2026
Accommodations Tax Funds Request Application

Organization Name: Hilton Head Concours d'Elegance, Inc

Project/Event Name: Hilton Head Concours d'Elegance & Motoring Festival

Executive Summary

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

As we celebrate over two decades of the Hilton Head Island Concours d'Elegance, we're reminded that this Festival is more than an event—it's a gathering that brings people together through shared passions. Every year, we welcome guests who travel from across the country and beyond to experience Hilton Head Island at its very best: its beauty, its culture, and its hospitality.

In 2025, we made important strides to keep this experience fresh and meaningful. We **redesigned our website** to create a seamless journey from discovery to ticketing, invested in **exhibitor technology** to grow our exhibitor numbers, make participation easier and more rewarding, and expanded our **storytelling across social media and through partnerships with innovated media platforms/offerings and more.** These updates aren't just "modern touches"—they're deliberate, research-driven decisions that allow us to connect with travelers where they are and inspire them to make Hilton Head their destination.

The results speak clearly. In 2024, more than 21,000+ attendees joined us, with over 81% visiting from outside Hilton Head Island, staying an average of **four nights** and contributing an estimated **$12+ million in visitor spending.** Our guests aren't just car enthusiasts—they are families exploring the **Kid Zone**, young professionals experiencing Hilton Head for the first time, and collectors who help put our community on the national stage.

With thoughtful planning, smart marketing, and a commitment to evolving, we are proud to carry forward an event that both honors tradition and drives Hilton Head's future as a premier destination.

2026
Accommodations Tax Funds Request Application

Date Received: 09/05/2025	Time Received: 03:34 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 Concours d'Elegance, Inc

Project/Event Name: Hilton Head Concours d'Elegance & Motoring Festival

Contact Name: Kelly Smith Title: Marketing & Advertising

Address: 1 Cardinal Ct., Suite 16, Hilton Head Island, SC 29926

Email Address: Hashtagconcours@gmail.com Contact Phone: 843-683-8386

Event Date(s): October 28 - November 1, 2026 Event Location(s): Various Locations

Total Budget: $1,376,890.00 **Grant Requested:** $350,000.00

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

The requested will be directed toward:

- **Marketing & Advertising:** Expanding innovative campaigns at the regional, national, and international level to draw high-value tourists to Hilton Head Island. This includes media partnerships, digital targeting, and leveraging automotive and luxury lifestyle networks.
- **Programming & Exhibits:** Funding exclusive specialty classes (such as Cadillac, Chevrolet, Hot Rod Reunion, Life Exhibits, Kids Zone and much more) that appeal to collectors and enthusiasts who travel for unique experiences not available elsewhere.
- **Visitor Experience Enhancements**: Supporting production costs for marquee venues like Hilton Head Island Airport's General Aviation terminal, which creates an immersive automotive–aviation crossover event experience.
- **Communi**

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)*

The Hilton Head Island Concours d'Elegance is a true tourism driver, with **only 18% of attendees residing locally**. The remaining **82% are visitors and travelers**, underscoring the

event's unique ability to bring new dollars into the Island economy. In 2024, the Festival hosted **21,000+ guests**, who experienced not only world-class automotive exhibitions but also aviation displays, culinary events, and cultural programming. Impact is measured through surveys, ticketing, and lodging data, all of which confirm high satisfaction, extended overnight stays, and strong economic impact. Few events on Hilton Head attract such a high concentration of out-of-market travelers.

A. Total Number of Physical Tourists Served: 11,047
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: 4,105
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: 6,010
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): 21,162

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

The Hilton Head Island Concours d'Elegance & Motoring Festival employs a multi-pronged methodology to accurately document visitor attendance. For our 2024 event, a total of 21,000+ attendees were recorded. Attendance was verified through a combination of online ticket sales via Saffire, on-site USCB-administered visitor surveys, and credential tracking for exhibitors, volunteers, and VIPs.

This hybrid approach allows us to cross-reference quantitative ticketing data with qualitative survey insights, ensuring accuracy in both total counts and demographic breakdowns. It also provides visibility into lodging, dining, and extended-stay behavior, which supports our ability to calculate tourism impact.

In addition, exhibitor and hospitality partner reports supplement these findings, capturing visitor engagement beyond gate entry. Together, these methods create a reliable picture of attendance and impact, confirming the Festival's ability to attract a high-value visitor base that directly benefits Hilton Head Island's economy.

B. **DESCRIPTION OF OPERATIONS:**

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

The Hilton Head Island Concours d'Elegance & Motoring Festival is one of the East Coast's premier destination events, drawing over 21,000+ attendees in 2024 with 80% traveling from outside the Island. Celebrating its 23rd year in 2025, the Festival has become nationally recognized as a "designer's Concours," blending the prestige of automotive heritage with Hilton Head Island's cultural and natural assets.

Our programming includes signature showcases such as the Car Club Showcase, the nationally judged Concours d'Elegance, exclusive Pinnacle Society donor memberships, and unique partnerships with Hilton Head Island Airport for aviation displays. Each element integrates the Island's hotels, restaurants, and attractions to create a visitor experience comparable to Monterey Car Week, one of the most prestigious Concours gatherings in the country.

As a nonprofit, we exist not only to celebrate automotive excellence but to drive year-round economic impact. We collaborate with regional chambers, hospitality partners, and cultural institutions to attract affluent, multi-generational travelers. In doing so, the Festival enhances Hilton Head's reputation as a premier destination for cultural, culinary, and heritage tourism, while providing measurable benefits to the Island's economy, community pride, and cultural identity.

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

ATAX funding is essential to sustaining the Hilton Head Island Concours d'Elegance & Motoring Festival's position as one of the Island's most visible and impactful tourism drivers. In 2026, requested funds will be allocated primarily to strategic marketing and visitor development efforts that attract affluent travelers, fill hotel rooms, and generate significant community-wide spending. Approximately 90% of funds will support marketing and promotions across targeted media outlets, national automotive networks, luxury lifestyle publications, and digital campaigns. These efforts ensure that the Concours reaches discerning travelers who align with Hilton Head's visitor profile—multi-generational, affluent, and experience-driven. In 2024, these efforts helped deliver 21,000+ attendees, with 81% traveling from outside Hilton Head Island, validating the Festival's reach and impact. The remaining 10% of funds will be used to enhance operations and visitor experience, including specialty exhibits, transportation logistics, and hospitality services. Planned programming for 2026 includes landmark automotive anniversaries, rare international exhibits, and the continued integration of aviation and culinary activations—elements that distinguish Hilton Head's Concours from any other regional event. By investing ATAX funds in marketing, operations, and unique programming, the Festival not only draws high-value visitors during the fall shoulder season but also amplifies Hilton Head Island's global reputation as a premier luxury lifestyle destination.

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)*

Full ATAX funding is not just vital to our budget—it is vital to Hilton Head Island's story. Nearly 80% of our marketing resources come from this support, allowing us to welcome over 21,000+ visitors, fill hotel rooms, and generate more than $12 million in local spending. Without full funding, we would be forced to scale back the very elements that make the Concours nationally recognized—rare vehicle transportation, strategic advertising, and exhibitor outreach. This support is more than financial; it is a partnership that preserves Hilton Head's cultural prestige, fuels community pride, and sustains a thriving tourism economy.

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

The HHI Concours d'Elegance continues to deliver extraordinary results for both organization and community. In 2024, the Festival welcomed 21,162 attendees, with 19% local, 81% visitors, confirming its role as one of Hilton Head's most powerful tourism drivers. This influx of out-of-market travelers generated an estimated $12.9M in visitor expenditures, the highest impact in the event's history. Hospitality partners reported record room nights, restaurants and shops experienced increased traffic, and exhibitors and sponsors noted exceptional sales and engagement. The Festival not only fills hotel blocks during the fall shoulder season but generates national visibility for the Island's cultural and luxury offerings.

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.*	90 %
2 - Tourism-Related Events *Promotion of the arts and cultural events.*	10 %
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)*

Collaboration has been at the heart of the Concours' success for more than two decades. Our organization has fostered strong, year-round partnerships with the Hilton Head Island–Bluffton Chamber of Commerce, the Town of Hilton Head Island, and the South Carolina Department of Parks, Recreation & Tourism to maximize the island's visibility as a destination for high-value visitors. We also collaborate with cultural partners such as the Coastal Discovery Museum, local arts groups, and regional universities to layer heritage, education, and community programming into the festival experience.

Operationally, we partner with resort and hospitality providers including The Westin Hilton Head Island Resort, Sonesta, Omni, and other lodging partners to package experiences that extend visitor stays and generate hundreds of room nights. These partnerships not only leverage co-marketing dollars but also connect festival attendees with curated dining, golf, and coastal activities, enhancing Hilton Head's brand as a multifaceted destination. Looking ahead, we are strengthening ties with other signature events such as the Hilton Head Island Seafood Festival and Gullah Celebration, developing cross-promotional strategies that highlight the island's unique blend of cultural and lifestyle offerings.

This coordinated approach creates efficiencies in marketing spend, broadens visitor demographics, and ensures Hilton Head is seen as a cultural and culinary hub as well as a luxury motoring destination. By curating an experience unavailable anywhere else in the Southeast—a Concours staged against Hilton Head's coastal landscape and infused with Lowcountry culture—we provide a tourism asset that enhances the region's reputation and drives measurable economic impact.

7. Additional comments. *(250 words or less)*

The Hilton Head Island Concours d'Elegance & Motoring Festival is more than an automotive showcase—it is a cultural, educational, and economic driver that elevates Hilton Head Island's profile nationally and internationally. In 2024, the event attracted 21,000+ attendees. The event continues to diversify programming with educational initiatives, design collaborations with universities, and community-centered exhibitions that celebrate both heritage and innovation.

Concours is unique among Hilton Head Island events in its ability to attract a highly affluent, multi-generational audience. These visitors consistently generate millions in economic impact through hotel stays, dining, shopping, and cultural tourism. In fact, past studies have shown that the festival generates well over $12 million annually in visitor expenditures—a figure expected to grow as we expand partnerships and refine marketing efforts.

Support from ATAX funding allows us to maintain the event's prestige and broaden its reach through carefully targeted marketing, collaborative cultural programming, and exceptional visitor experiences. Continued investment will ensure that Concours remains a signature event for Hilton Head Island, one that strengthens the island's brand, supports local businesses, and drives meaningful tourism growth year after year.

C. **FUNDING:**

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

The HHI Concours is financed through three main sources: **1. Corporate Sponsorships and Event Revenue:** These fund nearly all of our fixed overhead and creation of the festival grounds and festival operational costs. **2. Tourism/Accommodation Tax Grants:** Expected funds from the Town of HHI and Beaufort County in 2025 will cover all of our marketing costs and minimal program expenses at the HHI Airport. **3. Fundraising Events**: These raise money for the Festival's charitable fund, which has donated over $1 million to local youth charities and automotive scholarship programs. These funding avenues ensure the HHI Concours continues to thrive and support our Community.

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

40	Government Sources	10	Private Contributions, Donations and Grants
20	Corporate Support, Sponsors		Membership, Dues, Subscriptions
30	Ticket Sales, or Sales and Services		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.

   Beaufort County $35,000.00

D. **FINANCIAL INFORMATION:**

Fiscal Year Disclosure: Start Month: **January** End Month: **December**

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:

   2022- Previous FY 1
   2022- Previous FY 1
   2023- Previous FY 2

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:

   2024 Balance Sheet - Previous FY 2

   2023 - Previous FY 1

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

   Current year IRS Form 990 or 990T Provided: Yes

   Previous IRS Form 990 or 990T Years Provided:

   2023 990 - Previous FY 1

   2020 - Previous FY 2

2021 - Previous FY 1

E. **FINANCIAL GUARANTEES AND PROCEDURES:**

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

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

2. Indicate whether your organiztion 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	$385,000.00	Hilton Head Concours d'Elegance & Motoring Festival
2024	$362,000.00	2024 Hilton Head Island Concours d'Elegance & Motoring Festival
2025	$385,000.00	

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

ATAX funding is primarily invested in marketing and promotions, which are the lifeblood of the Hilton Head Island Concours d'Elegance. These funds allow us to stay ahead of the curve with an integrated campaign strategy that blends national and regional media, targeted digital advertising, and high-impact social storytelling. We leverage advanced tools such as geofencing, retargeting, and data-driven audience segmentation to ensure our message reaches affluent cultural travelers most likely to book overnight stays. Platforms include not only traditional print and broadcast, but also social media ecosystems (Instagram, Facebook, YouTube, Niche Ouets and Lifestylel Influencers, Photography/Videography platforms and more), delivering millions of impressions and deepening engagement year-round. Our partnerships amplify this reach. By collaborating with the Hilton Head Island–Bluffton Chamber of Commerce, luxury lifestyle media outlets, and strategic automotive networks, we elevate Hilton Head's visibility alongside other nationally recognized Concours events. Initiatives like inviting top-tier executives and influencers as guest judges further extend our credibility and broaden our audience. ATAX

funding also offsets costs for showcasing prestigious vehicles and producing signature activations at the Hilton Head Island Airport General Aviation terminal. These enhancements maintain the Festival's world-class standards, strengthen Hilton Head's brand, and foster both community pride and national recognition.

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

Attendance remains our most critical indicator of success, and in 2024 the Concours welcomed 21,000+ guests, with only 19% local and 81% visitors. We track this meticulously through barcode scanning, reserved hotel blocks, and on-site surveys conducted by the University of South Carolina Beaufort. These surveys not only differentiate between locals and tourists but also measure satisfaction and identify the geographic markets most responsive to our campaigns—guiding future strategy. ATAX support has enabled us to move decisively into cutting-edge digital marketing, where impact can be tracked and optimized in real time. Between May and August alone, our digital campaigns generated over 8 million impressions and more than 70,000+ website clicks, driving traffic that translated directly into ticket sales and hotel bookings. Unlike static print, these platforms allow us to adapt mid-campaign, ensuring funds are used with maximum efficiency. The results are tangible: increased overnight stays, record hotel nights, and measurable spending at Island restaurants, shops, and cultural venues. Beyond economics, the Concours also benefits the community through charitable giving, youth scholarships, and educational initiatives. This combination of visitor growth, economic impact, and community reinvestment demonstrates the Festival's importance as both a cultural jewel and a tourism engine for Hilton Head Island.

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

The Hilton Head Island Concours d'Elegance measures effectiveness through a comprehensive evaluation framework that combines attendance tracking, sponsor engagement, visitor feedback, and financial performance. Visitor impact is documented through online ticketing data, hotel partner reporting, and on-site surveys conducted by the University of South Carolina Beaufort, which capture demographic profiles, travel behavior, and satisfaction. These tools provide granular insights into which markets respond to our marketing and how long visitors are staying, allowing us to refine strategy annually. Effectiveness is also measured by the strength of sponsor and partner engagement. Despite broader economic uncertainties, new sponsors continue to join, affirming the event's prestige and reach. On the program level, we evaluate individual

experiences such as the Flights & Fancy and the Aero Airport showcase by attendance, media coverage, and exhibitor ROI. Finally, the Festival measures success by community outcomes: charitable giving exceeding $1.2 million to date, youth scholarships, and educational programming. Together, these benchmarks ensure accountability while reinforcing the Concours' dual role as a premier tourism generator and a cultural asset for Hilton Head Island.

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.

As we celebrate over two decades of the Hilton Head Island Concours d'Elegance, we're reminded that this Festival is more than an event—it's a gathering that brings people together through shared passions. Every year, we welcome guests who travel from across the country and beyond to experience Hilton Head Island at its very best: its beauty, its culture, and its hospitality.

In 2025, we made important strides to keep this experience fresh and meaningful. We **redesigned our website** to create a seamless journey from discovery to ticketing, invested in **exhibitor technology** to grow our exhibitor numbers, make participation easier and more rewarding, and expanded our **storytelling across social media and through partnerships with innovated media platforms/offerings and more.** These updates aren't just "modern touches"—they're deliberate, research-driven decisions that allow us to connect with travelers where they are and inspire them to make Hilton Head their destination.

The results speak clearly. In 2024, more than 21,000+ attendees joined us, with over 81% visiting from outside Hilton Head Island, staying an average of **four nights** and contributing an estimated **$12+ million in visitor spending.** Our guests aren't just car enthusiasts—they are families exploring the **Kid Zone**, young professionals experiencing Hilton Head for the first time, and collectors who help put our community on the national stage.

With thoughtful planning, smart marketing, and a commitment to evolving, we are proud to carry forward an event that both honors tradition and drives Hilton Head's future as a premier destination.

Signature: Kelly

Title/Position: Smith

Mailing Address: 1 Cardinal Rd, Suite #16, Hilton Head Island, SC 29926

Email Address: hashtagconcours@gmail.com

Office Phone Number: 843-683-8386

Home Phone Number: 843-683-8386

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

TOPIC	THE PLAN	BUDGET	ACTUAL SPENT	RESULTS ***When possible, provide planned results vs. actual results, and/or current year vs. prior year results.***
CATEGORY 1 ONLY				
Digital Marketing				
Banner Advertising	Google	$ 54,000.00	$ 54,000.00	Our digital campaign generated **3.7 million impressions and 5,000+ clicks**, driving qualified traffic directly to the event website. With an investment of **$22,500**, the program achieved a strong **0.14% CTR overall and 0.18% in retargeting**, proving efficient ROI in competitive luxury markets. More than **70% of engagement came from mobile**, confirming we reached audiences where they spend the most time. By leveraging geofencing, affinity targeting, and retargeting, we connected with high-income, culture-driven travelers across the Southeast and
Social Media	Facebook & Instagram Organic lifestyle content and paid campaigns that focus on high-income users in direct flight markets as well as drive markets.	$ 10,000.00	$ 10,000.00	In 2024, our social media platforms delivered **record-breaking growth and engagement**, proving the effectiveness of our digital strategy in driving awareness and loyalty. On Facebook alone, we achieved a **reach of 1.28 million (+143.5%)**, with **59,791 content interactions** and **18,823 link clicks (+297.9%)**, funneling highly engaged users directly to our website. Visits to our Facebook page surged **354.6% to 65,992**, while our follower base grew to **30,232 total fans**, a **348% increase year-over-year**. Demographically, our audience is highly aligned with our target market—predominantly ages **45–65+**, evenly split between men and women, with geographic strength in Hilton Head, Bluffton, Savannah, Atlanta, Charleston, and New York. When benchmarked against peer Concours events, Hilton Head now ranks **#2 in social media audience size**, outpacing Amelia Island, Detroit, and others, and trailing only Pebble Beach in scale. This growth demonstrates the
Email Marketing	Outreach to past and present ticket holders that reside outside of Beaufort County	$ 10,000.00	$ 7,600.00	With the subscriber list of over 46,000 emails and nearly 50 emails sent annually, we anticipate an estimated 3million+ impressions.
Total		$ 74,000.00	$ 71,600.00	
CATEGORY 1 ONLY				
Media Outlets				
Local Life	Print and Digital Campaigns	$ 15,000.00	$ 14,000.00	Anticipated over 2 million impressions between placements that target visitors, new residents to Beaufort County and second home owners.
Classic Motorsports	Print and Digital Campaigns	$ 4,000.00	$ 2,822.00	70,000 Paid Readership, 22,000 Email Newsletter Subscribers and 101,000 Website Users Each Month
Total		$ 19,000.00	$ 16,822.00	
CATEGORY 1 ONLY				
Public Relations & Traditional Advertising /Marketing	Recruiting top executives, designers, and influencers to include covering cost of attending.	$ 48,000.00	$ 48,000.00	At the time of application, we have secured participation from a distinguished group of **automotive leaders, media personalities, and cultural influencers** spanning motorsports, design, and entertainment. This includes well-known figures such as professional racers, former global design executives, television hosts, and digital creators with multi-million–person followings. Additional high-profile participants are in discussion and will be announced as confirmations are finalized, ensuring the Visionaries program continues to showcase some of the
Marlin Advertising	1-95 Billboard	$ 15,000.00	$ 15,100.00	I-95 Mile Georgia Mile Marker 108.5 Right Hand Read Traffic Counts: 63,000 Per Day (Traffic backs up 2 miles at this billboard every day. DOT Extended the exit Lane By 1.5 miles due to the back up at this billboard.) 12 Month Agreement shared with HHI Seafood Festival for 6 Months of Advertising
Photography and Video Production		$ 19,000.00	$ 19,000.00	Documentation of event for use in future marketing, website redesign, marketing collateral, advertising and shared with media outlets, sponsors and partners such as our hotels, VCB and SCPRT.
Creative Design and Development	Creation of campaigns that attract ticket buyers and enthusiasts through visual	$ 30,000.00	$ 30,000.00	Overseeing the website updates, including media pages. Developing an exhibitors micro-site for outreach. Creating a complete redesign of the HHICONCOURS.COM .
Speciality Vehicles	Showcase vehicles significant to the event's yearly exhibits	$ 10,000.00	$10,000	Includes vehicles to showcase in our "Life Exhibit", Pinnacle Collector, Velocity Collector and more.
Total		$ 122,000.00	$ 122,000.00	
CATEGORY 1 ONLY				
Niche Marketing				
Packard National Meet		$ 1,500.00	$ 1,500.00	Advertising at the Packard National Meet included a full-page ad in the event guide, recognition at the event, brochure distribution, and a speaking opportunity. Held at the Sheraton Milwaukee Brookfield Hotel, this significant exposure coincides with engaging hundreds of participants.
Two Lane Touring		$ 5,000.00	$ 5,000.00	Two Lane Touring, advertised nationwide by Brad Phillips and his renowned team, will depart from Nashville's Lane Motor Museum. The four-day sold-out tour includes stops in Chattanooga, Athens, and Hilton Head Island for the Concours weekend..
Mercedes-Benz Club of America Southern Stars		$ 5,000.00	$ 5,000.00	Newsletter Inclusion with monthly newsletter with 100 000 impressions across print and digital platforms
Total		$ 11,500.00	$ 11,500.00	
Total Budget to Actual		$ 215,000.00	$ 221,922.00	

2024 FESTIVAL REPORT

2024 Hilton Head Island Concours d'Elegance

USCB | CENTER FOR LOWCOUNTRY HOSPITALITY EDUCATION

EXECUTIVE SUMMARY

At the request of festival organizers, the University of South Carolina Beaufort (USCB) conducted an on-site survey at the 2024 Hilton Head Island Concours d'Elegance & Motoring Festival on November 2 and 3, 2024. The purpose of the survey was to gain insight into festival attendees and identify how these attendees contribute to the Island's economy and local tourism.

Research staff collected data from festival goers via requesting attendees to answer question about the festival. The 34-question survey was administered digitally, via iPads, which were provided to attendees to answer the survey. Attendees were also able to participate in the survey via QR codes placed around the event, as well as handed out by research staff. At the conclusion of the survey, participants were offered a variety of different Salty Dog Koozies. Anecdotally, researchers received inquiries from several respondents asking about the Salty Dog t-shirts that were the previous year's compensation for participating in the survey.
Also, guests of the event were more willing to participate in the survey when had set location, rather than sharing with the Will Call tent. It enabled us to showcase all the giveaways, which incentivized some guests to participate. We, of course, still had several attendants walk the event. Additionally, one of the research assistants felt uncomfortable with some of the comments that were directed at her.

Overwhelmingly, participants enjoyed the event with 77% giving the festival a "5 Star" rating. This is, however, down from last year's rating of 88%. Most attendees surveyed are also likely to return to the Concours next year (66% *extremely likely, 20% very likely*) and recommend the festival to friends (73.49% *extremely likely, 20.82% very likely*). Below are a few key takeaways from the data that may be helpful when planning this event for the future:

- Word of Mouth (mainly friends and family) was the number one method of first learning about the festival (42.68%), followed by Internet searching (11.
- Attendees were primarily from within 50 miles of the event (25.39%) or lived on Hilton Head Island (37.22%).
- Primarily older demographic (47.02% are aged 55+) with the plurality of participants' annual household fall into the $200,000+/year group. The next largest group (21.5%) of attendees fall within the $100,000- $149,999 annual household income bracket.
- Attendees were almost a 60-40 split of males to females, with anecdotally the split being closer to 50-50
- Many (57.25%) of the respondents did not participate in any of the additional events that were offered to them. Notably, the event that people did participate in the most was the People's Choice awards, with a quarter of respondents participating.
- Sunday appeared to be the more popular of the days, with 81.96% of participants stating that they would attend on that day. Anecdotally, there did appear to be more people present on Sunday rather than Saturday.

In the attached report, data and tables are presented for each survey item.

Assorted comments from the 2024 Concours d'Elegance.
Sentiment Breakdown - **Positive**, Neutral, *Negative*, and Suggestions.

- *I thought the price per ticket was a little steep, but that is my only complaint.* **The show was great!**
- I have attended the festival for the past 7 years. *This is the first year that the bar service at the event was awful. Very limited selection of drinks, and mixers ran out early in the morning on both days! Please bring back professional bartenders And specialty drinks. This is one of the things that made the festival unique and not just another "car show".*
- *The food and drinks were not up to par with those of past years concours. My father and I have attended the last 9 years as a tradition and always enjoyed the main lawn cocktail bar to get a craft drink; this year that was not the case. All drink and concession stands seemed to be run by non f&b staff with no knowledge of the food or drink. They were out of orange juice, Bloody Mary mix, or other essential concession items. Did not seem to be a lot of communication between staff.*
- **We were here 6 years ago and the growth of this event was a pleasant surprise**
- **Very will run event. Really appreciated that the main stage sound was broadcast throughout the property!**
- *Flights & Fancy was not as good as prior years. Long lines. Limited food. Poor lighting. Y'all have work to do.*
- *I understand that a car had been selected for the concourse on Sunday and then was turned away, The entry was invited a second time and then cancelled a second time. This in my opinion was very unprofessional and for that reason I give the concourse a poor rating.*
- *I thought the increase in the price of admission was too high. Sunday's event was not worth $100 admission.*
- There should be more boats.
- **Great show as always!**
- **Better set up of amenities than last year.**
- **The collection of cars of all types is so impressive. It is a relaxed, fun experience.**
- **Had a great time (x2)**
- **Best car show I have been too**
- **Thx for all**
- **It was great**
- **Very memorable experience.**
- **It was amazing**
- **Great weather and event**
- **Very nice**
- *Less organized been attending since it began while I was in school here VIP lost a lot short on food coffee Elijah Craig people all talking not good flavors dry bad. Better past years need more give away booths for car and local buffs too as in past*
- **Well organized event.**
- **Love the event**
- *Food service in the Patron' tent was disappointing. Miss the SERG group. PRG was a bit over their heads*

Assorted comments from the 2024 Concours d'Elegance.
Sentiment Breakdown - **Positive**, Neutral, *Negative*, and Suggestions.

- **Beautiful**
- **Good (x2)**
- **Great.** *Better service at VIP ENTRANCE*
- *Pricey*
- **Awesome cars here!**
- **Excellent**
- **Thanks**
- I'm hungry
- **Very nice**
- **Great (x5)**
- **Well done! So much fun!**
- **Great event (x5)**
- **Very fun**
- **Nice weather**
- **Love the variety**
- Need other & more food options. Also need more seating for the field
- **Volunteer Evan was very helpful**
- *Pricey for one day (x2)*
- **Very good**
- *I was hoping for better food and beverage options related to local vendors and/or cuisine*
- **It was very good time**
- **Great day :)**
- **Great show**
- *I liked last year's better.*
- **Fun time**
- **Thank you HHI!!**
- It seemed very slow there today. Not as many cars or people
- **Love it a lot of different styles**
- **Lot of fun**
- *Have them not charge gratuity for one person and club house bar*
- *Miss the security metal detectors at the front*
- **So well run**
- **Thank you for hosting!**
- Great weather (x6)
- **It's super cool (x2)**
- **Fantastic event**
- *Very disappointed that a car was supposed to be here and then it was denied. Actually came to see the car and then found out that it was accepted and then rejected, accepted again and then rejected. Very disappointed in the professionalism. Especially feel sorry for the entrant that thought he was going to be here in the show*
- **Fun time**
- *Parking staff that give directions on where to park and drop off they need to be friendlier and smile.*
- *Could improve quality and portion of food*
- *The food at the Patrons Tent was not enough (ran out) and we had to wait for the food to be replenished. Have not experienced this is previous years.*
- **Always fun**
- **Loved it (x6)**
- **Love the variety and plethora of rare models**
- **Great venue.** *Was disappointed on Saturday that the restrooms were locked at 3:00! Not good!*
- Too long survey
- **Love the event**
- **Family fun**
- **very friendly event.**
- **Nice**

Assorted comments from the 2024 Concours d'Elegance.
Sentiment Breakdown - **Positive**, Neutral, *Negative*, and Suggestions.

- *Food in VIP terrible. MUCH better in past years! Cold way too big artificial tasting muffins cold breakfast wraps dry biscuit cheap tasting breakfast biscuits ran out of coffee both days ran out of food slow to replenish! Whole event more expensive and not as classy!*
- **Great job**, please have more muscle cars
- *Needs more floral decor*
- Would like to see more American cars from 40s through 70s
- **Enjoyed my first time here.**
- **Great parking**
- *Entry was silly. Bought tix ahead of time but still had to wait in long line in the sun to get "real" ticket because ours were on our phone. Then three different people ask for zip codes so your stats are not gonna be correct.*
- **You always do an excellent job, the classes are fun and the car selection committee does excellent work!**
- **This is PREMIER! festival in the southeast in my experience has been at the highest level. The staff and all of the sponsors and event participants have all been very nice and knowledgeable. I plan on sending next year. Thank you for the opportunity to win.**
- **Thanks!**
- **It's pretty cool and Connor Walker made my day SO MUCH better**
  Note – Connor Walker was one of the survey attendants.
- **Atlanta Motoring Festival and Concours d'Elegance here taking copious notes**
- *garbage*
- **Awesome job**
- *Bathrooms- several locked and we couldn't use. The one I frequently use the door would not lock and yesterday it ran out of toilet paper.*
- **Loved the Meet & Greet with the Whites, Tyler Hoovey & Ed Bolian.**
- More vintage boats please
- **Better than last year**. *Cozy instead of tshirt?*
- **Better layout of food and drink.**
- **Thank you for having water available for purchase in more locations this year.**
- **All things considered this was a great event. This is the 4th time we have attended the concours.** My only negative comment on this years event 2024, is *the entrance and ticketing process seemed quite chaotic, instruction to patrons approaching the entrance were unclear and the effectiveness/efficiency of the scanners was far from ideal.*
- **First Class!!**
- **Saturday's event was wonderful and the staff are great!**
- **Awesome. Thank you!!**
- Could use more seating in shaded and food areas.
- **Great time**
- *Price keeps increasing it might out price itself out of the market*

Assorted comments from the 2024 Concours d'Elegance.
Sentiment Breakdown - **Positive**, Neutral, *Negative*, and Suggestions.

- Please put color coded signs in the parking! It'll help identify the lots!
- **Thank you for putting on a great event.**
- Lack of jaguars
- **Thank you**
- **Amazing!**
- **Loved the cigars!!**
- **Excellent time.**
- **Cool**
- *From our visit 10 years an ago there wasn't as many unusual cars and not as many either.* They had in the past bike with propellers and more aircraft. More million dollars cars
- It would be great to have complimentary phone chargers.
- **Wonderful experience**
- **Thank you! A fantastic family friendly event for the area!**
- Less bmw more Lamborghini
- **Love the surrounding of cars!**
- **Well run event. Enjoyed seeing every thing. The shuttles were great.**
- **Very nice**
- **Trey is really great and friendly, he is a great ambassador of USCB**
- **Very pleasant**
- **Cool cars**
- *Difficulty finding places, staff was not very helpful*
- **It is very nice**

Assorted comments from the 2024 Concours d'Elegance.
Sentiment Breakdown - **Positive**, Neutral, *Negative*, and Suggestions.

Comments that contained **positive** aspects ……	98 Responses	68% Positive
Comments that contained neutral aspects ……..	9 Responses	6% Neutral
Comments that contained *negative* aspects ……..	28 Responses	19% Negative
Comments that contained suggestions ……..	17 Responses	12% Requests

Total Number of comments ……144 Responses

586

Total Responses

294

iPad Responses

78

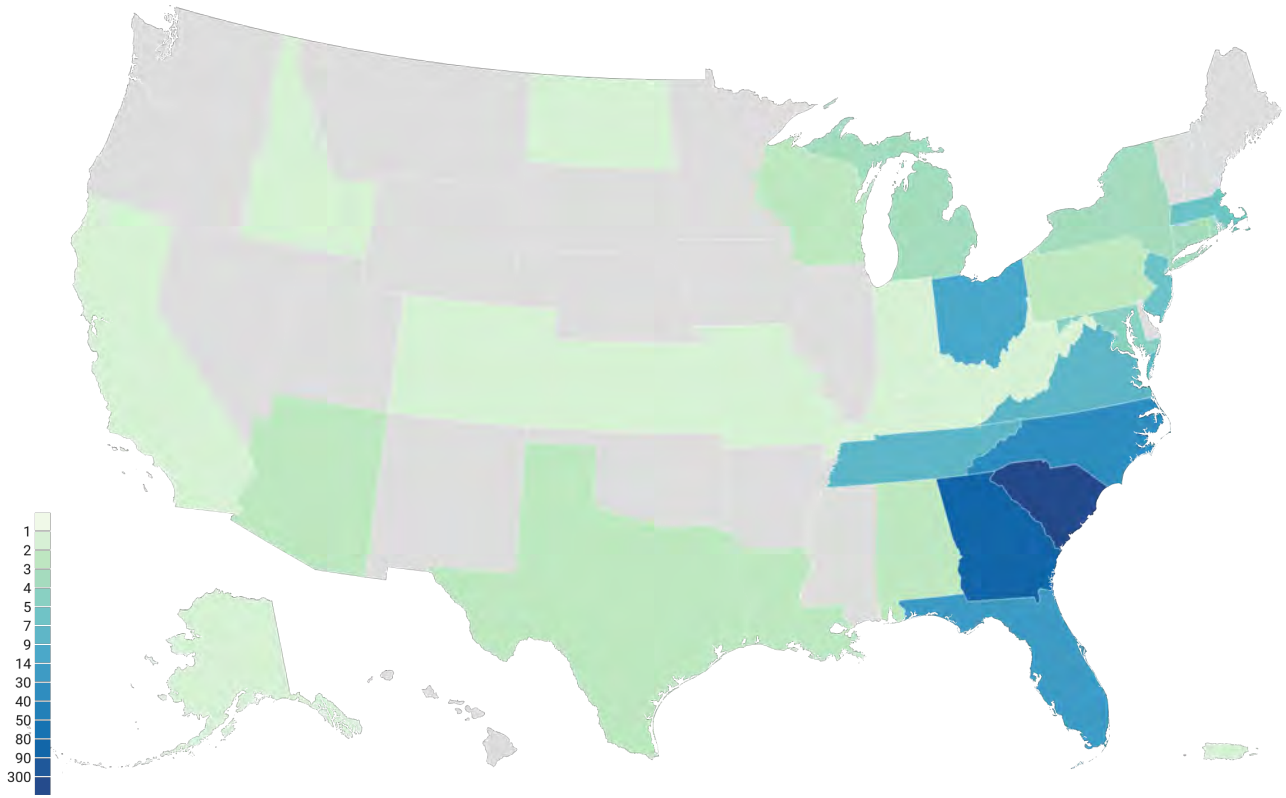
In Event Signage Responses

214

QR Code Handouts

Q1: Please enter your ZIP code.

