art, historical treasures, or other similar assets held for public exhibit	tion, education, or research in furtherar	nce of public service,
	provide the following amounts relating to these items:		
	(i) Revenue included on Form 990, Part VIII, line 1		u \$
	(ii) Assets included in Form 990, Part X		u \$
2	If the organization received or held works of art, historical treasures,		in, provide the
	following amounts required to be reported under FASB ASC 958 rel	_	•
a			
b	Assets included in Form 990, Part X		u \$

Sched	dule D (Form 990) 2021 Hilton 1	Head Island	<u>l Foundatio</u>	on to	**-***78	<u> 377 </u>		Pa	age 2
Pa	rt III Organizations Maintaini	ng Collections	of Art, Historica	I Treasure	s, or Other	Similar As	sets (d	contir	nued)
3	Using the organization's acquisition, accellection items (check all that apply):	ession, and other reco	ords, check any of th	e following th	at make significa	ant use of its			
а	Public exhibition	d 🗌	Loan or exchange p	orogram					
b	Scholarly research	e H	Other						
С	Preservation for future generations	- Ш							
	Provide a description of the organization'	s collections and exp	lain how they further	r the organiza	tion's evemnt n	irnose in Part			
	XIII.	3 concentris and exp	dan now they faither	i ilic organiza	tion's exempt po	aipose iii i ait			
	During the year, did the organization soli	cit or roccivo donatio	ne of art historical tr	rogeuroe or o	thar similar				
			•	-			\Box \checkmark	es 「	No
	assets to be sold to raise funds rather the rt IV Escrow and Custodial		as part or the organia	zation's collec	uon :			62	INO
Га	Complete if the organizat		e" on Form 900	Part IV/ li	ne 0 or reno	orted an am	ount o	. For	m
	990, Part X, line 21.	ion answered in	53 0111 01111 990	, i ait iv, ii	ne s, or repu	nted an ann	Julit O	1 1 01	
10	Is the organization an agent, trustee, cus	stadian or other intern	nadian, for contributi	ana ar athar a	acceta not				-
	9		•				\sqcap	es 🗆	No
	If "Yes," explain the arrangement in Part	VIII and complete the					. Ш '	es _] 140
D	ii Yes, explain the arrangement in Part	Alli and complete the	e following table:				Amour	\ +	—
	D : :						Amour	IL	
						1c			
d	Additions during the year					1d			
	Distributions during the year								
	Ending balance								_
	Did the organization include an amount of							es _	No
	If "Yes," explain the arrangement in Part	XIII. Check here if the	e explanation has be	en provided o	on Part XIII		<u> </u>		
Pa	rt V Endowment Funds.		" - 000	5 () ()	4.0				
	Complete if the organizat	ion answered "Yo							
		(a) Current year	(b) Prior year	(c) Two yea	ars back (d) T	hree years back	(e) Fou	ır years	back
	Beginning of year balance						↓		
b	Contributions						↓		
С	Net investment earnings, gains, and								
	losses								
d	Grants or scholarships								
е	Other expenditures for facilities and								
	programs								
	Administrative expenses								
	End of year balance								
	Provide the estimated percentage of the	current year end bala	ance (line 1g, column	n (a)) held as:					
а	Board designated or quasi-endowment u	ı %	,						
	Permanent endowment u %								
С	Term endowment u %								
	The percentages on lines 2a, 2b, and 2c	should equal 100%.							
3a	Are there endowment funds not in the po	ssession of the orga	nization that are held	d and administ	tered for the				
	organization by:	J						Yes	No
	(i) Unrelated organizations						3a(i)		
	(ii) Related organizations						3a(ii)		
b	If "Yes" on line 3a(ii), are the related orga	anizations listed as re	equired on Schedule	R?			3b		
	Describe in Part XIII the intended uses of								
	rt VI Land, Buildings, and E								
	Complete if the organizat	• •	es" on Form 990	. Part IV. li	ne 11a. See	Form 990.	Part X	line	10.
	Description of property	(a) Cost or other		other basis	(c) Accumula		(d) Book		
		(investment)	(ot	her)	depreciatio	n			
	Land								
	B 7 P								
	Leasehold improvements								
	Equipment								
Total	Other	 ust equal Form 000	Part X column (R) I	ine 10c)		- ,,			
ı vıal.	. 7 aa mics ta iindagii 16. (<i>Oolaiiii (a) III</i>	aut oquar i onin 990,	. a.c. A., oolullill (D), I	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		u			

