#### 2026

## **Accommodations Tax Funds Request Application**

**Organization Name:** Hilton Head Choral Society

Project/Event Name: 2025-2026 Concert Season

#### **Executive Summary**

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

The Hilton Head Choral Society ("HHCS" or "we") had a very successful year ended May 31,2025. The total audience for our four concerts grew from1,958 attendees to 2,756, an increase of 41%. For the third year in a row the number of tourists attending increased to a total of 334, up from 168 the previous year. That number represented 12% of attendees, up from 9% the previous year. We attribute these continued increases to a wider recognition of the quality of our performances as well as an increased and better focused marketing program. We expect this trend to continue into the current fiscal year as we enter our 50th anniversary celebration, the first performing group on Hilton Head to reach that landmark.

As described in last year's grant application, we will begin our 50th Anniversary season at our Fall concert in late September. Each of our season's four concerts will recognize the anniversary with special programming. Of course, we want to market this season and its special programming widely in order to obtain the broadest possible recognition of this special year and its special programming. We appreciate the increase in our ATAX grant for 2025 which will help finance the increased marketing budget for our first two concerts (Fall and Holiday) of our anniversary celebration and hope the committee and town will maintain that level of grant in 2026 to aid us in our increased marketing for our other events.

Our Fall concert will include an original musical piece specially commissioned for HHCS by Z. Randall Stroope, a renowned American choral composer and conductor who has published over 200 musical works and conducted concerts in 26 counties. The music, incorporating text written by our own South Carolina poet laureate, celebrates the sights and sounds of the Lowcountry. Woven throughout is the well-known spiritual, "Kumbaya," which has its roots in our Gullah community. Mr. Stroop, himself, will conduct this special piece. Other music in the program will carry forward the Gullah theme.

Our Holiday concert will feature several guest performers as well as selections from Handal's "Messiah," honoring HHCS' first concert 50 years ago, which was a performance of the Messiah. Our Spring concert will also feature guest performers, including a conducting appearance by Tim Reynolds, the first such appearance since his retirement. Tim was our Artistic Director for over 20 years and will bring back many fond memories and much appreciation from our audience. At our Memorial Day concert we will be celebrating not only our 50th Anniversary but also the 250 anniversary of our nation with music appropriate to each. This expanded from normal special program will feature guest musicians and speakers and, as always, a tribute to those in our audience who have served in our nation's armed forces.

Each year we provide music at Hilton Head's Veterans' and Memorial Day ceremonies. Recently we also provided music for Hilton Head Hospital at an event celebrating its 50th anniversary of service to our town. As a 50th anniversary special event, in February we will present two nights of concerts by the Vienna Boys' Choir, a world-renowned group from Vienna, Austria which has sung for centuries and performed all over the world.

We expect these two concerts to draw large audiences. Consequently, for these concerts we will use the facilities of he Low Country Community Church in Bluffton. That venue is larger than any on Hilton Head and is being provided by the church at no cost. We believe that these two concerts will draw many attendees from beyond a 50 mile radius of Hilton Head and that many of those will eat and sleep on Hilton Head. That being said, we recognize that these events are not eligible for Hilton Head ATAX funds and have not included marketing expenses for them in our ATAX grant request. (See our Operating Budget for fiscal 2026 included elsewhere.)

HHCS cooperates with other Hilton Head organizations in our marketing efforts. We send out email blasts together with the Symphony Orchestra, the Jazz Corner and the Lean Ensemble Theatre and work with the Chamber of Commerce and the town's Office of Cultural Affairs on non-local advertising. Most of the musicians in our orchestra also play with the Symphony Orchestra. We are currently in the early stages of planning, together with the Symphony, for a joint concert in July 2026 to celebrate our nation's 250th anniversary, using music specially commissioned for that occasion by Chorus America, an organization supporting choral groups throughout North America. Because planning is in the early stages we have not finalized a marketing program for this event, and those expenditures are not in our marketing budget for 2026. (See our operating budget for fiscal 2026 included elsewhere.)

Given our aggressive plans for our 50h Anniversary season, we will be raising our marketing and advertising budget for the fiscal year ended May 31,2026 by about 21% to a total of \$45.000. That number excludes the marketing and advertising expense budgeted for the Vienna Boys' Choir event in Bluffton as well as that being planned for the joint concert with the Symphony celebrating our nation's 250th Anniversary. We hope that the ATAX Committee and Town Council will recognize the importance of this special season and continue to support our marketing and advertising efforts.

#### 2026

# **Accommodations Tax Funds Request Application**

Date Received: 09/03/2025 Time Received: 12:09 PM By: Online Submittal

Applications will not be accepted if submitted after 4 pm on September 5, 2025

#### A. SUMMARY OF GRANT REQUEST:

**ORGANIZATION NAME:** Hilton Head Choral Society

Project/Event Name: 2025-2026 Concert Season

Contact Name: David Coyle Title: Grantwriter

Address: 55 Turnbridge Dr., HILTON HEAD ISLAND, SC 29928

Email Address: dhcoyle@roadrunner.com Contact Phone: 843-422-0689

Event Date(s): March, May, September and May Event Location(s): First Presbyterian

2026 Church

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

We will use the grant money to offset marketing expenses to attract tourists, visitors and community residents to our 2026 concerts. Our marketing stratgegy includes expanding our attendance via social media, print ads and direct marketing campaigns. Particularly during 2026, the funds will assist us in more broadly promoting our 50th anniversary season, a landmark not yet reached by other arts and cultural organizations on Hilton Head. We are currently in the initial stages of planning a joint concert with the Symphony Orchestra to celebrate our nation's 250th anniversary. We anticipate the grant funds will aid us in promoting that event.

How does the organization/project/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)

Hilton Head is a premier tourist destination with many amenities including cultural and arts offerings. The town recognizes the importance of these offerings and encourages these events through its Cultural Affairs Office. HHCS is an integral part of Hilton Head's cultural tradition, performing four concerts each year as well as providing music at the town's Veterans' and Memorial Day celebrations. Our concerts are generally in the slower tourist seasons, helping

businesses at those times. We also are currently in the initial planning stages for a joint concert with the Symphony Orchestra in July 2026 to celebrate our nation's 250th anniversary

- A. Total Number of Physical Tourists Served: 334
  - 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: 605

  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: 1817

  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): 2756

How was the Number of visitors documented? (250 words or less)

We track our concert attendees by their home zip codes through our online ticketing system, Tix.com. At the door purchasers are asked for similar information which is tracked by our box office volunteers. We also assume that some of those who purchase multiple tickets for a performance do so for out-of-town guests and family. We cannot track those types of purchases..

The total number of tourists attendees in our most recent fiscal year was 334 versus 168 the previous year, an increase of almost 100%. Tourist/visitor attendees for our most recent fiscal year were 939, an increase of 32% over the previous year. Completing a very successful year, our total attendance in our most recent year was 2,756 an increase of 41% over the previous year.

We believe the quality of our musical offerings are being recognized locally and away from the island and our vigorous marketing efforts are helping to spread that word.

#### B. DESCRIPTION OF OPERATIONS:

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

It is difficult for a performing arts group with no staff or full-time employees to maintain continuity and consistent quality over a significant period of time. Despite this difficulty, in our current fiscal year HHCS will celebrate its 50th anniversary as the oldest continuously performing arts organization on Hilton Head. We plan on a season-long celebration. ( See Additional Comments below for more information.)

HHCS, consisting of about 75 singers, performs four concerts each year, all held at the First Presbyterian Church, the island's premier venue. We employ a small orchestra made up primarily of musicians from the Hilton Head Symphony Orchestra. We also provide music at the town's Veterans' and Memorial Day celebrations and recently did so at the Hilton Head hospital's celebration of its 50th anniversary. When appropriate, we employ professional soloists and have frequently partnerd with other groups, including local youth choirs, the Hilton Head Symphony Orchestra, the Shore Notes chorus, the Marine Band of Parris Island, the Vienna (Austria) Boys Choir, the Atlanta Symphony Brass Quintet and regional university soloists and choruses. Working with non-Hilton Head groups and individuals brings visitors to Hilton Head, including admirers, friends and family.

HHCS has endeavored to provide educational opportunities for student singers and has collaborated with regional music directors to include their choruses in our programs. This provides the students with an opportunity to sing with a major chorus and orchestra and appear before a large audience. Most recently the Colleton County High School chorus participated in our Spring 2025 concert.

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

The requested grant would support our marketing efforts to draw tourists and visitors to attend our concerts. We plan to increase our marketing budget for our 50th anniversary season in order to make islanders and tourists/visitors aware of that celebration and events planned for it. Our marketing budget for the fiscal year beginning 6/1/25 includes the following:

General/Season Marketing: \$6,285

Concert Marketing: \$13,340 for PR, print ad design, posters and rack cards which we distribute widely including visitor centers throughout the state.

Media Advertising: \$9,160 We schedule print advertising in a number of publications and have spots on local TV

Digital and Social Media \$16,435 Our events are listed on our own website and a number of others, both local and regional, as well as Facebook, Instagram and You Tube. We believe digital and social media are most effective in reaching non-islanders and have increased these expenditures in recent years.

The amounts above relate only to marketing expense for concerts held on Hilton Head. Th

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

Partial funding would necessitate a reduction in expenditures, most notably marketing expenses. Reducing other expenditures would be difficult since most of them are non-discretionary. Lower marketing expenditures would possibly cause a lower turnout for our concerts by tourists/visitors and residents and might interrupt the steady increase in attendees experienced in the last few years. Maintaining marketing expenditures at the budgeted level with partial grant funding would necessitate an attempt to increase revenue from contributions with unknown results.

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

HHCS' peerformances reinforce Hilton Head's reputation for excellent and abundant cultural activities which appeal to many visitors and tourists. A 2018 study by Americans for the Arts, in cooperation with the town and the island's art and cultural organizations, revealed that those organizations had an economic impact on Hilton Head eight times greater than typical in othr similarly sized areas. Our season covers the Fall through Spring months, during the island typical off-season, bringing needed guests to hotels and restaurants. In addition, as evening events, our concerts increase the variety of activities available to tourists/visitors.

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

1 - Destination Advertising/Promotion  Advertising and promotion of tourism so as to develop and increase tourist attendence through the generation of publicity.	100	%
2 - Tourism-Related Events  Promotion of the arts and cultural events.	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	%
4 - Tourism-Related Public Services  The criminal justice system, law enforcement, fire protection, solid waste collection and health facilities when required to serve tourists and tourist facilities. This is based on the estimated percentage of costs directly attributed to tourist. Also includes public facilities such as restrooms, dressing rooms, parks and parking lots.	0	%

5 - Tourist Public Transportation  Tourist shuttle transportation.		0	%
6 - Waterfront Erosion/Control/Repair Control and repair of waterfront erosion.		0	%
7 - Operation of Visitor Information Centers  Operating visitor information centers.		0	%
	Total:	100	%

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

As the premier choral organizatiion on the island our concerts complement the offerings of other cultural and arts groups and provide a unique experience for tourists/visitors to round out their visit to Hilton Head. We work with the Chamber of Commerce and the town's Office of Cultural Affairs to promote our events which appear on their respective calendars and email flyers. We continue to involve students from local and regional schools in our programs. In recent years have worked with students from HH Prep, Savannah Garrison School of Arts, May River High School, Charleston Southern University and the Rushingbrook Children's Choir of Greenville, SC. Most recently the Colleton County High School Chorus participated in our Spring 2025 concert. We are currently in the initial planning stages for a joint concert in July with the HH Symphony Orchestra to celebrate our nation's 250th anniversary.

There is no other organization on Hiton Head which provides the type of programming entertainment as does HHCS, nor one which collaborates as we do with other organizations as we do in providing such programming.

The musicians in our concert orchestra are primarily members of the HH Symphony Orchestra. We also share storage space with the Orchestra, allowing both organizations to economize

7. Additional comments. (250 words or less)

See the discussion under Executive Summary.

#### C. FUNDING:

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

HHCS' fiscal year funs from June1 to May 31st.

For the fiscal year ended 5/31/2025 income sources were: Contributions - \$37,824, Grants - \$34,306, Concert Revenue - \$128,910, Member Dues - \$10,400, Other - \$5,962 for a total of \$217,402

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

	Government Sources	36%	Private Contributions, Donations and Grants
10%	Corporate Support, Sponsors	5%	Membership, Dues, Subscriptions
46%	Ticket Sales, or Sales and Services	5%	Other

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

Yes X No \_\_\_

If so, please list top 3 sources and amounts.

Bluffton ATAX \$5,000.00

Beaufort County ATAX \$4,000.00

#### D. FINANCIAL INFORMATION:

Fiscal Year Disclosure: Start Month: June 1 End Month: May 31

#### **Financial Statement Requirements:**

1. The upcoming fiscal year's **operating budget** for the organization.

Budget Provided: Yes

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

Current fiscal year Profit Loss Report Provided: Yes

Previous fiscal year Profit Loss Reports Provided:

2024- Previous FY 2 Fiscal year ended 5/31/25- Previous FY 1 3. The previous two fiscal years and current year-to-date **balance sheets**.

Current fiscal year Balance Sheet Provided: Yes

Previous fiscal year Balanace Sheets Provided:

Year ended 5/31/25 - Previous FY 1

2024 - Previous FY 2

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

Current year IRS Form 990 or 990T Provided: Yes

Previous IRS Form 990 or 990T Years Provided:

2022 - Previous FY 1

2023 - 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 has procurement guidelines, which are utilized and followed in the expenditue of ATAX grant funds.
  - Utilize and follow organization's own procurement guidelines
  - Our organization does not have or follow procurement guidelines

#### F. MEASURING EFFECTIVENESS:

If you received 2024 or 2025 HHI ATAX funds

1. List any ATAX award amounts received in 2024 and/or 2025.

2023	\$10,000.00	Hilton Head Choral Society Performance Season
2024	\$15,000.00	Hilton Head Choral Society
2025	\$20,000.00	2025 concerts

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

The 2025 ATAX funding was used for marketing expenses to enhance the exposure of HHCS and increase tourist attendance at our concerts, particularly for the first two upcoming concerts of our 50th anniversary celebration in the fall of 2025. Those marketing expenses incuded print/TV advertising, social media/digital advertising through our website as well as those of other organizations such as Facebook, Twitter, Instagram and You Tube.

We believe these marketing efforts have been very successful as witnessed by the substantial increase in the number of attendees, both tourists/visitors and local residents, at our recent concerts. (See Executive Summary for more information.)

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

One of the values of the ATAX grant has been to achieve growth in the digital marketing arena beyond our traditional regional markets. We see this continuing.

Local businesses and service providers advertise in our concert programs and concert attendees are encouraged to support those advertisers, creating a bond between HHCS and the local business community.

Our efforts will continue to include collaboration with local Arts organizations, helping to build the image of Hilton Head as an Arts and Culture destination to attract visitors and future residents. HHCS collaborates with other area musical organizations, incluiding schools and organizations, to enhance student involvement in the arts. (See executive summary for more information.)

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

The primary baromeers of our effectivness are:

-Ticket sales, especially with repeat subscribers and attendees

- -Management effectivness 50 years of sustainability in a small marketplace
- -Audience response to our programming visible at each concert
- -Private donations attendees increasingly expressing satisfaction beyond ticket purchases
- -Concert program ads and sponsorships showing business appreciation of our concerts
- -Willingness of professional artists to participate in our concerts
- -Positive attendee feedback through personal comments and those on social media
- -Membership satisfaction and growth

The factors are tracked year round by our Board of Directors and committees

#### 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 you create 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.

The Hilton Head Choral Society ("HHCS" or "we") had a very successful year ended May 31,2025. The total audience for our four concerts grew from 1,958 attendees to 2,756, an increase of 41%. For the third year in a row the number of tourists attending increased to a total of 334, up from 168 the previous year. That number represented 12% of attendees, up from 9% the previous year. We attribute these continued increases to a wider recognition of the quality of our performances as well as an increased and better focused marketing program. We expect this trend to continue into the current fiscal year as we enter our 50th anniversary celebration, the first performing group on Hilton Head to reach that landmark.

As described in last year's grant application, we will begin our 50th Anniversary season at our Fall concert in late September. Each of our season's four concerts will recognize the anniversary with special programming. Of course, we want to market this season and its special programming widely in order to obtain the broadest possible recognition of this special year and its special programming. We appreciate the increase in our ATAX grant for 2025 which will help finance the increased marketing budget for our first two concerts (Fall and Holiday) of our anniversary celebration and hope the committee and town will maintain that level of grant in 2026 to aid us in our increased marketing for our other events.