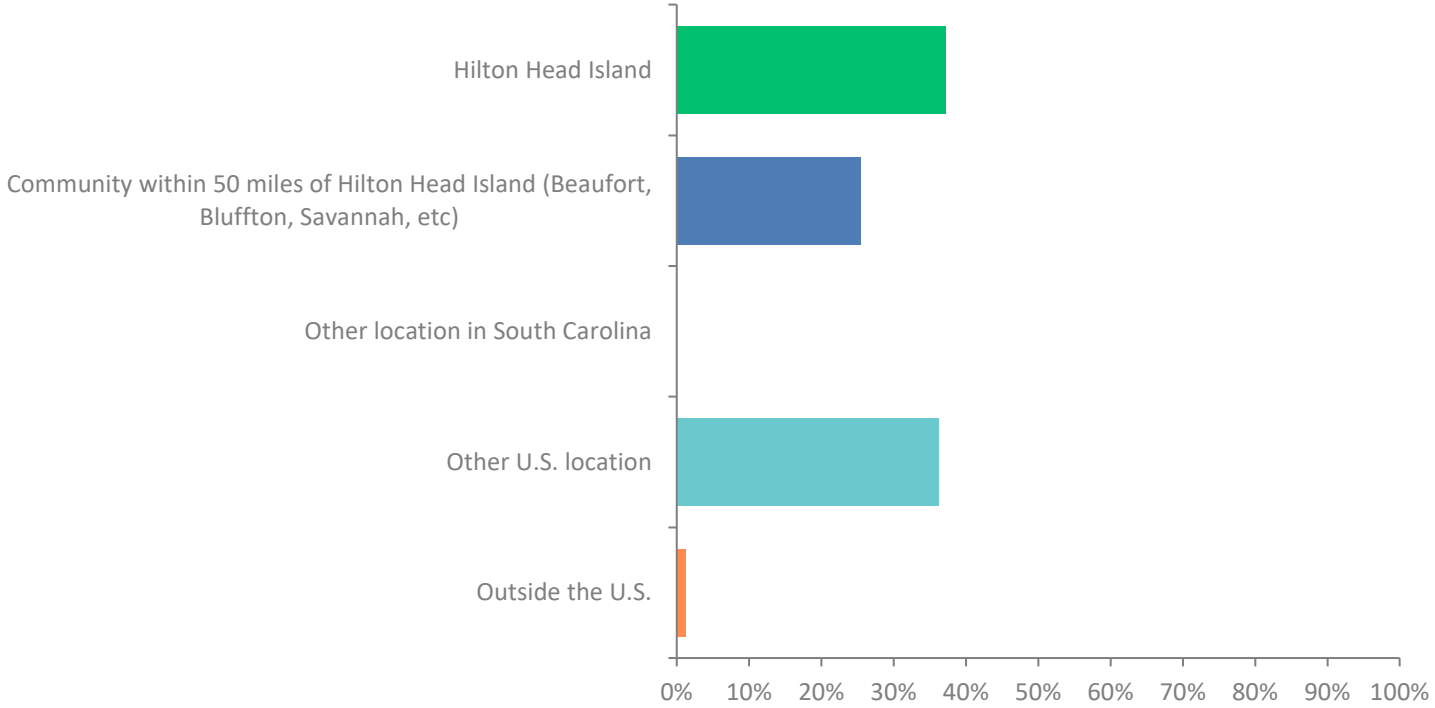
Answered: 581 Skipped: 4



States / Territories	Responses
South Carolina	363
Georgia	89
North Carolina	37
Florida	15
Ohio	9
Tennessee	8
Virginia	7
Massachusetts	5
New Jersey	5
Maryland	4
Connecticut	3
Michigan	3
New York	3
Rhode Island	3
Alabama	2
Arizona	2
Louisiana	2
Pennsylvania	2
Texas	2
Wisconsin	2
Alaska	1
California	1
Colorado	1
Idaho	1
Indiana	1
Kansas	1
Kentucky	1
Missouri	1
North Dakota	1
Puerto Rico	1
West Virginia	1

Q2: Where is your PRIMARY residence?

Answered: 583 Skipped: 2



Q2: Where is your PRIMARY residence?

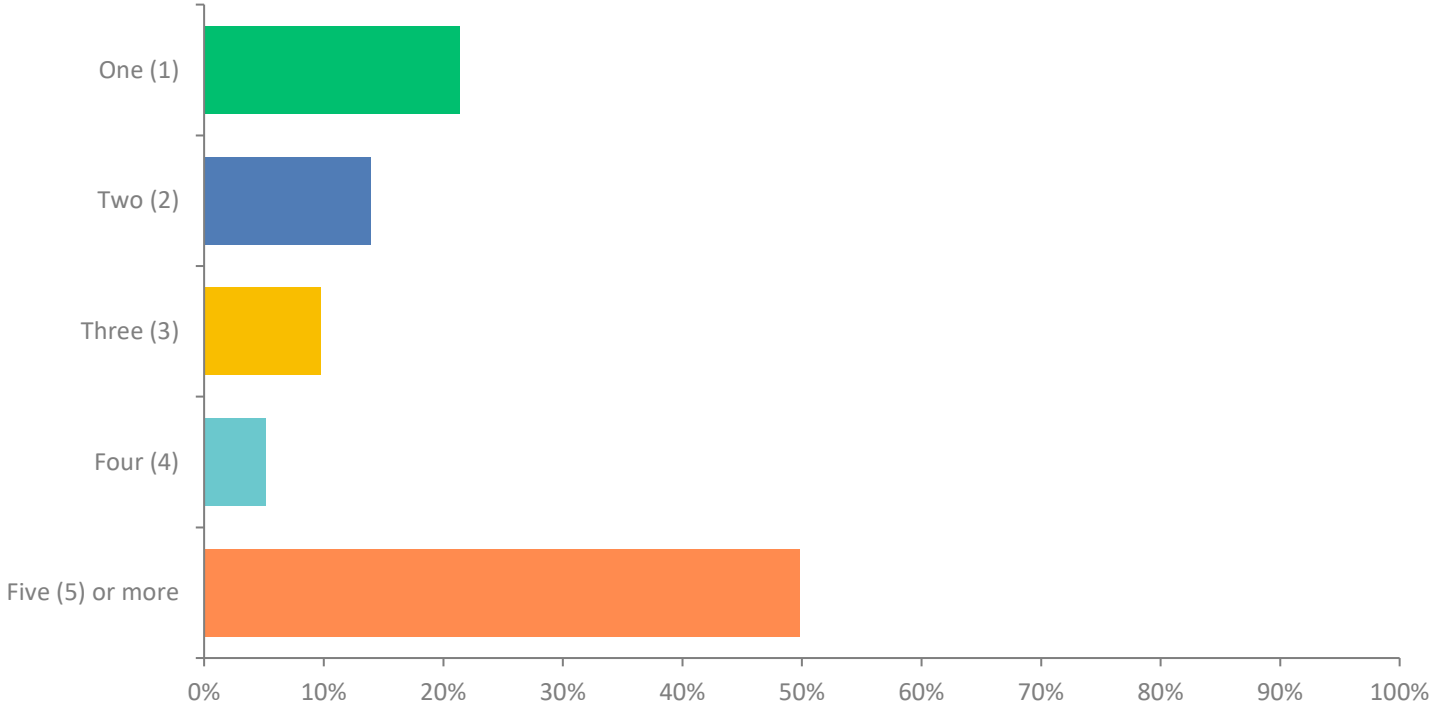
Answered: 583 Skipped: 2

Hilton Head Island	37.22%	217
Community within 50 miles of Hilton Head Island (Beaufort, Bluffton, Savannah, etc)	25.39%	148
Other location in South Carolina	0.00%	0
Other U.S. location	36.19%	211
Outside the U.S.	1.20%	7
TOTAL		583

Nation	Respondents
Scotland	1
Jordan	1
Canada	3
Puerto Rico	1
South Africa	1

Q5: Including this visit, HOW MANY trips have you taken to Hilton Head Island?

Answered: 215 Skipped: 370



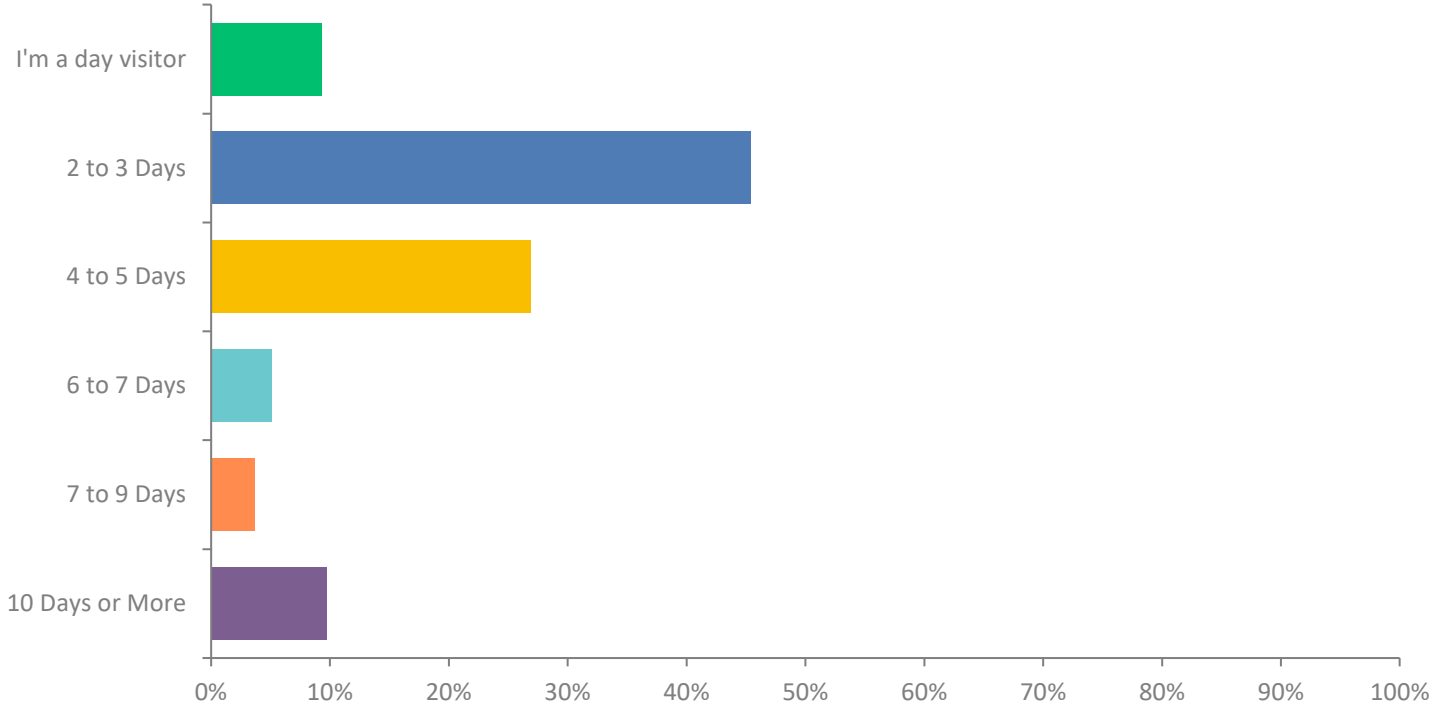
Q5: Including this visit, HOW MANY trips have you taken to Hilton Head Island?

Answered: 215 Skipped: 370

ANSWER CHOICES	RESPONSES	
One (1)	21.40%	46
Two (2)	13.95%	30
Three (3)	9.77%	21
Four (4)	5.12%	11
Five (5) or more	49.77%	107
TOTAL		215

Q6: How many days to you intend to stay in the Hilton Head Island area?

Answered: 216 Skipped: 369



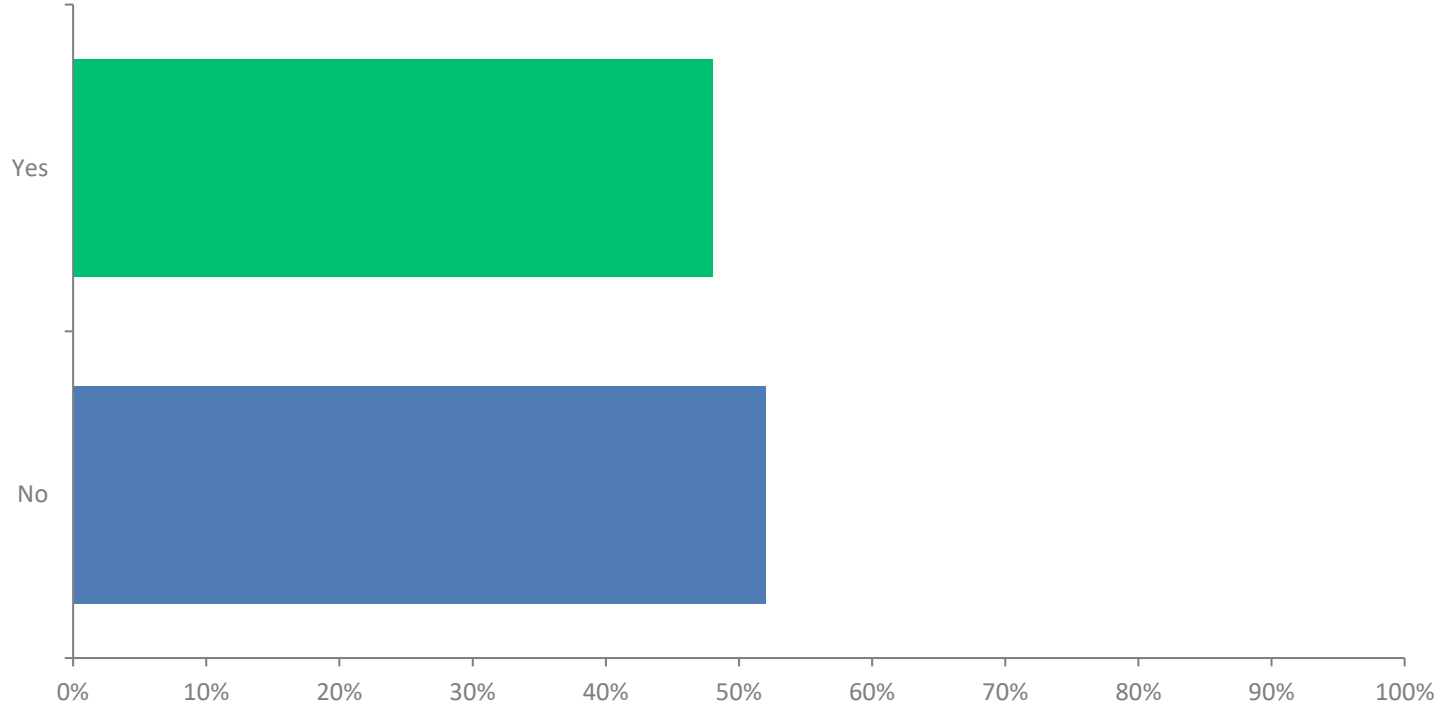
Q6: How many days to you intend to stay in the Hilton Head Island area?

Answered: 216 Skipped: 369

ANSWER CHOICES	RESPONSES	
I'm a day visitor	9.26%	20
2 to 3 Days	45.37%	98
4 to 5 Days	26.85%	58
6 to 7 Days	5.09%	11
7 to 9 Days	3.70%	8
10 Days or More	9.72%	21
TOTAL		216

Q7: Is this your first-time attending the Hilton Head Island Concours d'Elegance & Motoring Festival?

Answered: 200 Skipped: 385



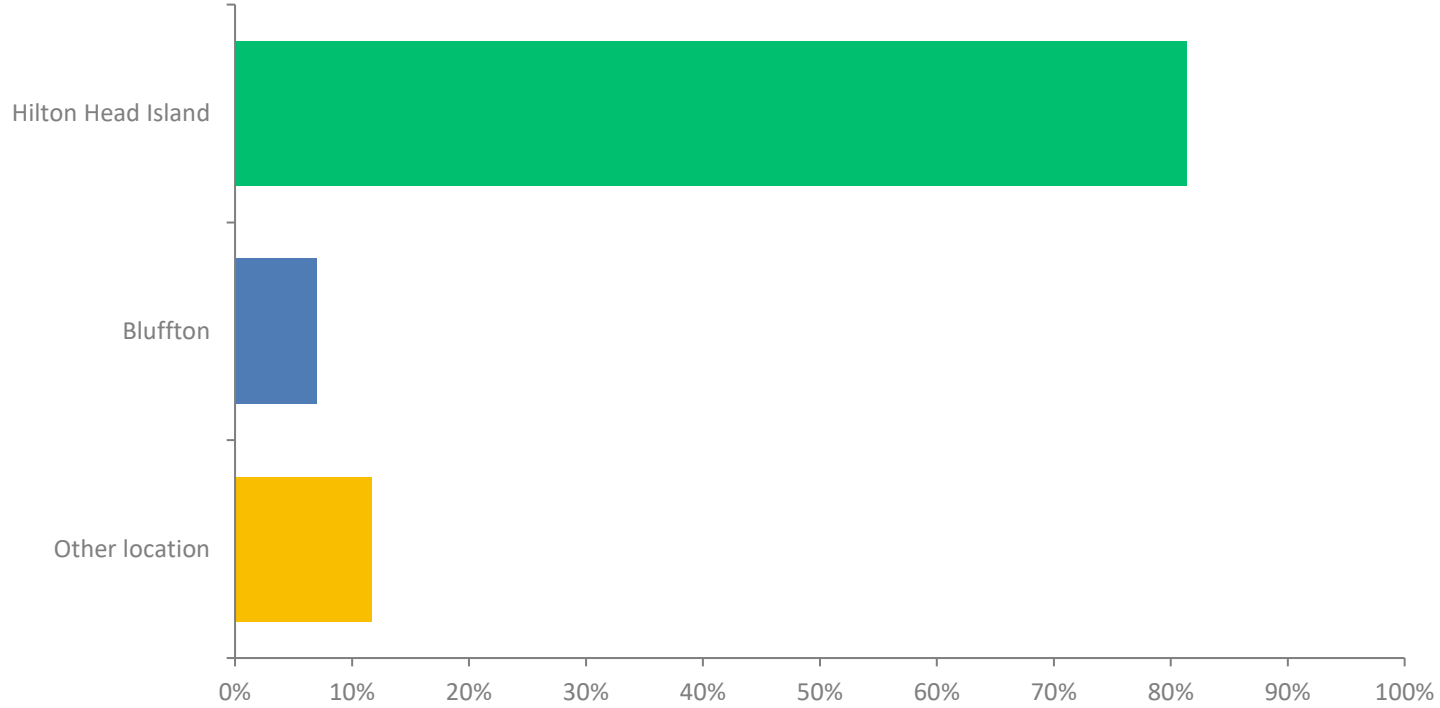
Q7: Is this your first-time attending the Hilton Head Island Concours d'Elegance & Motoring Festival?

Answered: 200 Skipped: 385

ANSWER CHOICES	RESPONSES	
Yes	48.00%	96
No	52.00%	104
TOTAL		200

Q8: Where are you staying overnight on this trip?

Answered: 214 Skipped: 371



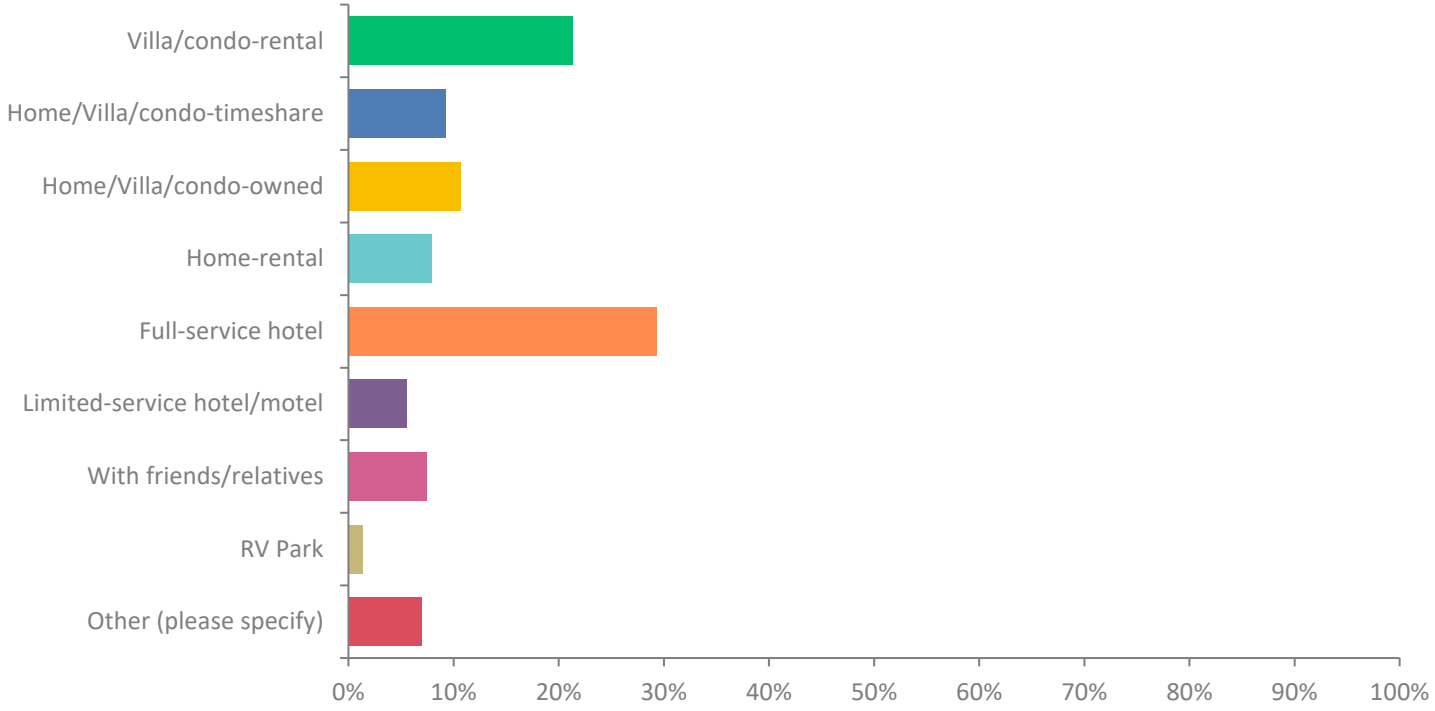
Q8: Where are you staying overnight on this trip?

Answered: 214 Skipped: 371

ANSWER CHOICES	RESPONSES	
Hilton Head Island	81.31%	174
Bluffton	7.01%	15
Other location	11.68%	25
TOTAL		214

Q9: What type of accommodations are you using while visiting Hilton Head Island?

Answered: 215 Skipped: 370



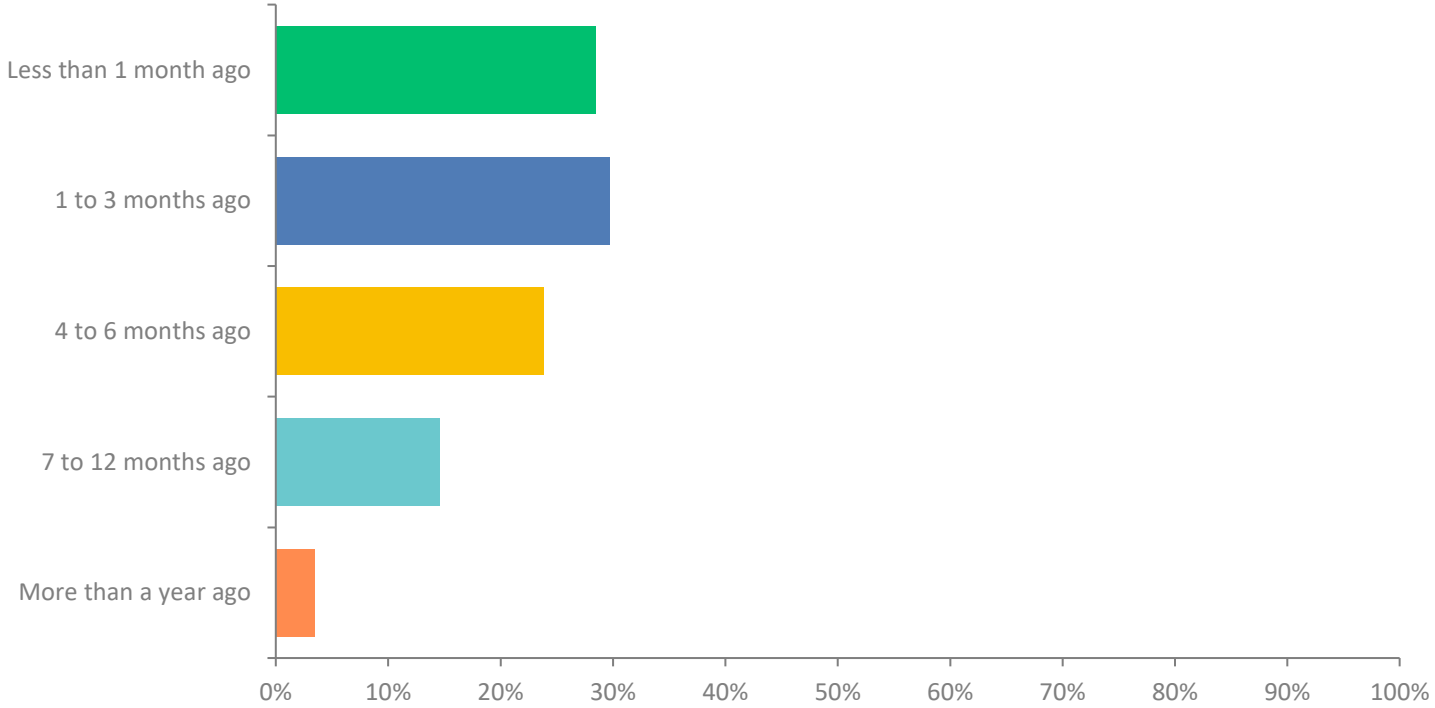
Q9: What type of accommodations are you using while visiting Hilton Head Island?

Answered: 215 Skipped: 370

ANSWER CHOICES	RESPONSES	
Villa/condo-rental	21.40%	46
Home/Villa/condo-timeshare	9.30%	20
Home/Villa/condo-owned	10.70%	23
Home-rental	7.91%	17
Full-service hotel	29.30%	63
Limited-service hotel/motel	5.58%	12
With friends/relatives	7.44%	16
RV Park	1.40%	3
Other (please specify)	6.98%	15
TOTAL		215

Q10: How many months in advance did you book this trip?

Answered: 172 Skipped: 413



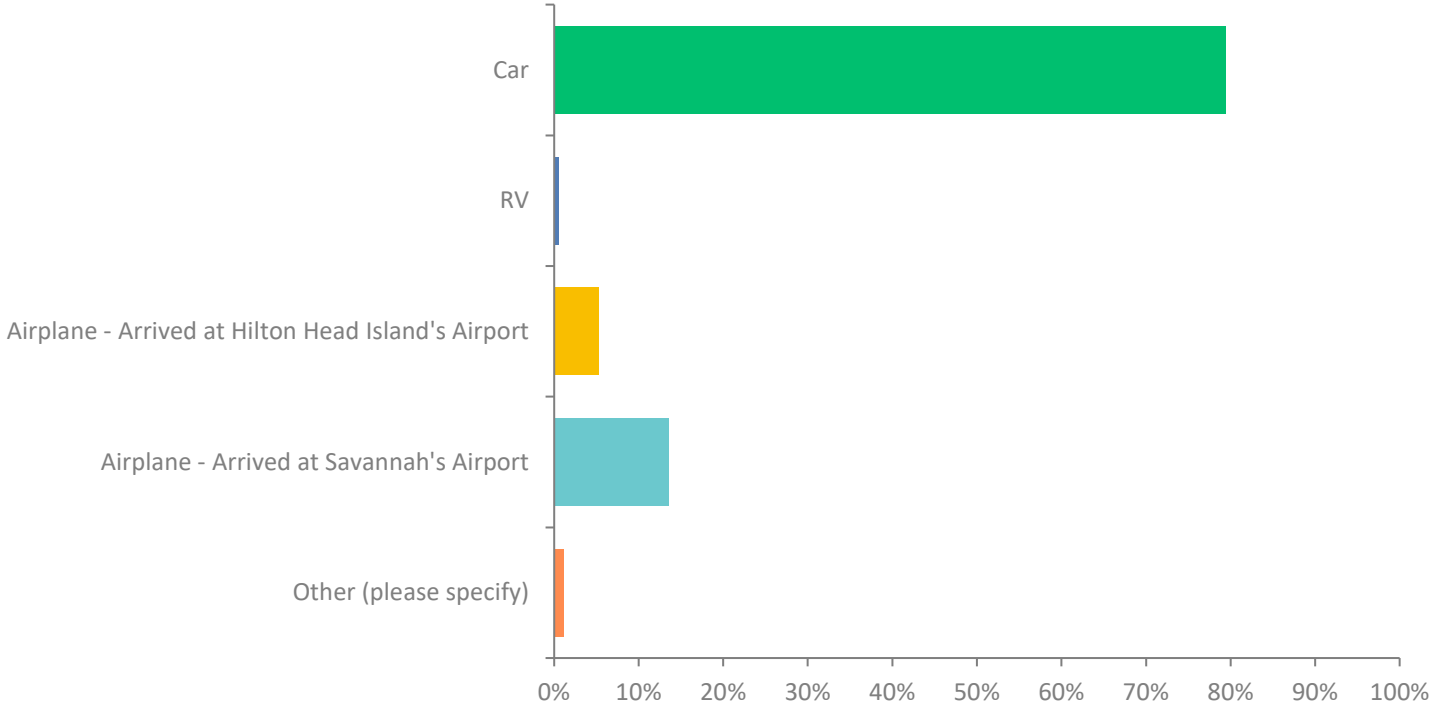
Q10: How many months in advance did you book this trip?

Answered: 172 Skipped: 413

ANSWER CHOICES	RESPONSES	
Less than 1 month ago	28.49%	49
1 to 3 months ago	29.65%	51
4 to 6 months ago	23.84%	41
7 to 12 months ago	14.53%	25
More than a year ago	3.49%	6
TOTAL		172

Q11: For this trip, how did you travel?

Answered: 170 Skipped: 415



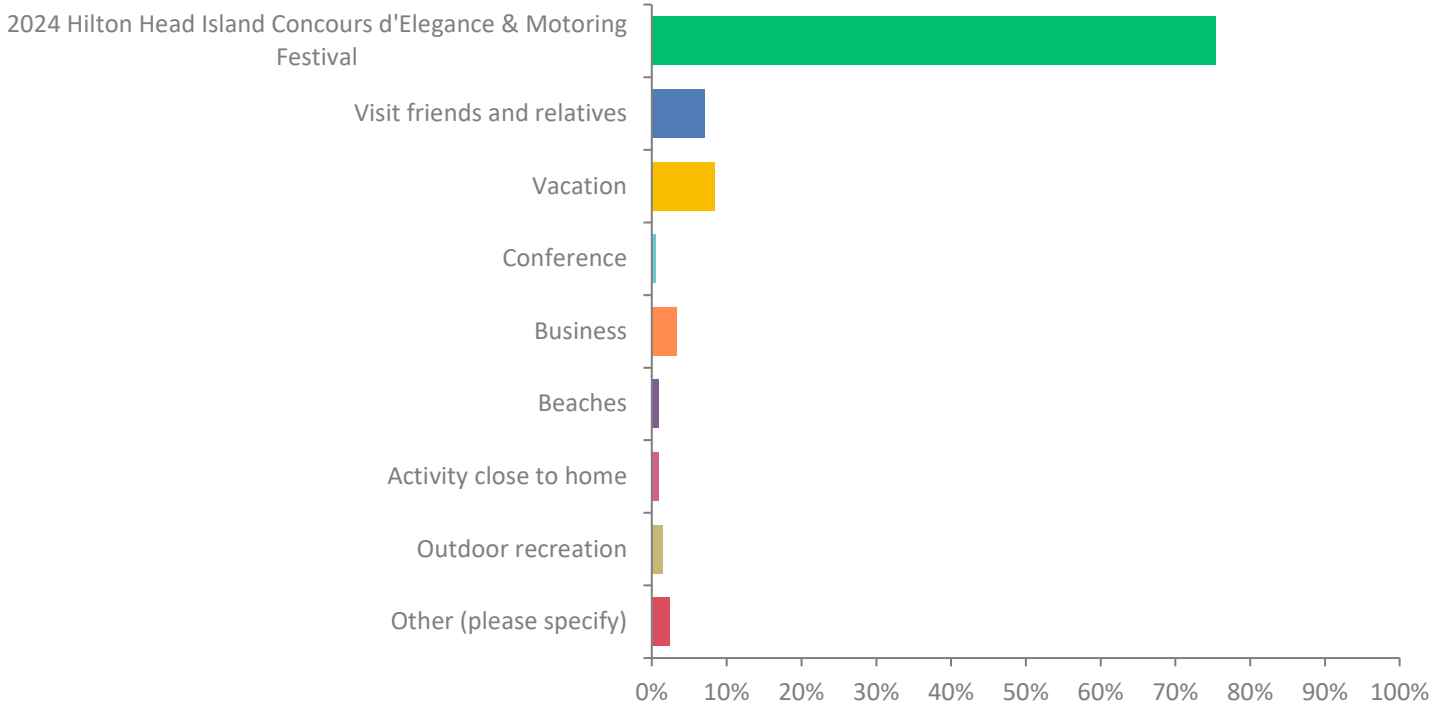
Q11: For this trip, how did you travel?

Answered: 170 Skipped: 415

ANSWER CHOICES	RESPONSES	
Car	79.41%	135
RV	0.59%	1
Airplane - Arrived at Hilton Head Island's Airport	5.29%	9
Airplane - Arrived at Savannah's Airport	13.53%	23
Other (please specify)	1.18%	2
TOTAL		170

Q12: What is your PRIMARY reason for this visit to Hilton Head Island?