Part VII	Form 990) 2021 Hilton Head Island 1 Investments - Other Securities.	Foundaction co	**-***7877	Page
	Complete if the organization answered "Yes"	on Form 990, Part IV	, line 11b. See Form 99	0, Part X, line 12.
	(a) Description of security or category	(b) Book value	(c) Method of v	
	(including name of security)		Cost or end-of-year	market value
(1) Financial	derivatives			
	eld equity interests			
(A)				
(B)				
(C)				
(D)				
(E)				
(F)				
(G)				
(H)				
	nn (b) must equal Form 990, Part X, col. (B) line 12.) u	1		
Part VIII	Investments - Program Related.	-		
	Complete if the organization answered "Yes"	on Form 990, Part IV	, line 11c. See Form 99	0, Part X, line 13.
	(a) Description of investment	(b) Book value	(c) Method of v	
			Cost or end-of-year	market value
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
Total. (Colun	nn (b) must equal Form 990, Part X, col. (B) line 13.) u	1		
Part IX	Other Assets.			
	Complete if the organization answered "Yes"	on Form 990, Part IV	, line 11d. See Form 99	0, Part X, line 15.
	(a) Description			(b) Book value
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
	nn (b) must equal Form 990, Part X, col. (B) line 15.)		u	
Part X	Other Liabilities. Complete if the organization answered "Yes"	on Form 990 Part IV	line 11e or 11f See Fo	orm 990 Part X
	line 25.	5 i 5 i 550, i dit iv	, 110 01 111. 000 1	555, 1 ait 7,
1.	(a) Description of liability			(b) Book value
	income taxes			
	larship Restricted Fund			40,001
	larship Ken Campbell			24,670 4,816
(4) Pavro	oll Liabilities			4 × 1 6

	1110 201		
1.	(a) Description of liability		(b) Book value
(1)	Federal income taxes		
(2)	Scholarship Restricted Fund		40,001
(3)	Scholarship Ken Campbell		24,670
(4)	Payroll Liabilities		4,816
(5)	Health Insurance		1,769
(6)			
(7)			
(8)			
(9)			
Tota	II. (Column (b) must equal Form 990, Part X, col. (B) line 25.)	u	71,256

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

Sche	edule D (Form 990) 2021 Hilton Head Island Foundati	ion to **-	·***/8///	Page 4
Pa	art XI Reconciliation of Revenue per Audited Financial Stat		-	
	Complete if the organization answered "Yes" on Form 99			
1	Total revenue, gains, and other support per audited financial statements			
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:	1 - 1		
a	Net unrealized gains (losses) on investments	2a		
b	Donated services and use of facilities	2b		
C	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)	2d		
	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1		3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	4.		
	Investment expenses not included on Form 990, Part VIII, line 7b			
	Other (Describe in Part XIII.)		40	
	Add lines 4a and 4b Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)		4c 5	
	art XII Reconciliation of Expenses per Audited Financial Sta		<u> </u>	
1 6	Complete if the organization answered "Yes" on Form 99		•	
1	Total expenses and losses per audited financial statements			
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		•	
	Donated services and use of facilities	2a		
	Prior year adjustments			
c	Other losses	2c		
d	Other (Describe in Part XIII.)	2d		
	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1		3	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b		4b		
	Other (Describe in Part XIII.)		4c	
С	Other (Describe in Part XIII.)			
с 5	Other (Describe in Part XIII.) Add lines 4a and 4b			
5 P a	Other (Describe in Part XIII.) Add lines 4a and 4b Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)	 	5	
5 Prov	Other (Describe in Part XIII.) Add lines 4a and 4b Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.) art XIII Supplemental Information.	Part IV, lines 1b and 2l	5; Part V, line 4; Part X, line	
5 Prov	Other (Describe in Part XIII.) Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) art XIII Supplemental Information. ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; F	Part IV, lines 1b and 2l rovide any additional ir	p; Part V, line 4; Part X, line offormation.	
5 Prov	Other (Describe in Part XIII.) Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) art XIII Supplemental Information. ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Fart XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to present the supplemental information.	Part IV, lines 1b and 2l rovide any additional ir	p; Part V, line 4; Part X, line offormation.	
5 Prov	Other (Describe in Part XIII.) Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) art XIII Supplemental Information. ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Fart XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to present the supplemental information.	Part IV, lines 1b and 2l rovide any additional ir	p; Part V, line 4; Part X, line offormation.	
5 Prov	Other (Describe in Part XIII.) Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) art XIII Supplemental Information. ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Fart XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to present the supplemental part XII, lines 2d and 4b.	Part IV, lines 1b and 2l rovide any additional ir	p; Part V, line 4; Part X, line offormation.	
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C 5 Pa	Other (Describe in Part XIII.) Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) art XIII Supplemental Information. ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Fart XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to present the supplemental information.	Part IV, lines 1b and 2l rovide any additional ir	p; Part V, line 4; Part X, line liformation.	
C 5 Pa	Other (Describe in Part XIII.) Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) art XIII Supplemental Information. ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Fart XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to present the supplemental information.	Part IV, lines 1b and 2l rovide any additional ir	p; Part V, line 4; Part X, line liformation.	
C 5 Pa	Other (Describe in Part XIII.) Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) art XIII Supplemental Information. ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Fart XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to present the supplemental information.	Part IV, lines 1b and 2l rovide any additional ir	p; Part V, line 4; Part X, line liformation.	
C 5 Pa	Other (Describe in Part XIII.) Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) art XIII Supplemental Information. ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Fart XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to present the supplemental information.	Part IV, lines 1b and 2l rovide any additional ir	p; Part V, line 4; Part X, line liformation.	
C 5 Pa	Other (Describe in Part XIII.) Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) art XIII Supplemental Information. ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Fart XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to present the supplemental information.	Part IV, lines 1b and 2l rovide any additional ir	p; Part V, line 4; Part X, line liformation.	
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Schedule D (I	Form 99	90) 2021 I	Hıltc	n Head	Island	Foundation	to	**-***7877	Page 5
Part XIII	Sun	plementa	al Infor	rmation (co	ntinued)	Foundation			
I dit /till	Оир	piomonic		111011 (00	Titilia Gay				
_									