Our Fall concert will include an original musical piece specially commissioned for HHCS by Z. Randall Stroope, a renowned American choral composer and conductor who has published over

200 musical works and conducted concerts in 26 counties. The music, incorporating text written by our own South Carolina poet laureate, celebrates the sights and sounds of the Lowcountry. Woven throughout is the well-known spiritual, "Kumbaya," which has its roots in our Gullah community. Mr. Stroop, himself, will conduct this special piece. Other music in the program will carry forward the Gullah theme.

Our Holiday concert will feature several guest performers as well as selections from Handal's "Messiah," honoring HHCS' first concert 50 years ago, which was a performance of the Messiah. Our Spring concert will also feature guest performers, including a conducting appearance by Tim Reynolds, the first such appearance since his retirement. Tim was our Artistic Director for over 20 years and will bring back many fond memories and much appreciation from our audience. At our Memorial Day concert we will be celebrating not only our 50th Anniversary but also the 250 anniversary of our nation with music appropriate to each. This expanded from normal special program will feature guest musicians and speakers and, as always, a tribute to those in our audience who have served in our nation's armed forces.

Each year we provide music at Hilton Head's Veterans' and Memorial Day ceremonies. Recently we also provided music for Hilton Head Hospital at an event celebrating its 50th anniversary of service to our town. As a 50th anniversary special event, in February we will present two nights of concerts by the Vienna Boys' Choir, a world-renowned group from Vienna, Austria which has sung for centuries and performed all over the world. We expect these two concerts to draw large audiences. Consequently, for these concerts we will use the facilities of he Low Country Community Church in Bluffton. That venue is larger than any on Hilton Head and is being provided by the church at no cost. We believe that these two concerts will draw many attendees from beyond a 50 mile radius of Hilton Head and that many of those will eat and sleep on Hilton Head. That being said, we recognize that these events are not eligible for Hilton Head ATAX funds and have not included marketing expenses for them in our ATAX grant request. (See our Operating Budget for fiscal 2026 included elsewhere.)

HHCS cooperates with other Hilton Head organizations in our marketing efforts. We send out email blasts together with the Symphony Orchestra, the Jazz Corner and the Lean Ensemble Theatre and work with the Chamber of Commerce and the town's Office of Cultural Affairs on non-local advertising. Most of the musicians in our orchestra also play with the Symphony Orchestra. We are currently in the early stages of planning, together with the Symphony, for a joint concert in July 2026 to celebrate our nation's 250th anniversary, using music specially commissioned for that occasion by Chorus America, an organization supporting choral groups throughout North America. Because planning is in the early stages we have not finalized a marketing program for this event, and those expenditures are not in our marketing budget for 2026. (See our operating budget for fiscal 2026 included elsewhere.)

Given our aggressive plans for our 50h Anniversary season, we will be raising our marketing and advertising budget for the fiscal year ended May 31,2026 by about 21% to a total of \$45.000. That number excludes the marketing and advertising expense budgeted for the Vienna Boys' Choir event in Bluffton as well as that being planned for the joint concert with the Symphony celebrating our nation's 250th Anniversary. We hope that the ATAX Committee and Town Council will recognize the importance of this special season and continue to support our marketing and advertising efforts.

Signature: David Coyle

Title/Position: Grantwriter

Mailing Address: 55 Turnbridge Dr., HILTON HEAD ISLAND, SC 29928

Email Address: dhcoyle@roadrunner.com

Office Phone Number: 8434220689

Home Phone Number: 8434220689

FLAGSTAFF AZ	0.0004			
	86004	Tourist	Coconino	5
Gilbert AZ	85295	Tourist		8
PALM DESERT CA	92211	Tourist	Riverside	2
BOULDER CO	80304	Tourist	Boulder	3
GOLDEN CO	80401	Tourist	Jefferson	2
LITTLETON CO	80127	Tourist	Jefferson	2
DARIEN CT	06820	Tourist	Fairfield	2
EASTON CT	06612	Tourist	Fairfield	2
DAYTONA BEACH FL	32118	Tourist	Volusia	1
OCALA FL	34476	Tourist	Marion	2
POLK CITY FL	33868	Tourist	Polk	2
PONTE VEDRA BEACH FL	32082	Tourist	St. Johns	2
AILEY GA	30410	Tourist	Montgomery	4
ALPHARETTA GA	30005	Tourist	Fulton	2
ATHENS GA	30606	Tourist	Clarke	2
DACULA GA	30019	Tourist	Gwinnett	2
FAYETTEVILLE GA	30215	Tourist	Fayette	2
FLOWERY BRANCH GA	30542	Tourist	Hall	4
MACON GA	31204	Tourist	Bibb	2
MARIETTA GA	30062	Tourist	Cobb	3
POOLER GA	31322	Visitor	Chatham	2
RINCON GA	31326	Visitor	Effingham	1
SAVANNAH GA	31401	Visitor	Chatham	2
SAVANNAH GA	31404	Visitor	Chatham	10
SAVANNAH GA	31405	Visitor	Chatham	2
SAVANNAH GA	31410	Visitor	Chatham	1
	31419		Chatham	2
		Visitor		4
	30024	Tourist	Gwinnett	
TYBEE ISLAND GA	31328	Visitor — · ·	Chatham	2
EVERGREEN PARK IL	60805	Tourist	Cook	2
GODFREY IL	62035	Tourist	Madison	2
LIBERTYVILLE IL	60048	Tourist	Lake	2
NAPERVILLE IL	60563	Tourist	DuPage	2
SCHAUMBURG IL	60193	Tourist	Cook	6
CROWN POINT IN	46307	Tourist	Lake	2
FISHERS IN	46037	Tourist	Hamilton	2
FISHERS IN	46038	Tourist	Hamilton	2
ARLINGTON MA	02474	Tourist	Middlesex	1
COHASSET MA	02025	Tourist	Norfolk	2
PLYMOUTH MA	02360	Tourist	Plymouth	2
TOWSON MD	21286	Tourist	Baltimore	2
South Portland ME	0416	Tourist		2
CANTON MI	48187	Tourist	Wayne	4
GROSSE POINTE MI	48236	Tourist	Wayne	2
LELAND MI	49654	Tourist	Leelanau	2
LUDINGTON MI	49431	Tourist	Mason	1
ROYAL OAK MI	48073	Tourist	Oakland	2
ALEXANDRIA MN	56308	Tourist	Douglas	3
LINDSTROM MN	55045	Tourist	Chisago	1
N/A NA	00000	Tourist	Č	5
BOONE NC	28607	Tourist	Watauga	2
CHARLOTTE NC	28210	Tourist	Mecklenburg	2
CHARLOTTE NC	28278	Tourist	Mecklenburg	4
CORNELIUS NC	28031	Tourist	Mecklenburg	4
DURHAM NC	27703	Tourist	Durham	2
GREENSBORO NC	27410	Tourist	Guilford	4
UNLLINSBUNU INC	Z/41U	rourist	Guilloru	4

MONROE	NC	28110	Tourist	Union	3
PISGAH FOREST	NC	28768	Tourist	Transylvania	3
RUTHERFORDTON	NC	28139	Tourist	Rutherford	4
WEAVERVILLE	NC	28787	Tourist	Buncombe	4
MANCHESTER	NH	03104	Tourist	Hillsborough	2
BERKELEY HEIGHTS	NJ	07922	Tourist	Union	2
CALIFON	NJ	07830	Tourist	Hunterdon	2
CRANFORD	NJ	07016	Tourist	Union	2
SOMERVILLE	NJ	08876	Tourist	Somerset	3
WYCKOFF	NJ	07481	Tourist	Bergen	4
Wolfville	NS	B4P1M	Tourist	· ·	3
ENDICOTT	NY	13760	Tourist	Broome	2
FREEVILLE	NY	13068	Tourist	Tompkins	2
GLEN OAKS	NY	11004	Tourist	Queens	2
LAKEWOOD	NY	14750	Tourist	Chautauqua	2
LOWVILLE	NY	13367	Tourist	Lewis	2
MENDON	NY	14506	Tourist	Monroe	3
NEW YORK	NY	10028	Tourist	New York	2
OLEAN	NY	14760	Tourist		2
SYOSSET	NY	11791	Tourist	Cattaraugus Nassau	2
CINCINNATI	OH	45226	Tourist	Hamilton	2
CINCINNATI	OH	45244	Tourist	Hamilton	2
COLUMBUS	ОН	43085	Tourist	Franklin	2
COLUMBUS	OH	43204	Tourist	Franklin	4
LOVELAND	OH	45140	Tourist	Clermont	4
MENTOR	ОН	44060	Tourist	Lake	5
NEGLEY	ОН	44441	Tourist	Columbiana	2
ROCKY RIVER	ОН	44116	Tourist	Cuyahoga	4
VIENNA	ОН	44473	Tourist	Trumbull	2
WELLSTON	ОН	45692	Tourist	Jackson	2
Bowmanville East	ON	L1B0C	Tourist		2
Kingston	ON	K7M 4	Tourist		2
BETHLEHEM	PA	18015	Tourist	Northampton	2
CANONSBURG	PA	15317	Tourist	Washington	2
MORRISVILLE	PA	19067	Tourist	Bucks	8
NEWTOWN SQUARE	PA	19073	Tourist	Delaware	2
PAUPACK	PA	18451	Tourist	Pike	2
PUNXSUTAWNEY	PA	15767	Tourist	Jefferson	1
SAXONBURG	PA	16056	Tourist	Butler	6
ANDERSON	SC	29625	Tourist	Anderson	2
BEAUFORT	SC	29902	Visitor	Beaufort	5
BEAUFORT	SC	29906	Visitor	Beaufort	2
BLUFFTON	SC	29910	Visitor	Beaufort	323
COLUMBIA	SC	29229	Tourist	Richland	2
DAUFUSKIE ISLAND	SC	29915	Visitor	Beaufort	10
Fort Mill	SC	29707	Tourist		4
GREENVILLE	SC	29601	Tourist	Greenville	2
HARDEEVILLE	SC	29927	Visitor	Jasper	31
HILTON HEAD ISLAND	SC	29925	Resident	Beaufort	3
HILTON HEAD ISLAND	SC	29926	Resident	Beaufort	839
HILTON HEAD ISLAND	SC	29928	Resident	Beaufort	962
HILTON HEAD ISLAND	SC	29938	Resident	Beaufort	13
LADYS ISLAND	SC	29907	Visitor	Beaufort	10
OKATIE DORT BOYAL	SC	29909	Visitor	Beaufort	174
PORT ROYAL	SC	29935	Visitor	Beaufort	4
RIDGELAND	SC	29936	Visitor	Jasper	9
ROCK HILL	SC	29730	Tourist	York	2

SAINT HELENA ISLAND	SC	29920	Visitor	Beaufort	15
SUMMERVILLE	SC	29485	Tourist	Dorchester	40
WALTERBORO	SC	29488	Tourist	Colleton	16
WEST COLUMBIA	SC	29171	Tourist	Lexington	2
DRIPPING SPRINGS	TX	78620	Tourist	Hays	2
FOREST	VA	24551	Tourist	Bedford	1
FREDERICKSBURG	VA	22407	Tourist	Spotsylvania	2
FREDERICKSBURG	VA	22408	Tourist	Spotsylvania	4
MONETA	VA	24121	Tourist	Bedford	2
RICHMOND	VA	23221	Tourist	Richmond	4
RICHMOND	VA	23233	Tourist	Henrico	6
ROSELAND	VA	22967	Tourist	Nelson	2
RUTHER GLEN	VA	22546	Tourist	Caroline	4
ISSAQUAH	WA	98027	Tourist	King	5
Total Count: 127					2756
Date Run: 2025-08-19 09:32pm					
Date Nam 2023 00 13 03.02pm			Tourist	334	12%
		2024-2025	Visitor	605	22%
			Resident	1817	66%
				2756	100%
			Tourist	168	9%
		2023-2024	Visitor	545	28%
		2023-2024	VISILUI	545	2070

Increase

Resident

Tourist

Resident

Visitor

1245

1958

166

572

60

64%

100%

99%

11%

46%

# HILTON HEAD CHORAL SOCIETY ATAX EFFECTIVENESS MEASUREMENT FOR 2024-2025 SEASON

#### Marketing Program to Enhance Tourism (Increase visitor/Tourist Attendance of Performances

Topic	The Plan	Budget	Actual Spent	Results
General / Season Marketing	Plan and promote the entire season. Utilize a Marketing PR agency for creating flyers and season subscription packages.	\$ 3,815	\$ 5,570	Continued promotion to exisiting customers and prospect lists.
Concert Marketing	Utilize a Marketing PR agency to create concert posters, rack cards, graphics and advertisements.	\$ 12,840	\$ 12,754	Partnered with SC Visitors Center and distributed rack cards to eight visitor center around the state to increase tourist and visitor attendance.
Media Advertising	Utilize Marketing PR agency to create advertisements to target both local and visitor audiences	\$ 6,105	\$ 4,255	Issued press releases and PSA development distributed to multiple Lowcountry TV stations, radio stations and print media. Direct advertising with the HH Chamber Vacation Planner, Arts & Cultural publication, Bluffton Sun and HH Sun.
Web & Digital	Marketing specific updates to HHCS public facing website, email marketing, Facebook & Instagram ads and ad boosts	\$ 14,600	\$ 16,871	Preparation and use of quarterly media engagement reports to inform our marketing efforts. Marketing via Facebook events was extremely successful and grew overtime. Continued to see significant increases in event related website engagement. Our HHI Chamber webpage reached a 23.6% increase in clicks year over year. Began email marketing partnerships with The Jazz Corner and other HH arts organizations for cross promotion.
Total Marketing		\$ 37,630	\$ 39,450	The number of tourist attendees for out most recent season doubled from the previous season, and the number of tourist and visitor attendees increased by 32%, the third year in a row for such an increase.



#### **BOARD OF DIRECTORS MEETING – Sunday, August 16, 2025**

#### **MINUTES**

Hilton Head Choral Society Board of Directors met at the Christ Lutheran Church in Hilton Head. President Christine Sibley-Hart called the meeting to order at 4:06 pm.

In attendance were Kathy Burmeister, Mari Chinich, Maureen Duffy, Monica Franklin, Mona Huff, Samantha Larkin, Mindy Mason, Dustin Ousley, Christine Sibley-Hart, and Kristin Taylor

#### **ATAX Grant Application:**

Mona Huff made the following motion:

I move the Board of Directors approve the application for a 2026 Accommodations Tax Grant from the Town of Hilton Head Island. This application is to be submitted by David Coyle no later than September 5, 2025, and that HHCS agrees to abide by all rules and regulations therein.

The motion was seconded and unanimously approved.

Respectfully submitted, Mindy Mason, HHCS Secretary

# OPERATING BUDGET FISCAL YEAR ENDED 6/1/2026

Income	
Contributions	\$35,000
Grants	
Hilton Head ATAX	23,000
SC Arts Commission	15,148
Endowment Fund	1,500
Interest	3,900
Fundraiser	8,100
Concert Revenue	198,075
Membership Dues	<u>10,920</u>
Total Income	\$295,223
Expense	
Marketing	\$58,755*
Performance/Production	52,640
Concert Payroll	85,930
Staff Compensation	48,332
Administrative Expense	43,235
Fundraising Expense	6,715
Total Expense	\$295,607
Surplus	\$36

<sup>\*</sup>Includes \$13,534 of marketing expenses for Vienna Boys' Choir production to take place in Bluffton.