Answered: 215 Skipped: 370



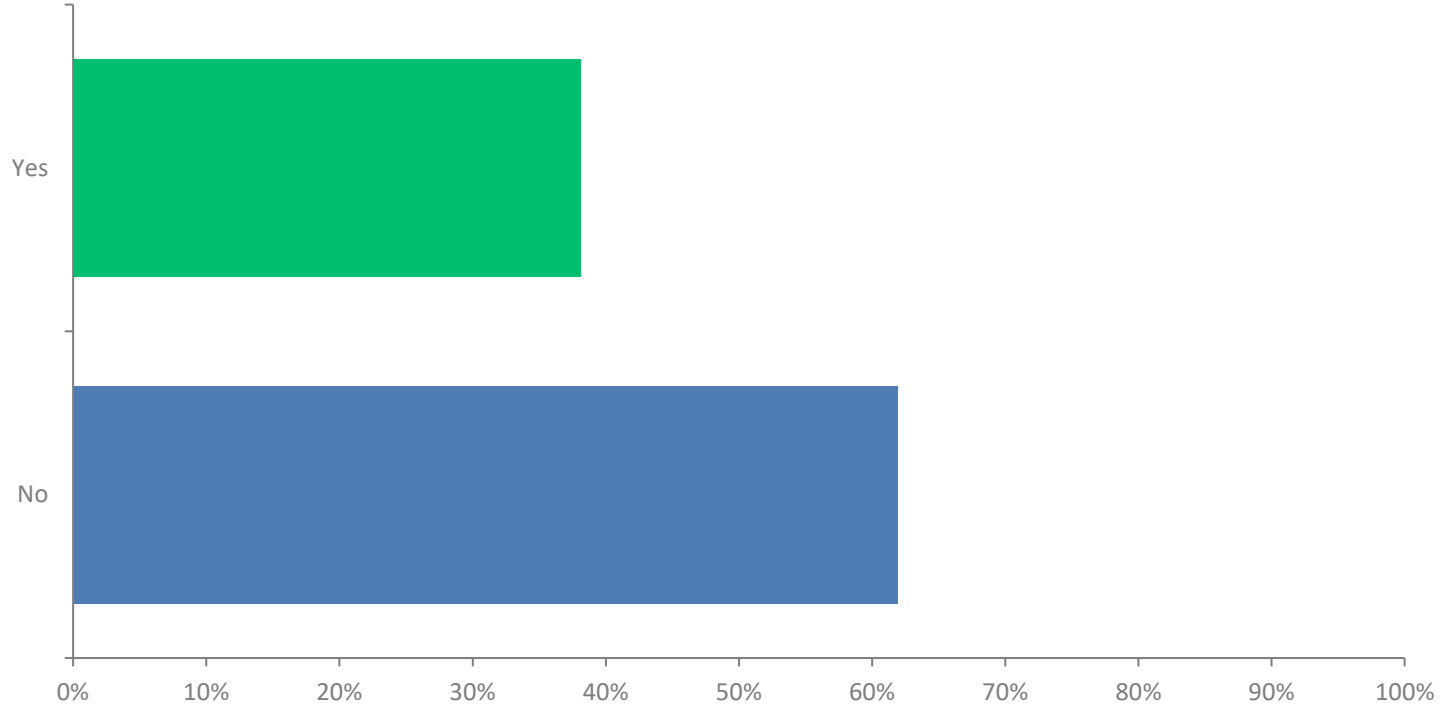
Q12: What is your PRIMARY reason for this visit to Hilton Head Island?

Answered: 215 Skipped: 370

ANSWER CHOICES	RESPONSES	
2024 Hilton Head Island Concours d'Elegance & Motoring Festival	75.35%	162
Visit friends and relatives	6.98%	15
Vacation	8.37%	18
Conference	0.47%	1
Business	3.26%	7
Beaches	0.93%	2
Activity close to home	0.93%	2
Outdoor recreation	1.40%	3
Other (please specify)	2.33%	5
TOTAL		215

Q13: Would you have visited the Hilton Head area AT THIS TIME even if the Motoring festival had not been held?

Answered: 168 Skipped: 417



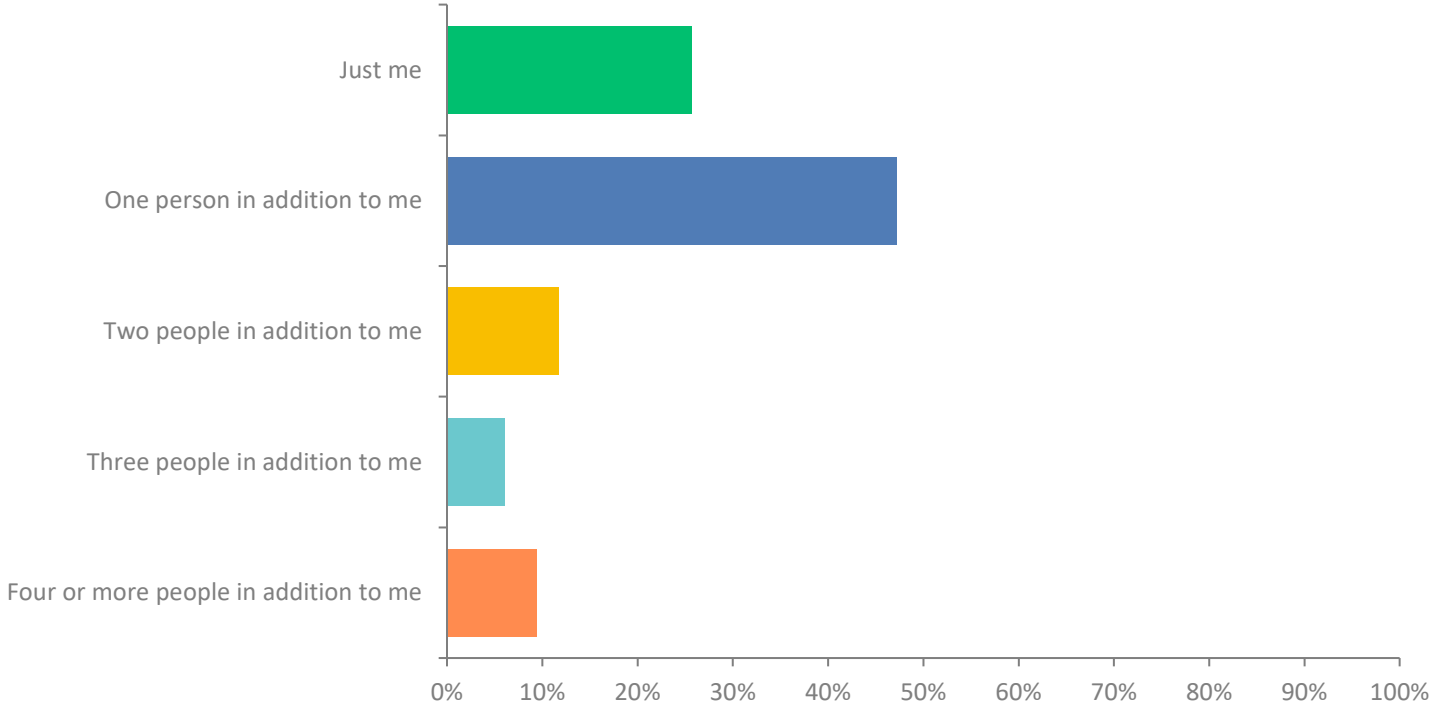
Q13: Would you have visited the Hilton Head area AT THIS TIME even if the Motoring festival had not been held?

Answered: 168 Skipped: 417

ANSWER CHOICES	RESPONSES	
Yes	38.10%	64
No	61.90%	104
TOTAL		168

Q14: How many people are you financially responsible for during this trip?

Answered: 214 Skipped: 371



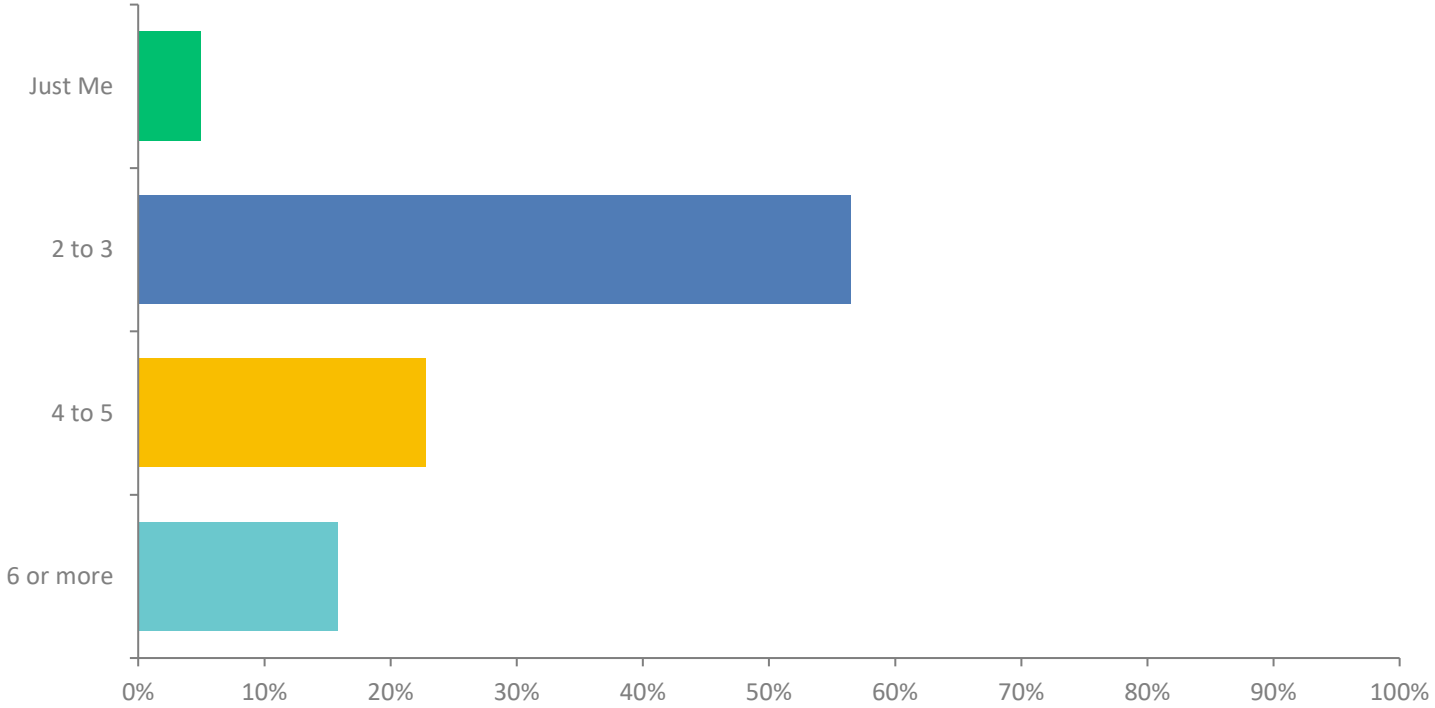
Q14: How many people are you financially responsible for during this trip?

Answered: 214 Skipped: 371

ANSWER CHOICES	RESPONSES	
Just me	25.70%	55
One person in addition to me	47.20%	101
Two people in addition to me	11.68%	25
Three people in addition to me	6.07%	13
Four or more people in addition to me	9.35%	20
TOTAL		214

Q15: How many people are in your party at this event?

Answered: 202 Skipped: 383



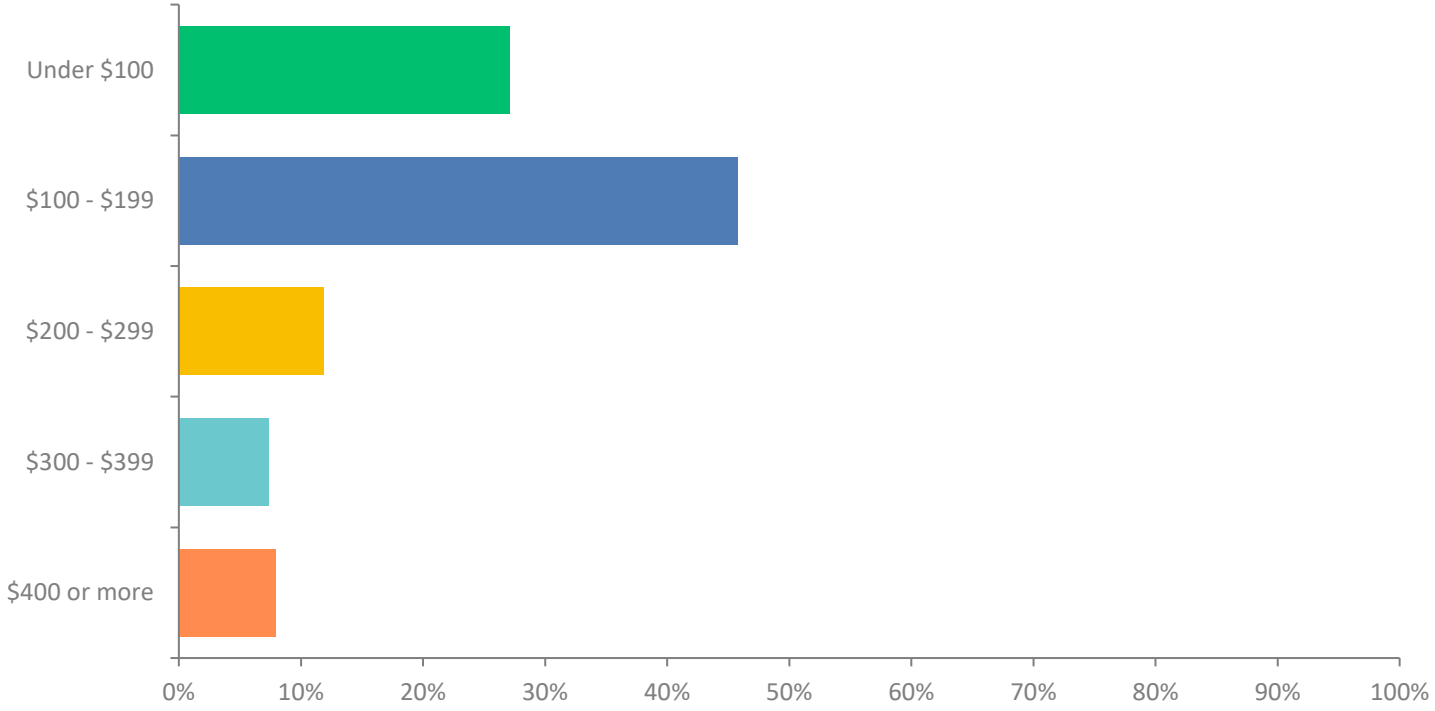
Q15: How many people are in your party at this event?

Answered: 202 Skipped: 383

ANSWER CHOICES	RESPONSES	
Just Me	4.95%	10
2 to 3	56.44%	114
4 to 5	22.77%	46
6 or more	15.84%	32
TOTAL		202

Q16: On average, how much do you plan to spend EACH DAY on restaurant dining while visiting?

Answered: 177 Skipped: 408



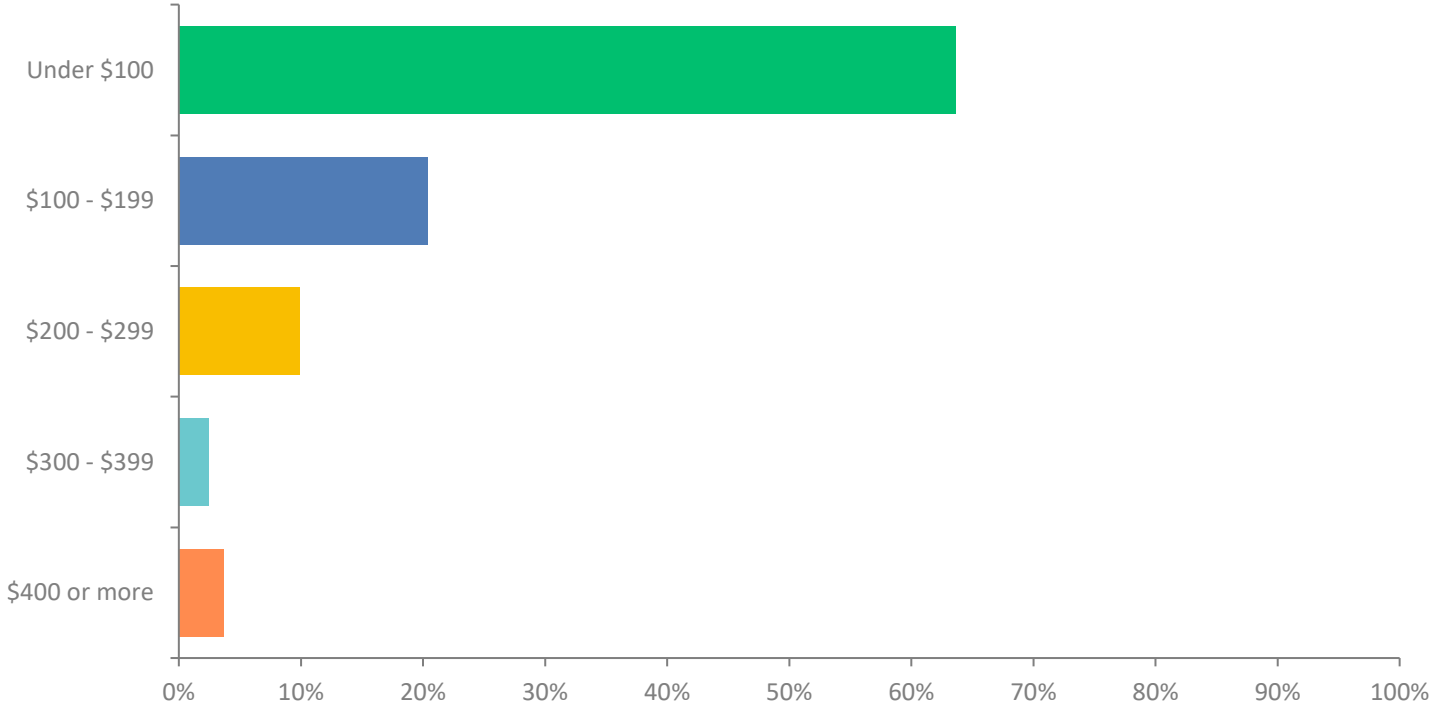
Q16: On average, how much do you plan to spend EACH DAY on restaurant dining while visiting?

Answered: 177 Skipped: 408

ANSWER CHOICES	RESPONSES	
Under $100	27.12%	48
$100 - $199	45.76%	81
$200 - $299	11.86%	21
$300 - $399	7.34%	13
$400 or more	7.91%	14
TOTAL		177

Q17: On average, how much do you plan to spend EACH DAY on recreation (i.e., Bicycling, Golf, Etc) while visiting?

Answered: 162 Skipped: 423



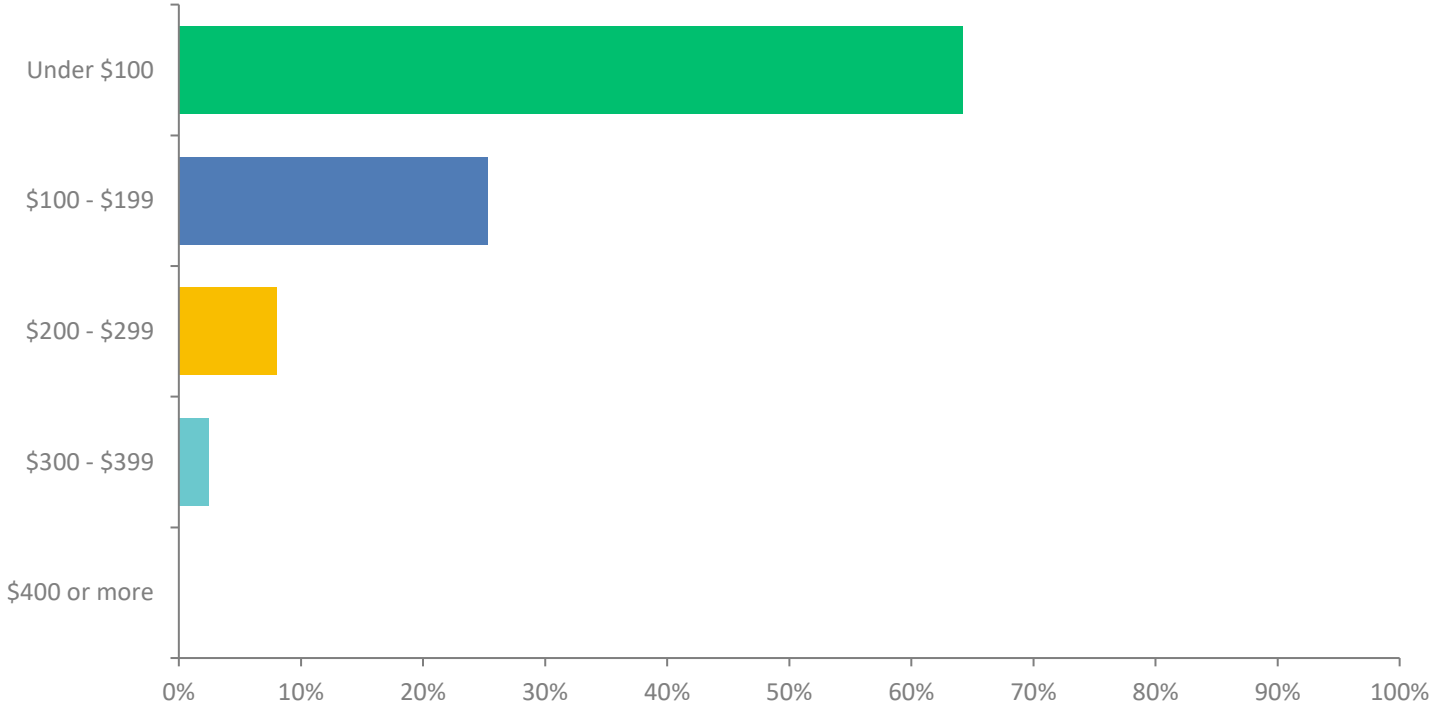
Q17: On average, how much do you plan to spend EACH DAY on recreation (i.e., Bicycling, Golf, Etc) while visiting?

Answered: 162 Skipped: 423

ANSWER CHOICES	RESPONSES	
Under $100	63.58%	103
$100 - $199	20.37%	33
$200 - $299	9.88%	16
$300 - $399	2.47%	4
$400 or more	3.70%	6
TOTAL		162

Q18: On average, how much do you plan to spend EACH DAY on retail (i.e., Gifts, Souvenirs, Etc) while visiting?

Answered: 162 Skipped: 423



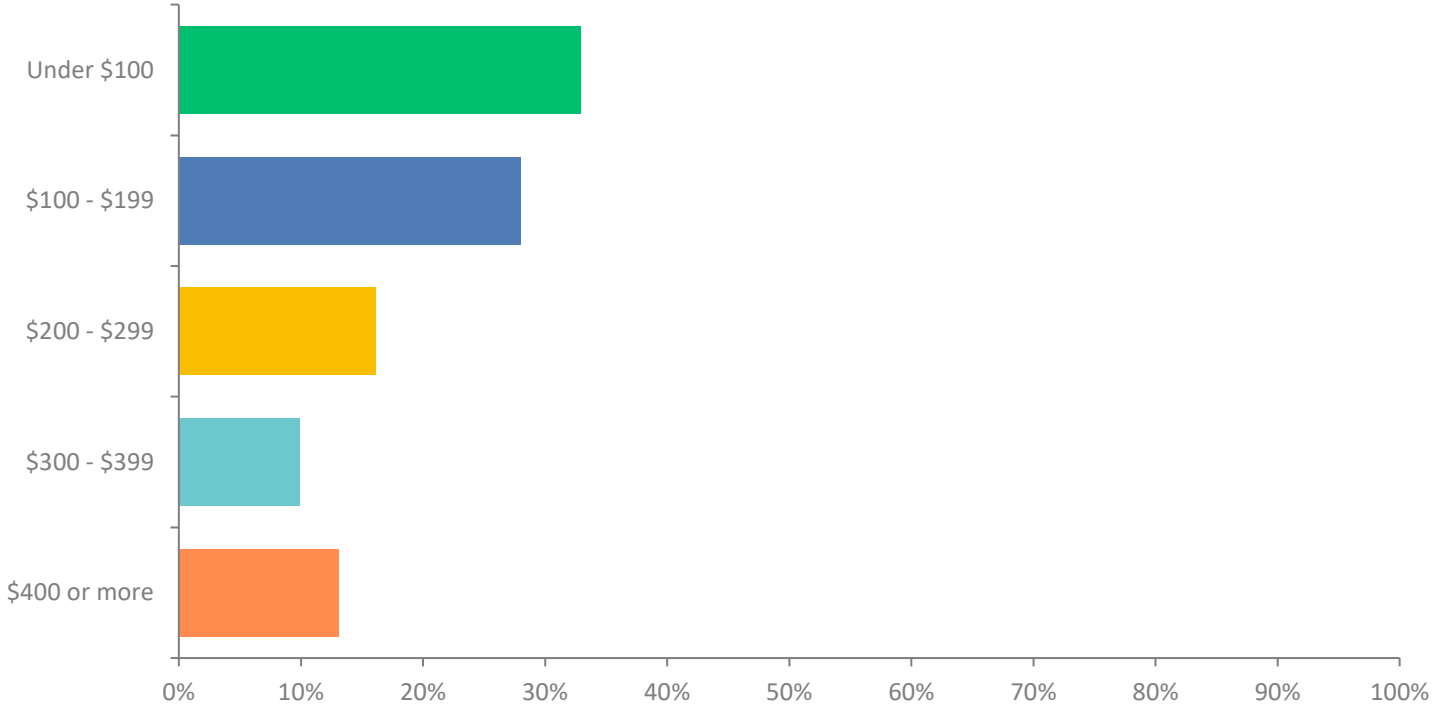
Q18: On average, how much do you plan to spend EACH DAY on retail (i.e., Gifts, Souvenirs, Etc) while visiting?

Answered: 162 Skipped: 423

ANSWER CHOICES	RESPONSES	
Under $100	64.20%	104
$100 - $199	25.31%	41
$200 - $299	8.02%	13
$300 - $399	2.47%	4
$400 or more	0.00%	0
TOTAL		162

Q19: On average, how much do you plan to spend EACH DAY on you accommodations while visiting?

Answered: 161 Skipped: 424



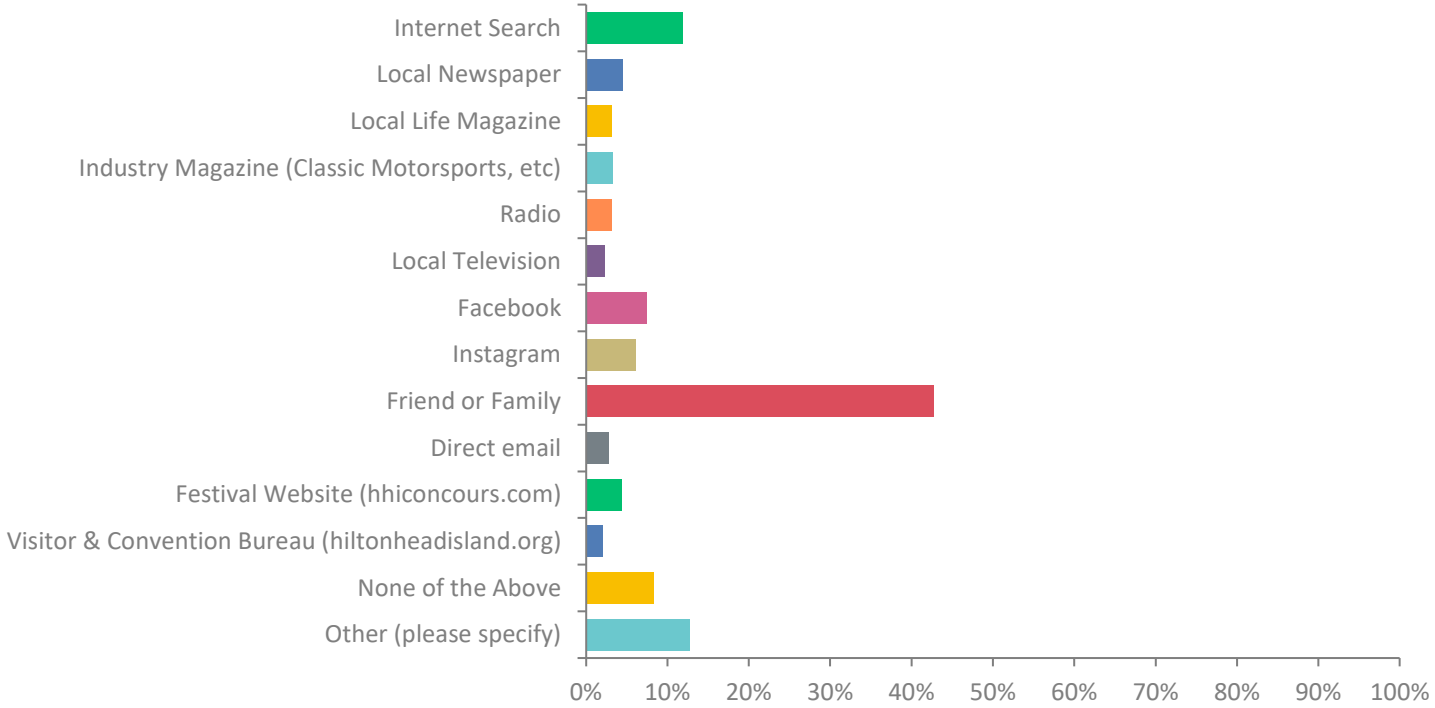
Q19: On average, how much do you plan to spend EACH DAY on you accommodations while visiting?

Answered: 161 Skipped: 424

ANSWER CHOICES	RESPONSES	
Under $100	32.92%	53
$100 - $199	27.95%	45
$200 - $299	16.15%	26
$300 - $399	9.94%	16
$400 or more	13.04%	21
TOTAL		161

Q20: How did you FIRST learn about the 2024 Hilton Head Island Concours d'Elegance & Motoring Festival.

Answered: 574 Skipped: 11



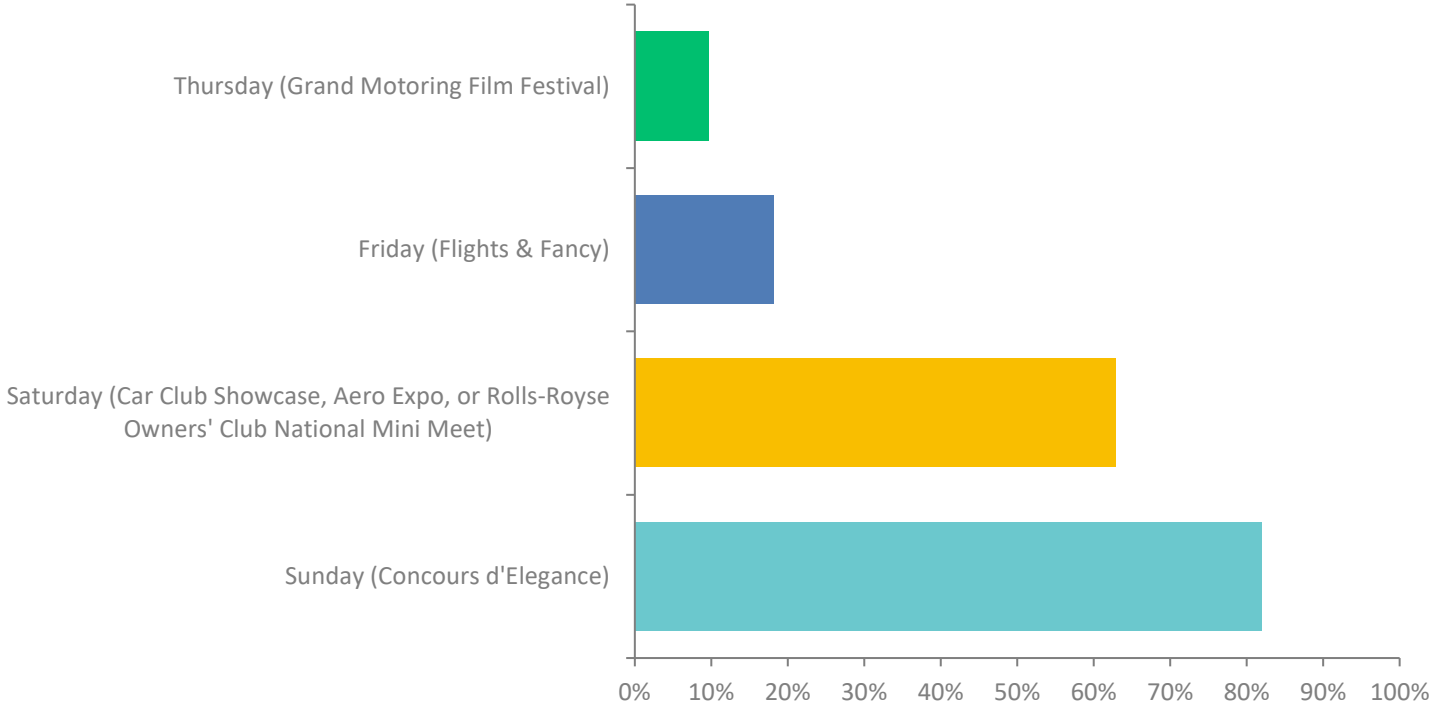
Q20: How did you FIRST learn about the 2024 Hilton Head Island Concours d'Elegance & Motoring Festival.