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. u Attach to Form 990 or Form 990-EZ.

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

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

Employer identification number

-*7877 Support Youth Sports, Inc. Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Part I Form 990-EZ filers are not required to complete this part. Indicate whether the organization raised funds through any of the following activities. Check all that apply. Mail solicitations Solicitation of non-government grants Internet and email solicitations Solicitation of government grants b Phone solicitations Special fundraising events 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 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 ontributions' col. (i) Yes No 8 10 **Total** List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

Schedule G (Form 990) 2021 Hilton Head Island Foundation to **-***7877 Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000. (a) Event #1 (b) Event #2 (c) Other events (d) Total events Champions for C (add col. (a) through None (event type) (total number) col. (c)) Revenue 170,034 170,034 1 Gross receipts 2 Less: Contributions 3 Gross income (line 1 minus 170,034 line 2). 170,034 4 Cash prizes 5 Noncash prizes Direct Expenses 6 Rent/facility costs 7 Food and beverages 8 Entertainment 45,723 45,723 9 Other direct expenses 10 Direct expense summary. Add lines 4 through 9 in column (d) 45,723 11 Net income summary. Subtract line 10 from line 3, column (d) Gaming. Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a. (b) Pull tabs/instant (d) Total gaming (add Revenue (c) Other gaming bingo/progressive bingo col. (a) through col. (c)) 1 Gross revenue 2 Cash prizes Expenses 3 Noncash prizes 4 Rent/facility costs 5 Other direct expenses Yes % Yes 6 Volunteer labor 7 Direct expense summary. Add lines 2 through 5 in column (d) 8 Net gaming income summary. Subtract line 7 from line 1, column (d) 9 Enter the state(s) in which the organization conducts gaming activities: a Is the organization licensed to conduct gaming activities in each of these states? **b** If "No," explain: 10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? b If "Yes," explain:

Sche	edule G (Form 990) 2021 Hilton Head Island Foundation to **-***7877		Page 3
11	Does the organization conduct gaming activities with nonmembers?		Yes No
12	Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity		
	formed to administer charitable gaming?		Yes No
13	Indicate the percentage of gaming activity conducted in:	1 1	
а	The organization's facility	13a	%_
b	An outside facility	13b	%_
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records:		
	Name u		
	Address u		
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?		Yes No
b	If "Yes," enter the amount of gaming revenue received by the organization us and the		
	amount of gaming revenue retained by the third party \mathbf{u} \$		
С	If "Yes," enter name and address of the third party:		
	Name u		
	Address u		
16	Gaming manager information:		
	Name u		
	Gaming manager compensation u\$		
	Description of services provided u		
	Director/officer Employee Independent contractor		
17	Mandatory distributions:		
а	Is the organization required under state law to make charitable distributions from the gaming proceeds to		
	retain the state gaming license?		Yes No
b	Enter the amount of distributions required under state law to be distributed to other exempt organizations or		
	spent in the organization's own exempt activities during the tax year us		
Pa	Supplemental Information. Provide the explanations required by Part I, line 2b, columns Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional See instructions.		
	Occ mondono.		