# HILTON HEAD CHORAL SOCIETY PROFIT AND LOSS STATEMENT FISCAL YEAR ENDED 5/31/2025

Income	
Contributions	\$37,824
Grants	
Beaufort County ATAX	1,250
Hilton Head ATAX (24&25)	17,908
SC Arts Commission	15,148
HHCS Endowment Fund	2,075
Interest	3,887
Concert Revenue	128,910
Membership Dues	<u> 10,400</u>
Total Income	\$ 217402
Expenses	
Marketing	\$39,449
Performance/Production	26,507
Concert Payroll	46,200
Administrative Expense	28,581
Staff Compensation	<u>46,355</u>
Total Expense	\$187,092
Net Surplus	\$30,310

## Hilton Head Choral Society Balance Sheet as of Sept 1, 2025

Balance Sheet as of Sept	. 1, 2023	
ASSETS		
Current Assets		
Checking/Savings		
Operating Funds Checking		101,995.18
Reserve Fund		
Savings	31,870.95	
CD due 7-22-25	39,756.61	
CD due 1-22-26	21,563.50	
Total Reserve Fund		93,191.06
Total Current Assets		195,186.24
TOTAL ASSETS		195,186.24
LIABILITIES & EQUITY		
Liabilities Equity		0.00
Unrestricted Net Assets		143,275.71
Net Income		51,910.53
Total Equity		195,186.24
TOTAL LIABILITIES & EQUITY		195,186.24

#### HILTON HEAD CHORAL SOCIETY, INC PROFIT AND LOSS STATEMENT FISCAL YEAR ENDING MAY 31, 2024

Income	
Contributions	25,012
Grants	
Beaufort County Accommodations Tax	1,250
HHI Accommodations Tax	10,491
SC Arts Commission	15,148
Total Grants	26,889
HHCS Endowment Fund	2,152
Interest	3,625
Concert Revenue	91,260
Membership	10,920
Total Income	159,858
Expenses	
Marketing	35,431
Performance/Production	37,035
Concert Payroll	45,511
Staff Compensation	44,065
Administrative	25,400
Total Expenses	187,442
Net Surplus (Deficit)	(27,584)

#### HILTON HEAD CHORAL SOCIETY, INC BALANCE SHEET AS OF MAY 31, 2024

ASSETS		
Current Assets		
Operating Funds - Checking		29,303
Reserve Fund		
Savings	25,725	
CD due 7-22-24	37,555	
CD due 1-22-25	20,381	
Total Reserve Fund		83,661
Total Current Assets		112,965
TOTAL ASSETS		112,965
	•	
LIABILITIES & EQUITY		
Liabiilities		0
Equity		
Unrestricted Net Assets		140,548
Net Income (Loss)		(27,584)
Total Equity		112,965
TOTAL LIABILITIES & EQUITY	·	112,965

#### HILTON HEAD CHORAL SOCIETY, INC PROFIT AND LOSS STATEMENT FISCAL YEAR ENDING MAY 31, 2023

Income	
Contributions	25,278
Grants	
Beaufort County Accommodations Tax	4,000
HHI Accommodations Tax	39,418
SC Arts Commission	15,148
South Arts	12,000
Total Grants	70,566
HHCS Endowment Fund	2,500
Interest	1,203
Concert Revenue	99,720
Membership	10,400
Other Income	648
Total Income	210,314
Expenses	
Marketing	63,914
Performance/Production	29,111
Concert Payroll	73,094
Administrative	22,079
Staff Compensation	43,420
Total Expenses	231,618
Net Surplus (Deficit)	(21,303)

#### HILTON HEAD CHORAL SOCIETY, INC BALANCE SHEET AS OF MAY 31, 2023

ASSETS	
Current Assets	
Checking - Operating Funds	60,511
Savings - Reserve Fund	80,037
Total Current Assets	140,548
TOTAL ASSETS	140,548
LIABILITIES & EQUITY	
Liabiilities	0
Equity	
Unrestricted Net Assets	161,852
Net Income (Loss)	(21,303)
Total Equity	140,548
TOTAL LIABILITIES & FOLITY	140 548

#### Attachment A (for Question 1)

IRS Department of the Treasury Internal Revenue Service
P. O. 80x 2508, Room 4010
Cincinnati OH 45201

In reply refer to: 4077552422 Dec. 15, 2008 LTR 4168C 0 57-8834963 000000 00 860 00027018 BODC: TE

HILTON HEAD CHORAL SOCIETY INC PO BOX 22235 HILTON HEAD SC 29925-2286553



006341

Employer Identification Number: 97-0854963
Person to Contact: Mr. R. Molloy
Toll Free Telephone Number: 1-877-829-8800

Doar Taxpayer:

This is in response to your request of Nov. 11, 2008, regarding your tex-except status.

Our records indicate that a determination letter was issued in May 1989, that recognized you as exempt from Federal income tax, and discloses that you are currently exempt under section 501(c)(3) of the Internal Revenue Code.

Our records also indicate you are not a private foundation within the meaning of section 509(a) of the Code because you are described in section 509(a)(2).

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

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

Sincerely yours,

lindy likateatt

Cindy Westcott Manager, EO Determinations

# Form **990-EZ**

# **Short Form** Return of Organization Exempt From Income Tax

OMB No. 1545-0047

2023

Open to Public Inspection

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. Department of the Treasury Internal Revenue Service Go to www.irs.gov/Form990EZ for instructions and the latest information. A For the 2023 calendar year or tax

i	R Charl	if applicable:	di year beginning	06/01/2023	and ending		F 10 4 14		
·	_	* *	C Name of organization				5/31/2		
I	_	ess change	HILTON HEAD CHORAL SOCIETY	INC		D Employer identification number			
ŀ	_	change	Number and street (or P.O. box if mail is no	ot delivered to street address)	Room/suite		57-0834963		
ř	_	return return/terminated	34 WATER OAK DRIVE	to strock address)	hoomsuite	E Tele	E Telephone number		
Ĭ		ded return	City or town, state or province, country, an	nd ZIP or foreign postal and				343-341-3818	
Ī		cation pending	HILTON HEAD ISLAND, SC 29928	id all for foreign postal code		F Gro	oup Ex	emption	
Č		unting Method:	✓ Cash	-16.1		Nu	mber		
ı	Webs	site: www.hilto	onheadchoralsociety.org	:	H	Check	☐if th	ne organization is <b>not</b>	
J	Tax-ex	cempt status (che	ck only one) — 501(c)(3) 501(c)			require	d to at	ttach Schedule B	
ĸ	Form	of organization:	Corporation Trust		7(a)(1) or 527	(Form 9	990).	The state of the s	
L	Add li	nes 5b. 6c. and 7	☐ Corporation ☐ Trust						
(F	Part II, c	column (B)) are \$!	7b to line 9 to determine gross receipts 500,000 or more, file Form 990 instead	s. If gross receipts are \$200,	000 or more, or if tot	al assets			
	Part I		included in the second	of Form durity					
	· art	Chook if	e, Expenses, and Changes in	Not Accoto or Free d D	-1 /		ction	5 for Part I)	
_	1				estion in this Part	I	OLIOIT	s ioi Fait i)	
	2	Drague	ns, gifts, grants, and similar amour	nts received		· · ·	1		
	3	riogram ser	rvice revenue including governmer	ot fees and contracts			2	54,053	
		The state of the	dues and assessments.				3	91,261	
	4	IIIV COLITICITE I	income				4	10,920	
	5a	Gross amou	int from sale of assets other than in	nventory	5a		4	3,624	
	b	Less. Cost of	r other basis and sales expenses			0			
	C	Gain of (1055	) ITOITI Sale of assets other than inv	Ventory (subtract line Eb 4	increa line a 5 \	0			
	6				rom line 5a)		5c	0	
an an	a	Gross incon	ne from gaming (attach Sched	ule G if greater than		- 1			
Revenue		\$15,000) .		alo a li greater triari	اما				
Ş	b	Gross incom	e from fundraising events (not incl	udina (	6a	0			
æ		from fundrais	sing events reported on line 1) (at	tach Cabadala O K	of contribution	ns			
_		sum of such	gross income and contributions ex	coode \$15,000	l 1				
	С	Less: direct e	expenses from gaming and fundrai	(ceeds \$15,000)	6b	0			
	d	Net income of	or (loss) from gaming and fundrai	sing events	6c	0			
		line 6c) .	· · · · · · · · · · · · · · · · · · ·	sing events (add lines 6	a and 6b and sub	otract			
	7a	Gross sales o	of inventory less set				6d	0	
	b	Less: cost of	of inventory, less returns and allow	ances	7a	o	1000		
	c	Gross profit a	goods sold		7b	0			
	8	Other revenue	or (loss) from sales of inventory (sui	btract line 7b from line 7a	a)		7c	•	
	9						8	0	
			517 tad mics 1, 2, 5, 4, 50, 60. /C. 2	and 8			9		
	10		rimar arribarito pala (list ili Scriedi)	le O)			10	159,858	
	11	benefits paid	to or for members			-	11	0	
ses	12	Salaries, other	r compensation, and employee be	nefite		_	12	0	
Expens	13	Professional fo	ees and other payments to indepe	endent contractors		_	13	92,809	
×	14	occupancy, re	ent, utilities, and maintenance				14		
ш	15	Printing, publi	ications, postage, and shipping.				15	22,401	
	16	OTHER GYDGHIST	os luescribe in Schedille (1) Coc	Schodula O Clatamant 4		1	_	10,720	
	17	Total expense	es. Add lines to through 16				16 17	61,511	
γņ	18	-,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	non ine year (Subtract line 17 f	rom line 91			$\overline{}$	187,441	
set	19	iver assers of	furid balances at beginning of ve	ear (from line 27, column		· ·	18	-27,583	
As		end-of-year fig	gure reported on prior year's return	1)	(-y) (must agree	WILLI			
Net Assets	20	Other changes	s in net assets or fund balances (ex	xplain in Schedule (1)		H	19	140,548	
2	21	Net assets or t	fund balances at end of year. Com	bine lines 18 through 20			20	0	
For	Paperv	vork Reduction	Act Notice, see the separate instruc	tions		2	21	112,965	
			, and doparate monde	alond.	Cat. No. 10642I			Form <b>990-EZ</b> (2023)	

r Onn a	330-EZ (2	2023)					
Pai	rt II	Balance Sheets (see the instruction	s for Part II)				Page
		Check if the organization used Schedu	le O to respond to	any question in thi	e Dort II		_
			to respond to	arry question in th	(A) Beginning of year	<u> </u>	(B) End of year
22	Cash	n, savings, and investments				-	1
23	Lanc	l and buildings			140,54	0 23	1.2,000
24	Othe	r assets (describe in Schedule O)				0 24	
25	iota	lasseis			140,54	_	
26	Tota	l liabilities (describe in Schedule O) .				0 26	
27	Hete	issets of furid balances (line 27 of colum	nn (B) <b>must</b> agree w	ith line 21)	140.54		
Part	ш	Statement of Program Service Accor	mplishments (see	the instructions for	Part III\	,	112,965
14/6-4		check if the organization used Schedu	le O to respond to	any question in this	s Part III □	ıl	Expenses
	is the c	organization's primary exempt purpose?	See Schedule O, S	tatement 2		(Re	equired for section
Descr	ribe the	organization's program service accomp	lishments for each	of its three largest	program services		1(c)(3) and 501(c)(4) ganizations; optional for
				ne services provide	d, the number of		iers.)
-		through and other relevant information for e	ach program title.				
-	During	the period September 2023 through May 202	24, the Hilton Head C	horal Society perforn	ned four		
-	concen	is. Attenuance by residents, tourists, and vis	sitors of Hilton Head	Island, surrounding o	communities,		
-	Grants	states outside of South Carolina totaled 1,9	58				
29 `	GIGITO	o) ii tiis amoun	t includes foreign gr	ants, check here .	🗆	28a	151,620
-						1	
((	Grants	\$\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	+ implication for				
30 _		) ii tilis amoun	t includes foreign gr	ants, check here .	🗆	29a	1
((	Grants	\$ ) If this amount	t includes foreign an				
31 C	ther pr	rogram services (describe in Schedule O)	t includes foreign gra	ants, check here .	· · · · 📙	30a	]
, ,	ararito i	w iii it this amount	Includes toreion				
32 T	otal pr	ogram service expenses (add lines 28a	through 31a)	ants, check here .	· · · · 📙	31a	
Part I	V L	ist of Officers, Directors, Trustees, and Ke	v Employees (list oool	h one oven if not some		32	151,620
	_ (	Check if the organization used Schedule	O to respond to a	ny question in this	pensated—see the ir	struc	tions for Part IV)
				(c) Reportable	Tarriv	<del></del>	🗆
		(a) Norman and 199	(b) Average	compensation	(d) Health benefits,	l	
		(a) Name and title	hours per week devoted to position	(Forms W-2/1099-MISC)	contributions to employe benefit plans, and	e (e)	Estimated amount of ther compensation
			devoted to position	(if not paid, enter -0-)	deferred compensation	4	and componication
Christii	ne Sible	ey-Hart	3.00			+	
reside			3.00	١			
Paul Ha	armon		3.00	0		+	
/ice Pr	esident	:	1 3.50				
Mindy I	Mason		3.00	0		+	
Secreta	ary		1			1	
Kathy J	Jacksor	1	4.00	0		+-	
reasu	rer		1	١		1	
Dustin	Ousley		5.00	37,653		+	
Artistic	Directo	or	1				
Kathy E	Burmeis	ster	2.00	0		+	
Directo	r		1	_			
Phyllis	Duffie		3.00	0		+	
Directo	r		1	_			
Mauree	n Duffy		2.00	0		$\top$	
Directo	r		1				
Nalter I	Lowe		2.00	0		+	
Directo			1				
Kristin	Taylor		2.00	0		$\top$	
Directo	r						
Contin	ued on	Schedule O, Statement 3)				$\top$	
			1				

Pa	Other Information (Note the Schedule A and personal benefit contract statement requirement	to in t	la a	age
	instructions for Part V.) Check if the organization used Schedule O to respond to any question in the	is Par	ne + V	1
33			Yes	N
00	detailed description of each it is a still a s			
34	Were any significant changes made to the organizing or governing the sum of the control of the organizing of governing the sum of the control of the organizing of governing the sum of the control of the organizing of governing the sum of the control of the cont	33		1
	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O. See instructions			
35		34		<b>✓</b>
k	The stolline spa, has the organization filed a Form 990-T for the year? If "No " provide an explanation in Oct at the	35a 35b	$\vdash$	✓
•	reporting, and proxy tax requirements during the year? If "Yes." complete Schedule C. Part III.	35c		1
36	during the year? If "Yes," complete applicable parts of Schedule N	36		
37a b	and an experiences, direct of indirect. As described in the instructions			1
38a	bid the organization file Form 1120-POL for this year?	37b	and a process	1
	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee; <b>or</b> were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?			1
b	Tes, complete Schedule L, Part II, and enter the total amount involved	38a	202000000000000000000000000000000000000	✓
39	Section 50 I(c)(7) organizations. Enter:			
a	1 200			
b 40a	cross receipts, included on line 9, for public use of club facilities			
·ou	section 4011.			
b	0; section 4955:			
	and a description of the real			
	The second points of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule 1 Part I	40b		1
С	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tour improved	100		V Residence
	on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958			
d	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of the second			
_	400 reinibulsed by the organization			
е	transaction? If "Yes," complete Form 8886-T			
41	List the states with which a copy of this return is filed:	40e		<u>/</u>
42a	The organization's books are in care of: Kathy A Jackson Telephone no	13-671	E276	_
h	Located at: 34 WATER OAK DRIVE, HILTON HEAD ISLAND SC 20028, 2000 ZID. 4	9928-3		
b	At any time during the calendar year, did the organization have an interest in or a signature or other outbards.			Vo
	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?  If "Yes," enter the name of the foreign country:	42b	,	/
	See the instructions for exceptions and filing requirements for FinCFN Form 114. Report of Foreign Reply and			
	Financial Accounts (FBAH).			
	If "Yes," enter the name of the foreign country:	42c	,	/
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here and enter the amount of tax-exempt interest received or accrued during the tax year			
14a	Did the organization maintain any depart advised funds the control to the control	Y	es N	ю
ma	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44a		/
b	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	14b		/
Ç	Did the organization receive any payments for indoor tanning services during the year?	44c		_
d	If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O			1
l5a	Did the second in the second i	14d 15a		_
þ	Did the organization receive any payment from or engage in any transaction with a controlled entity within the	BCI	V	1308
	meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of	15h		

Sign Signature of officer Date Here Kathy Jackson, Treasurer Type or print name and title Preparer's signature Date Print/Type preparer's name **Paid** Check | if self-employed Preparer Firm's name Firm's EIN **Use Only** Firm's address Phone no. May the IRS discuss this return with the preparer shown above? See instructions ☐ Yes ☐ No