Answered: 574 Skipped: 11

ANSWER CHOICES	RESPONSES	
Internet Search	11.85%	68
Local Newspaper	4.53%	26
Local Life Magazine	3.14%	18
Industry Magazine (Classic Motorsports, etc)	3.31%	19
Radio	3.14%	18
Local Television	2.26%	13
Facebook	7.49%	43
Instagram	6.10%	35
Friend or Family	42.68%	245
Direct email	2.79%	16
Festival Website (hhiconcours.com)	4.36%	25
Visitor & Convention Bureau (hiltonheadisland.org)	2.09%	12
None of the Above	8.36%	48
Other (please specify)	12.72%	73
TOTAL		659

Q21: What event/s have you or plan to attend? (Select all that apply)

Answered: 560 Skipped: 25



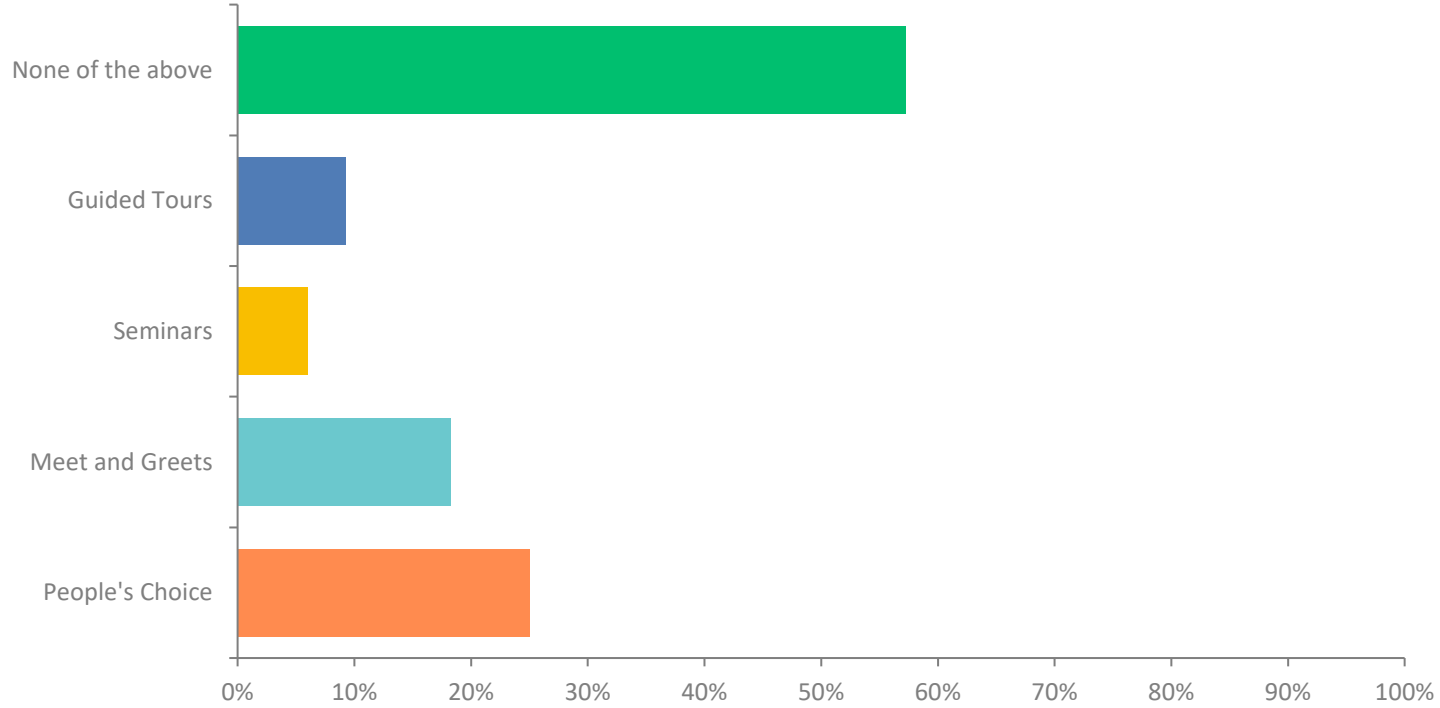
Q21: What event/s have you or plan to attend? (Select all that apply)

Answered: 560 Skipped: 25

ANSWER CHOICES	RESPONSES	
Thursday (Grand Motoring Film Festival)	9.64%	54
Friday (Flights & Fancy)	18.21%	102
Saturday (Car Club Showcase, Aero Expo, or Rolls-Royse Owners' Club National Mini Meet)	62.86%	352
Sunday (Concours d'Elegance)	81.96%	459
TOTAL		967

Q22: In addition to viewing displays of vintage cars, which of the following events have you participated or planning to participate in? (Select all that apply)

Answered: 531 Skipped: 54



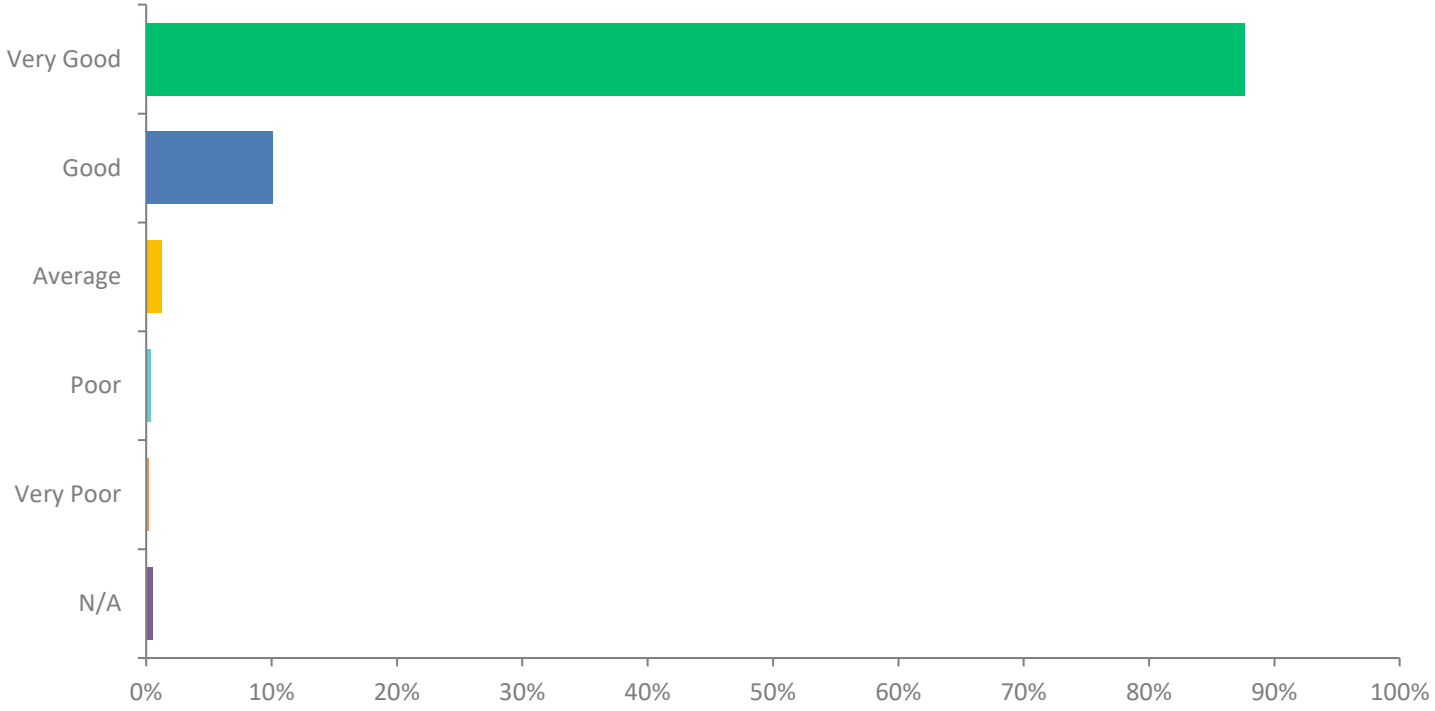
Q22: In addition to viewing displays of vintage cars, which of the following events have you participated or planning to participate in? (Select all that apply)

Answered: 531 Skipped: 54

ANSWER CHOICES	RESPONSES	
None of the above	57.25%	304
Guided Tours	9.23%	49
Seminars	6.03%	32
Meet and Greets	18.27%	97
People's Choice	25.05%	133
TOTAL		615

Q23: How would you rate the location of the event?

Answered: 567 Skipped: 18



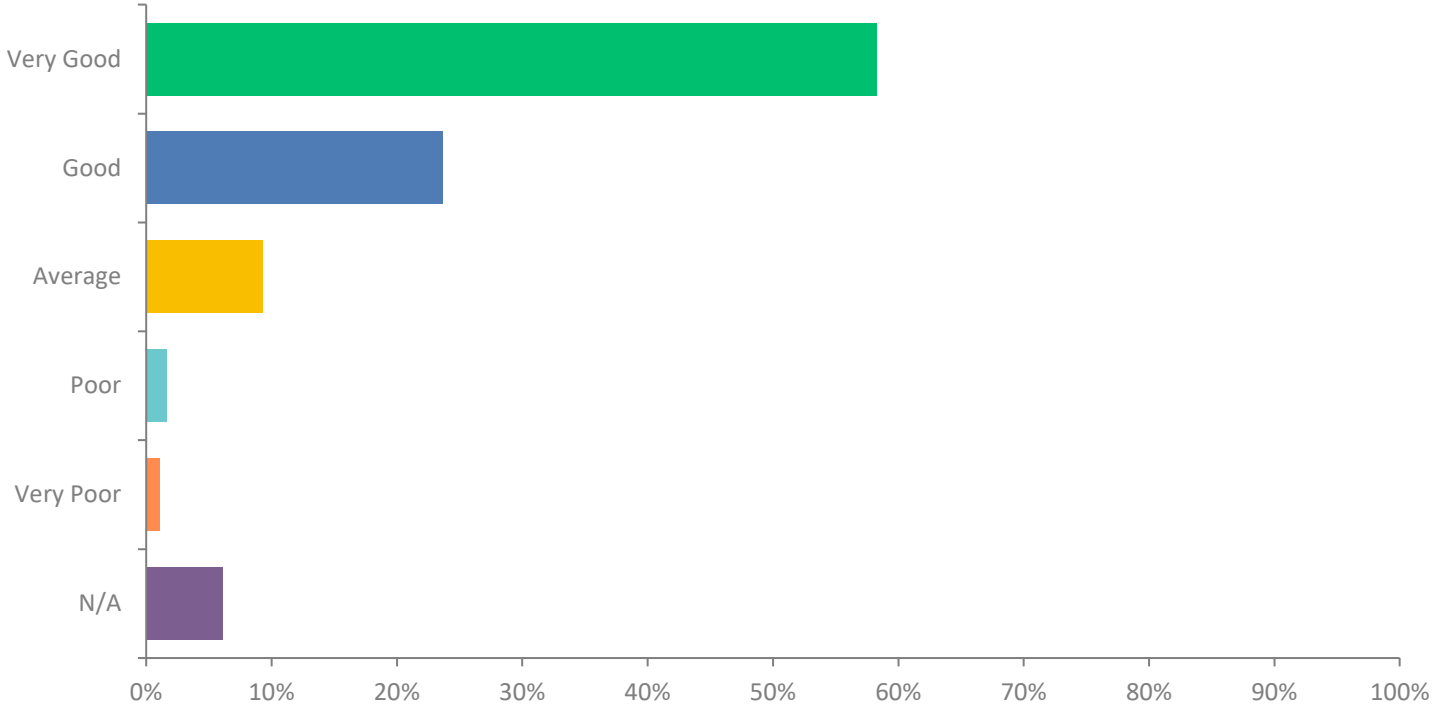
Q23: How would you rate the location of the event?

Answered: 567 Skipped: 18

ANSWER CHOICES	RESPONSES	
Very Good	87.65%	497
Good	10.05%	57
Average	1.23%	7
Poor	0.35%	2
Very Poor	0.18%	1
N/A	0.53%	3
TOTAL		567

Q24: How would you rate the parking at this event?

Answered: 558 Skipped: 27



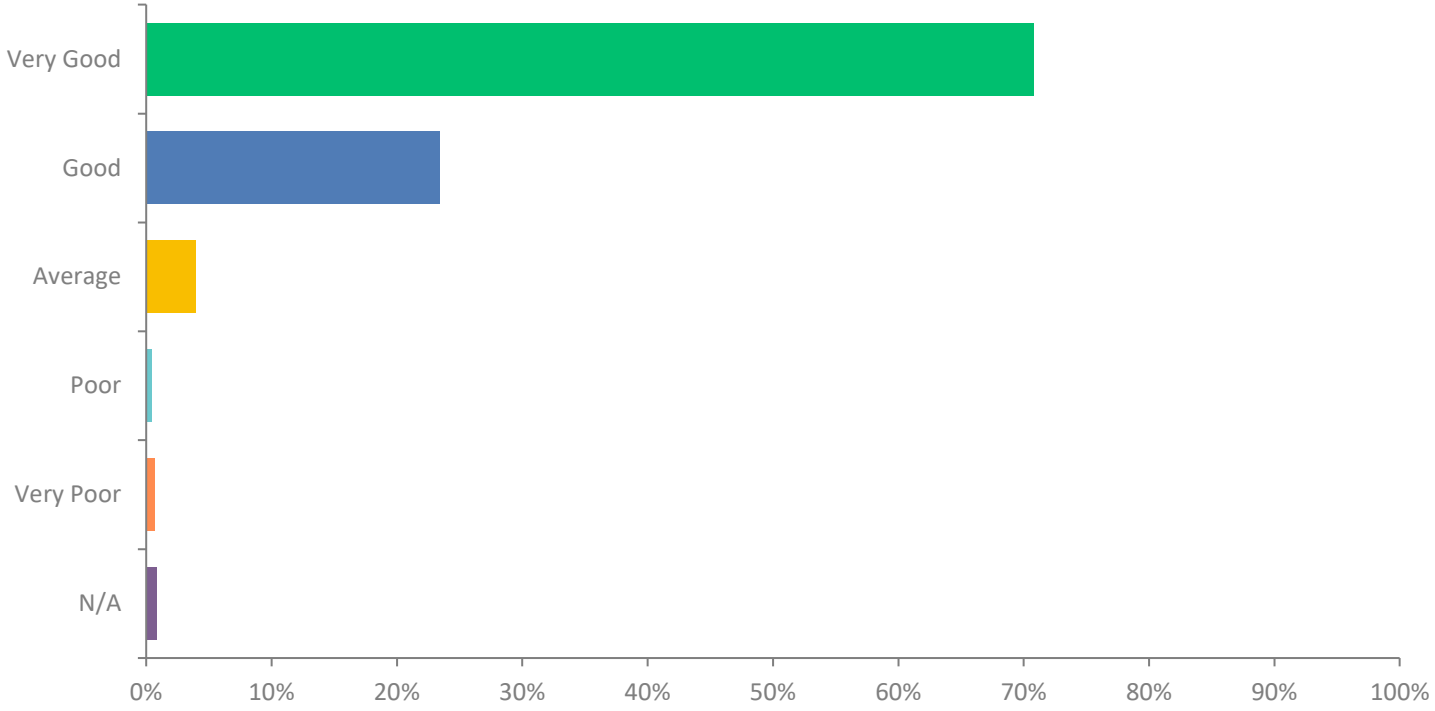
Q24: How would you rate the parking at this event?

Answered: 558 Skipped: 27

ANSWER CHOICES	RESPONSES	
Very Good	58.24%	325
Good	23.66%	132
Average	9.32%	52
Poor	1.61%	9
Very Poor	1.08%	6
N/A	6.09%	34
TOTAL		558

Q25: How would you rate the crowd flow at this event?

Answered: 479 Skipped: 106



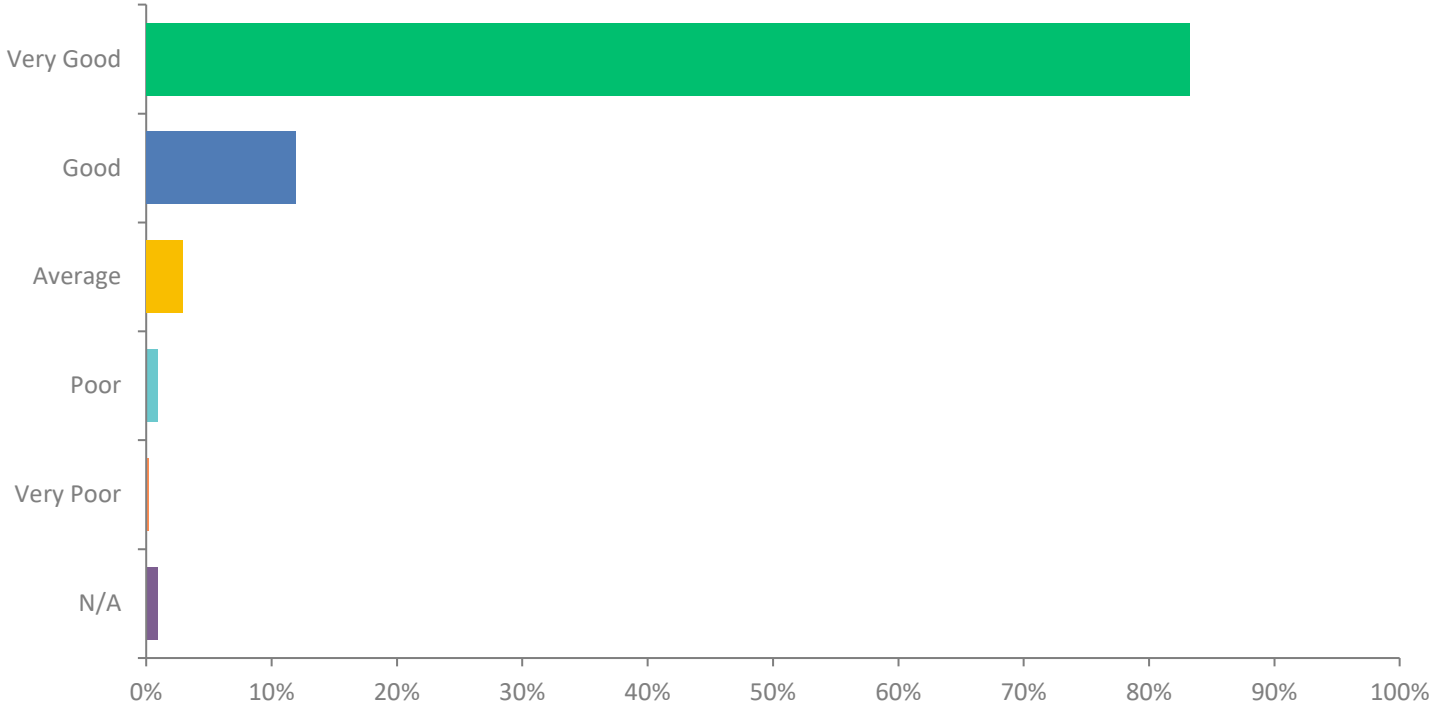
Q25: How would you rate the crowd flow at this event?

Answered: 479 Skipped: 106

ANSWER CHOICES	RESPONSES	
Very Good	70.77%	339
Good	23.38%	112
Average	3.97%	19
Poor	0.42%	2
Very Poor	0.63%	3
N/A	0.84%	4
TOTAL		479

Q26: How would you rate the friendliness of the staff at this event?

Answered: 453 Skipped: 132



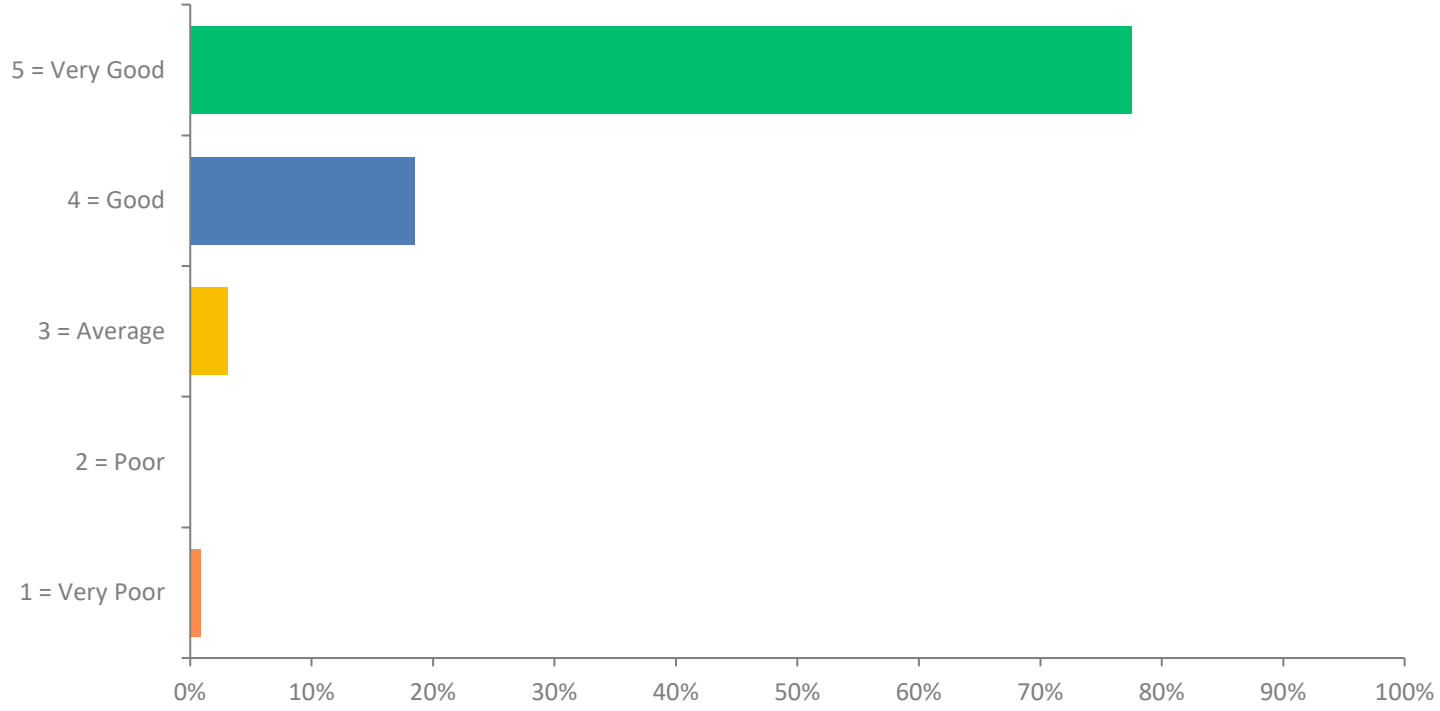
Q26: How would you rate the friendliness of the staff at this event?

Answered: 453 Skipped: 132

ANSWER CHOICES	RESPONSES	
Very Good	83.22%	377
Good	11.92%	54
Average	2.87%	13
Poor	0.88%	4
Very Poor	0.22%	1
N/A	0.88%	4
TOTAL		453

Q27: On a scale of 1 to 5, with 5 being the BEST, how would you rate your overall experience with the 2024 Concours d'Elegance and Motoring Festival?

Answered: 449 Skipped: 136



Q27: On a scale of 1 to 5, with 5 being the BEST, how would you rate your overall experience with the 2024 Concours d'Elegance and Motoring Festival?

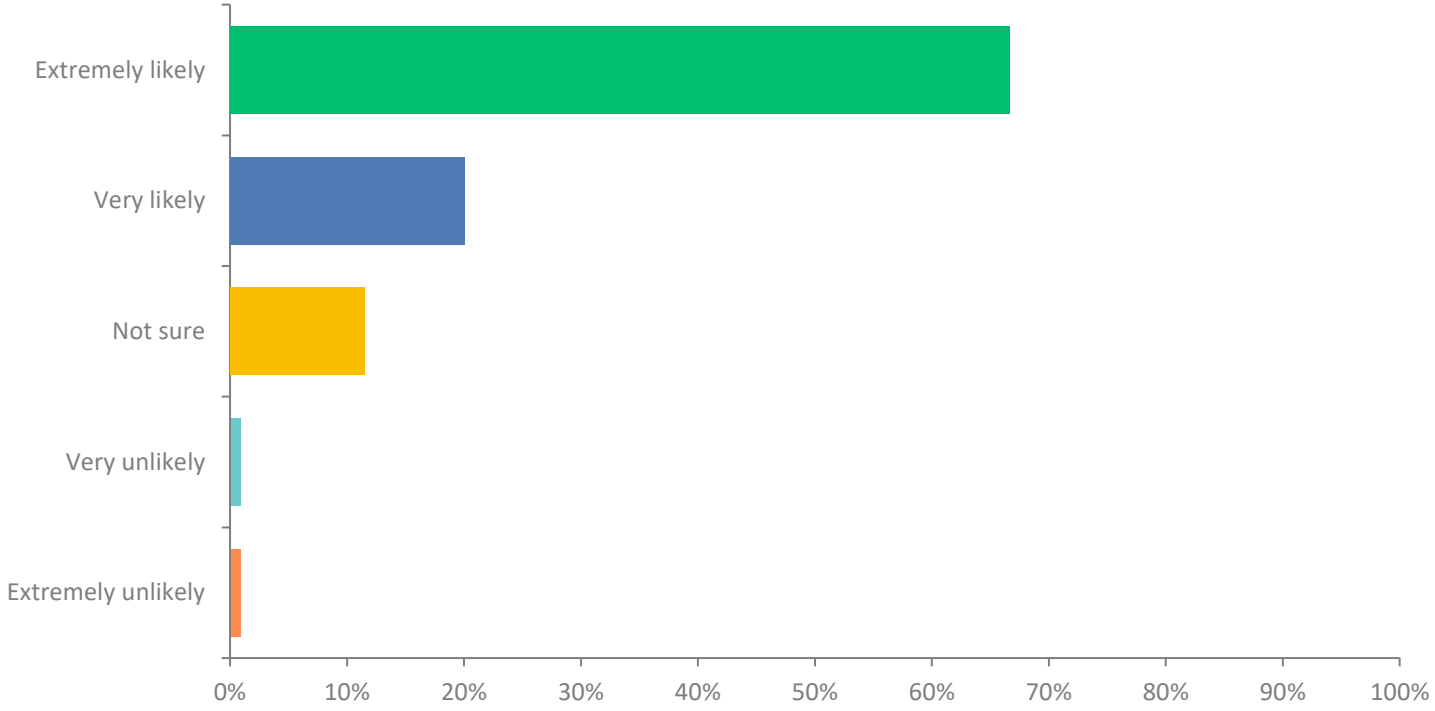
Answered: 449 Skipped: 136

ANSWER CHOICES	RESPONSES	
5 = Very Good	77.51%	348
4 = Good	18.49%	83
3 = Average	3.12%	14
2 = Poor	0.00%	0
1 = Very Poor	0.89%	4
TOTAL		449

Overall, the 2024 Concours d’ Elegance garnered a 4.71 out of 5 as an overall rating.

Q28: How likely are you to return to next year's Hilton Head Island Concours d'Elegance & Motoring Festival?

Answered: 564 Skipped: 21



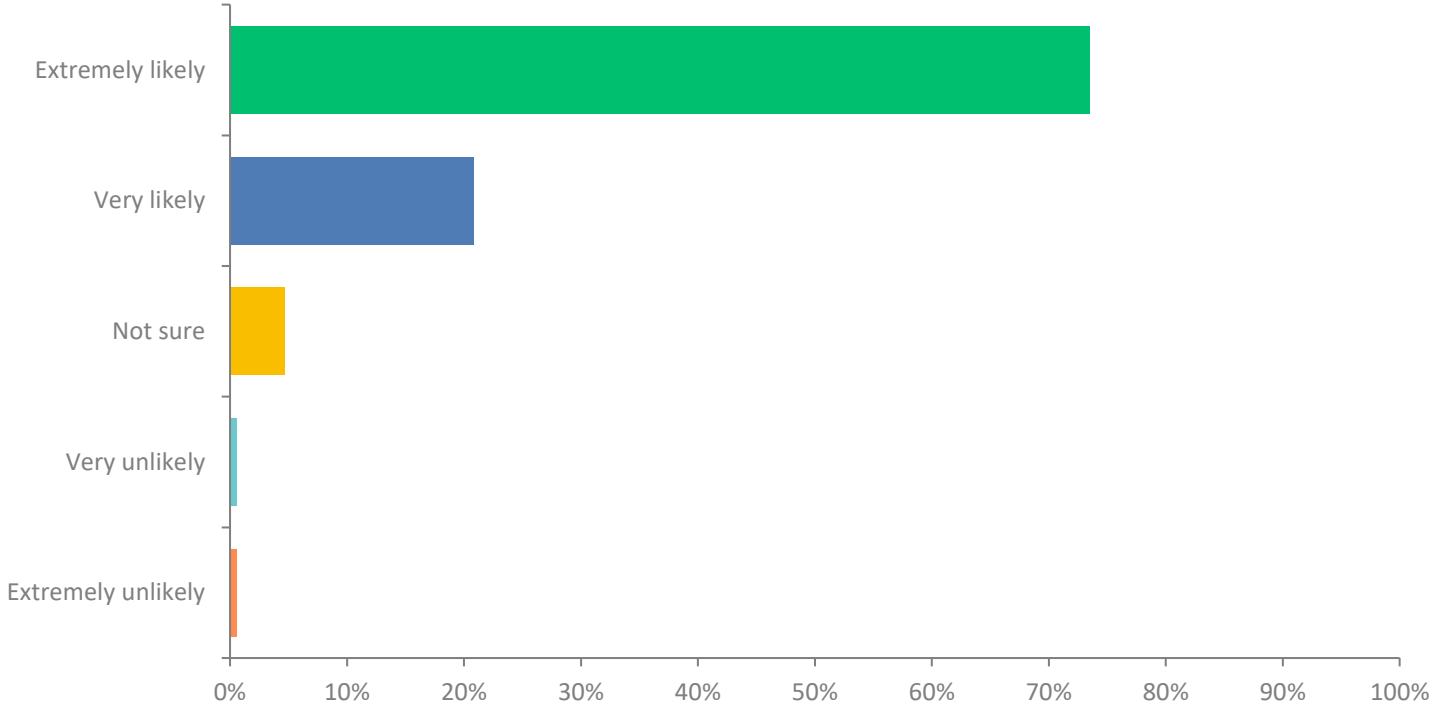
Q28: How likely are you to return to next year's Hilton Head Island Concours d'Elegance & Motoring Festival?

Answered: 564 Skipped: 21

ANSWER CHOICES	RESPONSES	
Extremely likely	66.67%	376
Very likely	20.04%	113
Not sure	11.52%	65
Very unlikely	0.89%	5
Extremely unlikely	0.89%	5
TOTAL		564

Q29: How likely are you to recommend the Hilton Head Island Concours d'Elegance & Motoring Festival to your friends and family?

Answered: 562 Skipped: 23



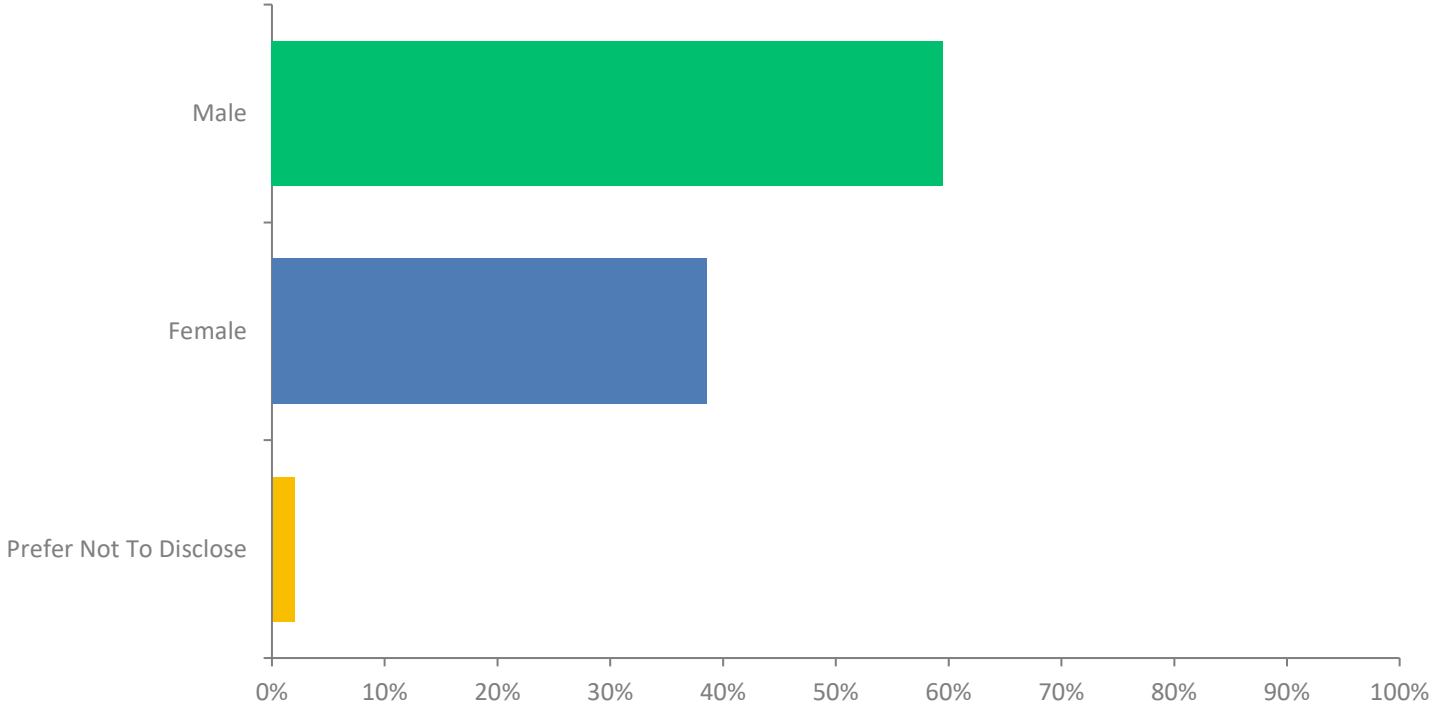
Q29: How likely are you to recommend the Hilton Head Island Concours d'Elegance & Motoring Festival to your friends and family?

Answered: 562 Skipped: 23

ANSWER CHOICES	RESPONSES	
Extremely likely	73.49%	413
Very likely	20.82%	117
Not sure	4.63%	26
Very unlikely	0.53%	3
Extremely unlikely	0.53%	3
TOTAL		562

Q30: Gender Identity

Answered: 548 Skipped: 37



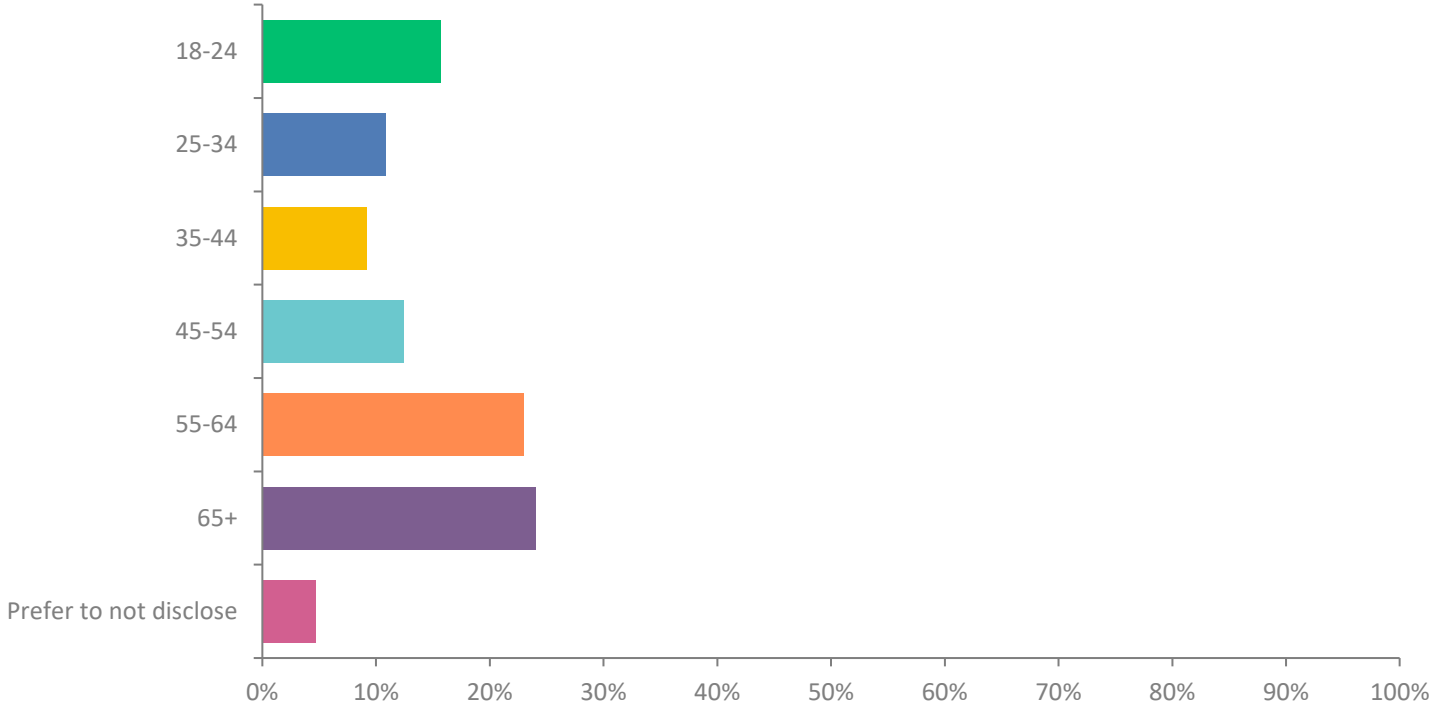
Q30: Gender Identity

Answered: 548 Skipped: 37

ANSWER CHOICES	RESPONSES	
Male	59.49%	326
Female	38.50%	211
Prefer Not To Disclose	2.01%	11
TOTAL		548

Q31: Please indicate your age below.