SCHEDULE O (Form 990)

Supplemental Information to Form 990 or 990-EZ

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

OMB No. 1545-0047

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

Name of the organization Hilton Head Island Foundation to

Open to Public Inspection

Employer identification number

-*7877 Support Youth Sports, Inc. Form 990, Part VI, Line 11b - Organization's Process to Review Form 990 No review was or will be conducted. Form 990, Part VI, Line 12c - Enforcement of Conflicts Policy All board members are required to review the Conflict of Interest Policy annually and reveal any conflicts and provide their signature as appropriate. Form 990, Part VI, Line 19 - Governing Documents Disclosure Explanation No documents available to the public Form 990, Part IX, Line 24e - Other Expenses Description Tot/Prog Service Mgt & General Fundraising Development 9,000 \$ 0 \$ Miscellaneous \$ 0 \$ 5,121 Chemicals 4,539 \$ 0 Printing \$ 0 \$ 3,551 Subscriptions Course labor

2790 05/03/2022 11:10 AM

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

Schedule O (Form 99) Name of the organization	90) 2021 on				Employer identification	Page 2
_		d Foundation t	0		**-***7877	
					•	
Meals/Ente	ertainmen	1C				
	\$	0	\$	781	\$	0
Plant Seed	d Sod					
		<i>cc</i> 2		•	A	
	\$	663	\$	0	\$	0
Electric 8	& Gas					
	\$	0	\$	613	\$	0
Sand & To	n Dressi	na				
band & 10						
	\$	500	\$	0	\$	0
Coach Tra	ining					
	\$	405	\$	0	\$	0
		······		····· ·		
Total	L					
	\$	26,067	\$	24,038	\$	0
		, Line 9 - Oth			\$	176
•						
					Page 2 of	2

Form **4562**

Internal Revenue Service

Department of the Treasury

Name(s) shown on return Hilton Head Island Foundation to

Depreciation and Amortization

(Including Information on Listed Property)

u Attach to your tax return.

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

OMB No. 1545-0172

Identifying number

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

Name

Form **990**

Event Income and Deduction Worksheet

Description Champions for Charity

Hilton Head Island Foundation to

Taxpayer Identification Number **-***7877

2021

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

Income & Expense Summary:		Expense Details - Indirect Expense:
1. Gross receipts or sales	1. 170,034	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	7 170-034	Travel & Repairs
8. Cost of Goods Sold	8. 45,723	Travel/entertainment (officials)
9. Employment Expense		Conferences/meetings
10. Fees for services		Conferences/meetings
11. Indirect Expense		Interest
		Insurance
12. Depreciation Expense		Total Indirect Expense
13. Exempt Activity Expense		Funence Details Depresiation Funence
14. Fundraising Expense	14. <u>/ / F 722</u>	Expense Details - Depreciation Expense:
15. Total expenses. Add lines 8 through	145. 45,725	On investment property
16. Net Income/Loss. Line 7 minus Line	186. 124,311	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	45,723	Taxes/licenses
Ending inventory	· · · · · · — — — — — — — — — — — — — —	Taxes/licenses Charitable contributions
Ending inventory Total Cost of Goods Sold	45,723	Dividend read deductions
Total 500t 01 50045 5014		Dividend recd deductions
Expense Details - Employment Expense	۵.	Readership costs
		Other expenses Total Exempt Activity Expense
Compensation of officers		Total Exempt Activity Expense
Other salaries and wages	• • • • • • • • • • • • • • • • • • • •	Expense Details - Fundraising Expense:
Pension plan contributions		
Other employee benefits		Cash prizes
Payroll taxes		Non-cash prizes
Total Employment Expense	· · · · · · · · · · · · · · · · · · · 	Rent and facility costs
		Food & beverages (Part II only)
Expense Details - Fees for Services:		Entertainment (Part II only)
Management		Other direct expenses
Legal		Total Fundraising Expense
Accounting		
Lobbying		
Professional fundraising	· · · · · · · · · · · · · · · · · · · 	
Investment management	· · · · · · · · · · · · · · · · · · · 	
Other	· · · · · · · · · · · · · · · · · · · 	
Total Fees for Services		
Information is indicated for use on Fo	orm 990-T, Schedule A:	Allocation of Expense to Program Service Accomplishments:
Schedule A, UBIT Activity Code	Seq #	First
Part V, Debt Financing		Second
Part VI, Controlled Org Income		Third
Part VII, Investments for C(7)(9))(17)	All other
Part VIII, Exploited Activities	• •	
Part IX, Advertising Income		

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

Date:

SEP 15 2014

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

Dear Applicant:

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

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

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

HILTON HEAD ISLAND FOUNDATION TO

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

Sincerely,

Director, Exempt Organizations