#### SCHEDULE A (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

# **Public Charity Status and Public Support**

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

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2023

Open to Public Inspection

						Employer identificat	ion number	
Part I Reason for Public Charity Status (All organizations must come						57-	0834963	
	Table States (All Organizations thus Complete this part 1 See instructions							
ine (	The digitalization is not a private foundation because it is: (For lines 1 through 12, check only one box.)							
1	A cource, convention of chu	rches, or associa	ation of churches des	cribed in	section 1	70(b)(1)(A)(i).		
2 3	A school described in section	n 170(b)(1)(A)(ii	). (Attach Schedule E	(Form 99	0).)			
4	A hospital or a cooperative h	ospital service o	organization described	d in <b>secti</b>	on 170(b)	(1)(A)(iii).		
4	A medical research organiza hospital's name, city, and sta	tion operated in	conjunction with a ho	spital des	scribed in	section 170(b)(1)(/	A)(iii). Enter the	
5								
	An organization operated fo section 170(b)(1)(A)(iv). (Cor	ripiete Fart II.)					ntal unit described in	
6	A federal, state, or local gove	ernment or gover	nmental unit describe	ed in <b>sec</b> t	tion 170(b	)(1)(A)(v).		
7	An organization that normali	v receives a sub	stantial part of its su	pport fro	m a gove	rnmental unit or fro	m the general public	
•	(a)(a)(	i <b>(C</b> OITIPI	ele rail II.)				gararan pazino	
8	A community trust described	in section 170(	<b>b)(1)(A)(vi)</b> . (Complete	Part II.)				
9	□ An agricultural research orga	nization describe	d in section 170/h//	1\/A\/:-\ -	perated in	conjunction with a	land-grant college	
	or university or a non-land-gr university:	ant college of ag	griculture (see instruct	ions). En	ter the nar	ne, city, and state	of the college or	
10								
10	An organization that normally receipts from activities related support from gross investment acquired by the organization	receives (1) moi	re than 331/3% of its s	upport fr	om contril	outions, membersh	p fees, and gross	
	support from gross investmen	nt income and ur	nrelated business tax	ertain ext able inco	ceptions; a me (less s	and (2) no more that	n 33 <sup>1</sup> /3% of its	
							i busiliesses	
11 12	Li An organization organized an	d operated exclu	isively to test for publ	ic safety	See sect	ion 500(a)(4)		
12	Li Air organization organized and	l operated exclus	sively for the henefit of	to norfo	rm the five		y out the purposes of	
а	and best off in loo 124 till ought 1	zu mai describe	s the type of supporting	ia organiz	ation and	complete lines 12a	10f and 10a	
u	☐ Type I. A supporting orga	nization operate	d, supervised, or cont	rolled by	its suppo	rted organization(s)	, typically by giving	
	and dapported organization	its) the power to	requiariv appoint or i	elect a m	aiority of t	he directors or trus	tees of the	
b	supporting organization. Y	ou must compi	ete Part IV, Sections	A and B	3.			
	☐ <b>Type II.</b> A supporting orga	the supporting	sed or controlled in co	onnection	with its s	upported organizat	ion(s), by having	
	control or management of organization(s). You must	complete Part	organization vested in	the same	e persons	that control or mar	age the supported	
С	☐ Type III functionally inter	rated A suppor	ting organization and C	·•				
	Type III functionally integits supported organization	(s) (see instruction	one) Vou must come	rated in c	connection	with, and function	ally integrated with,	
d	Type III non-functionally	integrated A su	nnorting arraniant	nete Part	iv, Secti	ons A, D, and E.		
	Type III non-functionally that is not functionally inter	grated. The orga	ipporting organization	operate	d in conne	ection with its support	orted organization(s)	
	requirement (see instruction	ns). <b>You mus</b> t c	complete Part IV. Sec	ctione A	a distribu and Doan	d Dow V	id an attentiveness	
e	Check this box if the organ	ization received	a written determinet	(	unu D, an	u Pait V.		
	Check this box if the organ functionally integrated, or	Type III non-func	tionally integrated su	on from ti	ne IRS tha	at it is a Type I, Typ	e II, Type III	
f	Enter the number of supported of Provide the following information	organizations	alorially integrated su	pporting	organizati	on.		
g	Provide the following information	about the supp	orted organization(s).					
	i) Name of supported organization	(ii) EIN	(iii) Type of organization	T	organization	(v) Amount of monetary	(vi) Amount of	
			(described on lines 1-10	listed in you	ur governing [	support (see	other support (see	
			above (see instructions))	docu	ment?	instructions)	instructions)	
	Yes No							
(A)								
(B)								
(C)								
(D)								
(E)								
				1				

La	Support Schedule for Organiz	ratione Doc	orihad in Ca	tions 470(1)	(4) (4) (4)		- ugo
	(Complete only if you checked	trie dox on ili	10 5 7 Ar 8	of Dowl I or if t	ha!		(vi)
		to qualify und	der the tests	listed below	nlease comp	ion falled to q	luality under
Sec	ment in abile cupport			notou bolow,	picase comp	nete Fart III.)	
	endar year (or fiscal year beginning in)	(a) 2019	<b>(b)</b> 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
1	Gifts, grants, contributions, and				(4) 2022	(6) 2025	(i) Total
	membership fees received. (Do not						
2	include any "unusual grants.")  Tax revenues levied for the						
_	organization's benefit and either paid						
	to or expended on its behalf						
3	The value of services or facilities		<del> </del>	-	-		
	furnished by a governmental unit to the	1					
	organization without charge						
4	Total. Add lines 1 through 3				<b>†</b>	<del>                                     </del>	
5	The portion of total contributions by				Television of the		
	each person (other than a						
	governmental unit or publicly supported organization) included on						
	line 1 that exceeds 2% of the amount						
	shown on line 11, column (f)						
6_	Public support. Subtract line 5 from line 4						
Sect	ion B. Total Support						
Caler 7	ndar year (or fiscal year beginning in)	(a) 2019	<b>(b)</b> 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
8	Amounts from line 4					(5)=5=5	(i) iotai
0	Gross income from interest, dividends, payments received on securities loans,						
	rents, royalties, and income from						
	similar sources						
9	Net income from unrelated business						
	activities, whether or not the business						
40	is regularly carried on						
10	Other income. Do not include gain or						
	loss from the sale of capital assets (Explain in Part VI.)						
11	Total support. Add lines 7 through 10						
12	Gross receipts from related activities, etc.	(soo instruction					
13	First 5 years. If the Form 990 is for the	organization's	ns)			12	
	organization, check this box and stop here	e	ilist, second	, triira, iourtn,			
Section	on C. Computation of Public Support	Percentage	, , , ,	<del></del>	· · · · ·		· · · <u></u>
14	Public support percentage for 2023 (line 6,	column (f), di	vided by line 1	1, column (f))		14	%
15	Public support percentage from 2022 Sche	edule A, Part II	l, line 14 .		1	15	%
16a	331/3% support test—2023. If the organization quality	ation did not	check the box	on line 13, an	d line 14 is 33	1/3% or more,	check this
b	box and <b>stop here</b> . The organization qualities 331/3% support test—2022. If the organization	nes as a public ation did not c	ciy supported	organization			🗆
-	this box and <b>stop here</b> . The organization of	aualifies as a p	ublicly suppor	ted organization	a, and line 15 l	s 331/3% or m	ore, cneck
17a	10%-facts-and-circumstances test – 202						_
	10% or more, and if the organization med	ets the facts-	and-circumsta	nces test, che	ck this box ar	nd stop here	Fxplain in
	Part VI how the organization meets the fa	acts-and-circu	mstances tes	t. The organiza	ation qualifies	as a publicly	supported
	organization						🗆
b	10%-facts-and-circumstances test-202	22. If the orga	nization did n	ot check a box	on line 13, 1	6a, 16b, or 17a	a, and line
	15 is 10% or more, and if the organization in Part VI how the organization mosts the	meets the fac	cts-and-circun	nstances test,	check this box	and stop her	e. Explain
	in Part VI how the organization meets the organization			_			
18	Private foundation. If the organization di					check this box	
	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.)

Sec	tion A. Public Support	y arraor the te	osts listed be	low, please c	omplete Part	II.)	
Cale	endar year (or fiscal year beginning in)	(a) 2019	(h) 2020	( ) 200/			
1	Gifts, grants, contributions, and membership fees	(a) 2019	<b>(b)</b> 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
	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	88,491	92,541	149,292	108,743	64,973	504,040
3	organization's tax-exempt purpose Gross receipts from activities that are not an unrelated trade or business under section 513	96,625	0	74,874	99,720	91,261	362,480
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 7a	The street of th	185,116	92,541	224,166	208,463	156,234	866,520
	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.)			Section 1			
Section	on B. Total Support						866,520
'alan	der veer (au fins						000,320
9	dar year (or fiscal year beginning in)	(a) 2019	<b>(b)</b> 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
9 10a	Amounts from line 6	185,116	92,541	224,166	208,463	156,234	866,520
iva	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	574				130,201	000,320
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975	571	433	16	1,203	3,624	5,847
С	Add lines 10a and 10b	571	433	16	1,203	3,624	E 047
11	Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on			10	1,203	3,024	5,847
	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	53	361	103	648	0	1,165
	<b>Total support.</b> (Add lines 9, 10c, 11, and 12.)						
14	First 5 years. If the Form 990 is for the organization, check this box and stop here						_
	on C. Computation of Public Support		· · · · ·	· · · · ·		· · · · ·	· · · <u> </u>
						1	
10	Public support percentage for 2023 (line 8,	column (f), div	ided by line 13	s, column (f)) .		15	99.2 %
16 ectio	Public support percentage from 2022 Scheon D. Computation of Investment Inc	ome Porcert	, iine 15	<del></del>		16	99.3 %
				line 10	- (0)	4=1	
18	Investment income percentage for 2023 (lin	ne 10c, column	(f), divided by	line 13, colum	n (t))	17	0.67 %
l9a	Investment income percentage from 2022 \$ 331/3% support tests—2023. If the organization	ocnedule A, Pa	irt III, line 17.		[	18	0.24 %
Jd	17 is not more than 331/2%, check this box as	adon did not ci nd ston here T	he organization	on line 14, and	ine 15 is mor	e than 331/3%,	and line
b	17 is not more than 331/3%, check this box ar 331/3% support tests – 2022. If the organization 18 is not more than 331/2%, check this box	tion did not che	ick a box on lir	e 14 or line 19a	a, and line 16 is	more than 331	∞%, and
	line 18 is not more than 331/3%, check this bo <b>Private foundation.</b> If the organization did						
	· · · · · · · · · · · · · · · · · · ·	HOLCHECK A DC	ox on line 14. 1	Ma or Tub che	ack this hov ar	na eee inetriicti	nns 🗍

#### Part IV **Supporting Organizations**

(Complete only if you checked a box on line 12 of 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.)

Sec	tion A. All Supporting Organizations	ie Pa	rt v.)	
1	Are all of the second of the s		Yes	N
•	Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in <b>Part VI</b> 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 <b>Part VI</b> how the organization determined that the supported organization was described in section 509(a)(1) or (2).	1		
3a	5 man and the december in section 509(a)(1) or (2).	2		
b		3a		1010
c	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in <b>Part VI</b> what controls the organization put in place to ensure such use	3b		
4a	"Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.	3c		
b	bid the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in <b>Part VI</b> how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.	4a		
С	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 <b>Part VI</b> 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.	4b		
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 <b>Part VI</b> , 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).	4c		
b	Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	5a		
C	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5b 5c	-+	
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in <b>Part VI</b> .	50		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity	6		
8	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		
9a	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	8		
ou	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 <b>Part VI</b> .	9a		
b	Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in <b>Part VI</b> .	9b		
С	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 <b>Part VI</b> .	9c		
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.	100		
h	Did the organization have any excess business holdings in the tax year? (Los Schodulo C. Form 4720 to	10a		

determine whether the organization had excess business holdings.)

10b

	t IV Supporting Organizations (continued)			Page 5
rai	t IV Supporting Organizations (continued)			
11 8	Has the organization accepted a gift or contribution from any of the following persons?  A person who directly or indirectly controls, either alone or together with persons described on lines 11b and 11c below, the governing body of a supported organization?	200000000000000000000000000000000000000		S No
t C	A family member of a person described on line 11a above?  A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c	11a 11b		
	provide detail in <b>Part VI</b> .	11c	10716	
Sec	tion B. Type I Supporting Organizations			
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? If "No," describe in <b>Part VI</b> how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	5,3875	Yes	No
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.			
Sect	ion C. Type II Supporting Organizations	2		
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in <b>Part VI</b> how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).		Yes	No
Sect	ion D. All Type III Supporting Organizations	1		
			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?		100	
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 <b>Part VI</b> 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 <b>Part VI</b> the role the organization's supported organizations played in this regard.			
Secti	on E. Type III Functionally Integrated Supporting Organizations	3		
1 a b c	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see in the organization satisfied the Activities Test. Complete line 2 below.  The organization is the parent of each of its supported organizations. Complete line 3 below.  The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (Activities Test. Answer lines 2a and 2b below.	(see in <u>s</u>	trucți	ons).
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 <b>Part VI identify those supported organizations and explain</b> 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	Yes	140
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 <b>Part VI</b> the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.	2b		
	Parent of Supported Organizations. <i>Answer lines 3a and 3b below</i> .  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? <i>If "Yes" or "No," provide details in Part VI</i> .	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in <b>Part VI</b> the role played by the organization in this regard.	3b		

	Type III Non-Functionally Integrated 509(a)(3) Supporting O	raan	izatione	Page
1	Check here if the organization satisfied the Integral Part Test as a qualifyin instructions. All other Type III non-functionally integrated supporting organization.	I	N- 00 10T0 1	plain in Part VI). See
	ction A—Adjusted Net Income	411124	(A) Prior Year	(B) Current Year (optional)
_1	Net short-term capital gain	1		(Optional)
_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		
	tion B—Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):			
a	Average monthly value of securities	1a		
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	(explain in detail in <b>Part VI</b> ):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 0.035.	6		
_7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Secti	on C—Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	<b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6		
7	Check here if the current year is the organization's first as a non-functional (see instructions).	lly int	tegrated Type III supporti	ng organization

	rt V Type III Non-Functionally Integrated 509(a)	(2) Summerting O			Page
	ction D—Distributions	(3) Supporting Organ	lizations (continue	ea)	Current Year
1	Amounts paid to supported organizations to accomplish	1			
2	Amounts paid to perform activity that directly furthers ex				
_	organizations, in excess of income from activity	2			
_ 3	Administrative expenses paid to accomplish exempt pur	rposes of supported orga	anizations	3	
_4	Amounts paid to acquire exempt-use assets			4	
5	Qualified set-aside amounts (prior IRS approval required	—provide details in Part	· V/\	5	
6	Other distributions (describe in <b>Part VI</b> ). See instructions	3.		6	
7	Total annual distributions. Add lines 1 through 6.			7	
8	Distributions to attentive supported organizations to whi (provide details in <b>Part VI</b> ). See instructions.	ich the organization is res	sponsive		
9	Distributable amount for 2023 from Section C, line 6			9	
_10	Line 8 amount divided by line 9 amount			10	
Sec	tion E—Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistribution		(iii) Distributable
1	Distributable amount for 2023 from Section C, line 6		Pre-2023		Amount for 2023
2			archael was to the large of		
-	Underdistributions, if any, for years prior to 2023 (reasonable cause required—explain in <b>Part VI</b> ). See instructions.			300 CT (ST (ST (ST (ST (ST (ST (ST (ST (ST (S	
3	Excess distributions carryover, if any, to 2023		de Common description	13	
а					
b			SE SISTEM REPUBLICATION OF THE	568	
С					Actual and a second second
d	From 2021				
е	From 2022				
f	Total of lines 3a through 3e			200 A	
g	Applied to underdistributions of prior years	Particle State of Space State	2000年1200年200日 - 1000日		
h	Applied to 2023 distributable amount		A STATE OF THE STA	200	
i_	Carryover from 2018 not applied (see instructions)		the Meritan	(23- (3-) (3)	er en
j_	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2023 from			100 E	
	Section D, line 7:				
a	Applied to underdistributions of prior years	Control of the Control	The second second second second	200	
<u>b</u>	Applied to 2023 distributable amount		BULL AND STREET	65	Market State of the State of th
<u>C</u>	Territaines to and 4b from line 4.			35	
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 <b>Part VI</b> . See instructions.				
6	Remaining underdistributions for 2023. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in <b>Part VI.</b> See instructions.				
7	Excess distributions carryover to 2024. Add lines 3j and 4c.				
8	Breakdown of line 7:	Charles and the second			
а	Excess from 2019				
b	Excess from 2020	A Section Control of			
С	Excess from 2021				
d	Excess from 2022	N. 1915年 新华里 8			
е	Excess from 2023	是快速X产业的。			

	5/11/000/2020
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, 2 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 I lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)
Schedule A,	Part III, Line 12 - Amounts were received from Amazon Smile and Target
	,
	·

### **SCHEDULE 0** (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.

2023

OMB No. 1545-0047

Open to Public Inspection

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

HILTON HEAD CHODAL SOCIETY INC	Employer identification number
HILTON HEAD CHORAL SOCIETY INC	57-0834963
	07-0034303

## Schedule O, Statement 1

#### HILTON HEAD CHORAL SOCIETY INC

Form: Form 990-EZ (2023)

EIN: 57-0834963

Page: 1

Other Expenses Structured Explanation

Part I, Line 16

Description	
Concert Production Expenses	Amount
	19,740
Membership Meeting	3,494
Property Insurance	2,235
Advertising and Promotion	35,431
Charitable Contribution	100
Dues to Professional Organizations	
Total:	511
Total:	61,511

Schedule O, Statement 2

HILTON HEAD CHORAL SOCIETY INC

Form: Form 990-EZ (2023)

Page: 2

**Primary Exempt Purpose** 

Part III

EIN: 57-0834963

#### **Primary Exempt Purpose**

To perform choral musical programs for the Hilton Head Island and regional communities and visitors, to collaborate with other arts organizations, and to sponsor local performances of celebrity artists and choral groups.