Answered: 553 Skipped: 32



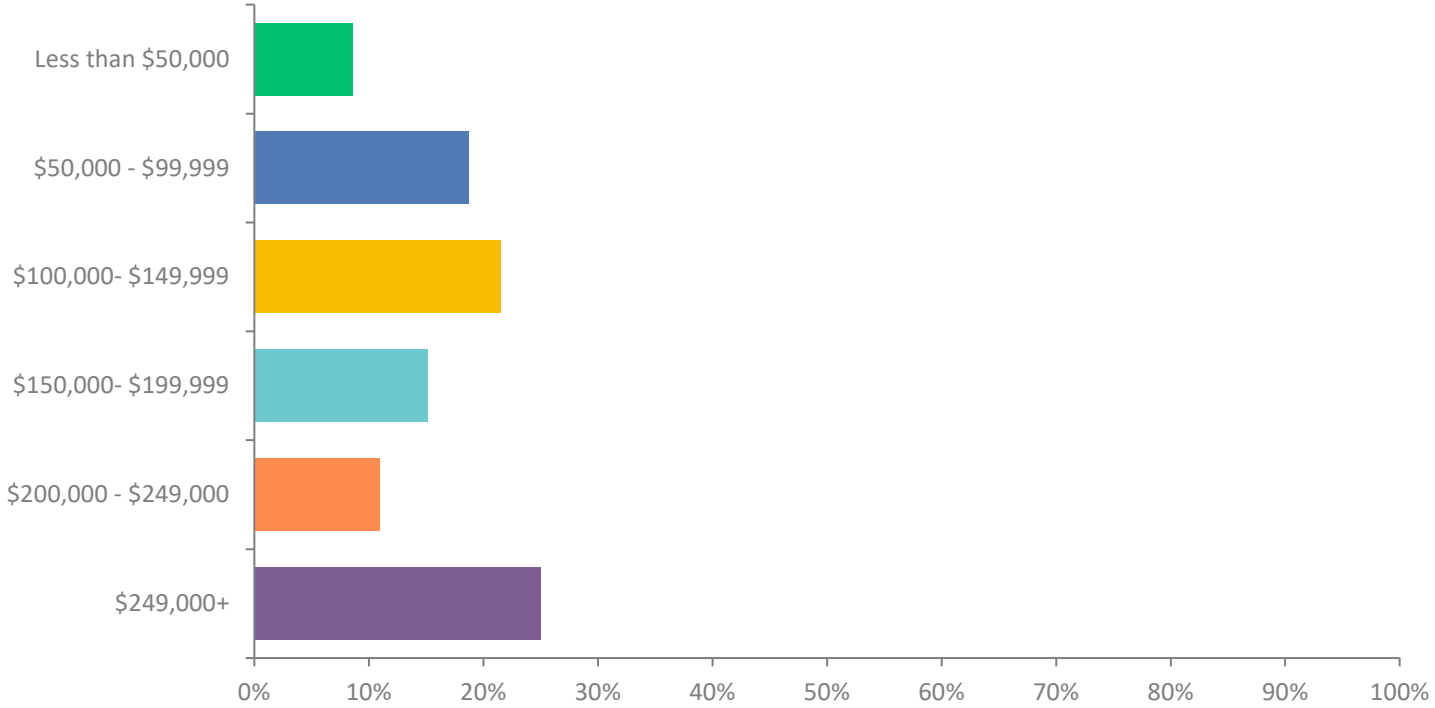
Q31: Please indicate your age below.

Answered: 553 Skipped: 32

ANSWER CHOICES	RESPONSES	
18-24	15.73%	87
25-34	10.85%	60
35-44	9.22%	51
45-54	12.48%	69
55-64	22.97%	127
65+	24.05%	133
Prefer to not disclose	4.70%	26
TOTAL		553

Q32: What is your approximate annual household income?

Answered: 428 Skipped: 157



Q32: What is your approximate annual household income?

Answered: 428 Skipped: 157

ANSWER CHOICES	RESPONSES	
Less than $50,000	8.64%	37
$50,000 - $99,999	18.69%	80
$100,000- $149,999	21.50%	92
$150,000- $199,999	15.19%	65
$200,000 - $249,000	10.98%	47
$249,000+	25.00%	107
TOTAL		428

Q33: How many cars do you own?

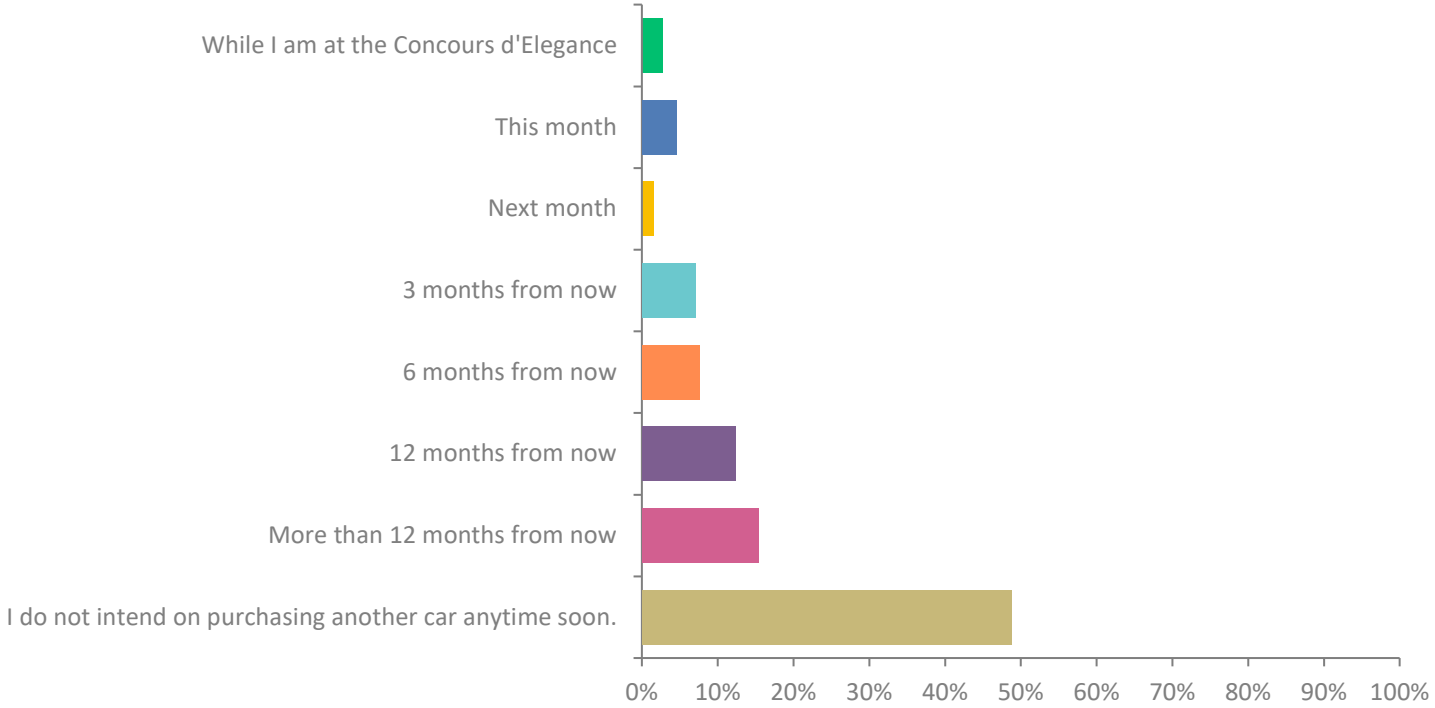
Answered: 407 Skipped: 178

Car Amount Brackets	Responses	Percentage
0	13	3.19%
1 - 10	364	89.43%
11-20	14	3.44%
21-30	8	1.97%
31-40	0	0.00%
41-50	1	0.25%
51-60	2	0.49%
61-70	0	0.00%
71-80	0	0.00%
81-90	1	0.25%
90-100	4	0.98%

Number of Cars	Responses	Percentage
0	13	3.19%
1	63	15.48%
2	98	24.08%
3	88	21.62%
4	47	11.55%
5	36	8.85%
6	14	3.44%
7	10	2.46%
8	4	0.98%
9	1	0.25%
10	3	0.74%
11	1	0.25%
12	1	0.25%
13	4	0.98%
14	2	0.49%
17	2	0.49%
18	3	0.74%
19	1	0.25%
22	3	0.74%
24	1	0.25%
26	2	0.49%
30	2	0.49%
47	1	0.25%
55	1	0.25%
58	1	0.25%
84	1	0.25%
100	4	0.98%

Q34: How soon do you intend on purchasing another car?

Answered: 396 Skipped: 189



Q34: How soon do you intend on purchasing another car?

Answered: 396 Skipped: 189

ANSWER CHOICES	RESPONSES	
While I am at the Concours d'Elegance	2.78%	11
This month	4.55%	18
Next month	1.52%	6
3 months from now	7.07%	28
6 months from now	7.58%	30
12 months from now	12.37%	49
More than 12 months from now	15.40%	61
I do not intend on purchasing another car anytime soon.	48.74%	193
TOTAL		396

Contact Us:

Sarah Beachkofsky
sbeach@uscb.edu
843-540-8504

Trey Ramsey
wjramsey@uscb.edu
843-540-7320

THANK YOU!

USCB | CENTER FOR LOWCOUNTRY HOSPITALITY EDUCATION

CORPORATE RESOLUTION
of
Hilton Head Island Concours d' Elegance, Inc.

The Board of Trustees of the Hilton Head Island Concours d'Elegance, Inc., organized and existing under the laws of the State of South Carolina and having its principal place of business at 1 Cardinal Road, Suite 16, Hilton Head Island, SC 29926 (the "Corporation"), via vote completed of the Board of Trustees with a quorum in attendance, voted unanimously to approve the following resolution:

RESOLVED:
"The Board authorizes the Hilton Head Island Concours d'Elegance, Inc. to apply for 2026 ATAX funding in the amount of $350,000 from the Town of Hilton Head Island, SC."

This resolution has not been modified, rescinded or revoked and is at present in full force and effect.

CERTIFICATE OF SECRETARY

The Secretary of the Corporation hereby certifies that he/she is the duly elected and qualified Secretary of the Hilton Head Island Concours d'Elegance, Inc. and certifies that the above is a true and correct record of the resolution that was duly adopted by the Corporation on August 18, 2025.

F. Truitt Rabun, Jr.
Secretary

	Hilton Head Island Concours d'Elegance Budget					
	Income (40000 Series)					2026
		Ticket Sales 40100				
1		40101	Driving Tour			12,500
2		40102	2-Day			90,000
3		40103	Car Club Showcase Advance Sale			40,000
4		40104	Car Club Showcase - Saturday			25,000
5		40105	CCS Registgration Fees			19,950
6		40106	Concours Early Bird			1,000
7		40107	Concours - Sunday			80,000
8		40108	Concours - Advance w/parking			4,000
9		40109	Advance Sales - Other			500
10		40110	On-Line Convenience Fee			18,000
11		40111	Flights and Fancy Airport Gala			115,000
				Total Ticket Sales		405950
		Sponsors 40200				
12		40201	Award Sponsors			5,000
13		40202	Sponsors			335,000
14		40203	Other			55,000
15		40204	Flights and Fancy Sponsors			30,000
				Total Sponsors		425,000
		Patrons 40300				
16		40301	Patrons - Avant Garde			100,000
17		40302	Patrons - Wheel & Fender			30,000
				Total Patron Sponsors		130,000
		Public Funding (ATAX) 40400				350,035
18		40401				350,035
		Event Production Revenue 40500				
19		40501	Business Expo Tents			20,000
20		40502	Retail Vendor Space			19,000
21		40503	Merchandise Sales			25,000
22		40504	Misc Credit Card Sales			350
23		40505	Parking Fees - VIP			7,000
24		40506	Program Advertising			35,000
				Total Event Production Revenue		106,350
		Charitable Fund 40600				
25		40601	Pinnacle Society			75,000
		Other Income 40900				
26		40901	Interest Income			2,700
27		40902	Federal Payroll Tax Refund			45,000
				Total Revenue		**1,500,000**
	Expenses - 50000 Series					
		Concours Event 50100				
28		50101	Awards			10,000
29		50102	Exhibitors Breakfast			6,000
30		50103	Judging Gifts			1,500
31		50104	Judging Hotel Fees			16,000
32		50105	Judges Dinner			4,000
33		50106	Judging - Other			3,500
34		50107	License Plates			3,800

35		50108	Travel & Entertainment			1,500
36		50109	Other Sunday Expenses			400
37		50110	Supplies			4,600
38		50111	Other Event Production			600
				Total Concours Event Expense		51,900
		Car Club Event 50200				
39		50201	Continental Breakfast			5,000
40		50202	Exhibitor Gifts			2,850
41		50203	Trophies			3,600
42		50204	Trophies			1,000
43		50205	Saturday Other Costs			9,500
44		50206	Speakers/Guests			5,000
				Total Car Club Event		26,950
		Driving Tour 50300				
45		50301	Registration			3,200
		Airport Event 50400				
46		50401	Beverages			500
47		50402	Other Airport Event Expenses			70,000
				Total Airport Event		70500
		Event Production Expenses 50500				
48		50501	Security			18,000
49		50502	Sheriff			5,000
50		50503	Shuttle Bus Service			25,000
51		50504	Land Planning Service			7,500
52		50505	Permits & Licenses			500
53		50506	Port Royal Golf Club Rental			37,500
54		50507	Show Field Bleachers			3,000
55		50508	Sound System			20,000
56		50509	Gate Generator			5,000
57		50510	Motor Pool/Golf Carts			7,000
58		50511	Sanitation			30,000
59		50512	Signage			10,000
60		50513	Tents/Fences			80,000
61		50514	Facilities - Other			2,500
62		50515	Hospitality - Media Lounge			2,750
63		50516	Hospitality - Patrons			55,000
64		50517	Marketing - Advertising			268,000
65		50518	Video/Photo			28,500
66		50519	VIP Travel			30,000
67		50520	Vehicle Transport			40,000
68		50521	Merch - Posters			1,200
69		50522	Merch - Soft Goods			18,000
70		50523	Sponsor Solicitation - Commissions			35,000
71		50524	Sponsor Solicitation - Consultants			550
72		50525	Ticketing			17,000
				Total Event Production		747000
		Volunteeers 50600				
73		50601	Food			7,400
74		50602	Printing			100
75		50603	Supplies			100
76		50604	Travel			1,000
				Total Volunteers		8600
		Other Event Related Expenses 50700				
77		50701	Charitable Fund Reception			11,800
78		50702	Charitable Fund Recognition			2,500
79		50703	Charitable Fund Wrist Bands			475
				Total Other Event Related		14775
		General Administration 50900				

80		50901	Accounting Services			30,000
81		50902	Bank Charges			300
82		50903	Technology - Software and Services			11,000
83		50904	Technology - Email & SMS			12,000
84		50905	Dues and Subscriptions			2,700
85		50906	Insurance - Liability			8,000
86		50907	Insurance - Rain			3,500
87		50908	Interest Expense			2,600
88		50909	Insurance - Workmans Comp			1,200
89		50910	Legal Services			125
90		50911	Licenses and Fees			250
91		50912	Misc G&A			225
92		50913	Office Rent			17,100
93		50914	Office Cleaning			350
94		50915	Electric			1,225
95		50916	Water			500
96		50917	Postage			1,400
97		50918	Office Services			540
98		50919	Office Supplies			2,500
99		50920	Technology - Supplies			1,800
100		50921	Taxes			450
101		50922	Telephone			8,500
102		50923	Technology - Website Maintenance			700
103		50924	Payroll			324,000
104		50925	Uncategorized Disbursements			14,000
105		50926	Other Hotel Expenses			8,500
106		50927	Travel & Entertainment - G&A			3,500
107		50928	Consultants			14,000
				Total G&A Expense		470965
108		Total Operating Expense				1,393,890
	Net Ordinary Income					88,110
	Other Disbursements 51000					
109		51001	Charitable Contributions			50,000
	Total Expenses and Charitable Disbursments					1,532,000
	Net Income					32,000

	Hilton Head Island Concours d'Elegance Budget					
	Income (40000 Series)					2026
		Ticket Sales 40100				
1		40101	Driving Tour			12,500
2		40102	2-Day			90,000
3		40103	Car Club Showcase Advance Sale			40,000
4		40104	Car Club Showcase - Saturday			25,000
5		40105	CCS Registgration Fees			19,950
6		40106	Concours Early Bird			1,000
7		40107	Concours - Sunday			80,000
8		40108	Concours - Advance w/parking			4,000
9		40109	Advance Sales - Other			500
10		40110	On-Line Convenience Fee			18,000
11		40111	Flights and Fancy Airport Gala			115,000
				Total Ticket Sales		405950
		Sponsors 40200				
12		40201	Award Sponsors			5,000
13		40202	Sponsors			335,000
14		40203	Other			55,000
15		40204	Flights and Fancy Sponsors			30,000
				Total Sponsors		425,000
		Patrons 40300				
16		40301	Patrons - Avant Garde			100,000
17		40302	Patrons - Wheel & Fender			30,000
				Total Patron Sponsors		130,000
		Public Funding (ATAX) 40400				350,035
18		40401				350,035
		Event Production Revenue 40500				
19		40501	Business Expo Tents			20,000
20		40502	Retail Vendor Space			19,000
21		40503	Merchandise Sales			25,000
22		40504	Misc Credit Card Sales			350
23		40505	Parking Fees - VIP			7,000
24		40506	Program Advertising			35,000
				Total Event Production Revenue		106,350
		Charitable Fund 40600				
25		40601	Pinnacle Society			75,000
		Other Income 40900				
26		40901	Interest Income			2,700
27		40902	Federal Payroll Tax Refund			45,000
				Total Revenue		**1,500,000**
	Expenses - 50000 Series					
		Concours Event 50100				
28		50101	Awards			10,000
29		50102	Exhibitors Breakfast			6,000
30		50103	Judging Gifts			1,500
31		50104	Judging Hotel Fees			16,000
32		50105	Judges Dinner			4,000
33		50106	Judging - Other			3,500
34		50107	License Plates			3,800

35		50108	Travel & Entertainment			1,500
36		50109	Other Sunday Expenses			400
37		50110	Supplies			4,600
38		50111	Other Event Production			600
				Total Concours Event Expense		51,900
		Car Club Event 50200				
39		50201	Continental Breakfast			5,000
40		50202	Exhibitor Gifts			2,850
41		50203	Trophies			3,600
42		50204	Trophies			1,000
43		50205	Saturday Other Costs			9,500
44		50206	Speakers/Guests			5,000
				Total Car Club Event		26,950
		Driving Tour 50300				
45		50301	Registration			3,200
		Airport Event 50400				
46		50401	Beverages			500
47		50402	Other Airport Event Expenses			70,000
				Total Airport Event		70500
		Event Production Expenses 50500				
48		50501	Security			18,000
49		50502	Sheriff			5,000
50		50503	Shuttle Bus Service			25,000
51		50504	Land Planning Service			7,500
52		50505	Permits & Licenses			500
53		50506	Port Royal Golf Club Rental			37,500
54		50507	Show Field Bleachers			3,000
55		50508	Sound System			20,000
56		50509	Gate Generator			5,000
57		50510	Motor Pool/Golf Carts			7,000
58		50511	Sanitation			30,000
59		50512	Signage			10,000
60		50513	Tents/Fences			80,000
61		50514	Facilities - Other			2,500
62		50515	Hospitality - Media Lounge			2,750
63		50516	Hospitality - Patrons			55,000
64		50517	Marketing - Advertising			268,000
65		50518	Video/Photo			28,500
66		50519	VIP Travel			30,000
67		50520	Vehicle Transport			40,000
68		50521	Merch - Posters			1,200
69		50522	Merch - Soft Goods			18,000
70		50523	Sponsor Solicitation - Commissions			35,000
71		50524	Sponsor Solicitation - Consultants			550
72		50525	Ticketing			17,000
				Total Event Production		747000
		Volunteeers 50600				
73		50601	Food			7,400
74		50602	Printing			100
75		50603	Supplies			100
76		50604	Travel			1,000
				Total Volunteers		8600
		Other Event Related Expenses 50700				
77		50701	Charitable Fund Reception			11,800
78		50702	Charitable Fund Recognition			2,500
79		50703	Charitable Fund Wrist Bands			475
				Total Other Event Related		14775
		General Administration 50900				

80		50901	Accounting Services			30,000
81		50902	Bank Charges			300
82		50903	Technology - Software and Services			11,000
83		50904	Technology - Email & SMS			12,000
84		50905	Dues and Subscriptions			2,700
85		50906	Insurance - Liability			8,000
86		50907	Insurance - Rain			3,500
87		50908	Interest Expense			2,600
88		50909	Insurance - Workmans Comp			1,200
89		50910	Legal Services			125
90		50911	Licenses and Fees			250
91		50912	Misc G&A			225
92		50913	Office Rent			17,100
93		50914	Office Cleaning			350
94		50915	Electric			1,225
95		50916	Water			500
96		50917	Postage			1,400
97		50918	Office Services			540
98		50919	Office Supplies			2,500
99		50920	Technology - Supplies			1,800
100		50921	Taxes			450
101		50922	Telephone			8,500
102		50923	Technology - Website Maintenance			700
103		50924	Payroll			324,000
104		50925	Uncategorized Disbursements			14,000
105		50926	Other Hotel Expenses			8,500
106		50927	Travel & Entertainment - G&A			3,500
107		50928	Consultants			14,000
				Total G&A Expense		470965
108		Total Operating Expense				1,393,890
	Net Ordinary Income					88,110
	Other Disbursements 51000					
109		51001	Charitable Contributions			50,000
	Total Expenses and Charitable Disbursments					1,532,000
	Net Income					32,000

	Income (40000 Series)			**2025**
	Ticket Sales 40100			
1	40101	Driving Tour		12,500
2	40102	2-Day		90,000
3	40103	Car Club Showcase Advance Sale		40,000
4	40104	Car Club Showcase - Saturday		25,000
5	40105	CCS Registgration Fees		19,950
6	40106	Concours Early Bird		1,000
7	40107	Concours - Sunday		80,000
8	40108	Concours - Advance w/parking		4,000
9	40109	Advance Sales - Other		500
10	40110	On-Line Convenience Fee		18,000
11	40111	Flights and Fancy Airport Gala		115,000
			Total Ticket Sales	**405950**
	Sponsors 40200			
12	40201	Award Sponsors		5,000
13	40202	Sponsors		335,000
14	40203	Other		55,000
15	40204	Flights and Fancy Sponsors		30,000
			Total Sponsors	**425,000**
	Patrons 40300			
16	40301	Patrons - Avant Garde		100,000
17	40302	Patrons - Wheel & Fender		30,000
			Total Patron Sponsor	**130,000**
	Public Funding (ATAX) 40400			**350,000**
18	40401			350,000
	Event Production Revenue 40500			
19	40501	Business Expo Tents		20,000
20	40502	Retail Vendor Space		19,000
21	40503	Merchandise Sales		25,000
22	40504	Misc Credit Card Sales		350
23	40505	Parking Fees - VIP		7,000
24	40506	Program Advertising		35,000
			Total Event Productio	**106,350**
	Charitable Fund 40600			
25	40601	Pinnacle Society		75,000

	Other Income 40900			
26	40901 Interest Income		2,700	
27	40902 Federal Payroll Tax Refund		45,000	
		Total Revenue	**1,465,000**	
	Expenses - 50000 Series			
	Concours Event 50100			
28	50101 Awards		10,000	
29	50102 Exhibitors Breakfast		6,000	
30	50103 Judging Gifts		1,500	
31	50104 Judging Hotel Fees		16,000	
32	50105 Judges Dinner		4,000	
33	50106 Judging - Other		3,500	
34	50107 License Plates		3,800	
35	50108 Travel & Entertainment		1,500	
36	50109 Other Sunday Expenses		400	
37	50110 Supplies		4,600	
38	50111 Other Event Production		600	
		Total Concours Event	**51,900**	
	Car Club Event 50200			
39	50201 Continental Breakfast		5,000	
40	50202 Exhibitor Gifts		2,850	
41	50203 Trophies		3,600	
42	50204 Trophies		1,000	
43	50205 Saturday Other Costs		9,500	
44	50206 Speakers/Guests		3,000	
		Total Car Club Event	**24,950**	
	Driving Tour 50300			
45	50301 Registration		**3,200**	
	Airport Event 50400			
46	50401 Beverages		500	
47	50402 Other Airport Event Expenses		70,000	
		Total Airport Event	**70,500**	
	Event Production Expenses 50500			
48	50501 Security		18,000	
49	50502 Sheriff		5,000	
50	50503 Shuttle Bus Service		25,000	
51	50504 Land Planning Service		7,500	
52	50505 Permits & Licenses		500	
53	50506 Port Royal Golf Club Rental		37,500	
54	50507 Show Field Bleachers		3,000	
55	50508 Sound System		20,000	
56	50509 Gate Generator		5,000	

57	50510	Motor Pool/Golf Carts	7,000	
58	50511	Sanitation	30,000	
59	50512	Signage	10,000	
60	50513	Tents/Fences	75,000	
61	50514	Facilities - Other	2,500	
62	50515	Hospitality - Media Lounge	2,750	
63	50516	Hospitality - Patrons	55,000	
64	50517	Marketing - Advertising	259,000	
65	50518	Vidio/Photo	28,500	
66	50519	VIP Travel	30,000	
67	50520	Vehicle Transport	40,000	
68	50521	Merch - Posters	1,200	
69	50522	Merch - Soft Goods	18,000	
70	50523	Sponsor Solicitation - Commissions	35,000	
71	50524	Sponsor Solicitation - Consultants	550	
72	50525	Ticketing	17,000	
		Total Event Productior	**733,000**	
	Volunteeers 50600			
73	50601	Food	7,400	
74	50602	Printing	100	
75	50603	Supplies	100	
76	50604	Travel	1,000	
		Total Volunteers	**8,600**	
	Other Event Related Expenses 50700			
77	50701	Charitable Fund Reception	11,800	
78	50702	Charitable Fund Recognition	2,500	
79	50703	Charitable Fund Wrist Bands	475	
		Total Other Event Rel	**14,775**	
	General Administration 50900			
80	50901	Accounting Services	30,000	
81	50902	Bank Charges	300	
82	50903	Technology - Software and Services	11,000	
83	50904	Terchnology - Website Design	11,000	
84	50905	Dues and Subscriptions	2,700	
85	50906	Insurance - Liability	8,000	
86	50907	Insurance - Rain	3,500	
87	50908	Interest Expense	2,600	
88	50909	Insurance - Workmans Comp	1,200	
89	50910	Legal Services	125	
90	50911	Licenses and Fees	250	
91	50912	Misc G&A	225	
92	50913	Office Rent	17,100	
93	50914	Office Cleaning	350	
94	50915	Electric	1,225	

95	50916	Water		500
96	50917	Postage		1,400
97	50918	Office Services		540
98	50919	Office Supplies		2,500
99	50920	Technology - Supplies		1,800
100	50921	Taxes		450
101	50922	Telephone		8,500
102	50923	Technology - Website Maintenance		700
103	50924	Payroll		324,000
104	50925	Uncategorized Disbursements		14,000
105	50926	Other Hotel Expenses		8,500
106	50927	Travel & Entertainment - G&A		3,500
107	50928	Consultants		14,000
			Total G&A Expense	**469,965**
108	Total Operating Expense			1,376,890
	Net Ordinary Income			88,110
	Other Disbursements 51000			
109	51001	Charitable Contributions		40,400
	Total Expenses and Charitable Disbursments			**1,417,290**
	Net Income			**47,710**

Hilton Head Island Concours d'Elegance, Inc.
Profit & Loss
January 1 through July 1, 2025

	Jan 1 - Jul 1, 25	
Ordinary Income/Expense		
Income		
40000 - Revenue		
40400 - Public Funding	81,337.77	
Advance Sales - Prior Years		
2010 Event-Sun Concours Ticket	4,000.00	
40102 -2-Day	450.00	
Advance Sales - Prior Years - Other	11,596.00	
Total Advance Sales - Prior Years	16,046.00	
40000 - Revenue - Other	693.00	
Total 40000 - Revenue		98,076.77
Award Sponsors		4,750.00
Concours Charitable Fund		
Other Donations		
Other Contributions	5,000.00	
Total Other Donations	5,000.00	
Pinnacle Society	7,000.00	
Total Concours Charitable Fund		12,000.00
Convenience Fee		31.00
Deferred Revenue		
Public Funding	14,924.82	
Total Deferred Revenue		14,924.82
Hospitality Other - Airport		
Flights & Fancy Aeroport Gala	2,000.00	
Sponsorship	9,200.00	
Total Hospitality Other - Airport		11,200.00
Misc Income		5.61
On-Line Ticket Sales		51,886.50
Sponsors		
General	60,000.00	
Total Sponsors		60,000.00
Total Income		252,874.70
Gross Profit		252,874.70
Expense		
Administration		
Accounting Services	10,000.00	
Bank Charges		
Checking Acct	84.76	
Credit Card Charges	1,119.34	
Bank Charges - Other	675.77	
Total Bank Charges	1,879.87	
Computer & Svs	8,331.80	
Dues and Subscriptions	459.00	
Employee Compensation		
Health Insurance	202.25	
Total Employee Compensation	202.25	

Hilton Head Island Concours d'Elegance, Inc.
Profit & Loss
January 1 through July 1, 2025

	Jan 1 - Jul 1, 25	
Insurance		
Liability	104.20	
Workers Comp	321.80	
Insurance - Other	104.20	
Total Insurance		530.20
Misc		3,505.41
Office Administrative Supplies		5,000.66
Office Rent		
Cleaning	412.50	
Electric	383.00	
Water	168.00	
Office Rent - Other	10,150.00	
Total Office Rent		11,113.50
Postage		667.53
Supplies		
Computers/Printers	2,609.80	
Total Supplies		2,609.80
Telephone		4,750.85
Travel and Entertainment		495.70
Total Administration		49,546.57
Charitable Fund		33,000.00
Event Production		
Driving Tour		330.00
Miscellaneous		6.13
Saturday		
Sourcing	500.00	
Total Saturday		500.00
Sunday		
Exhibitor Gifts	787.50	
Total Sunday		787.50
Total Event Production		1,623.63
Facilities		
Operations		
Misc Equip / Supplies	91.64	
Total Operations		91.64
Total Facilities		91.64
Marketing		
Advertising		74,826.80
Collateral		
Other	192.60	
Total Collateral		192.60
Misc -		3,000.00
Marketing - Other		29,633.20
Total Marketing		107,652.60
Merchandise		
Poster Artist	2,577.07	
Total Merchandise		2,577.07

Hilton Head Island Concours d'Elegance, Inc.
Profit & Loss
January 1 through July 1, 2025

	Jan 1 - Jul 1, 25
Miscellaneous	313.00
Payroll Expenses	135,510.86
Reconciliation Discrepancies	5,656.38
Sponsor Solicitation	
Commissions	12,630.00
Sponsor Solicitation - Other	1,784.00
Total Sponsor Solicitation	14,414.00
Ticketing	
Online Fees	-30.00
Total Ticketing	-30.00
Uncategorized Expenses	342.09
Volunteers	
Admin Svs	254.40
Food	569.61
Total Volunteers	824.01
Total Expense	351,521.85
Net Ordinary Income	-98,647.15
Other Income/Expense	
Other Expense	
CONTRIBUTIONS	9,000.00
Total Other Expense	9,000.00
Net Other Income	-9,000.00
Net Income	**-107,647.15**

Hilton Head Island Concours d'Elegance, Inc.
Balance Sheet
As of July 31, 2025

	Jul 31, 25
ASSETS	
Current Assets	
Checking/Savings	
10001 - Opperating Account	48,723.99
10002 - Charitable Fund	16,903.56
10003 - Contingency Fund	1,000.00
Cash On Hand	1.16
SC Unemployment Reserve	2,494.07
Synovus Bank Checking	0.01
Total Checking/Savings	69,122.79
Accounts Receivable	
Accounts Receivable	125,884.40
Total Accounts Receivable	125,884.40
Other Current Assets	
Deposits - Current	5,958.00
Total Other Current Assets	5,958.00
Total Current Assets	200,965.19
TOTAL ASSETS	**200,965.19**
LIABILITIES & EQUITY	
Liabilities	
Current Liabilities	
Accounts Payable	
Accounts Payable	19,908.00
Total Accounts Payable	19,908.00
Other Current Liabilities	
Cafeteria Plan	
Cafeteria Medical Plan FSA	-647.65
Cafeteria Plan - Other	1,047.65
Total Cafeteria Plan	400.00
Payroll Liabilities	39,298.10
Total Other Current Liabilities	39,698.10
Total Current Liabilities	59,606.10
Long Term Liabilities	
SBA - EIDL	126,480.41
Total Long Term Liabilities	126,480.41
Total Liabilities	186,086.51
Equity	
Opening Bal Equity	21,785.83
Retained Earnings	14,155.21
Net Income	-21,062.36
Total Equity	14,878.68
TOTAL LIABILITIES & EQUITY	**200,965.19**

Hilton Head Island Concours d'Elegance, Inc.
Profit & Loss
January through August 2024

	Jan - Aug 24
Ordinary Income/Expense	
Income	
Business Expo Tents	8,250.00
Concours Charitable Fund (DYA)	34,570.00
Driving Tour Tickets	5,190.00
Exhibitor Registration Fees	15,095.00
Hospitality Events	50.00
Hospitality Other - Airport	36,026.00
Misc Income	297.38
Parking Fees - VIP	1,900.00
Patrons	57,650.00
Program Advertising	10,700.00
Public Funding	140,571.50
Retail Vendor Space	17,250.00
Sponsors	155,983.33
Ticket Sales	39,746.00
Total Income	523,279.21
Gross Profit	523,279.21
Expense	
Administration	70,698.02
Auction	119.97
Event Production	15,816.71
Facilities	30,446.07
Marketing	137,733.09
Merchandise	815.00
Payroll Expenses	169,385.35
Sponsor Solicitation	7,550.00
Ticketing	475.00
void	0.00
Volunteers	948.19

Hilton Head Island Concours d'Elegance, Inc.
Profit & Loss
January through August 2024

	Jan - Aug 24
Total Expense	433,987.40
Net Ordinary Income	89,291.81
Other Income/Expense	
Other Expense	
CONTRIBUTIONS	40,400.00
InterestExpense	1,896.00
Total Other Expense	42,296.00
Net Other Income	-42,296.00
Net Income	**46,995.81**

Hilton Head Island Concours d'Elegance, Inc.
Balance Sheet
As of December 31, 2024