Schedule O, Statement 3

HILTON HEAD CHORAL SOCIETY INC

Form: Form 990-EZ (2023)

Page: 2

Officers, Directors, Trustees and Key Employees Compensation

Part IV

EIN: 57-0834963

		Hours	Compensation	Benefits	Expense
Name Title	Cheryl Thomas Director	2.00	0		
Name Title	Candy Tiley Director	2.00	0		

## 990 Form

## Return of Organization Exempt From Income Tax

OMB No. 1545-0047

2022

Open to Public Inspection

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

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.

For the 2022 calendar year, or tax year beginning 06/01/2022 and ending 05/31/2023 C Name of organization HILTON HEAD CHORAL SOCIETY INC D Employer identification number Check if applicable: Address change Doing business as 57-0834963 Number and street (or P.O. box if mail is not delivered to street address) E Telephone number Name change Room/suite 34 WATER OAK DRIVE 843-341-3818 Initial return Final return/terminated City or town, state or province, country, and ZIP or foreign postal code **HILTON HEAD ISLAND, SC 29928** G Gross receipts \$ 210.314 Amended return F Name and address of principal officer: Kathy A Jackson Application pending 34 Water Oak Drive, Hilton Head Island, SC 29928 **H(b)** Are all subordinates included? Yes No Tax-exempt status: 501(c)(3) 501(c) ( ) (insert no.) 4947(a)(1) or If "No," attach a list. See instructions. www.hiltonheadchoralsociety.org H(c) Group exemption number Form of organization: Corporation Trust Association L Year of formation: M State of legal domicile: SC Part I Briefly describe the organization's mission or most significant activities: To perform choral musical programs for the Hilton 1 Head Island and regional communities and visitors, to collaborate with other arts organizations, and to sponsor local Activities & Governance performances of celebrity artists and choral groups. 2 Check this box if the organization discontinued its operations or disposed of more than 25% of its net assets. 3 Number of voting members of the governing body (Part VI, line 1a) . . . . . 10 4 Number of independent voting members of the governing body (Part VI, line 1b) 4 9 5 Total number of individuals employed in calendar year 2022 (Part V, line 2a) 5 0 6 Total number of volunteers (estimate if necessary) . . . . . . . . . 30 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 7b 0 **Current Year** 149,292 8 Contributions and grants (Part VIII, line 1h). 108,743 Revenue 9 Program service revenue (Part VIII, line 2g) 74,874 99,720 Investment income (Part VIII, column (A), lines 3, 4, and 7d) . . . . . . Other 10 16 1.203 11 revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) . . . Total 102 648 12 revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) 224.284 210.314 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) . . . . 0 14 Benefits paid to or for members (Part IX, column (A), line 4) . . . . . 0 0 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10) 52,434 36.820 Professional fundraising fees (Part IX, column (A), line 11e) . . . . . . 16a 0 0 Total fundraising expenses (Part IX, column (D), line 25) b 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) . . . . 142,792 194,798 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 18 195,226 231,618 19 Revenue less expenses. Subtract line 18 from line 12 29,058 -21,304 Assets or Balances **Beginning of Current Year** End of Year 20 Total assets (Part X, line 16) 161,852 140,548 21 Total liabilities (Part X, line 26) . 0 0 22 Net assets or fund balances. Subtract line 21 from line 20 161,852 140,548 Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. Sign Signature of officer Date Here Kathy Jackson, Treasurer Type or print name and title Print/Type preparer's name Preparer's signature Date PTIN Check | if **Paid** self-employed **Preparer** Firm's EIN Firm's name Use Only Firm's address Phone no. May the IRS discuss this return with the preparer shown above? See instructions Yes

Form 990 (2022)

Part	Statement of Program Service Accomplishments  Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission:
,	To perform a variety of choral musical programs to enhance the artistic experience of the Hilton Head Island and regional communities, and its visitors, to collaborate with other arts organizations, and to sponsor local performances of celebrity artists and choral groups. Achieve excellence as an autonomous chorus serving the Lowcountry with an emphasis on Diversity,  Community Engagement, and the Joy of Singing.
2	Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?
3	If "Yes," describe these new services on Schedule O.  Did the organization cease conducting, or make significant changes in how it conducts, any program services?
4	If "Yes," describe these changes on Schedule O.  Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.
4a	(Code:) (Expenses \$
4b	(Code:) (Expenses \$including grants of \$) (Revenue \$)
4c	(Code:) (Expenses \$including grants of \$) (Revenue \$)
4d	Other program services (Describe on Schedule O.)
40	(Expenses \$ 0 including grants of \$ 0 ) (Revenue \$ 0 )
4e	Total program service expenses 183,068

Form 99				Page
Part	V Checklist of Required Schedules			
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"		Yes	No
	complete Schedule A	1	~	
2 3	Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ? See instructions Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If</i> "Yes," <i>complete Schedule C, Part I</i>	3	<i>'</i>	_
4	<b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>	4		,
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		,
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? <i>If</i> "Yes," <i>complete Schedule D, Part I</i>	6		,
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If</i> "Yes," complete Schedule D, Part II	7		~
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		~
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? <i>If</i> "Yes," <i>complete Schedule D, Part IV</i>	9		_
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? If "Yes," complete Schedule D, Part V	10		_
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		,
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? <i>If</i> "Yes," complete Schedule D, Part VII	11b		,
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? <i>If</i> "Yes," complete Schedule D, Part VIII	11c		\ \
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? <i>If</i> "Yes," <i>complete Schedule D, Part IX</i>	11d		,
e f	Did the organization report an amount for other liabilities in Part X, line 25? <i>If</i> "Yes," <i>complete Schedule D, Part X</i> 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)? <i>If</i> "Yes," <i>complete Schedule D, Part X</i>	11e		\ \ \ \ \ \
12a	Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i>	12a		_
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		,
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		~
14a b	Did the organization maintain an office, employees, or agents outside of the United States?	14a		\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
15	investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV</i> Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or	14b		~
16	for any foreign organization? <i>If "Yes," complete Schedule F, Parts II and IV</i>	15		~
17	assistance to or for foreign individuals? <i>If "Yes," complete Schedule F, Parts III and IV.</i>	16		~
18	Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I</i> . See instructions	17		~
	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		~
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		~
20a	Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>	20a		~
ь 21	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?  Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	20b 21		
	<u> </u>	41		

Part	IV Checklist of Required Schedules (continued)			
			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		>
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? <i>If</i> "Yes,"			
	complete Schedule J	23		<b>/</b>
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		V
h	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24a 24b		
C	Did the organization mivest 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?	24d		
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		<b>V</b>
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		\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
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? <i>If</i> "Yes," <i>complete Schedule L, Part II</i>	26		>
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? <i>If</i> "Yes," <i>complete Schedule L, Part III</i>	27		<b>V</b>
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? <i>If</i> "Yes," <i>complete Schedule L, Part IV</i>	28a		~
h	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		~
C	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If "Yes," complete Schedule L, Part IV	28c		<i>\</i>
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		~
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If</i> "Yes," <i>complete Schedule M</i>	30		\ \ \
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		~
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	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? <i>If "Yes," complete Schedule R, Part I</i>	33		~
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		1
35a b	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		<b>&gt;</b>
	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	<b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If</i> "Yes," <i>complete Schedule R, Part V, line</i> 2	36		~
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		~
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? <b>Note:</b> All Form 990 filers are required to complete Schedule O	38	~	
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
1a b	Enter the number reported in box 3 of Form 1096. 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?	10	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	

Part '	V Statements Regarding Other IRS Filings and Tax Compliance (continued)		Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return 0			
	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? .	2b		
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		~
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		~
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		~
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		~
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		~
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).			
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods			
	and services provided to the payor?	7a		~
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		_
d	If "Yes," indicate the number of Forms 8282 filed during the year	70		
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		~
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? .	7f		~
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		~
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		~
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
•	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.	0-		
a	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b 10	Section 501(c)(7) organizations. Enter:	9b		
а	Initiation fees and capital contributions included on Part VIII, line 12			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities . 10b			
11	Section 501(c)(12) organizations. Enter:			
	Gross income from members or shareholders			
	Gross income from other sources. (Do not net amounts due or paid to other sources			
	against amounts due or received from them.)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year   12b			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note: See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans			
С	Enter the amount of reserves on hand			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		~
	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		~
	If "Yes," see the 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		~
	If "Yes," complete Form 4720, Schedule O.			
17	Section 501(c)(21) organizations. Did the trust, or 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.			

Form 990 (2022) 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. Section A. Governing Body and Management No 1a Enter the number of voting members of the governing body at the end of the tax year . . . 1a 10 If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O. Enter the number of voting members included on line 1a, above, who are independent . 1b 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? 2 1 Did the organization delegate control over management duties customarily performed by or under the direct 3 supervision of officers, directors, trustees, or key employees to a management company or other person? . 3 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4 4 5 Did the organization become aware during the year of a significant diversion of the organization's assets? . 5 6 Did the organization have members or stockholders? 6 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? 1 7a Are any governance decisions of the organization reserved to (or subject to approval by) members, 7b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: 8a Each committee with authority to act on behalf of the governing body? 8b Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at 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? 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? 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 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." 12c 13 13 14 ~ 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 . . . . . . 15a 15b If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions. 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement 16a 1 **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 Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed sc 17 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c) 18 (3)s only) available for public inspection. Indicate how you made these available. Check all that apply. Own website ✓ Another's website 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, 19 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. Kathy A Jackson, (843)671-5276

Form 990 (2022)

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

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

**1a** Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
  - List all of the organization's current key employees, if any. See the instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, 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	r any relate	d org	aniz	atic	n c	ompe	nsa	ited any current	officer, director, o	or trustee.
(A) Name and title	(B) Average hours	box,	unles	neck ss pe	rson	e than is both or/truste	n an	(D)  Reportable compensation from the	(E)  Reportable compensation from related	<b>(F)</b> Estimated amount of other
	per week (list any hours for related organizations below dotted line)	y lighest ompersible employee		organization (W-2/ 1099-MISC/ 1099-NEC) organizations (W-2/ 1099-MISC/ 1099-NEC)		compensation from the organization and related organizations				
Dustin Ousley	2.00									
Artistic Director	0.00	~						24,075	0	0
Phyllis Duffie	2.00	]								
Director	0.00	~						0	0	0
Rob Propst	2.00	]								
Director	2.00	~						0	0	0
Carol Wolfe	1.00									
Director		~						0	0	0
Walter Lowe	3.00	]								
President		~		~				0	0	0
Judy Tiano	1.00									
Director	0.00	~						0	0	0
Kathy Burmeister	1.00									
Director		~						0	0	0
Kathy Jackson	3.00									
Treasurer	0.00			~				0	0	0
Margie Lechowicz	3.00									
Vice President	0.00			~				0	0	0
Mindy Mason	2.00									
Secretary	2.00			~				0	0	0

Part	VII Section A. Officers, Directors, T	rustees, l	Key E	mp	oloy	/ee	s, an	d H	lighest Compe	nsated E	mploy	rees (continued)
					(0	C)						
	(A)	(B)	(do n	ot ch		ition	e than	ono	(D)	(E)		(F)
	Name and title	Average	,				is both		Reportable	Reportable		Estimated amount
		hours per week	office	r and	_	_	or/truste	<del>r ´</del>	compensation from the	compens from rela		of other compensation
		(list any	66	Brodulier	Officer	Key	Highest	Former	organization (W-2/	organization		from the
		hours for related	Of mir	trustee		employee	<u>s</u>		1099-MISC/ 1099-NEC)	1099-M 1099-N		organization and related organizations
		organizations					ompersaled		1099-1420)	1033 14	120)	related organizations
		below dotted line)					employee					
		dotted line)					8					
		1	-									
			-									
			1									
1b	Subtotal	 ./// Caatla			•				24,075		0	(
c d	Total (add lines 1b and 1c)	vii, Sectio	n A	•	•	•		•	04.075			
2	Total (add lines 1b and 1c)	hut not	imita	d t	· o tl	nosi	o liet	od	24,075	ceived m	ore th	2n \$100,000 of
_	reportable compensation from the organi		minic	u ii	. II	103	C IISt	cu	0	ceived ii	ioie ii	iaii ψ100,000 oi
	.,								<u> </u>			Yes No
3	Did the organization list any former office	r. director.	truste	e. k	ev e	ame	lovee	. or	highest compens	sated em	plovee	
-	on line 1a? If "Yes," complete Schedule J				-	-	-				,	3 1
4	For any individual listed on line 1a, is the	e sum of re	porta	ble	con	npe	nsatio	on a	and other compe	nsation fro	om the	
	organization and related organizations gre											
												4
5	Did any person listed on line 1a receive of									tion or ind	dividual	
	for services rendered to the organization?	If "Yes," c	omple	ete S	Sch	edu	le J fo	or si	uch person .		•	5
	on B. Independent Contractors											
1	Complete this table for your five high											
	compensation from the organization. Rep	ort compen	sation	1 for	rtne	ca	ienda	r ye	ar ending with or	within the	organ	ization's tax year.
	(A)								(B)			(C)
	Name and business add	1622							Description of sen	nces		Compensation
None												
								$\vdash$				
								$\vdash$				
2	Total number of independent contractor	rs (includin	g but	no	t lir	nite	d to	tho	se listed above)	who		
	received more than \$100,000 of compens								0			

## Part VIII Statement of Revenue

		Check if Schedule	О со	ntains a re	spon	se or note to an	y line in this Pa	rt VIII		🗆
							(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512–514
ts,	1a	Federated campaigr	าร .		1a	0				
ant	b	Membership dues			1b	10,400				
Contributions, Gifts, Grants, and Other Similar Amounts	С	Fundraising events			1c	0				
	d	Related organization	ns .		1d	0				
	е	Government grants	(cont	ributions)	1e	70,565				
	f	All other contribution								
		and similar amounts no	ot inclu	uded above	1f	27,778				
	g	Noncash contributio								
ğ		lines 1a-1f			1g	\$ 0				
ਲ ਨ	h	Total. Add lines 1a-	-1f .				108,743			
_						Business Code				
<u>i</u>	2a	Sponsors				711300	5,000	5,000	0	0
Program Service Revenue	b	Program Ads				711130	21,500	21,500	0	0
n S	C	Concert Tickets				711130	73,220	73,220	0	0
e a	d									
go	e	Λ II _ tl								
⊑ਂ∣	f	All other program se					0	0	0	0
	<u>g</u> 3	Total. Add lines 2a- Investment income					99,720			
	3	other similar amoun	•				1 202	1 202	0	o
	4						1,203	1,203	0	0
	5	<u>.</u>		na proceeds	0	0	0	0		
		rtoyanaoo		(i) Real	<u> </u>	(ii) Personal				
	6a	Gross rents	6a		0	0				
	b	Less: rental expenses	6b		0	0				
	С	Rental income or (loss)	6c		0	0				
	d	Net rental income of		s)			0	0	0	0
	7a	Gross amount from	Ì	(i) Securit	ies	(ii) Other				
		sales of assets								
		other than inventory	7a		0	0				
ā	b	Less: cost or other basis								
Revenue		and sales expenses .	7b		0	0				
è	С	Gain or (loss)	7c		0	0				
	d	Net gain or (loss)					0	0	0	0
Other	8a	Gross income from		draising						
0		events (not including		. 0	-					
		of contributions rep			_					
		1c). See Part IV, line			8a	0				
		Less: direct expense Net income or (loss)			8b	0				
	с 9а	Gross income f			g eve	1115	0		0	0
	Ju	activities. See Part I			9a	0				
	h	Less: direct expense			9b	0				
	C	Net income or (loss)					0	0	0	0
	10a	Gross sales of in			-					
		returns and allowand			10a	0				
	b	Less: cost of goods	sold		10b	0				
	С	Net income or (loss)	from	sales of in	vento	ry	0	0	0	0
<u>s</u>						Business Code				
e e	11a	Amazon Smile				454110	148	148	0	0
scellaneo Revenue	b	Target				454110	500	500	0	0
e e	C									
Miscellaneous Revenue	d						0	0	0	0
_	12	Total rayanua Saa					648	464 551	-	_
	12	Total revenue. See	mstrt	มนเเบเร .			210.314	101.571	0	0

Form 990 (2022) Part IX Statement of Functional Expenses Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A). Check if Schedule O contains a response or note to any line in this Part IX ~ (D) Fundraising expenses (C) Management and general expenses (A) Total expenses (B) Program service expenses Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII. Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 . 0 0 Grants and other assistance to domestic 2 individuals. See Part IV, line 22 . . . . . 0 0 Grants and other assistance to foreign

3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16	0	0		
4 5	Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees	36,820	0	36,820	0
6	Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	30,620	0	30,820	0
7 8	Other salaries and wages Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	0	0	0	0
9 10 11	Other employee benefits	0	0	0	0
a b c	Management	0	0 0 0	0	0 0 0
d e	Lobbying	0	0	0	0
f g	Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Schedule O.).	79,693	79,693	0	0
12 13 14	Advertising and promotion Office expenses Information technology Royalties	63,914 3,722 8,725	63,914 834 8,725	2,888	0
15 16 17	Occupancy	0 20,126 0	13,766 0	6,360 0	0
18	Payments of travel or entertainment expenses for any federal, state, or local public officials	0	0	0	0
19 20 21 22	Conferences, conventions, and meetings Interest	220	0	220	0
23 24	Insurance	2,262		2,262	
a b c d	(A), amount, list line 24e expenses on Schedule O.)  Concert Production Expenses	16,136	16,136	0	0
e 25	All other expenses  Total functional expenses. Add lines 1 through 24e	231,618	183,068	48,550	0
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here if following SOP 98-2 (ASC 958-720)				
	, ,	-			Form <b>990</b> (2022)

Part X Balance Sheet

(A)		
Beginning of year		(B) End of year
1 Cash—non-interest-bearing	1	60,511
2 Savings and temporary cash investments	2	80,037
3 Pledges and grants receivable, net	3	0
4 Accounts receivable, net	4	0
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	0
6 Loans and other receivables from other disqualified persons (as defined		
under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)	6	0
7 Notes and loans receivable, net		0
8 Inventories for sale or use	_	0
9 Prepaid expenses and deferred charges	9	0
10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D   10a		
b Less: accumulated depreciation	10c	
	11	0
12 Investments—other securities. See Part IV, line 11		0
13 Investments—program-related. See Part IV, line 11		0
14 Intangible assets	_	0
15 Other assets. See Part IV, line 11		0
16 Total assets. Add lines 1 through 15 (must equal line 33)	16	140,548
17 Accounts payable and accrued expenses		0
18 Grants payable	_	0
19 Deferred revenue	_	0
20 Tax-exempt bond liabilities	_	0
21 Escrow or custodial account liability. Complete Part IV of Schedule D .		0
22 Loans and other payables to any current or former officer, director, trustee,		
kay amplayag graatar ar faundar, substantial contributor, or 25% controlled		
entity or family member of any of these persons	22	0
23 Secured mortgages and notes payable to unrelated third parties 0	_	0
24 Unsecured notes and loans payable to unrelated third parties 0		0
25 Other liabilities (including federal income tax, payables to related third		
parties, and other liabilities not included on lines 17–24). Complete Part X		
of Schedule D	25	
26 Total liabilities. Add lines 17 through 25		0
Organizations that follow FASB ASC 958, check here and complete lines 27, 28, 32, and 33.		
27 Net assets without donor restrictions	27	
	28	
28 Net assets with donor restrictions	20	
and complete lines 29 through 33.		
29 Capital stock or trust principal, or current funds	29	29,298
29 Capital stock or trust principal, or current funds	30	132,553
31 Retained earnings, endowment, accumulated income, or other funds . 29,058	31	-21,303
	32	440 540
32       Total net assets or fund balances	JZ	140,548

Form 990 (2022) Page **12** 

Par	t 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		21	0,314
2	Total expenses (must equal Part IX, column (A), line 25)	2		23	1,618
3	Revenue less expenses. Subtract line 2 from line 1	3		-2	1,304
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4		16	1,852
5	Net unrealized gains (losses) on investments	5			0
6	Donated services and use of facilities	6			0
7	Investment expenses	7			0
8	Prior period adjustments	8			0
9	Other changes in net assets or fund balances (explain on Schedule O)	9			0
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line				
	32, column (B))	10		14	0,548
Part	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 Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain on	Sched	dule		
	0.				
2a				_	~
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or	revie	wed		
	on a separate basis, consolidated basis, or both:				
	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis				
b			. 2b	_	~
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a	sepai	rate		
	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 oversi	ght of			
	audit, review, or compilation of its financial statements and selection of an independent accountant?	٠	2c		
	If the organization changed either its oversight process or selection process during the tax year, e Schedule O.	kplain	on		
_					
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set fo	rth in			
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?		. , 3a	1	~
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the	requ			
	audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits.		3b		

Form **990** (2022)

# 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-F7

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

HILTON HEAD CHORAL SOCIETY INC

57-0834963

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

Pai	t I	Reason for Public Char	rity Status. (All	l organizations mus	t comple	te this p	art.) See instruction	ns.
Γhe	orga	nization is not a private founda	tion because it is	s: (For lines 1 through	12, chec	k only on	e box.)	
1		A church, convention of church	es, or association	n of churches describ	ed in <b>sec</b>	tion 170	(b)(1)(A)(i).	
2		A school described in <b>section</b>	170(b)(1)(A)(ii).	(Attach Schedule E (F	orm 990	).)		
3		A hospital or a cooperative hos						
4	_	A medical research organization hospital's name, city, and state	•	njunction with a hospi	tal descri	bed in <b>se</b>	ection 170(b)(1)(A)(	iii). Enter the
5		An organization operated for t section 170(b)(1)(A)(iv). (Com		college or university	owned o	r operate	ed by a government	al unit described in
6 7		A federal, state, or local goverr An organization that normally described in <b>section 170(b)(1)</b>	receives a subs	tantial part of its supp				the general public
8		A community trust described in	section 170(b)(	1)(A)(vi). (Complete F	Part II.)			
9		An agricultural research organi or university or a non-land-grar university:						
10		An organization that normally r receipts from activities related support from gross investment acquired by the organization af	to its exempt fun income and unre	ctions, subject to certa elated business taxab	ain excep le income	otions; an e (less se	d (2) no more than 3 ction 511 tax) from b	33 <sup>1</sup> /3% of its
11		An organization organized and				-	·	
12		An organization organized and	operated exclus	ively for the benefit of	, to perfoi	m the fur	nctions of, or to carry	out the purposes o
		one or more publicly supported the box on lines 12a through 12						
а	[	Type I. A supporting organithe supported organization supporting organization. You	(s) the power to i	regularly appoint or el	ect a maj	ority of th	• , , ,	
b	[	Type II. A supporting organ	-	·			innorted organization	n(s) by having
~		control or management of toganization(s). You must	he supporting or	ganization vested in th	he same			
С	[	Type III functionally integ						ly integrated with,
d	[	Type III non-functionally i that is not functionally integ requirement (see instruction	<b>ntegrated.</b> A surated. The organ	pporting organization nization generally mus	operated t satisfy a	in conne a distribut	ection with its suppor tion requirement and	
е	[	Check this box if the organi functionally integrated, or T						II, Type III
f	E	nter the number of supported o	• •			•		
g	Р	rovide the following information	about the supp	orted organization(s).				
	(i)	lame of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1–10 above (see instructions))		organization or governing ment?	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
					Yes	No		
(A)								
В)								
(C)								
(D)								
(E)								
Γota	<u> </u>							

Schedule A (Form 990) 2022 Page 2 Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

Part II

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.) Section A. Public Support Calendar year (or fiscal year beginning in) **(b)** 2019 (a) 2018 (c) 2020 (d) 2021 (e) 2022 (f) Total Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") . . . Tax revenues levied for the 2 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 . . . . **Total.** Add lines 1 through 3 4 5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) . . . . Public support. Subtract line 5 from line 4 Section B. Total Support Calendar year (or fiscal year beginning in) (a) 2018 **(b)** 2019 (c) 2020 (d) 2021 (e) 2022 (f) Total 7 Amounts from line 4 . . . . . . 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources . . . . . . . . Net income from unrelated business q 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.) . . . . . . **Total support.** Add lines 7 through 10 11 Gross receipts from related activities, etc. (see instructions) 12 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) 13 Section C. Computation of Public Support Percentage 14 Public support percentage for 2022 (line 6, column (f), divided by line 11, column (f)) . . . . % Public support percentage from 2021 Schedule A, Part II, line 14 . . . . . . . . . . . . . . . 15 331/3% support test-2022. If the organization did not check the box on line 13, and line 14 is 331/3% or more, check this 331/3% support test—2021. If the organization did not check a box on line 13 or 16a, and line 15 is 331/3% or more, check 17a 10%-facts-and-circumstances test—2022. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported b 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 facts-and-circumstances test. The organization qualifies as a publicly supported Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see 18 

Schedule A (Form 990) 2022 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.)

Section	on A. Public Support			•	•	,	
Calen	dar year (or fiscal year beginning in)	(a) 2018	<b>(b)</b> 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1	Gifts, grants, contributions, and membership fees						
	received. (Do not include any "unusual grants.")	106,976	88,491	92,541	149,292	108,743	546,043
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	101,135	96,625	0	74,874	99,720	372,354
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	<b>Total.</b> Add lines 1 through 5	208,111	185,116	92,541	224,166	208,463	918,397
/ a	Amounts included on lines 1, 2, and 3 received from disqualified persons .						
b	Amounts included on lines 2 and 3						
	received from other than disqualified persons that exceed the greater of \$5,000						
	or 1% of the amount on line 13 for the year						
С	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from						
-	line 6.)						918,397
Section	on B. Total Support						0.0,001
	dar year (or fiscal year beginning in)	(a) 2018	<b>(b)</b> 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
9	Amounts from line 6	208,111	185,116	92,541	224,166	208,463	918,397
10a	Gross income from interest, dividends,		,	·	·	,	· · · · · · · · · · · · · · · · · · ·
	payments received on securities loans, rents,						
	royalties, and income from similar sources .	37	571	433	16	1,203	2,260
b	Unrelated business taxable income (less						
	section 511 taxes) from businesses						
	acquired after June 30, 1975						
С	Add lines 10a and 10b	37	571	433	16	1,203	2,260
11	Net income from unrelated business						
	activities not included on line 10b, whether or not the business is regularly carried on						
40	* *						
12	Other income. Do not include gain or loss from the sale of capital assets						
	(Explain in Part VI.)	3,084	53	361	103	648	4,249
13	Total support. (Add lines 9, 10c, 11,	3,064	33	301	103	040	4,249
	and 12.)	211,232	185,740	93,335	224,285	210,314	924,906
14	First 5 years. If the Form 990 is for the						
	organization, check this box and stop he	re					
Section	on C. Computation of Public Suppor	rt Percentage	!				
15	Public support percentage for 2022 (line 8		•			15	99.3 %
16	Public support percentage from 2021 Sch					16	99.08 %
	on D. Computation of Investment In						
17	Investment income percentage for 2022 (					17	0.24 %
18	Investment income percentage from 2021					18	0.11 %
19a	331/s% support tests—2022. If the organ 17 is not more than 331/s%, check this box						
b	33 <sup>1</sup> / <sub>3</sub> % support tests—2021. If the organi						_
D	line 18 is not more than 33 <sup>1</sup> /3%, check this						
20		-	•	•			
<b>20</b> Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions .							

Schedule A (Form 990) 2022 Page **4** 

## Part IV Supporting Organizations

(Complete only if you checked a box on line 12 of 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**

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

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 1 Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year. 1 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 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 Section D. All Type III Supporting Organizations Yes No 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 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 By reason of the relationship described on line 2, above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard. 3 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). The organization satisfied the Activities Test. Complete **line 2** below. The organization is the parent of each of its supported organizations. *Complete line 3 below.* The organization supported a governmental entity. Describe in **Part VI** how you supported a governmental entity (see instructions). 2 Activities Test. Answer lines 2a and 2b below. Yes No 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 have engaged in these activities but for the organization's involvement. 2b Parent of Supported Organizations. Answer lines 3a and 3b below. 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 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

Schedule A (Form 990) 2022

Part	Type III Non-Functionally Integrated 509(a)(3) Supporting Org	ıani	zations	raye <b>C</b>
1 aru	☐ Check here if the organization satisfied the Integral Part Test as a qualifying			ain in Part VI\ See
-	instructions. All other Type III non-functionally integrated supporting organ			
Sect	ion A—Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion B—Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
С	Fair market value of other non-exempt-use assets	1c		
d	_Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other factors (explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 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)			
4	_Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	<b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).			
7	☐ Check here if the current year is the organization's first as a non-functional	ıllv i	ntegrated Type III support	ing organization
•	(see instructions).	, 11	g.a.ca 1,po in ouppoin	3 51941112411011

Schedule A (Form 990) 2022 Page 7

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

Schedule A (Form 990) 2022 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.) Schedule A, Part III, Line 12 - The amount was received from Amazon Smile and Target

# SCHEDULE O (Form 990)

Department of the Treasury Internal Revenue Service

## Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

**2022** 

Open to Public Inspection

Name of the organization	Employer identification number
HILTON HEAD CHORAL SOCIETY INC	57-0834963
Form 990, Part VI, Section A, Line 7a - Per the By-laws of Hilton Head Choral Society (HHCS), the Board of	Directors are elected by the
members of HHCS at each annual meeting. Members of HHCS are singers, music directors, and accompan	
Form 990, Part VI, Section B, Line 11b - The annual Form 990 or Form 990EZ is initially reviewed by the Fi	nance Committee and then it is
submitted to the Board of Directors for review.	
Form 990, Part VI, Section C, Line 19 - Hilton Head Choral Society will make its governing documents and	financial statements available to
the public upon request. Copies of Form 990 that have been filed with the IRS are available to the public of	n several websites including the
IRS and the state of South Carolina.	
Form 990, Part IX, Line 11g - Independent contractors such as orchestra musicians and production management	gers who assist the Hilton Head
Choral Society at its concerts.	

## 990 **990**

#### **Return of Organization Exempt From Income Tax**

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

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury

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

Internal Revenue Service ▶ Go to www.irs.gov/Form990 for instructions and the latest information. For the 2021 calendar year, or tax year beginning 06/01/2021 and ending 05/31/2022 C Name of organization HILTON HEAD CHORAL SOCIETY INC D Employer identification number Check if applicable: R Doing business as 57-0834963 Address change Number and street (or P.O. box if mail is not delivered to street address) E Telephone number Name change Room/suite 34 WATER OAK DRIVE 843-341-3818 Initial return Final return/terminated City or town, state or province, country, and ZIP or foreign postal code HILTON HEAD ISLAND, SC 29928 G Gross receipts \$ 224,284 Amended return **H(a)** Is this a group return for subordinates? ☐ **Yes** ✓ **No** Application pending F Name and address of principal officer: KATHY A JACKSON 34 WATER OAK DRIVE, HILTON HEAD ISLAND, SC 29928 **H(b)** Are all subordinates included? Yes No Tax-exempt status: 501(c)(3) 4947(a)(1) or If "No," attach a list. See instructions. 501(c) ( ) ◀ (insert no.) Website: ► www.hiltonheadchoralsociety.org **H(c)** Group exemption number ▶ Form of organization: 🗸 Corporation Trust Association L Year of formation: 1984 M State of legal domicile: SC Part I 1 Briefly describe the organization's mission or most significant activities: To perform choral musical programs for the Hilton Head Island and regional communities and visitors, to collaborate with other arts organizations, and to sponsor local Activities & Governance performances of celebrity artists and choral groups. 2 Check this box ▶ ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets. 3 Number of voting members of the governing body (Part VI, line 1a) . . . . . 3 11 4 Number of independent voting members of the governing body (Part VI, line 1b) 4 10 5 Total number of individuals employed in calendar year 2021 (Part V, line 2a) 5 0 6 6 30 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 7b 0 **Prior Year Current Year** 8 Contributions and grants (Part VIII, line 1h) . . . 149,292 Revenue 9 Program service revenue (Part VIII, line 2g) 74,874 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) . . . . 16 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) . . . 102 12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) 0 224,284 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) . . . . . 0 14 Benefits paid to or for members (Part IX, column (A), line 4) . . . . 0 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 52,434 Professional fundraising fees (Part IX, column (A), line 11e) 16a . . . . . . . 0 Total fundraising expenses (Part IX, column (D), line 25) ▶ b 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 142,792 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 18 0 195,226 19 Revenue less expenses. Subtract line 18 from line 12 . 0 29,058 Assets or designation of designation of the designa **Beginning of Current Year End of Year** 20 Total assets (Part X, line 16) 132,793 161,852 21 Total liabilities (Part X, line 26) . 0 0 22 Net assets or fund balances. Subtract line 21 from line 20 132,793 161,852 Part II Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. Sign Signature of officer Date