		Dec 31, 24
ASSETS		
Current Assets		
Checking/Savings		
10001 - Opperating Account		69,593.45
Cash On Hand		1.16
SC Unemployment Reserve		2,494.07
Synovus Bank Checking		0.01
Total Checking/Savings		72,088.69
Accounts Receivable		
Accounts Receivable		84,753.97
Total Accounts Receivable		84,753.97
Other Current Assets		
Deposits - Current		5,958.00
Undeposited Funds		100.00
Total Other Current Assets		6,058.00
Total Current Assets		162,900.66
TOTAL ASSETS		**162,900.66**
LIABILITIES & EQUITY		
Liabilities		
Current Liabilities		
Accounts Payable		
Accounts Payable		1,850.00
Total Accounts Payable		1,850.00
Other Current Liabilities		
Cafeteria Plan		
Cafeteria Medical Plan FSA	-1,047.65	
Cafeteria Plan - Other	1,047.65	
Total Cafeteria Plan		0.00
Payroll Liabilities		-47.41
Total Other Current Liabilities		-47.41
Total Current Liabilities		1,802.59
Long Term Liabilities		
SBA - EIDL		130,967.41
Total Long Term Liabilities		130,967.41
Total Liabilities		132,770.00
Equity		
Opening Bal Equity		15,975.45
Retained Earnings		41,112.19
Net Income		-26,956.98
Total Equity		30,130.66
TOTAL LIABILITIES & EQUITY		**162,900.66**

Hilton Head Island Concours d'Elegance, Inc.
Profit & Loss
January through December 2023

	Jan - Dec 23
Ordinary Income/Expense	
Income	
Award Sponsors	4,500.00
Banner Sales	500.00
Beverage Sales	9,231.00
Business Expo Tents	7,250.00
Concours Charitable Fund (DYA)	120,948.31
Driving Tour Tickets	10,813.00
Exhibitor Registration Fees	19,710.00
Hospitality Other - Airport	91,315.50
Interest Income	14.45
Merchandise Sales	15,045.64
Misc Income	0.00
Parking Fees - VIP	7,000.00
Patrons	116,666.50
Program Advertising	32,500.00
Public Funding	425,532.28
Retail Vendor Space	18,700.00
Sponsors	364,603.83
Ticket Sales	224,868.06
Total Income	1,469,198.57
Gross Profit	1,469,198.57
Expense	
Administration	126,616.42
Charitable Fund	16,599.66
Event Production	204,135.64
Facilities	261,371.48
Hospitality	70,854.48
Marketing	371,307.64
Merchandise	19,024.83
Payroll Expenses	249,489.52
Sponsor Solicitation	78,270.25

Hilton Head Island Concours d'Elegance, Inc.
Profit & Loss
January through December 2023

	Jan - Dec 23
Ticketing	19,783.14
void	0.00
Volunteers	13,446.58
Total Expense	1,430,899.64
Net Ordinary Income	38,298.93
Other Income/Expense	
Other Expense	
CONTRIBUTIONS	46,188.00
InterestExpense	5,019.49
Total Other Expense	51,207.49
Net Other Income	-51,207.49
Net Income	**-12,908.56**

Hilton Head Island Concours d'Elegance, Inc.
Balance Sheet
As of December 31, 2023

	Dec 31, 23
ASSETS	
Current Assets	
Checking/Savings	
Cash On Hand	1,712.46
SC Unemployment Reserve	-119.68
Synovus Bank Checking	28,610.66
Synovus Bank New Checking	135,065.09
Total Checking/Savings	165,268.53
Accounts Receivable	
Accounts Receivable	119,078.23
Total Accounts Receivable	119,078.23
Other Current Assets	
Deposits - Current	5,958.00
Undeposited Funds	7,819.86
Total Other Current Assets	13,777.86
Total Current Assets	298,124.62
TOTAL ASSETS	**298,124.62**
LIABILITIES & EQUITY	
Liabilities	
Current Liabilities	
Accounts Payable	
Accounts Payable	104,465.81
Total Accounts Payable	104,465.81
Other Current Liabilities	
Cafeteria Plan	0.00
Payroll Liabilities	11.46
Total Other Current Liabilities	11.46
Total Current Liabilities	104,477.27
Long Term Liabilities	
SBA - EIDL	136,559.71
Total Long Term Liabilities	136,559.71
Total Liabilities	241,036.98
Equity	

Hilton Head Island Concours d'Elegance, Inc.
Balance Sheet
As of December 31, 2023

	Dec 31, 23
Opening Bal Equity	15,975.45
Retained Earnings	54,020.75
Net Income	-12,908.56
Total Equity	57,087.64
TOTAL LIABILITIES & EQUITY	298,124.62

Hilton Head Island Concours d'Elegance, Inc.
Profit & Loss
January through December 2022

	Jan - Dec 22
Ordinary Income/Expense	
Income	
Award Sponsors	2,000.00
Banner Sales	500.00
Beverage Sales	7,873.57
Concours Charitable Fund (DYA)	66,574.75
Driving Tour Tickets	7,570.00
Exhibitor Registration Fees	7,050.00
Hospitality Events	16,093.75
Hospitality Other - Airport	132,771.29
Merchandise Sales	13,116.68
Misc Income	0.10
Patrons	110,907.50
Program Advertising	27,450.00
Public Funding	347,340.00
Retail Vendor Space	12,550.00
Sponsors	355,700.00
Ticket Sales	247,426.00
Total Income	1,354,923.64
Gross Profit	1,354,923.64
Expense	
Administration	135,099.00
Charitable Fund	4,459.21
Event Production	201,520.35
Facilities	315,010.66
Hospitality	86,690.44
Marketing	313,911.50
Merchandise	12,338.60
Payroll Expenses	243,285.40
Savannah Events	2,863.70
Sponsor Solicitation	79,460.74

Hilton Head Island Concours d'Elegance, Inc.
Profit & Loss
January through December 2022

	Jan - Dec 22
Ticketing	22,138.18
void	0.00
Volunteers	13,477.33
Total Expense	1,430,255.11
Net Ordinary Income	-75,331.47
Other Income/Expense	
Other Expense	
CONTRIBUTIONS	73,451.00
InterestExpense	3,016.18
Total Other Expense	76,467.18
Net Other Income	-76,467.18
Net Income	**-151,798.65**

DEPARTMENT OF THE TREASURY
INTERNAL REVENUE SERVICE
WASHINGTON, D.C. 20224

TAX EXEMPT AND GOVERNMENT ENTITIES DIVISION

Date: September 23, 2002

Employer Identification Number:
02-0547759
Issuing Specialist: 50-380400
Charles F. Kaiser III, Esq.
Toll Free Customer Service:
877-829-5500
Accounting Period Ending:
December 31
Foundation Status Classification:
509(a)(2)
Advance Ruling Period Begins:
February 10, 2002
Advance Ruling Period Ends:
December 31, 2006
Form 990 Required:
Yes

Hilton Head Island Concour D'Elegance, Inc.
32 Office Park Road, Suite 200
Hilton Head, SC 29928

Dear Applicant:

Based on the information supplied, and assuming your operations will be as stated in your application for recognition of exemption, we have determined you are exempt from federal income tax under section 501(a) of the Internal Revenue Code as an organization described in section 501(c)(3).

Because you are a newly created organization, we are not now making a final determination of your foundation status under section 509(a) of the Code. However, we have determined that you can reasonably be expected to be a publicly supported organization described in the section(s) indicated above. Accordingly, you will be treated as a publicly supported organization, and not as a private foundation, during an advance ruling period. This advance ruling period begins and ends on the dates indicated above.

Please notify the Ohio Tax Exempt and Government Entities (TE/GE) Customer Service office if there is any change in your name, address, sources of support, purposes or method of operation. If you amend your organizational document or bylaws, please send a copy of the amendment to that office. The mailing address is: Internal Revenue Service, TE/GE Customer Service, P.O. Box 2508, Cincinnati, OH 45201.

Prior to the end of your advance ruling period, the Ohio TE/GE office will send you a letter requesting the information needed to determine whether you have met the requirements of the applicable support test during the advance ruling period. If you establish that you have been a publicly supported organization, you will be classified as a section 509(a)(1) or 509(a)(2) organization as long as you continue to meet the requirements of the applicable support test. If you do not meet the public support requirements during the advance ruling period, you will be classified as a private foundation for future periods. Also, if you are classified as a private foundation, you will be treated as a private foundation from the date of your inception for purposes of sections 507(d) and 4940.

Hilton Head Island Concours DElegance, INC.,

You are receiving this e-mail on behalf of Robinson Grant & Co., P.A..

Your electronically filed Exempt federal income tax extension for tax year 2024 has been acknowledged as accepted for processing by the IRS on 05/09/2025.

Your return was sent to the Ogden Service Center.

Your SubmissionID is **574297202512903 63e47**.

Do not mail the paper copy of your tax return to the IRS. It is for your use only.

PLEASE DO NOT REPLY TO THIS E-MAIL.

We generate this e-mail automatically from your request to be notified when your return or extension is accepted by the taxing authority. We do not monitor this e-mail address for incoming e-mail traffic. If you need assistance or have a question, please contact the firm preparing this return for you. Thank you.

MANAGEMENT COPY

Return of Organization Exempt From Income Tax

Form **990**

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.

Department of the Treasury
Internal Revenue Service

OMB No. 1545-0047

2023

Open to Public Inspection

A For the 2023 calendar year, or tax year beginning and ending

B Check if applicable:
- ☐ Address change
- ☐ Name change
- ☐ Initial return
- ☐ Final return/ terminated
- ☐ Amended return
- ☐ Application pending

C Name of organization
HILTON HEAD ISLAND CONCOURS D'ELEGANCE, INC.

Doing business as

Number and street (or P.O. box if mail is not delivered to street address) Room/suite
1 CARDINAL ROAD 16

City or town, state or province, country, and ZIP or foreign postal code
HILTON HEAD ISLAND, SC 29926

F Name and address of principal officer: ROBERT LEE
SAME AS C ABOVE

D Employer identification number
02-0547759

E Telephone number
843-785-5747

G Gross receipts $ 1,469,626.

H(a) Is this a group return for subordinates? ☐ Yes ☒ No

H(b) Are all subordinates included? ☐ Yes ☐ No
If "No," attach a list. See instructions

H(c) Group exemption number

I Tax-exempt status: ☒ 501(c)(3) ☐ 501(c) ( ) (insert no.) ☐ 4947(a)(1) or ☐ 527

J Website: HTTP://WWW.HHICONCOURS.COM/

K Form of organization: ☒ Corporation ☐ Trust ☐ Association ☐ Other

L Year of formation: 2002 **M** State of legal domicile: SC

Part I Summary

Activities & Governance

1 Briefly describe the organization's mission or most significant activities: ANNUAL AUTO SHOW & MOTORING FESTIVAL LOCATED ON HILTON HEAD ISLAND, SC.

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	17
4	Number of independent voting members of the governing body (Part VI, line 1b)	4	17
5	Total number of individuals employed in calendar year 2023 (Part V, line 2a)	5	5
6	Total number of volunteers (estimate if necessary)	6	400
7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	32,500.
b	Net unrelated business taxable income from Form 990-T, Part I, line 11	7b	0.

		Prior Year	Current Year
Revenue 8	Contributions and grants (Part VIII, line 1h)	347,340.	425,959.
9	Program service revenue (Part VIII, line 2g)	925,563.	969,657.
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	0.	14.
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	69,683.	54,971.
12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	1,342,586.	1,450,601.
Expenses 13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	81,201.	46,188.
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)	242,998.	249,676.
16a	Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.
b	Total fundraising expenses (Part IX, column (D), line 25) 0.		
17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	1,174,892.	1,167,643.
18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	1,499,091.	1,463,507.
19	Revenue less expenses. Subtract line 18 from line 12	-156,505.	-12,906.

		Beginning of Current Year	End of Year
Net Assets or Fund Balances 20	Total assets (Part X, line 16)	228,332.	298,125.
21	Total liabilities (Part X, line 26)	164,545.	241,037.
22	Net assets or fund balances. Subtract line 21 from line 20	63,787.	57,088.

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 Here

Signature of officer Date

ROBERT LEE, TREASURER
Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check if self-employed	PTIN
MICHAEL R. PUTICH, CPA	MICHAEL R. PUTICH, C	11/14/24	☐	P00853466

Firm's name ROBINSON GRANT & CO., P.A. Firm's EIN 57-0735924

Firm's address P.O. DRAWER 22959
HILTON HEAD ISLAND, SC 29925 Phone no. 843-815-6161

May the IRS discuss this return with the preparer shown above? See instructions ☒ Yes ☐ No

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission:
THE CONCOURS EVENT IS HELD ANNUALLY ON HILTON HEAD ISLAND, SC AND DISPLAYS HISTORICAL AND SIGNIFICANT AUTOMOBILES FOR THE PURPOSE OF EDUCATING THE PUBLIC ON THE AUTOMOTIVE INDUSTRY ORIGIN, DEVELOPMENT AND CONTRIBUTION TO HISTORY

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? ☐ Yes ☒ No
If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? ☐ Yes ☒ No
If "Yes," describe these changes on Schedule O.

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code:) (Expenses $ 1,298,014. Including grants of $) (Revenue $)
PRODUCTION OF A WEEK-LONG FESTIVAL MOTOR SHOW THAT FOCUSES UPON AUTOMOBILES AND OTHER VARIOUS METHODS OF TRANSPORTATION AND WHICH IS OPEN AND AVAILABLE TO THE GENERAL PUBLIC.

4b (Code:) (Expenses $ 46,188. Including grants of $ 46,188.) (Revenue $)
PAYMENT OF GRANTS TO LOCAL NOT-FOR-PROFIT ORGANIZATIONS

4c (Code:) (Expenses $ Including grants of $) (Revenue $)

4d Other program services (Describe on Schedule O.)
(Expenses $ Including grants of $) (Revenue $)

4e Total program service expenses 1,344,202.

Part IV Checklist of Required Schedules

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

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		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? *If "Yes," complete Schedule J*	23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than $100,000 as of the last day of the year, that was issued after December 31, 2002? *If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a*	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	**Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.** Did the organization engage in an excess benefit transaction with a disqualified person during the year? *If "Yes," complete Schedule L, Part I*	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? *If "Yes," complete Schedule L, Part I*	25b		X
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? *If "Yes," complete Schedule L, Part II*	26		X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? *If "Yes," complete Schedule L, Part III*	27		X
28	Was the organization a party to a business transaction with one of the following parties? (See the Schedule L, Part IV, instructions for applicable filing thresholds, conditions, and exceptions):			
a	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? *If "Yes," complete Schedule L, Part IV*	28a	X	
b	A family member of any individual described in line 28a? *If "Yes," complete Schedule L, Part IV*	28b		X
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		X
29	Did the organization receive more than $25,000 in noncash contributions? *If "Yes," complete Schedule M*	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? *If "Yes," complete Schedule M*	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? *If "Yes," complete Schedule N, Part I*	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? *If "Yes," complete Schedule N, Part II*	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? *If "Yes," complete Schedule R, Part I*	33		X
34	Was the organization related to any tax-exempt or taxable entity? *If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1*	34		X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? *If "Yes," complete Schedule R, Part V, line 2*	35b		
36	**Section 501(c)(3) organizations.** Did the organization make any transfers to an exempt non-charitable related organization? *If "Yes," complete Schedule R, Part V, line 2*	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? *If "Yes," complete Schedule R, Part VI*	37		X
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? **Note:** All Form 990 filers are required to complete Schedule O	38	X	

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	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable	1a	6		
b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable	1b	0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c		X	

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 5			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? ...	2b	X	
3a	Did the organization have unrelated business gross income of $1,000 or more during the year? ...	3a	X	
b	If "Yes," has it filed a Form 990-T for this year? *If "No" to line 3b, provide an explanation on Schedule O* ...	3b	X	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? ...	4a		X
b	If "Yes," enter the name of the foreign country _____ See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? ...	5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? ...	5b		X
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T? ...	5c		
6a	Does the organization have annual gross receipts that are normally greater than $100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? ...	6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? ...	6b		
7	**Organizations that may receive deductible contributions under section 170(c).**			
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		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided? ...	7b		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? ...	7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year ... 7d			
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.**			
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:			
a	Initiation fees and capital contributions included on Part VIII, line 12 ... 10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities ... 10b			
11	**Section 501(c)(12) organizations.** Enter:			
a	Gross income from members or shareholders ... 11a			
b	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.) ... 11b			
12a	**Section 4947(a)(1) non-exempt charitable trusts.** Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year ... 12b			
13	**Section 501(c)(29) qualified nonprofit health insurance issuers.**			
a	Is the organization licensed to issue qualified health plans in more than one state? ...	13a		
	Note: See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans ... 13b			
c	Enter the amount of reserves on hand ... 13c			
14a	Did the organization receive any payments for indoor tanning services during the tax year? ...	14a		X
b	If "Yes," has it filed a Form 720 to report these payments? *If "No," provide an explanation on 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? ... If "Yes," see the instructions and file Form 4720, Schedule N.	15		X
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? ... If "Yes," complete Form 4720, Schedule O.	16		X
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? ... If "Yes," complete Form 6069.	17		

Part VI Governance, Management, and Disclosure. *For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions.*

Check if Schedule O contains a response or note to any line in this Part VI ..... [X]

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	17		
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O.				
b	Enter the number of voting members included on line 1a, above, who are independent	1b	17		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2			X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?	3			X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4			X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5			X
6	Did the organization have members or stockholders?	6			X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a			X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b			X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:				
a	The governing body?	8a		X	
b	Each committee with authority to act on behalf of the governing body?	8b		X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? *If "Yes," provide the names and addresses on Schedule O*	9			X

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		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a		X
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Did the organization have a written conflict of interest policy? *If "No," go to line 13*	12a		X
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b		
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? *If "Yes," describe on Schedule O how this was done*	12c		
13	Did the organization have a written whistleblower policy?	13		X
14	Did the organization have a written document retention and destruction policy?	14		X
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
a	The organization's CEO, Executive Director, or top management official	15a	X	
b	Other officers or key employees of the organization	15b		X
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	16b		

Section C. Disclosure

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

18 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.

☐ Own website ☐ Another's website ☒ Upon request ☐ Other *(explain on Schedule O)*

19 Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.

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

BOB LEE - 843-785-5747

1 CARDINAL ROAD, SUITE #16, HILTON HEAD ISLAND, SC 29926

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

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

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

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

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See 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 any related organization compensated any current officer, director, or trustee.

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/ 1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/ 1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) LINDSEY HARRELL PRESIDENT (THROUGH 11/2023)	40.00	X		X				83,688.	0.	0.
(2) CHRIS BREWER PRESIDENT (COMMENCING 12/2023)	40.00	X		X				8,750.	0.	0.
(3) MIKE MCCLELLAND CHAIRMAN	5.00	X		X				0.	0.	0.
(4) BOB LEE TREASURER	20.00	X		X				0.	0.	0.
(5) TRUITT RABUN SECRETARY	5.00	X		X				0.	0.	0.
(6) MERRY HARLACHER BOARD MEMBER	5.00	X						0.	0.	0.
(7) LAWRENCE KOCH BOARD MEMBER	5.00	X						0.	0.	0.
(8) JOYCE CARLTON BOARD MEMBER	5.00	X						0.	0.	0.
(9) PAUL IANUARIO BOARD MEMBER	5.00	X						0.	0.	0.
(10) WALTER NESTER BOARD MEMBER	5.00	X						0.	0.	0.
(11) LEE NINER BOARD MEMBER	5.00	X						0.	0.	0.
(12) DENNIS WRIGHT BOARD MEMBER	5.00	X						0.	0.	0.
(13) ELKE MARTIN BOARD MEMBER	5.00	X						0.	0.	0.
(14) ERIK DOERRING BOARD MEMBER	5.00	X						0.	0.	0.
(15) PAUL BOES BOARD MEMBER	5.00	X						0.	0.	0.
(16) CARROL JENSEN BOARD MEMBER	5.00	X						0.	0.	0.
(17) BILL SCMITT BOARD MEMBER	5.00	X						0.	0.	0.

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees *(continued)*

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/ 1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/ 1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(18) STEWART BROWN BOARD MEMBER	5.00	X						0.	0.	0.
1b Subtotal								92,438.	0.	0.
c Total from continuation sheets to Part VII, Section A								0.	0.	0.
d Total (add lines 1b and 1c)								92,438.	0.	0.

2 Total number of individuals (including but not limited to those listed above) who received more than $100,000 of reportable compensation from the organization 0

		Yes	No
3 Did the organization list any **former** officer, director, trustee, key employee, or highest compensated employee on line 1a? *If "Yes," complete Schedule J for such individual*	3		X
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than $150,000? *If "Yes," complete Schedule J for such individual*	4		X
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? *If "Yes," complete Schedule J for such person*	5		X

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than $100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation
NONE		

2 Total number of independent contractors (including but not limited to those listed above) who received more than $100,000 of compensation from the organization 0

Part VIII Statement of Revenue

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

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
Contributions, Gifts, Grants and Other Similar Amounts	1a Federated campaigns	1a					
	b Membership dues	1b					
	c Fundraising events	1c					
	d Related organizations	1d					
	e Government grants (contributions)	1e	425,959.				
	f All other contributions, gifts, grants, and similar amounts not included above	1f					
	g Noncash contributions included in lines 1a-1f	1g	$				
	h Total. Add lines 1a-1f			425,959.			
Program Service Revenue		Business Code					
	2a SPONSORSHIP INCOME	900099		369,104.	369,104.		
	b EVENT TICKET SALES	900099		224,868.	224,868.		
	c DRIVING YOUNG AMERICA	900099		120,948.	120,948.		
	d PATRON INCOME	900099		116,667.	116,667.		
	e HOSPITALITY EVENTS/INC	900099		100,547.	100,547.		
	f All other program service revenue	900099		37,523.	37,523.		
	g Total. Add lines 2a-2f			969,657.			
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)			14.			14.
	4 Income from investment of tax-exempt bond proceeds						
	5 Royalties						
			(i) Real	(ii) Personal			
	6a Gross rents	6a					
	b Less: rental expenses	6b					
	c Rental income or (loss)	6c					
	d Net rental income or (loss)						
			(i) Securities	(ii) Other			
	7a Gross amount from sales of assets other than inventory	7a					
	b Less: cost or other basis and sales expenses	7b					
	c Gain or (loss)	7c					
	d Net gain or (loss)						
	8a Gross income from fundraising events (not including $ _____ of contributions reported on line 1c). See Part IV, line 18	8a					
	b Less: direct expenses	8b					
	c Net income or (loss) from fundraising events						
	9a Gross income from gaming activities. See Part IV, line 19	9a					
	b Less: direct expenses	9b					
	c Net income or (loss) from gaming activities						
	10a Gross sales of inventory, less returns and allowances	10a	15,046.				
	b Less: cost of goods sold	10b	19,025.				
	c Net income or (loss) from sales of inventory			-3,979.	-3,979.		
Miscellaneous Revenue		Business Code					
	11a PROGRAM ADVERTISING IN	541800		32,500.		32,500.	
	b RETAIL AND BUSINESS EX	900099		25,950.	25,950.		
	c MISCELLANEOUS OTHER RE	900099		500.	500.		
	d All other revenue						
	e Total. Add lines 11a-11d			58,950.			
	12 Total revenue. See instructions			1,450,601.	992,128.	32,500.	14.

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	42,100.	42,100.		
2 Grants and other assistance to domestic individuals. See Part IV, line 22	4,088.	4,088.		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	92,438.	69,328.	23,110.	
6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	136,849.	109,479.	27,370.	
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9 Other employee benefits				
10 Payroll taxes	20,389.	15,292.	5,097.	
11 Fees for services (nonemployees):				
a Management				
b Legal	249.	125.	124.	
c Accounting	28,239.	14,120.	14,119.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch O.)				
12 Advertising and promotion	371,308.	371,308.		
13 Office expenses				
14 Information technology	24,966.	12,483.	12,483.	
15 Royalties				
16 Occupancy	19,574.	11,744.	7,830.	
17 Travel	3,558.	3,558.		
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest	5,019.		5,019.	
21 Payments to affiliates				
22 Depreciation, depletion, and amortization				
23 Insurance	11,269.	9,015.	2,254.	
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.)				
a FACILITY EXPENSES/RENTA	261,371.	261,371.		
b EVENT PRODUCTION COSTS	204,136.	204,136.		
c HOSPITALITY SPACE COSTS	85,239.	85,239.		
d SPONSOR SOLICITATION EX	78,270.	78,270.		
e All other expenses SEE SCH O	74,445.	52,546.	21,899.	
25 Total functional expenses. Add lines 1 through 24e	1,463,507.	1,344,202.	119,305.	0.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ☐ if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

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

			(A) Beginning of year		(B) End of year
Assets	1	Cash - non-interest-bearing	175,094.	1	165,269.
	2	Savings and temporary cash investments		2	
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net	43,075.	4	119,078.
	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	
	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	
	7	Notes and loans receivable, net		7	
	8	Inventories for sale or use		8	
	9	Prepaid expenses and deferred charges		9	
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D — 10a			
	b	Less: accumulated depreciation — 10b		10c	
	11	Investments - publicly traded securities		11	
	12	Investments - other securities. See Part IV, line 11		12	
	13	Investments - program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11	10,163.	15	13,778.
	16	**Total assets.** Add lines 1 through 15 (must equal line 33)	228,332.	16	298,125.
Liabilities	17	Accounts payable and accrued expenses	23,427.	17	104,466.
	18	Grants payable		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22	Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		22	
	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties	140,623.	24	136,560.
	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	495.	25	11.
	26	**Total liabilities.** Add lines 17 through 25	164,545.	26	241,037.
Net Assets or Fund Balances		**Organizations that follow FASB ASC 958, check here** ☒ **and complete lines 27, 28, 32, and 33.**			
	27	Net assets without donor restrictions	63,787.	27	57,088.
	28	Net assets with donor restrictions		28	
		Organizations that do not follow FASB ASC 958, check here ☐ **and complete lines 29 through 33.**			
	29	Capital stock or trust principal, or current funds		29	
	30	Paid-in or capital surplus, or land, building, or equipment fund		30	
	31	Retained earnings, endowment, accumulated income, or other funds		31	
	32	Total net assets or fund balances	63,787.	32	57,088.
	33	Total liabilities and net assets/fund balances	228,332.	33	298,125.

Part 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	1,450,601.
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,463,507.
3	Revenue less expenses. Subtract line 2 from line 1	3	-12,906.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	63,787.
5	Net unrealized gains (losses) on investments	5	
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	6,207.
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	57,088.

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 on Schedule O.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: ☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis			
b	Were the organization's financial statements audited by an independent accountant?	2b		X
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: ☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis			
c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?	2c		
	If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Uniform Guidance, 2 C.F.R. Part 200, Subpart F?	3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits	3b		

SCHEDULE A (Form 990)

Department of the Treasury
Internal Revenue Service

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

Name of the organization	Employer identification number
HILTON HEAD ISLAND CONCOURS D'ELEGANCE, INC.	02-0547759

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

The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)

1 ☐ A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**
2 ☐ A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E (Form 990).)
3 ☐ A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**
4 ☐ A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state: _____
5 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II.)
6 ☐ A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
7 ☐ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
8 ☐ A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
9 ☐ An agricultural research organization described in **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: _____
10 ☒ An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2).** (Complete Part III.)
11 ☐ An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**
12 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2).** See **section 509(a)(3).** Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.

a ☐ **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
b ☐ **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
c ☐ **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
d ☐ **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
e ☐ Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
f Enter the number of supported organizations .....
g Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10 above (see instructions))	(iv) Is the organization listed in your governing document? Yes	(iv) No	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
Total						

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 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.						

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
11 **Total support.** Add lines 7 through 10						

12 Gross receipts from related activities, etc. (see instructions) 12

13 **First 5 years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here** ☐

Section C. Computation of Public Support Percentage

14 Public support percentage for 2023 (line 6, column (f), divided by line 11, column (f)) ..... 14 %

15 Public support percentage from 2022 Schedule A, Part II, line 14 ..... 15 %

16a **33 1/3% support test - 2023.** If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ☐

b **33 1/3% support test - 2022.** If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ☐

17a **10% -facts-and-circumstances test - 2023.** 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 organization ☐

b **10% -facts-and-circumstances test - 2022.** 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 organization ☐

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

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	332,790.	323,066.	420,915.	347,340.	425,959.	1850070.
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	971,844.	20,802.	962,208.	995,386.	959,657.	3909897.
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	1304634.	343,868.	1383123.	1342726.	1385616.	5759967.
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						0.
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						0.
c Add lines 7a and 7b						0.
8 **Public support.** (Subtract line 7c from line 6.)						5759967.

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
9 Amounts from line 6	1304634.	343,868.	1383123.	1342726.	1385616.	5759967.
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	144.	5.			14.	163.
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b	144.	5.			14.	163.
11 Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 **Total support.** (Add lines 9, 10c, 11, and 12.)	1304778.	343,873.	1383123.	1342726.	1385630.	5760130.

14 **First 5 years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here** ☐

Section C. Computation of Public Support Percentage

15 Public support percentage for 2023 (line 8, column (f), divided by line 13, column (f))	15	100.00 %
16 Public support percentage from 2022 Schedule A, Part III, line 15	16	99.99 %

Section D. Computation of Investment Income Percentage

17 Investment income percentage for **2023** (line 10c, column (f), divided by line 13, column (f))	17	.00 %
18 Investment income percentage from **2022** Schedule A, Part III, line 17	18	.01 %

19a **33 1/3% support tests - 2023.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ☒

b **33 1/3% support tests - 2022.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ☐

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

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* **Part VI** *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* **Part VI** *how the organization determined that the supported organization was described in section 509(a)(1) or (2).*	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.*	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* **Part VI** *when and how the organization made the determination.*	3b		
c	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? *If "Yes," explain in* **Part VI** *what controls the organization put in place to ensure such use.*	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* **Part VI** *how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.*	4b		
c	Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? *If "Yes," explain in* **Part VI** *what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.*	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? *If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in* **Part VI,** *including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).*	5a		
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?	5b		
c	**Substitutions only.** Was the substitution the result of an event beyond the organization's control?	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* **Part VI.**	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* **Part VI.**	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* **Part VI.**	9b		
c	Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? *If "Yes," provide detail in* **Part VI.**	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.*	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
11	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	
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? *If "Yes," explain in* **Part VI** *how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.*	2	

Section C. Type II Supporting Organizations

		Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? *If "No," describe in* **Part VI** *how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).*	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	
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? *If "No," explain in* **Part VI** *how the organization maintained a close and continuous working relationship with the supported organization(s).*	2	
3	By reason of the relationship described on line 2, above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? *If "Yes," describe in* **Part VI** *the role the organization's supported organizations played in this regard.*	3	

Section E. Type III Functionally Integrated Supporting Organizations

1 *Check the box next to the method that the organization used to satisfy the Integral Part Test during the year* **(see instructions).**

a ☐ The organization satisfied the Activities Test. *Complete* **line 2** *below.*

b ☐ The organization is the parent of each of its supported organizations. *Complete* **line 3** *below.*

c ☐ The organization supported a governmental entity. *Describe in* **Part VI** *how you supported a governmental entity (see instructions).*

		Yes	No
2	Activities Test. **Answer lines 2a and 2b below.**		
a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? *If "Yes," then in* **Part VI identify those supported organizations and explain** *how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.*	2a	
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	
3	Parent of Supported Organizations. **Answer lines 3a and 3b below.**		
a	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? *If "Yes" or "No" provide details in* **Part VI.**	3a	
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? *If "Yes," describe in* **Part VI** *the role played by the organization in this regard.*	3b	

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

1 ☐ Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (*explain in* **Part VI**). **See instructions.** All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1 Net short-term capital gain	1		
2 Recoveries of prior-year distributions	2		
3 Other gross income (see instructions)	3		
4 Add lines 1 through 3.	4		
5 Depreciation and depletion	5		
6 Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
7 Other expenses (see instructions)	7		
8 **Adjusted Net Income** (subtract lines 5, 6, and 7 from line 4)	8		

Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1 Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):			
a Average monthly value of securities	1a		
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d **Total** (add lines 1a, 1b, and 1c)	1d		
e **Discount** claimed for blockage or other factors (*explain in detail in* **Part VI**):			
2 Acquisition indebtedness applicable to non-exempt-use assets	2		
3 Subtract line 2 from line 1d.	3		
4 Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	4		
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6 Multiply line 5 by 0.035.	6		
7 Recoveries of prior-year distributions	7		
8 **Minimum Asset Amount** (add line 7 to line 6)	8		

Section C - Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, column A)	1		
2 Enter 0.85 of line 1.	2		
3 Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4 Enter greater of line 2 or line 3.	4		
5 Income tax imposed in prior year	5		
6 **Distributable Amount.** Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6		

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

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations *(continued)*

Section D - Distributions			Current Year
1	Amounts paid to supported organizations to accomplish exempt purposes	1	
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2	
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	3	
4	Amounts paid to acquire exempt-use assets	4	
5	Qualified set-aside amounts (prior IRS approval required - *provide details in* **Part 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 which the organization is responsive (*provide details in* **Part VI**). See instructions.	8	
9	Distributable amount for 2023 from Section C, line 6	9	
10	Line 8 amount divided by line 9 amount	10	

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

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

Schedule B (Form 990)

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

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

OMB No. 1545-0047

2023

Name of the organization
HILTON HEAD ISLAND CONCOURS D'ELEGANCE, INC.

Employer identification number
02-0547759

Organization type (check one):

Filers of:	Section:
Form 990 or 990-EZ	[X] 501(c)(3) (enter number) organization
	[ ] 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation
	[ ] 527 political organization
Form 990-PF	[ ] 501(c)(3) exempt private foundation
	[ ] 4947(a)(1) nonexempt charitable trust treated as a private foundation
	[ ] 501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule.**
Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

[X] For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling $5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

[ ] For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of **(1)** $5,000; or **(2)** 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

[ ] For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than $1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.

[ ] For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than $1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling $5,000 or more during the year ..... $ _____

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

Name of organization
HILTON HEAD ISLAND CONCOURS D'ELEGANCE, INC.

Employer identification number
02-0547759

Part I **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	TOWN OF HILTON HEAD ISLAND 1 TOWN CENTER COURT HILTON HEAD ISLAND, SC 29928	$ 375,101.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
2	BEAUFORT COUNTY 100 RIBAUT ROAD BEAUFORT, SC 29902	$ 40,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
3	SC STATE TREASURER 1200 SENATE STREET COLUMBIA, SC 29201	$ 5,947.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
		$	Person [ ] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
		$	Person [ ] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
		$	Person [ ] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)

Name of organization
HILTON HEAD ISLAND CONCOURS D'ELEGANCE, INC.

Employer identification number
02-0547759

Part II **Noncash Property** (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		$	

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		$	

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		$	

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		$	

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		$	

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		$	

Name of organization: HILTON HEAD ISLAND CONCOURS D'ELEGANCE, INC.

Employer identification number: 02-0547759

Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than $1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of **$1,000 or less** for the year. (Enter this info. once.) $

Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift

Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift

Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift

Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift

Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

SCHEDULE D (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

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

OMB No. 1545-0047

2023

Open to Public Inspection

Name of the organization HILTON HEAD ISLAND CONCOURS D'ELEGANCE, INC.