Here Kathy Jackson, Treasurer Type or print name and title Print/Type preparer's name Preparer's signature Date PTIN Check | if **Paid** self-employed **Preparer** Firm's name Firm's EIN ▶ Use Only Firm's address ▶ Phone no. May the IRS discuss this return with the preparer shown above? See instructions Yes Form 990 (2021) Page **2** 

Part	Statement of Program Service Accomplishments  Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission:
•	To perform a variety of choral musical programs to enhance the artistic experience of the Hilton Head Island and regional
	communities, and its visitors, to collaborate with other arts organizations, and to sponsor local performances of celebrity artists
	and choral groups. Achieve excellence as an autonomous chorus serving the Lowcountry with an emphasis on Diversity,
	Community Engagement, and the Joy of Singing.
2	Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?
	If "Yes," describe these new services on Schedule O.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?
	If "Yes," describe these changes on Schedule O.
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.
4a	(Code: ) (Expenses \$ 125,321 including grants of \$ 0 ) (Revenue \$ 74,977 )
·u	During the period September 2021 through May 2022, the Hilton Head Choral Society performed three concerts. Attendance by
	residents, tourists, and visitors of Hilton Head Island, surrounding communities, and 19 states outside of South Carolina totaled
	1260
	1300.
4b	(Code:) (Expenses \$ including grants of \$) (Revenue \$)
4c	(Code: ) (Expenses \$ including grants of \$ ) (Revenue \$ )
	(
4d	Other program services (Describe on Schedule O.)
	(Expenses \$ 0 including grants of \$ 0 ) (Revenue \$ 0 )
4e	Total program service expenses ► 125,321

Form 9	90 (2021)		F	Page <b>3</b>
Part	V Checklist of Required Schedules			
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"			
	complete Schedule A	1	<b>'</b>	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	~	

1	complete Schedule A	1	/	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	<b>'</b>	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>	3		>
4	<b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>	4		>
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		>
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		٧
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If</i> "Yes," <i>complete Schedule D, Part II</i>	7		\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
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			\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
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? <i>If</i> "Yes," complete Schedule D, Part IV	9		\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? <i>If</i> "Yes," <i>complete Schedule D, Part V</i>	10		\ \ \
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, 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		~
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? <i>If "Yes," complete Schedule D, Part VII</i>	11b		>
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? <i>If "Yes," complete Schedule D, Part VIII </i>	11c		>
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX </i>	11d		>
e f	Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i> 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)? <i>If "Yes," complete Schedule D, Part X</i>	11e		>
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a		\ \ \
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		~
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule $E$	13		>
14a b	Did the organization maintain an office, employees, or agents outside of the United States?	14a		<b>&gt;</b>
	fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV</i>	14b		~
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		~
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		\ \ \
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? <i>If "Yes," complete Schedule G, Part I.</i> See instructions	17		\ \ \
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If</i> "Yes," <i>complete Schedule G, Part II</i>	18		\ \ \
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		~
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		~

Part I	V Checklist of Required Schedules (continued)			
			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		~
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		~
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		~
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
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		~
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		~
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? <i>If "Yes," complete Schedule L, Part II</i>	26		~
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		V
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		_
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		~
	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If "Yes," complete Schedule L, Part IV	28c		_
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		~
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If</i> "Yes," <i>complete Schedule M</i>	30		_
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		<b>V</b>
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		,
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? <i>If</i> "Yes," <i>complete Schedule R, Part I</i>	33		~
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		~
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		~
b	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	<b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2 </i>	36		_
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? <i>If "Yes," complete Schedule R, Part VI</i>	37		_
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? <b>Note:</b> All Form 990 filers are required to complete Schedule O	38	,	
Part	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 b	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable		. 55	.10
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	10		

Part	V Statements Regarding Other IRS Filings and Tax Compliance (continued)		Yes	No							
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return 2a 0										
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? .	2b									
20	<b>Note:</b> If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> . See instructions.	20		~							
3a b	Did the organization have unrelated business gross income of \$1,000 or more during the year? If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O .	3a 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		_							
b											
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).										
5a											
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5a 5b		1							
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		~							
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		~							
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?	7с		~							
d	If "Yes," indicate the number of Forms 8282 filed during the year										
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		~							
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? .	7f		~							
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g									
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h									
8	<b>Sponsoring organizations maintaining donor advised funds.</b> 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.	0									
a	Did the sponsoring organization make any taxable distributions under section 4966?	9a									
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b									
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 10b										
11	Section 501(c)(12) organizations. Enter:										
а	Gross income from members or shareholders										
b	Gross income from other sources. (Do not net amounts due or paid to other sources										
	against amounts due or received from them.)										
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a									
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b										
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	10									
а	Is the organization licensed to issue qualified health plans in more than one state?	13a									
b	<b>Note:</b> See the instructions for additional information the organization must report on Schedule O. Enter the amount of reserves the organization is required to maintain by the states in which										
	the organization is licensed to issue qualified health plans										
С	Enter the amount of reserves on hand										
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		~							
_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		ر. ا							
	If "Yes," see the instructions and file Form 4720, Schedule N.	15		~							
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		~							
	If "Yes," complete Form 4720, Schedule O.	10									
17	Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in any										
	activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953?	17									
	If "Yes." complete Form 6069.										

Form 990 (2021) Page **6** 

Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a "No"

Part VI

response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions. 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 . . . 1a 11 If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O. Enter the number of voting members included on line 1a, above, who are independent . 1b 10 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with 2 3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person? . 3 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4 4 5 Did the organization become aware during the year of a significant diversion of the organization's assets? . 5 6 6 Did the organization have members, stockholders, or other persons who had the power to elect or appoint 1 7a Are any governance decisions of the organization reserved to (or subject to approval by) members, 7b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: 8a 1 8b 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 . . . . . Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Yes No **10a** Did the organization have local chapters, branches, or affiliates? 10a If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? 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 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," 12c 13 13 Did the organization have a written document retention and destruction policy? 14 14 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? The organization's CEO, Executive Director, or top management official . . . . . . . . 15a 15b If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions. 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement 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 Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed ▶ SC 17 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c) 18 (3)s only) available for public inspection. Indicate how you made these available. Check all that apply. ☐ Upon request Other (explain on Schedule O) Own website ✓ Another's website Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, 19 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 Kathy A Jackson, (843)671-5276

Form 990 (2021) Page **7** 

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

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

**1a** Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

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

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

Check this box if neither the organization no	r any relate	d org	aniz	atic	n c	ompe	nsa	ted any current	officer, director,	or trustee.
					C)					
(A)	(B)	(do n	not of		sition		ano	(D)	(E)	(F)
Name and title	Average hours per week	(do not check more than one box, unless person is both an officer and a director/trustee)						Reportable compensation from the	Reportable compensation from related	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
Timothy R Reynolds	2.00									
Ex-Officio and Artistic Director	0.00	~						37,812	0	0
Janice Creech	2.00									
Director	0.00	~						2,047	0	0
Judy Tiano	3.00									
President	0.00	~		~				0	0	0
Walter Lowe	3.00									
Vice President	0.00	~		~				0	0	0
Margie Lechowicz	2.00									
Secretary	0.00	~		~				0	0	0
Kathy Jackson	3.00									
Treasurer	0.00	~		~				0	0	0
Phyllis Duffie	1.00									
Director	0.00	~						0	0	0
Madonna Muller	1.00									
Director	0.00	~						0	0	0
Rob Propst	1.00									
Director	0.00	~						0	0	0
Phoebe Taylor	1.00									
Director	0.00	~						0	0	0
Carol Wolfe	1.00									
Director	0.00	<b>/</b>						0	0	0
		-								
		-								

Part	Section A. Officers, Directors, 1	rustees,	Key I	Em	plo	yee	s, an	id F	lighest Compe	nsated Emplo	yees (continued)	
	(A) Name and title	(B) Average hours per week	Position (do not check more than obox, unless person is both officer and a director/trust						(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		organizations (W-2/ 1099-MISC/ 1099-NEC)		
1b	Subtotal			٠.				<b>&gt;</b>	39,859	0	0	
C	Total from continuation sheets to Part	•						<b>&gt;</b>		_	_	
d	Total (add lines 1b and 1c)							e) w	39,859 nho received mor	0 e than \$100,000	_	
	reportable compensation from the organi								0			
3	Did the organization list any former of										Yes No	
4	employee on line 1a? If "Yes," complete s For any individual listed on line 1a, is the										3 /	
	organization and related organizations individual	greater tha	an \$ <sup>-</sup>	150,	,000	)? <i>I</i> 	f "Ye 	s," 	complete Sched	dule J for such	4	
5	Did any person listed on line 1a receive of for services rendered to the organization										5 .	
Secti	on B. Independent Contractors											
1	Complete this table for your five high compensation from the organization. Report	nest compe ort compen	ensat satio	ed n fo	inde r the	epe e ca	ndent Ienda	cc r ye	ontractors that rear ending with or	received more within the organ	than \$100,000 of nization's tax year.	
	(A) Name and business address								(B) Description of serv	vices	(C) Compensation	
None												
2	Total number of independent contractor received more than \$100,000 of compens							th	nose listed abov	e) who		

Page 8

## Part VIII Statement of Revenue

		Check if Schedule	Осо	ntains a re	spon	se or note to an	y line in this Pa	rt VIII		🗆
							(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512–514
ς, ςı	1a	Federated campaig	ns .		1a	0				
Contributions, Gifts, Grants, and Other Similar Amounts	b	Membership dues			1b	10,020				
င်္ခ ဧ	С	Fundraising events			1c	0				
Ţ, ţ	d	Related organization				0				
뺼.	е	Government grants			1e	103,323				
Si m	f	All other contribution								
흔		and similar amounts no	ot inclu	uded above	1f	35,949				
호	g	Noncash contributions included in				337111				
들임	•	lines 1a–1f 1g				\$ 0				
a S	h	Total. Add lines 1a-	-1f .			•	149,292			
						Business Code				
e c	2a	Sponsors				711130	7,000	7,000	0	0
ه ≧َ	b	Drogram Ade				711130	21,554	21,554	0	0
gram Ser Revenue	С	Concort Tickets				711130	46,320	46,320	0	0
E S	d									
20 20	е									
Program Service Revenue	f	A11 .1					0	0	0	0
_	g	Total. Add lines 2a-	~ .			•	74,874			
	3	Investment income	(incl	uding divid	dends	s, interest, and				
		other similar amoun	nts)			🕨	16	16	0	0
	4	Income from investr	nent c	of tax-exem	npt bo	nd proceeds ►	0	0	0	0
	5	Royalties				▶	0	0	0	0
				(i) Real		(ii) Personal				
	6a	Gross rents	6a		0	0				
	b	Less: rental expenses	6b		0	0				
	С	Rental income or (loss)	6с		0	0				
	d	Net rental income o	r (loss	s)		🕨	0	0	0	0
	7a	Gross amount from		(i) Securities		(ii) Other				
		sales of assets			_					
		other than inventory	7a		0	0				
e n	b	Less: cost or other basis								
Revenue		and sales expenses .	7b		0	0				
ě	С	Gain or (loss)	7c		0	0				
_	d	Net gain or (loss)				▶	0	0	0	0
Other	8a		ross income from fundraising							
0		events (not including		0						
		of contributions rep								
	_	1c). See Part IV, line			8a	0				
	b	Less: direct expens			8b	0				
	C	Net income or (loss)			g eve	nts <b>&gt;</b>	0		0	0
	9a	Gross income f activities. See Part I				_				
					9a	0				
		Less: direct expens			9b	0				
		Net income or (loss)			CUVILLE	es <b>&gt;</b>	0	0	0	0
	iva	10a Gross sales of inventory, less returns and allowances 10a								
		100			0					
		Less: cost of goods Net income or (loss)		10b	0	2				
_	С	iver income or (ioss)	, 110111	sales UI II	iv <del>e</del> riic	Business Code	0	0	0	0
Miscellaneous Revenue	110	Amozon C!l-					100	100		
	11a	h			454110	102	102	0	0	
la Ven	b									
Re	c d	All other revenue					0	0	0	0
Ξ̈́		Total. Add lines 11a				•	102	0	U	0
	12	Total revenue. See					224,284	74,992	0	0
		. 5.0 5 . 6 . 6 . 6 . 6 . 6 . 6 . 6 . 6			•		224,204	14,772	0	

# 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

	Check it Schedule O contains a response		e in this Part IX .		<u>v</u>
	ot include amounts reported on lines 6b, 7b, o, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	<b>(D)</b> Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 .	0	0		
2	Grants and other assistance to domestic	U	U		
_	individuals. See Part IV, line 22	0	0		
3	Grants and other assistance to foreign organizations, foreign governments, and				
	foreign individuals. See Part IV, lines 15 and 16	0	0		
4 5	Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees	0 52,434	1,294	51,140	0
6	Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	32,434	0	31,140	0
7	Other salaries and wages	0	0	0	0
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9	Other employee benefits	0	0	0	0
10	Payroll taxes	0	0	0	0
11	Fees for services (nonemployees):				
a	Management	0	0	0	0
b	Legal	0	0	0	0
d	Lobbying	0	0	0	0
e	Professional fundraising services. See Part IV, line 17	0	-	_	0
f g	Investment management fees Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Schedule O.) .	0	0	0	0
12	Advertising and promotion	46,208 49,986	46,208 49,986	0	0
13	Office expenses	3,470	17/700	3,470	0
14	Information technology	5,265	5,265		
15 16	Royalties	0 15,042	8,094	0 6,948	0
17	Travel	0	0	0,740	0
18	Payments of travel or entertainment expenses				
19	for any federal, state, or local public officials  Conferences, conventions, and meetings .	6 790	0	6 790	0
20	Interest	6,780	0	6,780	0
21	Payments to affiliates	0	0	0	0
22	Depreciation, depletion, and amortization .	0	0	0	0
23 24	Insurance	1,567	0	1,567	0
a	Concert Production Expenses	14,474	14,474	0	0
b c					
d					
е	All other expenses	0	0	0	0
25 26	Total functional expenses. Add lines 1 through 24e  Joint costs. Complete this line only if the	195,226	125,321	69,905	0
20	organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ▶ ☐ if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

1			Check if Schedule O contains a response or note to any line in this Pa	art X		<u> U</u>
2   Savings and temporary cash investments   78,193   2   76,200						
3   Pledges and grants receivable, net   0   3   0   0   4   0   0   4   0   0   4   0   0		1	Cash—non-interest-bearing	54,600	1	83,643
A Accounts receivable, net   0   4   0   0		2	Savings and temporary cash investments	78,193	2	78,209
Accounts receivable, net   0		3	Pledges and grants receivable, net	0	3	0
Secure   Comparison   Compar		4			4	0
6 Loans and other receivables from other disqualified persons (as defined under section 4958()(1)), and persons described in section 4958()(3)(B).  7 Notes and loans receivable, net		5	trustee, key employee, creator or founder, substantial contributor, or 35%			
under section 4958(f)(1)), and persons described in section 4958(c)(3)(8).  7 Notes and loans receivable, net		_		0	5	0
7		6		0	6	0
8 Inventories for sale or use	s	7	Notes and loans receivable net			
10a   Land, bulldings, and equipment: cost or other basis. Complete Part VI of Schedule D   10a   10b   0   10c     11   Investments—publicly traded securities   0   111   0   12   0   13   10   14   11   10   12   10   13   10   14   11   10   15   10   15   15   10   15   15	set					
10a   Land, bulldings, and equipment: cost or other basis. Complete Part VI of Schedule D   10a   10b   0   10c     11   Investments—publicly traded securities   0   111   0   12   0   13   10   14   11   10   12   10   13   10   14   11   10   15   10   15   15   10   15   15	As					
11   Investments – publicly traded securities   0   11   0   12   0   13   10   13   10   13   10   14   11   15   10   14   16   15   16   16   16   16   16   16	'		Land, buildings, and equipment: cost or other	0		0
12   Investments – other securities. See Part IV, line 11   0   12   0   0   13   10   14   10   14   10   14   10   15   10   10		b	Less: accumulated depreciation 10b	0	10c	
12   Investments – other securities. See Part IV, line 11   0   12   0		11	Investments—publicly traded securities	0	11	0
14		12		0	12	0
14		13	Investments—program-related. See Part IV, line 11	0	13	0
15 Other assets. See Part IV, line 11   0   15   0   16   Total assets. Add lines 1 through 15 (must equal line 33)   132,793   16   161,852     17 Accounts payable and accrued expenses   0   17   0     18 Grants payable   0   18   0     19 Deferred revenue   0   19   0     20 Tax-exempt bond liabilities   0   20   0     21 Escrow or custodial account liability. Complete Part IV of Schedule D   0   21   0     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   0   22   0     23 Secured mortgages and notes payable to unrelated third parties   0   23   0     24 Unsecured notes and loans payable to unrelated third parties   0   24   0     25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D   0   25     26 Total liabilities. Add lines 17 through 25   0   26   0     27 Organizations that follow FASB ASC 958, check here ▶ □ and complete lines 27, 28, 32, and 33.   27 Net assets with donor restrictions   0   28   0     29 Capital stock or trust principal, or current funds   29,298   29,298   29   29,298		14		0	14	0
17		15	<u> </u>			
17		16	·			
18    Grants payable   0   18   0   19   0   0   19   0   0   0   10   0   0   10   0   0		17				
19    Deferred revenue			, ,			
Tax-exempt bond liabilities		19	·			
21 Escrow or custodial account liability. Complete Part IV of Schedule D		20				
22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		21				
Unsecured notes and loans payable to unrelated third parties	es	22	Loans and other payables to any current or former officer, director,			
Unsecured notes and loans payable to unrelated third parties	≣					
Unsecured notes and loans payable to unrelated third parties	iab.					
Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17–24). Complete Part X of Schedule D	_					
parties, and other liabilities not included on lines 17–24). Complete Part X of Schedule D				0	24	0
26 Total liabilities. Add lines 17 through 25		25	parties, and other liabilities not included on lines 17-24). Complete Part X			
Organizations that follow FASB ASC 958, check here and complete lines 27, 28, 32, and 33.  Net assets without donor restrictions Net assets with donor restrictions Organizations that do not follow FASB ASC 958, check here and complete lines 29 through 33.  Capital stock or trust principal, or current funds Organizations that do not follow FASB ASC 958, check here and complete lines 29 through 33.  Capital stock or trust principal, or current funds Organizations that do not follow FASB ASC 958, check here and complete lines 29 through 33.  Rejained earnings, endowment, accumulated income, or other funds Total net assets or fund balances Total net assets or fund balances  Total net assets or fund balances  Total net assets or fund balances  Total net assets or fund balances  Total net assets or fund balances  Total net assets or fund balances			of Schedule D	0	25	
and complete lines 27, 28, 32, and 33.  27 Net assets without donor restrictions 28 Net assets with donor restrictions Organizations that do not follow FASB ASC 958, check here  and complete lines 29 through 33.  29 Capital stock or trust principal, or current funds 29,298 29 29,298 30 Paid-in or capital surplus, or land, building, or equipment fund 31 Retained earnings, endowment, accumulated income, or other funds 32 Total net assets or fund balances 33 161,852		26		0	26	0
and complete lines 27, 28, 32, and 33.  27 Net assets without donor restrictions	Se					
Net assets without donor restrictions	ü					
Net assets with donor restrictions Organizations that do not follow FASB ASC 958, check here and complete lines 29 through 33.  Capital stock or trust principal, or current funds	ale					
Organizations that do not follow FASB ASC 958, check here and complete lines 29 through 33.  29 Capital stock or trust principal, or current funds	В В	28			28	
29 Capital stock or trust principal, or current funds	Fun					
30 Paid-in or capital surplus, or land, building, or equipment fund	ō	29		29.298	29	29.298
31       Retained earnings, endowment, accumulated income, or other funds	ets					
32 Total net assets or fund balances	SS		· · · · · · · · · · · · · · · · · · ·	·		· · · · · ·
<b>33</b> Total liabilities and net assets/fund balances	Ϋ́					
	Re				_	

Form 990 (2021) Page **12** 

Part	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		22	4,284
2	Total expenses (must equal Part IX, column (A), line 25)	2		19	5,226
3	Revenue less expenses. Subtract line 2 from line 1	3		2	9,058
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4		13	2,793
5	Net unrealized gains (losses) on investments	5			0
6	Donated services and use of facilities	-			0
7	Investment expenses				0
8	Prior period adjustments	_			0
9	Other changes in net assets or fund balances (explain on Schedule O)	9			1
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line				
		0		16	1,852
Part	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  Accrual  Other  If the organization changed its method of accounting from a prior year or checked "Other," explain	oin c	<u></u>		
	Schedule O.	aiii C	JII		
0-			2a		~
2a	Were the organization's financial statements compiled or reviewed by an independent accountant? . If "Yes," check a box below to indicate whether the financial statements for the year were compi				
	reviewed on a separate basis, consolidated basis, or both:	ileu '	01		
	Separate basis Consolidated basis Both consolidated and separate basis				
h	Were the organization's financial statements audited by an independent accountant?		2b		~
b	If "Yes," check a box below to indicate whether the financial statements for the year were audited	· ·			
	separate basis, consolidated basis, or both:	. 0	~		
	☐ 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 oversi	iaht	of		
	the audit, review, or compilation of its financial statements and selection of an independent accountant				
	If the organization changed either its oversight process or selection process during the tax year, explain	ain c	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 th	ne		
	Single Audit Act and OMB Circular A-133?		3a		~
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo		ne		
	required audit or audits, explain why on Schedule O and describe any steps taken to undergo such aud	lits .	3b		

Form **990** (2021)

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

# **Public Charity Status and Public Support**

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

Name of the organization

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

► Attach to Form 990 or Form 990-EZ.

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

Open to Public Inspection

Employer identification number

			D CHORAL SO						57-08	
Pai					- '	l organizations mus				ons.
The o	_		•			s: (For lines 1 through		-	,	
1						on of churches descri			0(b)(1)(A)(i).	
2						(Attach Schedule E (F		•		
3						ganization described i				···· –
4				-	•	onjunction with a hosp	oital desc	ribed in s	section 170(b)(1)(A)	(III). Enter the
_			pital's name,	=		college or university			d by a gayaramant	al unit described in
5	_ •	sec	tion 170(b)(1	(Com	plete Part II.)			·		ai unii described in
6 7		An	organization t	hat normally		mental unit described tantial part of its sup te Part II.)				n the general public
8		Ас	ommunity trus	st described i	n <b>section 170(b</b> )	(1)(A)(vi). (Complete	Part II.)			
9	(	or u	university or a versity:	non-land-gra	nt college of agr	d in <b>section 170(b)(1)</b> iculture (see instruction	ons). Ente	er the nan	ne, city, and state of	the college or
10	5	sup	port from gro	ss investmen	t income and un	e than 33 <sup>1</sup> /3% of its sunctions, subject to ce related business taxal 75. See <b>section 509</b> (a	ole incom	ne (less so	ection 511 tax) from	fees, and gross 33 <sup>1</sup> /3% of its businesses
11		An	organization o	organized and	l operated exclus	sively to test for public	safety.	See <b>sect</b>	ion 509(a)(4).	
12						vely for the benefit of,				
						escribed in section 50				
	t			_		the type of supporting			•	. •
а	L					I, supervised, or contr				
						regularly appoint or e			ne directors or trust	ees of the
b						sed or controlled in co				
						rganization vested in V, Sections A and C.		persons	that control or man	age the supported
С						ting organization oper ons). <b>You must comp</b>				ally integrated with,
d	Г			•		pporting organization		-		orted organization(s)
_			that is not fur	ctionally integ	grated. The orga	nization generally must complete Part IV, Sec	st satisfy	a distribu	ution requirement an	
е	Г	_			•	a written determination		-		ılı Type III
Ū	_					tionally integrated sup				е п, туре пі
f	En									
g					•	oorted organization(s).				
	(i) Na	lame	of supported org	janization	(ii) EIN	(iii) Type of organization		organization	(v) Amount of monetary	(vi) Amount of
						(described on lines 1–10 above (see instructions))	,	ur governing ment?	support (see instructions)	other support (see instructions)
						above (see instructions))			indi dellond)	monucions)
							Yes	No		
(A)										
(B)										
(C)										
(D)										
(E)										

	(Complete only if you checked the Part III. If the organization fails to						alify under
Secti	on A. Public Support	quanty arran	10010	, р.		,	
	dar year (or fiscal year beginning in) ▶	(a) 2017	<b>(b)</b> 2018	(c) 2019	(d) 2020	<b>(e)</b> 2021	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4	Total. Add lines 1 through 3						
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6	Public support. Subtract line 5 from line 4						
	on B. Total Support						
	dar year (or fiscal year beginning in) ▶	<b>(a)</b> 2017	<b>(b)</b> 2018	(c) 2019	(d) 2020	<b>(e)</b> 2021	(f) Total
7	Amounts from line 4						
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
9	Net income from unrelated business activities, whether or not the business is regularly carried on						
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
11 12 13	Total support. Add lines 7 through 10 Gross receipts from related activities, etc. First 5 years. If the Form 990 is for the	organization'	s first, second	, third, fourth,	or fifth tax ye	12 ear as a sectio	n 501(c)(3)
	organization, check this box and stop he	re					▶ □
Secti	on C. Computation of Public Suppor	t Percentag	е				
14 15 16a	Public support percentage for 2021 (line 6 Public support percentage from 2020 Sch 331/3% support test—2021. If the organi	nedule A, Part	II, line 14 .			14 15 31/3% or more.	% % check this
	box and <b>stop here.</b> The organization qual						
b	331/3% support test—2020. If the organization this box and stop here. The organization						
17a	10%-facts-and-circumstances test—20 10% or more, and if the organization m Part VI how the organization meets the organization	eets the facts	-and-circumst	ances test, che	eck this box a	ind <b>stop here.</b>	Explain in
b	10%-facts-and-circumstances test—20 15 is 10% or more, and if the organizatio in Part VI how the organization meets the organization	n meets the fa e facts-and-cir	acts-and-circu	mstances test, est. The organi	check this bo	x and <b>stop he</b>	re. Explain
18	Private foundation. If the organization of	did not check	a box on line	13, 16a, 16b	, 17a, or 17b,	check this bo	x and see

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

### 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.)

Secti	on A. Public Support			•	·	,	
Calen	dar year (or fiscal year beginning in) ▶	(a) 2017	<b>(b)</b> 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1	Gifts, grants, contributions, and membership fees						
_	received. (Do not include any "unusual grants.")	109,184	106,976	88,491	92,541	149,292	546,484
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	147,365	101,135	96,625	0	74,874	419,999
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	256,549	208,111	185,116	92,541	224,166	966,483
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons .						
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
С	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from						
	line 6.)						966,483
	on B. Total Support						
	dar year (or fiscal year beginning in)	<b>(a)</b> 2017	<b>(b)</b> 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
9	Amounts from line 6	256,549	208,111	185,116	92,541	224,166	966,483
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources.	31	37	571	433	16	1,088
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
С	Add lines 10a and 10b	31	37	571	433	16	1,088
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.)	4.045	2.004	F-0	2/1	100	7.047
13	Total support. (Add lines 9, 10c, 11,	4,315	3,084	53	361	103	7,916
14	and 12.)	•			-		. , , ,
<u>C1:</u>	organization, check this box and stop he						🟲 📙
	on C. Computation of Public Suppor			12 and upon (f)		45	20.00.0/
15 16	Public support percentage for 2021 (line 8 Public support percentage from 2020 Sch		•	, (,,		15 16	99.08 %
	on D. Computation of Investment In			<u> </u>		10	98.88 %
17	Investment income percentage for 2021 (			v line 13 colu	mn (f))	17	0.11 %
18	Investment income percentage for 2021 (		* *	-	* * * *	18	0.11 %
19a	33 <sup>1</sup> / <sub>3</sub> % support tests—2021. If the organ						
····	17 is not more than 33 <sup>1</sup> / <sub>3</sub> %, check this box						
b	33 <sup>1</sup> / <sub>3</sub> % support tests—2020. If the organize line 18 is not more than 33 <sup>1</sup> / <sub>3</sub> %, check this line 18	ation did not cl	neck a box on	line 14 or line 1	9a, and line 16	is more than 3	3 <sup>1</sup> /3%, and
20	Private foundation. If the organization di	_	_	· ·		-	_

## 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**

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

Part IV Supporting Organizations (continued) Yes No Has the organization accepted a gift or contribution from any of the following persons? A person who directly or indirectly controls, either alone or together with persons described on lines 11b and 11c below, the governing body of a supported organization? 11a **b** A family member of a person described on line 11a above? 11b 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 1 Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year. 1 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 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 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 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 By reason of the relationship described on line 2, above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard. 3 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). The organization satisfied the Activities Test. Complete **line 2** below. The organization is the parent of each of its supported organizations. *Complete line 3 below.* С The organization supported a governmental entity. Describe in **Part VI** how you supported a governmental entity (see instructions). 2 Activities Test. Answer lines 2a and 2b below. Yes No Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities. 2a b Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement. 2b 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 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.

Schedule A (Form 990 or 990-EZ) 2021

Part	V Type III Non-Functionally Integrated 509(a)(3) Supporting Org	jani	zations	
1	Check here if the organization satisfied the Integral Part Test as a qualifying instructions. All other Type III non-functionally integrated supporting organ			
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		
	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion B-Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):			
a	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
c	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	<b>Discount</b> claimed for blockage or other factors (explain in detail in <b>Part VI</b> ):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 0.035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C—Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions).	6		
7	☐ Check here if the current year is the organization's first as a non-functional (see instructions).	ally i	ntegrated Type III suppo	rting organization

Part	V Type III Non-Functionally Integrated 509(a)(3	) Supporting Organi	zations (continue	d)	
Sect	ion D-Distributions				Current Year
1 2	Amounts paid to supported organizations to accomplish a Amounts paid to perform activity that directly furthers exe organizations, in excess of income from activity		rted	2	
3	Administrative expenses paid to accomplish exempt purp	oses of supported orga	nizations	3	
4	Amounts paid to acquire exempt-use assets			4	
5	Qualified set-aside amounts (prior IRS approval required-	-provide details in <b>Part</b>	VI)	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 whic (provide details in <b>Part VI</b> ). See instructions.	h the organization is res	ponsive		
	Distributable amount for 2021 from Section C, line 6			8 9	
10	Line 8 amount divided by line 9 amount			10	
	ion E—Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributior Pre-2021		(iii) Distributable Amount for 2021
1	Distributable amount for 2021 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2021 (reasonable cause required—explain in <b>Part VI</b> ). See instructions.				
3	Excess distributions carryover, if any, to 2021				
а	From 2016				
b	From 2017				
С	From 2018				
d	From 2019				
е	From 2020				
f	Total of lines 3a through 3e				
g	Applied to underdistributions of prior years				
h	Applied to 2021 distributable amount				
i	Carryover from 2016 not applied (see instructions)				
j_	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2021 from Section D, line 7: \$				
a	Applied to underdistributions of prior years			_	
b	Applied to 2021 distributable amount				
C	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2021, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, <i>explain in Part VI</i> . See instructions.				
6	Remaining underdistributions for 2021. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in <b>Part VI.</b> See instructions.				
7	Excess distributions carryover to 2022. Add lines 3j and 4c.				
8	Breakdown of line 7:				
а	Excess from 2017				
b	Excess from 2018				
С	Excess from 2019				
d	Excess from 2020				
6	Excess from 2021				

Part VI	<b>Supplemental Information.</b> 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.)
Schedule A	, Part III, Line 12 - The amount was received from Amazon Smile.

#### **SCHEDULE O** (Form 990 or 990-EZ)

Department of the Treasury

### Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

**Open to Public** 

Inspection Internal Revenue Service **Employer identification number** Name of the organization HILTON HEAD CHORAL SOCIETY INC 57-0834963 Form 990, Part VI, Section A, Line 7a - Per the By-laws of Hilton Head Choral Society (HHCS), the Board of Directors are elected by the members of HHCS at each annual meeting. Members of HHCS are singers, music directors, and accompanists. Form 990, Part VI, Section B, Line 11b - The annual Form 990 or Form 990 EZ is initially reviewed by the Finance Committee and then it is submitted to the Board of Directors Form 990, Part VI, Section B, Line 15 - Compensation for the Artistic Director, an independent contractor, is formulated by the Compensation Committee and is submitted to the Board of Directors for approval. Form 990, Part VI, Section C, Line 19 - Hilton Head Choral Society will make its governing documents and financial statements available to the public upon request. Copies of Form 990 or Form 990 EZ that have been filed with the IRS are available to the public on several websites including those of the IRS and the state of South Carolina. Form 990, Part IX, Line 11g - The amount reported represents compensation to independent contractors who are orchestra musicians accompanying the Hilton Head Choral Society chorus at its concerts. Form 990, Part XI, Line 9 - Rounding adjustment