Employer identification number 02-0547759

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.

Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year		
2 Aggregate value of contributions to (during year)		
3 Aggregate value of grants from (during year)		
4 Aggregate value at end of year		

5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? ☐ Yes ☐ No

6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? ☐ Yes ☐ No

Part II Conservation Easements.

Complete if the organization answered "Yes" on Form 990, Part IV, line 7.

1 Purpose(s) of conservation easements held by the organization (check all that apply).

☐ Preservation of land for public use (for example, recreation or education)
☐ Preservation of a historically important land area
☐ Protection of natural habitat
☐ Preservation of a certified historic structure
☐ Preservation of open space

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.

		Held at the End of the Tax Year
a Total number of conservation easements	2a	
b Total acreage restricted by conservation easements	2b	
c Number of conservation easements on a certified historic structure included on line 2a	2c	
d Number of conservation easements included on line 2c acquired after July 25, 2006, and not on a historic structure listed in the National Register	2d	

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year _____

4 Number of states where property subject to conservation easement is located _____

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? ☐ Yes ☐ No

6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year _____

7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year _____

8 Does each conservation easement reported on line 2d above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? ☐ Yes ☐ No

9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items.

(i) Revenue included on Form 990, Part VIII, line 1 $ _____

(ii) Assets included in Form 990, Part X $ _____

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items:

a Revenue included on Form 990, Part VIII, line 1 $ _____

b Assets included in Form 990, Part X $ _____

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)

3 Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its collection items (check all that apply).

a ☐ Public exhibition
b ☐ Scholarly research
c ☐ Preservation for future generations
d ☐ Loan or exchange program
e ☐ Other _____

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? ☐ Yes ☐ No

Part IV Escrow and Custodial Arrangements Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1a Is the organization an agent, trustee, custodian, or other intermediary for contributions or other assets not included on Form 990, Part X? ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIII and complete the following table:

		Amount
c Beginning balance	1c	
d Additions during the year	1d	
e Distributions during the year	1e	
f Ending balance	1f	

2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII ☐

Part V Endowment Funds Complete if the organization answered "Yes" on Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance					
b Contributions					
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:

a Board designated or quasi-endowment _____ %
b Permanent endowment _____ %
c Term endowment _____ %

The percentages on lines 2a, 2b, and 2c should equal 100%.

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

		Yes	No
(i) Unrelated organizations?	3a(i)		
(ii) Related organizations?	3a(ii)		
b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?	3b		

4 Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements				
d Equipment				
e Other				
Total. Add lines 1a through 1e. *(Column (d) must equal Form 990, Part X, line 10c, column (B))*				0.

Part VII Investments - Other Securities

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely held equity interests		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Col. (b) must equal Form 990, Part X, line 12, col. (B))		

Part VIII Investments - Program Related.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of Investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Col. (b) must equal Form 990, Part X, line 13, col. (B))		

Part IX Other Assets

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. *(Column (b) must equal Form 990, Part X, line 15, col. (B))*	

Part X Other Liabilities

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) PAYROLL LIABILITIES	11.
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. *(Column (b) must equal Form 990, Part X, line 25, col. (B))*	11.

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

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

1	Total revenue, gains, and other support per audited financial statements			1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
a	Net unrealized gains (losses) on investments	2a			
b	Donated services and use of facilities	2b			
c	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII.)	2d			
e	Add lines 2a through 2d			2e	
3	Subtract line 2e from line 1			3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.)	4b			
c	Add lines 4a and 4b			4c	
5	Total revenue. Add lines 3 and 4c. *(This must equal Form 990, Part I, line 12.)*			5	

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

1	Total expenses and losses per audited financial statements			1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
a	Donated services and use of facilities	2a			
b	Prior year adjustments	2b			
c	Other losses	2c			
d	Other (Describe in Part XIII.)	2d			
e	Add lines 2a through 2d			2e	
3	Subtract line 2e from line 1			3	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.)	4b			
c	Add lines 4a and 4b			4c	
5	Total expenses. Add lines 3 and 4c. *(This must equal Form 990, Part I, line 18.)*			5	

Part XIII Supplemental Information

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

SCHEDULE L
(Form 990)

Department of the Treasury
Internal Revenue Service

Transactions With Interested Persons

Complete if the organization answered "Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c; or Form 990-EZ, Part V, line 38a or 40b.
Attach to Form 990 or Form 990-EZ.
Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2023

Open to Public Inspection

Name of the organization: HILTON HEAD ISLAND CONCOURS D'ELEGANCE, INC.

Employer identification number: 02-0547759

Part I Excess Benefit Transactions (section 501(c)(3), section 501(c)(4), and section 501(c)(29) organizations only)

Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b; or Form 990-EZ, Part V, line 40b.

1 (a) Name of disqualified person	(b) Relationship between disqualified person and organization	(c) Description of transaction	(d) Corrected? Yes	(d) Corrected? No
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				

2 Enter the amount of tax incurred by the organization managers or disqualified persons during the year under section 4958 ..... $

3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization ..... $

Part II Loans to and/or From Interested Persons

Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a, or Form 990, Part IV, line 26; or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22.

(a) Name of interested person	(b) Relationship with organization	(c) Purpose of loan	(d) Loan to or from the organization? To	(d) From	(e) Original principal amount	(f) Balance due	(g) In default? Yes	(g) No	(h) Approved by board or committee? Yes	(h) No	(i) Written agreement? Yes	(i) No
(1)												
(2)												
(3)												
(4)												
(5)												
(6)												
(7)												
(8)												
(9)												
(10)												
Total ..... $												

Part III Grants or Assistance Benefiting Interested Persons

Complete if the organization answered "Yes" on Form 990, Part IV, line 27.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of assistance	(d) Type of assistance	(e) Purpose of assistance
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
(10)				

Part IV Business Transactions Involving Interested Persons

Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
(1) BEACON ALLIED RESOURCES,	TREASURER/COMPTROLL	27,741.	PROVIDES AC		X
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
(10)					

Part V Supplemental Information

Provide additional information for responses to questions on Schedule L. See instructions.

SCH L, PART IV, BUSINESS TRANSACTIONS INVOLVING INTERESTED PERSONS:

(A) NAME OF PERSON: BEACON ALLIED RESOURCES, INC./ROBERT LEE

(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:

TREASURER/COMPTROLLER

(D) DESCRIPTION OF TRANSACTION: PROVIDES ACCOUNTING, TECHNOLOGY AND OTHER CONSULTING SERVICES TO THE ORGANIZATION VIA BEACON ALLIED RESOURCES, INC.

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

2023

Open to Public Inspection

Name of the organization: HILTON HEAD ISLAND CONCOURS D'ELEGANCE, INC.

Employer identification number: 02-0547759

FORM 990, PART VI, SECTION B, LINE 11B:

THE TAX RETURN IS GIVEN TO THE COMPTROLLER/TREASURER OF THE ORGANIZATION FOR REVIEW BEFORE THE TAX RETURN IS FILED.

FORM 990, PART VI, SECTION B, LINE 15A:

THE EXCECUTIVE DIRECTOR UNDERGOES AN ANNUAL PERFORMANCE REVIEW AND HIS/HER SALARY IS BASED ON COMPARABLE POSITIONS.

FORM 990, PART VI, SECTION C, LINE 19:

DOCUMENTATION IS AVAILABLE TO THE PUBLIC UPON REQUEST

FORM 990, PART IX, LINE 24E, ALL OTHER FUNCTIONAL EXPENSES:

TICKETING:

PROGRAM SERVICE EXPENSES	19,783.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	19,783.

BANK AND CREDIT CARD FEES:

PROGRAM SERVICE EXPENSES	8,066.
MANAGEMENT AND GENERAL EXPENSES	8,065.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	16,131.

VOLUNTEER EXPENSE:

PROGRAM SERVICE EXPENSES	13,447.

Name of the organization HILTON HEAD ISLAND CONCOURS D'ELEGANCE, INC.

Employer identification number 02-0547759

MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	13,447.
CONSULTANTS:	
PROGRAM SERVICE EXPENSES	3,438.
MANAGEMENT AND GENERAL EXPENSES	3,438.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	6,876.
SUPPLIES:	
PROGRAM SERVICE EXPENSES	2,971.
MANAGEMENT AND GENERAL EXPENSES	2,970.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	5,941.
DUES AND SUBSCRIPTIONS:	
PROGRAM SERVICE EXPENSES	2,067.
MANAGEMENT AND GENERAL EXPENSES	2,066.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	4,133.
TELEPHONE:	
PROGRAM SERVICE EXPENSES	1,970.
MANAGEMENT AND GENERAL EXPENSES	1,969.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	3,939.

Name of the organization HILTON HEAD ISLAND CONCOURS D'ELEGANCE, INC.

Employer identification number 02-0547759

MISCELLANEOUS EXPENSE:	
PROGRAM SERVICE EXPENSES	0.
MANAGEMENT AND GENERAL EXPENSES	2,215.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	2,215.
GENERAL AND ADMINISTRATIVE MISCELLANEOUS:	
PROGRAM SERVICE EXPENSES	327.
MANAGEMENT AND GENERAL EXPENSES	326.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	653.
POSTAGE:	
PROGRAM SERVICE EXPENSES	232.
MANAGEMENT AND GENERAL EXPENSES	349.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	581.
MISCELLANEOUS TAXES:	
PROGRAM SERVICE EXPENSES	214.
MANAGEMENT AND GENERAL EXPENSES	215.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	429.
PAYROLL ADMIN. FEES:	
PROGRAM SERVICE EXPENSES	0.
MANAGEMENT AND GENERAL EXPENSES	239.
FUNDRAISING EXPENSES	0.

Name of the organization HILTON HEAD ISLAND CONCOURS D'ELEGANCE, INC.

Employer identification number 02-0547759

TOTAL EXPENSES	239.
LICENSES AND FEES:	
PROGRAM SERVICE EXPENSES	31.
MANAGEMENT AND GENERAL EXPENSES	47.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	78.
TOTAL OTHER EXPENSES ON FORM 990, PART IX, LINE 24E, COL A	74,445.

PUBLIC INSPECTION COPY

Form **990**

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

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

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

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

OMB No. 1545-0047

2021

Open to Public Inspection

A For the 2021 calendar year, or tax year beginning and ending

B Check if applicable: Address change; Name change; Initial return; Final return/ terminated; Amended return; Application pending

C Name of organization
HILTON HEAD ISLAND CONCOURS D'ELEGANCE, INC.

Doing business as

Number and street (or P.O. box if mail is not delivered to street address): 1 CARDINAL ROAD
Room/suite: 16

City or town, state or province, country, and ZIP or foreign postal code: HILTON HEAD ISLAND, SC 29926

F Name and address of principal officer: ROBERT LEE
SAME AS C ABOVE

D Employer identification number: 02-0547759

E Telephone number: 843-785-5747

G Gross receipts $: 1,404,199.

H(a) Is this a group return for subordinates? Yes X No

H(b) Are all subordinates included? Yes No
If "No," attach a list. See instructions

H(c) Group exemption number ▶

I Tax-exempt status: X 501(c)(3) 501(c) ( ) ◀ (insert no.) 4947(a)(1) or 527

J Website: ▶ HTTP://WWW.HHICONCOURS.COM/

K Form of organization: X Corporation Trust Association Other ▶

L Year of formation: 2002 **M** State of legal domicile: SC

Part I Summary

Activities & Governance

1 Briefly describe the organization's mission or most significant activities: ANNUAL AUTO SHOW & MOTORING FESTIVAL LOCATED ON HILTON HEAD ISLAND, SC.

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	15
4	Number of independent voting members of the governing body (Part VI, line 1b)	4	15
5	Total number of individuals employed in calendar year 2021 (Part V, line 2a)	5	5
6	Total number of volunteers (estimate if necessary)	6	400
7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	29,550.
b	Net unrelated business taxable income from Form 990-T, Part I, line 11	7b	0.

Revenue

		Prior Year	Current Year
8	Contributions and grants (Part VIII, line 1h)	323,066.	420,915.
9	Program service revenue (Part VIII, line 2g)	7,450.	647,918.
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	5.	0.
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	20,802.	314,290.
12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	351,323.	1,383,123.

Expenses

13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	37,200.	27,949.
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)	182,788.	223,983.
16a	Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.
b	Total fundraising expenses (Part IX, column (D), line 25) ▶ 0.		
17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	149,659.	1,080,809.
18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	369,647.	1,332,741.
19	Revenue less expenses. Subtract line 18 from line 12	-18,324.	50,382.

Net Assets or Fund Balances

		Beginning of Current Year	End of Year
20	Total assets (Part X, line 16)	321,177.	386,265.
21	Total liabilities (Part X, line 26)	151,519.	166,476.
22	Net assets or fund balances. Subtract line 21 from line 20	169,658.	219,789.

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 Here

▶ Signature of officer — Date

▶ ROBERT LEE, TREASURER
Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check if self-employed	PTIN
MICHAEL R. PUTICH, CPA		11/11/22		P00853466

Firm's name ▶ ROBINSON GRANT & CO., P.A. — Firm's EIN ▶ 57-0735924

Firm's address ▶ P.O. DRAWER 22959
HILTON HEAD ISLAND, SC 29925 — Phone no. 843-815-6161

May the IRS discuss this return with the preparer shown above? See instructions X Yes No

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission:
THE CONCOURS EVENT IS HELD ANNUALLY ON HILTON HEAD ISLAND, SC AND DISPLAYS HISTORICAL AND SIGNIFICANT AUTOMOBILES FOR THE PURPOSE OF EDUCATING THE PUBLIC ON THE AUTOMOTIVE INDUSTRY ORIGIN, DEVELOPMENT AND CONTRIBUTION TO HISTORY

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? ..... Yes X No
If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? ..... Yes X No
If "Yes," describe these changes on Schedule O.

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code:) (Expenses $ 1,198,256. including grants of $) (Revenue $)
PRODUCTION OF A WEEK-LONG FESTIVAL MOTOR SHOW THAT FOCUSES UPON AUTOMOBILES AND OTHER VARIOUS METHODS OF TRANSPORTATION AND WHICH IS OPEN AND AVAILABLE TO THE GENERAL PUBLIC.

4b (Code:) (Expenses $ 25,449. including grants of $ 25,449.) (Revenue $)
PAYMENT OF GRANTS TO LOCAL NOT-FOR-PROFIT ORGANIZATIONS

4c (Code:) (Expenses $ including grants of $) (Revenue $)

4d Other program services (Describe on Schedule O.)
(Expenses $ including grants of $) (Revenue $)

4e Total program service expenses ▶ 1,223,705.

Part IV Checklist of Required Schedules

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

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		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? *If "Yes," complete Schedule J*	23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than $100,000 as of the last day of the year, that was issued after December 31, 2002? *If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a*	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	**Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.** Did the organization engage in an excess benefit transaction with a disqualified person during the year? *If "Yes," complete Schedule L, Part I*	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? *If "Yes," complete Schedule L, Part I*	25b		X
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? *If "Yes," complete Schedule L, Part II*	26		X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? *If "Yes," complete Schedule L, Part III*	27		X
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV, instructions for applicable filing thresholds, conditions, and exceptions):			
a	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? *If "Yes," complete Schedule L, Part IV*	28a	X	
b	A family member of any individual described in line 28a? *If "Yes," complete Schedule L, Part IV*	28b		X
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		X
29	Did the organization receive more than $25,000 in non-cash contributions? *If "Yes," complete Schedule M*	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? *If "Yes," complete Schedule M*	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? *If "Yes," complete Schedule N, Part I*	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? *If "Yes," complete Schedule N, Part II*	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? *If "Yes," complete Schedule R, Part I*	33		X
34	Was the organization related to any tax-exempt or taxable entity? *If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1*	34		X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? *If "Yes," complete Schedule R, Part V, line 2*	35b		
36	**Section 501(c)(3) organizations.** Did the organization make any transfers to an exempt non-charitable related organization? *If "Yes," complete Schedule R, Part V, line 2*	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? *If "Yes," complete Schedule R, Part VI*	37		X
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? **Note:** All Form 990 filers are required to complete Schedule O	38	X	

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	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable	1a	4		
b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable	1b	0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c		X	

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 5			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X	
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to *e-file.* See instructions.			
3a	Did the organization have unrelated business gross income of $1,000 or more during the year?	3a	X	
b	If "Yes," has it filed a Form 990-T for this year? *If "No" to line 3b, provide an explanation on Schedule O*	3b	X	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X
b	If "Yes," enter the name of the foreign country ▶ _____ See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than $100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		
7	**Organizations that may receive deductible contributions under section 170(c).**			
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		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year 7d			
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.**			
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:			
a	Initiation fees and capital contributions included on Part VIII, line 12 10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
11	**Section 501(c)(12) organizations.** Enter:			
a	Gross income from members or shareholders 11a			
b	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.) 11b			
12a	**Section 4947(a)(1) non-exempt charitable trusts.** Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b			
13	**Section 501(c)(29) qualified nonprofit health insurance issuers.**			
a	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note: See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans 13b			
c	Enter the amount of reserves on hand 13c			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
b	If "Yes," has it filed a Form 720 to report these payments? *If "No," provide an explanation on 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? If "Yes," see the instructions and file Form 4720, Schedule N.	15		X
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.	16		X
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? If "Yes," complete Form 6069.	17		

Part VI Governance, Management, and Disclosure. *For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions.*

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

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	15		
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O.				
b	Enter the number of voting members included on line 1a, above, who are independent	1b	15		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2			X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?	3			X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4			X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5			X
6	Did the organization have members or stockholders?	6			X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a			X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b			X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:				
a	The governing body?	8a		X	
b	Each committee with authority to act on behalf of the governing body?	8b		X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? *If "Yes," provide the names and addresses on Schedule O*	9			X

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		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a		X
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Did the organization have a written conflict of interest policy? *If "No," go to line 13*	12a		X
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b		
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? *If "Yes," describe on Schedule O how this was done*	12c		
13	Did the organization have a written whistleblower policy?	13		X
14	Did the organization have a written document retention and destruction policy?	14		X
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
a	The organization's CEO, Executive Director, or top management official	15a	X	
b	Other officers or key employees of the organization	15b		X
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	16b		

Section C. Disclosure

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

18 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.

Own website Another's website X Upon request Other *(explain on Schedule O)*

19 Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.

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

BOB LEE - 843-785-5747

1 CARDINAL ROAD, SUITE #16, HILTON HEAD ISLAND, SC 29926

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

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

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

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

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See 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 nor any related organization compensated any current officer, director, or trustee.

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/ 1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/ 1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) LINDSEY HARRELL EXECUTIVE DIRECTOR	40.00	X		X				101,888.	0.	0.
(2) STEWART BROWN CHAIR EMERITUS	5.00	X		X				0.	0.	0.
(3) MEREDITH HARLACHER CHAIRMAN	5.00	X		X				0.	0.	0.
(4) BOB LEE TREASURER	5.00	X		X				0.	0.	0.
(5) TRUITT RABUN SECRETARY	5.00	X		X				0.	0.	0.
(6) MIKE MCCLELLAND VICE CHAIRMAN	5.00			X				0.	0.	0.
(7) LAWRENCE KOCH BOARD MEMBER	5.00	X						0.	0.	0.
(8) JOYCE CARLTON BOARD MEMBER	5.00	X						0.	0.	0.
(9) PAUL IANUARIO BOARD MEMBER	5.00	X						0.	0.	0.
(10) WALTER NESTER BOARD MEMBER	5.00	X						0.	0.	0.
(11) LEE NINER BOARD MEMBER	5.00	X						0.	0.	0.
(12) DENNIS WRIGHT BOARD MEMBER	5.00	X						0.	0.	0.
(13) ELKE MARTIN BOARD MEMBER	5.00	X						0.	0.	0.
(14) ERIC DOERRING BOARD MEMBER	5.00	X						0.	0.	0.
(15) PAUL BOES BOARD MEMBER	5.00	X						0.	0.	0.

Part VII **Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees** *(continued)*

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/ 1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/ 1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
1b Subtotal ▶								101,888.	0.	0.
c Total from continuation sheets to Part VII, Section A ▶								0.	0.	0.
d Total (add lines 1b and 1c) ▶								101,888.	0.	0.

2 Total number of individuals (including but not limited to those listed above) who received more than $100,000 of reportable compensation from the organization ▶ 1

		Yes	No
3	Did the organization list any **former** officer, director, trustee, key employee, or highest compensated employee on line 1a? *If "Yes," complete Schedule J for such individual*		X
4	For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than $150,000? *If "Yes," complete Schedule J for such individual*		X
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? *If "Yes," complete Schedule J for such person*		X

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than $100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation
NONE		

2 Total number of independent contractors (including but not limited to those listed above) who received more than $100,000 of compensation from the organization ▶ 0

Part VIII Statement of Revenue

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

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
Contributions, Gifts, Grants and Other Similar Amounts	1a Federated campaigns	1a					
	b Membership dues	1b					
	c Fundraising events	1c					
	d Related organizations	1d					
	e Government grants (contributions)	1e	417,915.				
	f All other contributions, gifts, grants, and similar amounts not included above	1f	3,000.				
	g Noncash contributions included in lines 1a-1f	1g	$				
	h **Total.** Add lines 1a-1f			420,915.			
Program Service Revenue		Business Code					
	2a SPONSORSHIP INCOME	990099		313,375.	313,375.		
	b EVENT TICKET SALES	990099		216,254.	216,254.		
	c PATRON INCOME	900099		99,344.	99,344.		
	d DRIVING TOUR TICKETS	990099		10,851.	10,851.		
	e EXHIBITOR REGISTRATION	990099		6,560.	6,560.		
	f All other program service revenue	990099		1,534.	1,534.		
	g **Total.** Add lines 2a-2f			647,918.			
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)						
	4 Income from investment of tax-exempt bond proceeds						
	5 Royalties						
			(i) Real	(ii) Personal			
	6a Gross rents	6a					
	b Less: rental expenses	6b					
	c Rental income or (loss)	6c					
	d Net rental income or (loss)						
			(i) Securities	(ii) Other			
	7a Gross amount from sales of assets other than inventory	7a					
	b Less: cost or other basis and sales expenses	7b					
	c Gain or (loss)	7c					
	d Net gain or (loss)						
	8a Gross income from fundraising events (not including $ _____ of contributions reported on line 1c). See Part IV, line 18	8a	59,584.				
	b Less: direct expenses	8b	8,792.				
	c Net income or (loss) from fundraising events			50,792.			50,792.
	9a Gross income from gaming activities. See Part IV, line 19	9a					
	b Less: direct expenses	9b					
	c Net income or (loss) from gaming activities						
	10a Gross sales of inventory, less returns and allowances	10a	6,628.				
	b Less: cost of goods sold	10b	12,284.				
	c Net income or (loss) from sales of inventory			-5,656.	-5,656.		
Miscellaneous Revenue		Business Code					
	11a HOSPITALITY EVENTS/INC	990099		154,322.	154,322.		
	b DRIVING YOUNG AMERICA	990099		40,038.	40,038.		
	c PROGRAM ADVERTISING IN	541800		29,550.		29,550.	
	d All other revenue	990099		45,244.	45,244.		
	e **Total.** Add lines 11a-11d			269,154.			
	12 **Total revenue.** See instructions			1,383,123.	881,866.	29,550.	50,792.

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	25,449.	25,449.		
2 Grants and other assistance to domestic individuals. See Part IV, line 22	2,500.	2,500.		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	101,888.	76,416.	25,472.	
6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	105,339.	84,271.	21,068.	
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9 Other employee benefits				
10 Payroll taxes	16,756.	12,567.	4,189.	
11 Fees for services (nonemployees):				
a Management				
b Legal				
c Accounting	25,308.	12,654.	12,654.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch O.)				
12 Advertising and promotion	300,820.	300,820.		
13 Office expenses				
14 Information technology	20,676.	10,338.	10,338.	
15 Royalties				
16 Occupancy	16,211.	9,727.	6,484.	
17 Travel				
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest	6,219.		6,219.	
21 Payments to affiliates				
22 Depreciation, depletion, and amortization				
23 Insurance	20,076.	16,061.	4,015.	
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.)				
a FACILITY EXPENSES/RENTA	262,476.	262,476.		
b EVENT PRODUCTION COSTS	217,667.	217,667.		
c HOSPITALITY TENT COSTS	68,667.	68,667.		
d SPONSOR SOLICITATION EX	63,135.	63,135.		
e All other expenses SEE SCH O	79,554.	60,957.	18,597.	
25 **Total functional expenses.** Add lines 1 through 24e	1,332,741.	1,223,705.	109,036.	0.
26 **Joint costs.** Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ▶ if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

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

			(A) Beginning of year		(B) End of year
Assets	1	Cash - non-interest-bearing	139.	1	341.
	2	Savings and temporary cash investments	311,597.	2	303,432.
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net	3,483.	4	76,534.
	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	
	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	
	7	Notes and loans receivable, net		7	
	8	Inventories for sale or use		8	
	9	Prepaid expenses and deferred charges		9	
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D — 10a			
	b	Less: accumulated depreciation — 10b		10c	
	11	Investments - publicly traded securities		11	
	12	Investments - other securities. See Part IV, line 11		12	
	13	Investments - program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11	5,958.	15	5,958.
	16	**Total assets.** Add lines 1 through 15 (must equal line 33)	321,177.	16	386,265.
Liabilities	17	Accounts payable and accrued expenses	1,000.	17	18,023.
	18	Grants payable		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22	Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		22	
	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties	149,747.	24	145,070.
	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	772.	25	3,383.
	26	**Total liabilities.** Add lines 17 through 25	151,519.	26	166,476.
Net Assets or Fund Balances		**Organizations that follow FASB ASC 958, check here ▶ X and complete lines 27, 28, 32, and 33.**			
	27	Net assets without donor restrictions	169,658.	27	219,789.
	28	Net assets with donor restrictions		28	
		Organizations that do not follow FASB ASC 958, check here ▶ and complete lines 29 through 33.			
	29	Capital stock or trust principal, or current funds		29	
	30	Paid-in or capital surplus, or land, building, or equipment fund		30	
	31	Retained earnings, endowment, accumulated income, or other funds		31	
	32	Total net assets or fund balances	169,658.	32	219,789.
	33	Total liabilities and net assets/fund balances	321,177.	33	386,265.

Part 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	1,383,123.
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,332,741.
3	Revenue less expenses. Subtract line 2 from line 1	3	50,382.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	169,658.
5	Net unrealized gains (losses) on investments	5	
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	-251.
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	219,789.

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 X Accrual Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis			
b	Were the organization's financial statements audited by an independent accountant?	2b		X
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis			
c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?	2c		
	If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits	3b		

SCHEDULE A
(Form 990)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.
▶ Attach to Form 990 or Form 990-EZ.
▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2021

Open to Public Inspection

Name of the organization	Employer identification number
HILTON HEAD ISLAND CONCOURS D'ELEGANCE, INC.	02-0547759

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

The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)

1 A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**
2 A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E (Form 990).)
3 A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**
4 A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state: _____
5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II.)
6 A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
8 A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
9 An agricultural research organization described in **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: _____
10 X An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2).** (Complete Part III.)
11 An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**
12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2)**. See **section 509(a)(3).** Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.

a **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
b **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
c **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
d **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
e Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
f Enter the number of supported organizations .....
g Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10 above (see instructions))	(iv) Is the organization listed in your governing document? Yes	(iv) No	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
Total						

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 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.						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 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 **Total support.** Add lines 7 through 10						

12 Gross receipts from related activities, etc. (see instructions) 12

13 **First 5 years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here** ..... ▶

Section C. Computation of Public Support Percentage

14 Public support percentage for 2021 (line 6, column (f), divided by line 11, column (f)) ..... 14 %

15 Public support percentage from 2020 Schedule A, Part II, line 14 ..... 15 %

16a **33 1/3% support test - 2021.** If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ..... ▶

b **33 1/3% support test - 2020.** If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ..... ▶

17a **10% -facts-and-circumstances test - 2021.** If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and **stop here.** Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization ..... ▶

b **10% -facts-and-circumstances test - 2020.** If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and **stop here.** Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization ..... ▶

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

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	220,448.	251,166.	332,790.	323,066.	420,915.	1,548,385.
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	1,044,492.	937,389.	971,844.	20,802.	962,208.	3,936,735.
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	1,264,940.	1,188,555.	1,304,634.	343,868.	1,383,123.	5,485,120.
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						0.
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						0.
c Add lines 7a and 7b						0.
8 **Public support.** (Subtract line 7c from line 6.)						5,485,120.

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
9 Amounts from line 6	1,264,940.	1,188,555.	1,304,634.	343,868.	1,383,123.	5,485,120.
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	228.	190.	144.	5.		567.
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b	228.	190.	144.	5.		567.
11 Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 **Total support.** (Add lines 9, 10c, 11, and 12.)	1,265,168.	1,188,745.	1,304,778.	343,873.	1,383,123.	5,485,687.

14 **First 5 years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here** ▶

Section C. Computation of Public Support Percentage

15 Public support percentage for 2021 (line 8, column (f), divided by line 13, column (f))	15	99.99 %
16 Public support percentage from 2020 Schedule A, Part III, line 15	16	99.98 %

Section D. Computation of Investment Income Percentage

17 Investment income percentage for **2021** (line 10c, column (f), divided by line 13, column (f))	17	.01 %
18 Investment income percentage from **2020** Schedule A, Part III, line 17	18	.02 %

19a **33 1/3% support tests - 2021.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶ X

b **33 1/3% support tests - 2020.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶

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

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* **Part VI** *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* **Part VI** *how the organization determined that the supported organization was described in section 509(a)(1) or (2).*	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.*	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* **Part VI** *when and how the organization made the determination.*	3b		
c	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? *If "Yes," explain in* **Part VI** *what controls the organization put in place to ensure such use.*	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* **Part VI** *how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.*	4b		
c	Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? *If "Yes," explain in* **Part VI** *what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.*	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? *If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in* **Part VI,** *including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).*	5a		
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?	5b		
c	**Substitutions only.** Was the substitution the result of an event beyond the organization's control?	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* **Part VI.**	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* **Part VI.**	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* **Part VI.**	9b		
c	Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? *If "Yes," provide detail in* **Part VI.**	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.*	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
11	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**		
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? *If "Yes," explain in* **Part VI** *how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.*	**2**		

Section C. Type II Supporting Organizations

			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? *If "No," describe in* **Part VI** *how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).*	**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**		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? *If "No," explain in* **Part VI** *how the organization maintained a close and continuous working relationship with the supported organization(s).*	**2**		
3	By reason of the relationship described on line 2, above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? *If "Yes," describe in* **Part VI** *the role the organization's supported organizations played in this regard.*	**3**		

Section E. Type III Functionally Integrated Supporting Organizations

1 *Check the box next to the method that the organization used to satisfy the Integral Part Test during the yea* **(see instructions).**

- **a** ☐ The organization satisfied the Activities Test. *Complete* **line 2** *below.*
- **b** ☐ The organization is the parent of each of its supported organizations. *Complete* **line 3** *below.*
- **c** ☐ The organization supported a governmental entity. *Describe in* **Part VI** *how you supported a governmental entity (see instructions).*

			Yes	No
2	Activities Test. **Answer lines 2a and 2b below.**			
a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? *If "Yes," then in* **Part VI identify those supported organizations and explain** *how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.*	**2a**		
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**		
3	Parent of Supported Organizations. **Answer lines 3a and 3b below.**			
a	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? *If "Yes" or "No" provide details in* **Part VI.**	**3a**		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? *If "Yes," describe in* **Part VI** *the role played by the organization in this regard.*	**3b**		

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (*explain in* **Part VI**). **See instructions.** All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1 Net short-term capital gain	**1**		
2 Recoveries of prior-year distributions	**2**		
3 Other gross income (see instructions)	**3**		
4 Add lines 1 through 3.	**4**		
5 Depreciation and depletion	**5**		
6 Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	**6**		
7 Other expenses (see instructions)	**7**		
8 **Adjusted Net Income** (subtract lines 5, 6, and 7 from line 4)	**8**		

Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1 Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):			
a Average monthly value of securities	**1a**		
b Average monthly cash balances	**1b**		
c Fair market value of other non-exempt-use assets	**1c**		
d **Total** (add lines 1a, 1b, and 1c)	**1d**		
e **Discount** claimed for blockage or other factors (*explain in detail in* **Part VI**):			
2 Acquisition indebtedness applicable to non-exempt-use assets	**2**		
3 Subtract line 2 from line 1d.	**3**		
4 Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	**4**		
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	**5**		
6 Multiply line 5 by 0.035.	**6**		
7 Recoveries of prior-year distributions	**7**		
8 **Minimum Asset Amount** (add line 7 to line 6)	**8**		

Section C - Distributable Amount		Current Year
1 Adjusted net income for prior year (from Section A, line 8, column A)	**1**	
2 Enter 0.85 of line 1.	**2**	
3 Minimum asset amount for prior year (from Section B, line 8, column A)	**3**	
4 Enter greater of line 2 or line 3.	**4**	
5 Income tax imposed in prior year	**5**	
6 **Distributable Amount.** Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	**6**	

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

Part V **Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations** *(continued)*

Section D - Distributions			**Current Year**
1	Amounts paid to supported organizations to accomplish exempt purposes	**1**	
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	**2**	
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	**3**	
4	Amounts paid to acquire exempt-use assets	**4**	
5	Qualified set-aside amounts (prior IRS approval required - *provide details in* **Part 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 which the organization is responsive (*provide details in* **Part VI**). See instructions.	**8**	
9	Distributable amount for 2021 from Section C, line 6	**9**	
10	Line 8 amount divided by line 9 amount	**10**	

Section E - Distribution Allocations (see instructions)		**(i) Excess Distributions**	**(ii) Underdistributions Pre-2021**	**(iii) Distributable Amount for 2021**
1	Distributable amount for 2021 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2021 (reasonable cause required - *explain in* **Part VI**). See instructions.			
3	Excess distributions carryover, if any, to 2021			
a	From 2016			
b	From 2017			
c	From 2018			
d	From 2019			
e	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, *explain in* **Part VI.** See instructions.			
6	Remaining underdistributions for 2021. Subtract lines 3h and 4b from line 1. For result greater than zero, *explain in* **Part VI**. See instructions.			
7	**Excess distributions carryover to 2022.** Add lines 3j and 4c.			
8	Breakdown of line 7:			
a	Excess from 2017			
b	Excess from 2018			
c	Excess from 2019			
d	Excess from 2020			
e	Excess from 2021			

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

SCHEDULE D (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

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

OMB No. 1545-0047

2021

Open to Public Inspection

Name of the organization HILTON HEAD ISLAND CONCOURS D'ELEGANCE, INC.

Employer identification number 02-0547759

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		

5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? **Yes** **No**

6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? **Yes** **No**

Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7.

1 Purpose(s) of conservation easements held by the organization (check all that apply).

- Preservation of land for public use (for example, recreation or education)
- Protection of natural habitat
- Preservation of open space
- Preservation of a historically important land area
- Preservation of a certified historic structure

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.

			Held at the End of the Tax Year
a	Total number of conservation easements	2a	
b	Total acreage restricted by conservation easements	2b	
c	Number of conservation easements on a certified historic structure included in (a)	2c	
d	Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register	2d	

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶ _____

4 Number of states where property subject to conservation easement is located ▶ _____

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? **Yes** **No**

6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ _____

7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ $ _____

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? **Yes** **No**

9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:

(i) Revenue included on Form 990, Part VIII, line 1 ▶ $ _____

(ii) Assets included in Form 990, Part X ▶ $ _____

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items:

a Revenue included on Form 990, Part VIII, line 1 ▶ $ _____

b Assets included in Form 990, Part X ▶ $ _____

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets *(continued)*

3 Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its collection items (check all that apply):

a Public exhibition
b Scholarly research
c Preservation for future generations
d Loan or exchange program
e Other _____

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No

b If "Yes," explain the arrangement in Part XIII and complete the following table:

		Amount
c Beginning balance	1c	
d Additions during the year	1d	
e Distributions during the year	1e	
f Ending balance	1f	

2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No

b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII

Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance					
b Contributions					
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:

a Board designated or quasi-endowment ▶ _____ %
b Permanent endowment ▶ _____ %
c Term endowment ▶ _____ %

The percentages on lines 2a, 2b, and 2c should equal 100%.

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

		Yes	No
(i) Unrelated organizations	3a(i)		
(ii) Related organizations	3a(ii)		
b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?	3b		

4 Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements				
d Equipment				
e Other				
Total. Add lines 1a through 1e. *(Column (d) must equal Form 990, Part X, column (B), line 10c.)* ▶				0.

Part VII Investments - Other Securities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely held equity interests		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ▶		

Part VIII Investments - Program Related.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶		

Part IX Other Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) ▶	

Part X Other Liabilities.

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) PAYROLL LIABILITIES	3,383.
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	3,383.

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

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

1	Total revenue, gains, and other support per audited financial statements			1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
a	Net unrealized gains (losses) on investments	2a			
b	Donated services and use of facilities	2b			
c	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII.)	2d			
e	Add lines **2a** through **2d**			2e	
3	Subtract line **2e** from line **1**			3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.)	4b			
c	Add lines **4a** and **4b**			4c	
5	Total revenue. Add lines **3** and **4c.** *(This must equal Form 990, Part I, line 12.)*			5	

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

1	Total expenses and losses per audited financial statements			1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
a	Donated services and use of facilities	2a			
b	Prior year adjustments	2b			
c	Other losses	2c			
d	Other (Describe in Part XIII.)	2d			
e	Add lines **2a** through **2d**			2e	
3	Subtract line **2e** from line **1**			3	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.)	4b			
c	Add lines **4a** and **4b**			4c	
5	Total expenses. Add lines **3** and **4c.** *(This must equal Form 990, Part I, line 18.)*			5	

Part XIII Supplemental Information.

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

SCHEDULE G (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

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

▶ **Attach to Form 990 or Form 990-EZ.**

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

OMB No. 1545-0047

2021

Open to Public Inspection

Name of the organization: HILTON HEAD ISLAND CONCOURS D'ELEGANCE, INC.

Employer identification number: 02-0547759

Part I Fundraising Activities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.

1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.

- **a** Mail solicitations
- **b** Internet and email solicitations
- **c** Phone solicitations
- **d** In-person solicitations
- **e** Solicitation of non-government grants
- **f** Solicitation of government grants
- **g** Special fundraising events

2 a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? **Yes** **No**

b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least $5,000 by the organization.

(i) Name and address of individual or entity (fundraiser)	**(ii)** Activity	**(iii)** Did fundraiser have custody or control of contributions? Yes	**(iii)** No	**(iv)** Gross receipts from activity	**(v)** Amount paid to (or retained by) fundraiser listed in col. **(i)**	**(vi)** Amount paid to (or retained by) organization
Total ▶						

3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

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

		(a) Event #1 SILENT AUCTION - DY (event type)	(b) Event #2 (event type)	(c) Other events NONE (total number)	(d) Total events (add col. (a) through col. (c))
Revenue	1 Gross receipts	59,584.			59,584.
	2 Less: Contributions				
	3 Gross income (line 1 minus line 2)	59,584.			59,584.
Direct Expenses	4 Cash prizes				
	5 Noncash prizes	5,809.			5,809.
	6 Rent/facility costs	2,983.			2,983.
	7 Food and beverages				
	8 Entertainment				
	9 Other direct expenses				
	10 Direct expense summary. Add lines 4 through 9 in column (d) ▶				8,792.
	11 Net income summary. Subtract line 10 from line 3, column (d) ▶				50,792.

Part III **Gaming.** Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than $15,000 on Form 990-EZ, line 6a.

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Revenue	1 Gross revenue				
Direct Expenses	2 Cash prizes				
	3 Noncash prizes				
	4 Rent/facility costs				
	5 Other direct expenses				
	6 Volunteer labor	Yes ____ % No	Yes ____ % No	Yes ____ % No	
	7 Direct expense summary. Add lines 2 through 5 in column (d) ▶				
	8 Net gaming income summary. Subtract line 7 from line 1, column (d) ▶				

9 Enter the state(s) in which the organization conducts gaming activities: _____

a Is the organization licensed to conduct gaming activities in each of these states? ..... Yes No

b If "No," explain: _____

10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? ..... Yes No

b If "Yes," explain: _____

11 Does the organization conduct gaming activities with nonmembers? **Yes** **No**

12 Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed to administer charitable gaming? **Yes** **No**

13 Indicate the percentage of gaming activity conducted in:

a The organization's facility	**13a**	%
b An outside facility	**13b**	%

14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name ▶

Address ▶

15a Does the organization have a contract with a third party from whom the organization receives gaming revenue? **Yes** **No**

b If "Yes," enter the amount of gaming revenue received by the organization ▶ $ _____ and the amount of gaming revenue retained by the third party ▶ $ _____

c If "Yes," enter name and address of the third party:

Name ▶

Address ▶

16 Gaming manager information:

Name ▶

Gaming manager compensation ▶ $ _____

Description of services provided ▶

Director/officer Employee Independent contractor

17 Mandatory distributions:

a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? **Yes** **No**

b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ $

Part IV **Supplemental Information.** Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.

Part IV **Supplemental Information** *(continued)*

SCHEDULE L
(Form 990)

Department of the Treasury
Internal Revenue Service

Transactions With Interested Persons

▶ **Complete if the organization answered "Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.**
▶ **Attach to Form 990 or Form 990-EZ.**
▶ **Go to www.irs.gov/Form990 for instructions and the latest information.**

OMB No. 1545-0047

2021

Open To Public Inspection

Name of the organization HILTON HEAD ISLAND CONCOURS D'ELEGANCE, INC.

Employer identification number 02-0547759

Part I Excess Benefit Transactions (section 501(c)(3), section 501(c)(4), and section 501(c)(29) organizations only).

Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b.

1 **(a)** Name of disqualified person	**(b)** Relationship between disqualified person and organization	**(c)** Description of transaction	**(d)** Corrected? Yes	No

2 Enter the amount of tax incurred by the organization managers or disqualified persons during the year under section 4958 ▶ $

3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization ▶ $

Part II Loans to and/or From Interested Persons.

Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a or Form 990, Part IV, line 26; or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22.

(a) Name of interested person	**(b)** Relationship with organization	**(c)** Purpose of loan	**(d)** Loan to or from the organization? To	From	**(e)** Original principal amount	**(f)** Balance due	**(g)** In default? Yes	No	**(h)** Approved by board or committee? Yes	No	**(i)** Written agreement? Yes	No
Total ▶ $												

Part III Grants or Assistance Benefiting Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 27.

(a) Name of interested person	**(b)** Relationship between interested person and the organization	**(c)** Amount of assistance	**(d)** Type of assistance	**(e)** Purpose of assistance

Part IV Business Transactions Involving Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues? Yes	(e) Sharing of organization's revenues? No
BEACON ALLIED RESOURCES, I	TREASURER/COMPTROLL	23,640.	PROVIDES AC		X
TRUITT RABURN ASSOC., INC/	SECRETARY	7,701.	PROVIDES LA		X

Part V Supplemental Information.

Provide additional information for responses to questions on Schedule L (see instructions).

SCH L, PART IV, BUSINESS TRANSACTIONS INVOLVING INTERESTED PERSONS:

(A) NAME OF PERSON: BEACON ALLIED RESOURCES, INC./ROBERT LEE

(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:

TREASURER/COMPTROLLER

(D) DESCRIPTION OF TRANSACTION: PROVIDES ACCOUNTING, TECHNOLOGY AND OTHER CONSULTING SERVICES TO THE ORGANIZATION VIA BEACON ALLIED RESOURCES, INC.

(A) NAME OF PERSON: TRUITT RABURN ASSOC., INC/TRUITT RABURN

(D) DESCRIPTION OF TRANSACTION: PROVIDES LAND PLANNING SERVICES THROUGH TRUITT RAYBUN ASSOCIATES, INC.

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

2021

Open to Public Inspection

Name of the organization: HILTON HEAD ISLAND CONCOURS D'ELEGANCE, INC.

Employer identification number: 02-0547759

FORM 990, PART VI, SECTION B, LINE 11B:

THE TAX RETURN IS GIVEN TO THE COMPTROLLER/TREASURER OF THE ORGANIZATION FOR REVIEW BEFORE THE TAX RETURN IS FILED.

FORM 990, PART VI, SECTION B, LINE 15A:

THE EXCECUTIVE DIRECTOR UNDERGOES AN ANNUAL PERFORMANCE REVIEW AND HIS/HER SALARY IS BASED ON COMPARABLE POSITIONS.

FORM 990, PART VI, SECTION C, LINE 19:

DOCUMENTATION IS AVAILABLE TO THE PUBLIC UPON REQUEST

FORM 990, PART IX, LINE 24E, ALL OTHER FUNCTIONAL EXPENSES:

TICKETING:

PROGRAM SERVICE EXPENSES	25,673.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	25,673.

VOLUNTEER EXPENSE:

PROGRAM SERVICE EXPENSES	16,939.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	16,939.

BANK AND CREDIT CARD FEES:

PROGRAM SERVICE EXPENSES	7,038.

Name of the organization HILTON HEAD ISLAND CONCOURS D'ELEGANCE, INC.

Employer identification number 02-0547759

MANAGEMENT AND GENERAL EXPENSES	7,038.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	14,076.
SUPPLIES:	
PROGRAM SERVICE EXPENSES	3,958.
MANAGEMENT AND GENERAL EXPENSES	3,958.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	7,916.
DUES AND SUBSCRIPTIONS:	
PROGRAM SERVICE EXPENSES	3,205.
MANAGEMENT AND GENERAL EXPENSES	3,205.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	6,410.
TELEPHONE:	
PROGRAM SERVICE EXPENSES	1,411.
MANAGEMENT AND GENERAL EXPENSES	1,411.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	2,822.
POSTAGE:	
PROGRAM SERVICE EXPENSES	1,116.
MANAGEMENT AND GENERAL EXPENSES	1,674.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	2,790.

Name of the organization: HILTON HEAD ISLAND CONCOURS D'ELEGANCE, INC.

Employer identification number: 02-0547759

MISCELLANEOUS EXPENSE:	
PROGRAM SERVICE EXPENSES	988.
MANAGEMENT AND GENERAL EXPENSES	988.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	1,976.
DRIVING YOUNG AMERICA COSTS:	
PROGRAM SERVICE EXPENSES	500.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	500.
PAYROLL ADMIN. FEES:	
PROGRAM SERVICE EXPENSES	0.
MANAGEMENT AND GENERAL EXPENSES	277.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	277.
TRACK DAY EXPENSES:	
PROGRAM SERVICE EXPENSES	98.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	98.
LICENSES AND FEES:	
PROGRAM SERVICE EXPENSES	31.
MANAGEMENT AND GENERAL EXPENSES	46.
FUNDRAISING EXPENSES	0.

Name of the organization HILTON HEAD ISLAND CONCOURS D'ELEGANCE, INC.

Employer identification number 02-0547759

TOTAL EXPENSES	77.
TOTAL OTHER EXPENSES ON FORM 990, PART IX, LINE 24E, COL A	79,554.

PUBLIC INSPECTION COPY

Form **990**

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

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

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

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

OMB No. 1545-0047

2020

Open to Public Inspection

A For the 2020 calendar year, or tax year beginning and ending

B Check if applicable: Address change; Name change; Initial return; Final return/ terminated; Amended return; Application pending

C Name of organization
HILTON HEAD ISLAND CONCOURS D'ELEGANCE, INC.

Doing business as

Number and street (or P.O. box if mail is not delivered to street address): 1 CARDINAL ROAD
Room/suite: 16

City or town, state or province, country, and ZIP or foreign postal code: HILTON HEAD ISLAND, SC 29926

F Name and address of principal officer: ROBERT LEE
SAME AS C ABOVE

D Employer identification number: 02-0547759

E Telephone number: 843-785-5747

G Gross receipts $: 351,323.

H(a) Is this a group return for subordinates? Yes X No

H(b) Are all subordinates included? Yes No
If "No," attach a list. See instructions

H(c) Group exemption number ▶

I Tax-exempt status: X 501(c)(3) 501(c) ( ) ◀ (insert no.) 4947(a)(1) or 527

J Website: ▶ HTTP://WWW.HHICONCOURS.COM/

K Form of organization: X Corporation Trust Association Other ▶

L Year of formation: 2002 **M** State of legal domicile: SC

Part I Summary

Activities & Governance

1 Briefly describe the organization's mission or most significant activities: ANNUAL AUTO SHOW & MOTORING FESTIVAL LOCATED ON HILTON HEAD ISLAND, SC.

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	17
4	Number of independent voting members of the governing body (Part VI, line 1b)	4	17
5	Total number of individuals employed in calendar year 2020 (Part V, line 2a)	5	5
6	Total number of volunteers (estimate if necessary)	6	400
7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	0.
b	Net unrelated business taxable income from Form 990-T, Part I, line 11	7b	0.

Revenue

		Prior Year	Current Year
8	Contributions and grants (Part VIII, line 1h)	332,790.	323,066.
9	Program service revenue (Part VIII, line 2g)	733,580.	7,450.
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	144.	5.
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	256,036.	20,802.
12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	1,322,550.	351,323.

Expenses

13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	66,250.	37,200.
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)	250,078.	182,788.
16a	Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.
b	Total fundraising expenses (Part IX, column (D), line 25) ▶ 0.		
17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	974,724.	149,659.
18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	1,291,052.	369,647.
19	Revenue less expenses. Subtract line 18 from line 12	31,498.	-18,324.

Net Assets or Fund Balances

		Beginning of Current Year	End of Year
20	Total assets (Part X, line 16)	218,908.	321,177.
21	Total liabilities (Part X, line 26)	30,927.	151,519.
22	Net assets or fund balances. Subtract line 21 from line 20	187,981.	169,658.

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 Here

▶ Signature of officer — Date

▶ ROBERT LEE, TREASURER
Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check if self-employed	PTIN
MICHAEL R. PUTICH, CPA	MICHAEL R. PUTICH, C	11/11/21		P00853466

Firm's name ▶ ROBINSON GRANT & CO., P.A. — Firm's EIN ▶ 57-0735924

Firm's address ▶ P.O. DRAWER 22959
HILTON HEAD ISLAND, SC 29925 — Phone no. 843-815-6161

May the IRS discuss this return with the preparer shown above? See instructions X Yes No

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission:
THE CONCOURS EVENT IS HELD ANNUALLY ON HILTON HEAD ISLAND, SC AND DISPLAYS HISTORICAL AND SIGNIFICANT AUTOMOBILES FOR THE PURPOSE OF EDUCATING THE PUBLIC ON THE AUTOMOTIVE INDUSTRY ORIGIN, DEVELOPMENT AND CONTRIBUTION TO HISTORY

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? ..... Yes X No
If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? ..... Yes X No
If "Yes," describe these changes on Schedule O.

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code:) (Expenses $ 264,741. including grants of $) (Revenue $)
PRODUCTION OF A WEEK-LONG FESTIVAL MOTOR SHOW THAT FOCUSES UPON AUTOMOBILES AND OTHER VARIOUS METHODS OF TRANSPORTATION AND WHICH IS OPEN AND AVAILABLE TO THE GENERAL PUBLIC.

NOTE: AS A RESULT OF THE COVID-19 VIRUS PANDEMIC, THE EVENT DID NOT OCCUR DURING THE 2020 YEAR.

4b (Code:) (Expenses $ 28,200. including grants of $ 28,200.) (Revenue $)
PAYMENT OF GRANTS TO LOCAL NOT-FOR-PROFIT ORGANIZATIONS

4c (Code:) (Expenses $ including grants of $) (Revenue $)

4d Other program services (Describe on Schedule O.)
(Expenses $ including grants of $) (Revenue $)

4e Total program service expenses ▶ 292,941.

Part IV Checklist of Required Schedules

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

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		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? *If "Yes," complete Schedule J*	23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than $100,000 as of the last day of the year, that was issued after December 31, 2002? *If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a*	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	**Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.** Did the organization engage in an excess benefit transaction with a disqualified person during the year? *If "Yes," complete Schedule L, Part I*	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? *If "Yes," complete Schedule L, Part I*	25b		X
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? *If "Yes," complete Schedule L, Part II*	26		X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? *If "Yes," complete Schedule L, Part III*	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions, for applicable filing thresholds, conditions, and exceptions):			
a	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? *If "Yes," complete Schedule L, Part IV*	28a	X	
b	A family member of any individual described in line 28a? *If "Yes," complete Schedule L, Part IV*	28b		X
c	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? *If "Yes," complete Schedule L, Part IV*	28c		X
29	Did the organization receive more than $25,000 in non-cash contributions? *If "Yes," complete Schedule M*	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? *If "Yes," complete Schedule M*	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? *If "Yes," complete Schedule N, Part I*	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? *If "Yes," complete Schedule N, Part II*	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? *If "Yes," complete Schedule R, Part I*	33		X
34	Was the organization related to any tax-exempt or taxable entity? *If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1*	34		X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? *If "Yes," complete Schedule R, Part V, line 2*	35b		
36	**Section 501(c)(3) organizations.** Did the organization make any transfers to an exempt non-charitable related organization? *If "Yes," complete Schedule R, Part V, line 2*	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? *If "Yes," complete Schedule R, Part VI*	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? **Note:** All Form 990 filers are required to complete Schedule O	38	X	

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	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a	1		
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b	0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c		X	

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 5			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X	
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to *e-file* (see instructions)			
3a	Did the organization have unrelated business gross income of $1,000 or more during the year?	3a		X
b	If "Yes," has it filed a Form 990-T for this year? *If "No" to line 3b, provide an explanation on Schedule O*	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X
b	If "Yes," enter the name of the foreign country ▶ _____ See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than $100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		
7	**Organizations that may receive deductible contributions under section 170(c).**			
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		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year 7d			
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.**			
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:			
a	Initiation fees and capital contributions included on Part VIII, line 12 10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
11	**Section 501(c)(12) organizations.** Enter:			
a	Gross income from members or shareholders 11a			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 11b			
12a	**Section 4947(a)(1) non-exempt charitable trusts.** Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b			
13	**Section 501(c)(29) qualified nonprofit health insurance issuers.**			
a	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note: See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans 13b			
c	Enter the amount of reserves on hand 13c			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
b	If "Yes," has it filed a Form 720 to report these payments? *If "No," provide an explanation on 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? If "Yes," see instructions and file Form 4720, Schedule N.	15		X
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.	16		X

Part VI Governance, Management, and Disclosure *For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions.*

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

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	17		
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O.				
b	Enter the number of voting members included on line 1a, above, who are independent	1b	17		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2			X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?	3			X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4			X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5			X
6	Did the organization have members or stockholders?	6			X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a			X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b			X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:				
a	The governing body?	8a		X	
b	Each committee with authority to act on behalf of the governing body?	8b		X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? *If "Yes," provide the names and addresses on Schedule O*	9			X

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		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a		X
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Did the organization have a written conflict of interest policy? *If "No," go to line 13*	12a		X
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b		
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? *If "Yes," describe in Schedule O how this was done*	12c		
13	Did the organization have a written whistleblower policy?	13		X
14	Did the organization have a written document retention and destruction policy?	14		X
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
a	The organization's CEO, Executive Director, or top management official	15a	X	
b	Other officers or key employees of the organization	15b		X
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	16b		

Section C. Disclosure

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

18 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.

Own website Another's website X Upon request Other *(explain on Schedule O)*

19 Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.

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

BOB LEE - 843-785-5747

1 CARDINAL ROAD, SUITE #16, HILTON HEAD ISLAND, SC 29926

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

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

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

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

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

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) LINDSEY HARRELL	40.00									
EXECUTIVE DIRECTOR		X		X				91,662.	0.	0.
(2) STEWART BROWN	5.00									
CHAIR EMERITUS		X		X				0.	0.	0.
(3) MERRY HARLACHER	5.00									
CHAIRMAN		X		X				0.	0.	0.
(4) BOB LEE	5.00									
TREASURER		X		X				0.	0.	0.
(5) TRUITT RABUN	5.00									
SECRETARY		X		X				0.	0.	0.
(6) LAWRENCE KOCH	5.00									
BOARD MEMBER		X						0.	0.	0.
(7) JOYCE CARLTON	5.00									
BOARD MEMBER		X						0.	0.	0.
(8) VICKI HEAD	5.00									
BOARD MEMBER		X						0.	0.	0.
(9) PRES HENNE	5.00									
BOARD MEMBER		X						0.	0.	0.
(10) ELKE MARTIN	5.00									
BOARD MEMBER		X						0.	0.	0.
(11) PAUL IANUARIO	5.00									
BOARD MEMBER		X						0.	0.	0.
(12) WALTER NESTER	5.00									
BOARD MEMBER		X						0.	0.	0.
(13) LEE NINER	5.00									
BOARD MEMBER		X						0.	0.	0.
(14) DENNIS WRIGHT	5.00									
BOARD MEMBER		X						0.	0.	0.
(15) MIKE MCCLELLAND	5.00									
BOARD MEMBER		X						0.	0.	0.
(16) PAUL BOES	5.00									
BOARD MEMBER		X						0.	0.	0.
(17) ERIC DOERRING	5.00									
BOARD MEMBER		X						0.	0.	0.

Part VII **Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees** *(continued)*

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
1b Subtotal ▶								91,662.	0.	0.
c Total from continuation sheets to Part VII, Section A ▶								0.	0.	0.
d Total (add lines 1b and 1c) ▶								91,662.	0.	0.

2 Total number of individuals (including but not limited to those listed above) who received more than $100,000 of reportable compensation from the organization ▶ 0

		Yes	No
3	Did the organization list any **former** officer, director, trustee, key employee, or highest compensated employee on line 1a? *If "Yes," complete Schedule J for such individual*		X
4	For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than $150,000? *If "Yes," complete Schedule J for such individual*		X
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? *If "Yes," complete Schedule J for such person*		X

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than $100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation
NONE		

2 Total number of independent contractors (including but not limited to those listed above) who received more than $100,000 of compensation from the organization ▶ 0

Part VIII Statement of Revenue

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

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
Contributions, Gifts, Grants and Other Similar Amounts	1a Federated campaigns	1a					
	b Membership dues	1b					
	c Fundraising events	1c					
	d Related organizations	1d					
	e Government grants (contributions)	1e	255,206.				
	f All other contributions, gifts, grants, and similar amounts not included above	1f	67,860.				
	g Noncash contributions included in lines 1a-1f	1g	$				
	h **Total.** Add lines 1a-1f			323,066.			
Program Service Revenue		Business Code					
	2a SPONSORSHIP INCOME	990099		7,000.	7,000.		
	b RACE TRACK DAY REVENUE	990099		450.	450.		
	c						
	d						
	e						
	f All other program service revenue						
	g **Total.** Add lines 2a-2f			7,450.			
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)			5.			5.
	4 Income from investment of tax-exempt bond proceeds						
	5 Royalties						
			(i) Real	(ii) Personal			
	6a Gross rents	6a					
	b Less: rental expenses	6b					
	c Rental income or (loss)	6c					
	d Net rental income or (loss)						
			(i) Securities	(ii) Other			
	7a Gross amount from sales of assets other than inventory	7a					
	b Less: cost or other basis and sales expenses	7b					
	c Gain or (loss)	7c					
	d Net gain or (loss)						
	8a Gross income from fundraising events (not including $ _____ of contributions reported on line 1c). See Part IV, line 18	8a					
	b Less: direct expenses	8b					
	c Net income or (loss) from fundraising events						
	9a Gross income from gaming activities. See Part IV, line 19	9a					
	b Less: direct expenses	9b					
	c Net income or (loss) from gaming activities						
	10a Gross sales of inventory, less returns and allowances	10a					
	b Less: cost of goods sold	10b					
	c Net income or (loss) from sales of inventory						
Miscellaneous Revenue		Business Code					
	11a DONATION REVENUE - DRI	990099		19,425.	19,425.		
	b RETAIL VENDOR SPACE IN	990099		750.	750.		
	c MISCELLANEOUS OTHER RE	990099		627.	627.		
	d All other revenue						
	e **Total.** Add lines 11a-11d			20,802.			
	12 **Total revenue.** See instructions			351,323.	28,252.	0.	5.

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	28,200.	28,200.		
2 Grants and other assistance to domestic individuals. See Part IV, line 22	9,000.	9,000.		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	91,663.	68,747.	22,916.	
6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	76,801.	61,441.	15,360.	
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9 Other employee benefits				
10 Payroll taxes	14,324.	10,743.	3,581.	
11 Fees for services (nonemployees):				
a Management				
b Legal				
c Accounting	21,686.	10,843.	10,843.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.)				
12 Advertising and promotion	58,442.	58,442.		
13 Office expenses				
14 Information technology	16,088.	8,044.	8,044.	
15 Royalties				
16 Occupancy	18,546.	11,128.	7,418.	
17 Travel				
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest	388.		388.	
21 Payments to affiliates				
22 Depreciation, depletion, and amortization				
23 Insurance	1,412.	1,130.	282.	
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a FACILITY EXPENSES/RENTA	6,232.	6,232.		
b SPONSOR SOLICITATION EX	4,531.	4,531.		
c EVENT PRODUCTION COSTS	3,749.	3,749.		
d SUPPLIES	3,182.	1,591.	1,591.	
e All other expenses SEE SCH O	15,403.	9,120.	6,283.	
25 **Total functional expenses.** Add lines 1 through 24e	369,647.	292,941.	76,706.	0.
26 **Joint costs.** Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ▶ if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

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

			(A) Beginning of year		(B) End of year
Assets	1	Cash - non-interest-bearing	1,210.	1	139.
	2	Savings and temporary cash investments	96,740.	2	311,597.
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net	79,986.	4	3,483.
	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	
	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	
	7	Notes and loans receivable, net		7	
	8	Inventories for sale or use		8	
	9	Prepaid expenses and deferred charges		9	
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D — 10a			
	b	Less: accumulated depreciation — 10b		10c	
	11	Investments - publicly traded securities		11	
	12	Investments - other securities. See Part IV, line 11		12	
	13	Investments - program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11	40,972.	15	5,958.
	16	**Total assets.** Add lines 1 through 15 (must equal line 33)	218,908.	16	321,177.
Liabilities	17	Accounts payable and accrued expenses	29,218.	17	1,000.
	18	Grants payable		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22	Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		22	
	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	149,747.
	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	1,709.	25	772.
	26	**Total liabilities.** Add lines 17 through 25	30,927.	26	151,519.
Net Assets or Fund Balances		**Organizations that follow FASB ASC 958, check here ▶ X and complete lines 27, 28, 32, and 33.**			
	27	Net assets without donor restrictions	187,981.	27	169,658.
	28	Net assets with donor restrictions		28	
		Organizations that do not follow FASB ASC 958, check here ▶ and complete lines 29 through 33.			
	29	Capital stock or trust principal, or current funds		29	
	30	Paid-in or capital surplus, or land, building, or equipment fund		30	
	31	Retained earnings, endowment, accumulated income, or other funds		31	
	32	Total net assets or fund balances	187,981.	32	169,658.
	33	Total liabilities and net assets/fund balances	218,908.	33	321,177.

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	351,323.
2	Total expenses (must equal Part IX, column (A), line 25)	2	369,647.
3	Revenue less expenses. Subtract line 2 from line 1	3	-18,324.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	187,981.
5	Net unrealized gains (losses) on investments	5	
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain on Schedule O)	9	1.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	169,658.

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 X Accrual Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis			
b	Were the organization's financial statements audited by an independent accountant?	2b		X
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis			
c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?	2c		
	If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits	3b		

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.
▶ Attach to Form 990 or Form 990-EZ.
▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2020

Open to Public Inspection

Name of the organization	Employer identification number
HILTON HEAD ISLAND CONCOURS D'ELEGANCE, INC.	02-0547759

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

The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)

1 A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**

2 A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E (Form 990 or 990-EZ).)

3 A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**

4 A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state: _____

5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II.)

6 A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**

7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II.)

8 A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.)

9 An agricultural research organization described in **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: _____

10 X An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2).** (Complete Part III.)

11 An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**

12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2)**. See **section 509(a)(3).** Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.

a **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**

b **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**

c **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**

d **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**

e Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.

f Enter the number of supported organizations .....

g Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10 above (see instructions))	(iv) Is the organization listed in your governing document? Yes	(iv) No	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
Total						

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 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.						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
11 **Total support.** Add lines 7 through 10						

12 Gross receipts from related activities, etc. (see instructions) 12

13 **First 5 years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here** ▶

Section C. Computation of Public Support Percentage

14 Public support percentage for 2020 (line 6, column (f), divided by line 11, column (f)) ..... 14 %

15 Public support percentage from 2019 Schedule A, Part II, line 14 ..... 15 %

16a **33 1/3% support test - 2020.** If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶

b **33 1/3% support test - 2019.** If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶

17a **10% -facts-and-circumstances test - 2020.** 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 organization ▶

b **10% -facts-and-circumstances test - 2019.** 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 organization ▶

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

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	255,805.	220,448.	251,166.	332,790.	323,066.	1,383,275.
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	840,403.	1,044,492.	937,389.	971,844.	20,802.	3,814,930.
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	1,096,208.	1,264,940.	1,188,555.	1,304,634.	343,868.	5,198,205.
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						0.
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						0.
c Add lines 7a and 7b						0.
8 **Public support.** (Subtract line 7c from line 6.)						5,198,205.

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
9 Amounts from line 6	1,096,208.	1,264,940.	1,188,555.	1,304,634.	343,868.	5,198,205.
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	238.	228.	190.	144.	5.	805.
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b	238.	228.	190.	144.	5.	805.
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 **Total support.** (Add lines 9, 10c, 11, and 12.)	1,096,446.	1,265,168.	1,188,745.	1,304,778.	343,873.	5,199,010.

14 **First 5 years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here** ▶

Section C. Computation of Public Support Percentage

15 Public support percentage for 2020 (line 8, column (f), divided by line 13, column (f))	15	99.98 %
16 Public support percentage from 2019 Schedule A, Part III, line 15	16	99.98 %

Section D. Computation of Investment Income Percentage

17 Investment income percentage for **2020** (line 10c, column (f), divided by line 13, column (f))	17	.02 %
18 Investment income percentage from **2019** Schedule A, Part III, line 17	18	.02 %

19a **33 1/3% support tests - 2020.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶ X

b **33 1/3% support tests - 2019.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶

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

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* **Part VI** *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* **Part VI** *how the organization determined that the supported organization was described in section 509(a)(1) or (2).*	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.*	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* **Part VI** *when and how the organization made the determination.*	3b		
c	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? *If "Yes," explain in* **Part VI** *what controls the organization put in place to ensure such use.*	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* **Part VI** *how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.*	4b		
c	Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? *If "Yes," explain in* **Part VI** *what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.*	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? *If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in* **Part VI,** *including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).*	5a		
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?	5b		
c	**Substitutions only.** Was the substitution the result of an event beyond the organization's control?	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* **Part VI.**	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 or 990-EZ).*	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? *If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).*	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* **Part VI.**	9a		
b	Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? *If "Yes," provide detail in* **Part VI.**	9b		
c	Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? *If "Yes," provide detail in* **Part VI.**	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.*	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
11	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 in lines 11b and 11c below, the governing body of a supported organization?	**11a**		
b	A family member of a person described in line 11a above?	**11b**		
c	A 35% controlled entity of a person described in line 11a or 11b above? *If "Yes" to line 11a, 11b, or 11c, provide detail in* **Part VI.**	**11c**		

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**		
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? *If "Yes," explain in* **Part VI** *how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.*	**2**		

Section C. Type II Supporting Organizations

			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? *If "No," describe in* **Part VI** *how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).*	**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**		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? *If "No," explain in* **Part VI** *how the organization maintained a close and continuous working relationship with the supported organization(s).*	**2**		
3	By reason of the relationship described in line 2, above, did the organization's supported organizations have 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

1 *Check the box next to the method that the organization used to satisfy the Integral Part Test during the yea* **(see instructions).**

- **a** ☐ The organization satisfied the Activities Test. *Complete* **line 2** *below.*
- **b** ☐ The organization is the parent of each of its supported organizations. *Complete* **line 3** *below.*
- **c** ☐ The organization supported a governmental entity. *Describe in* **Part VI** *how you supported a governmental entity (see instructions).*

			Yes	No
2	Activities Test. **Answer lines 2a and 2b below.**			
a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? *If "Yes," then in* **Part VI identify those supported organizations and explain** *how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.*	**2a**		
b	Did the activities described in line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? *If "Yes," explain in* **Part VI** *the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.*	**2b**		
3	Parent of Supported Organizations. **Answer lines 3a and 3b below.**			
a	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? *If "Yes" or "No" provide details in* **Part VI.**	**3a**		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? *If "Yes," describe in* **Part VI** *the role played by the organization in this regard.*	**3b**		

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (*explain in* **Part VI**). **See instructions.** All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1 Net short-term capital gain	**1**		
2 Recoveries of prior-year distributions	**2**		
3 Other gross income (see instructions)	**3**		
4 Add lines 1 through 3.	**4**		
5 Depreciation and depletion	**5**		
6 Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	**6**		
7 Other expenses (see instructions)	**7**		
8 **Adjusted Net Income** (subtract lines 5, 6, and 7 from line 4)	**8**		

Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1 Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):			
a Average monthly value of securities	**1a**		
b Average monthly cash balances	**1b**		
c Fair market value of other non-exempt-use assets	**1c**		
d **Total** (add lines 1a, 1b, and 1c)	**1d**		
e **Discount** claimed for blockage or other factors (*explain in detail in* **Part VI**):			
2 Acquisition indebtedness applicable to non-exempt-use assets	**2**		
3 Subtract line 2 from line 1d.	**3**		
4 Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	**4**		
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	**5**		
6 Multiply line 5 by 0.035.	**6**		
7 Recoveries of prior-year distributions	**7**		
8 **Minimum Asset Amount** (add line 7 to line 6)	**8**		

Section C - Distributable Amount		Current Year
1 Adjusted net income for prior year (from Section A, line 8, column A)	**1**	
2 Enter 0.85 of line 1.	**2**	
3 Minimum asset amount for prior year (from Section B, line 8, column A)	**3**	
4 Enter greater of line 2 or line 3.	**4**	
5 Income tax imposed in prior year	**5**	
6 **Distributable Amount.** Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	**6**	

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

Part V **Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations** *(continued)*

Section D - Distributions			**Current Year**
1	Amounts paid to supported organizations to accomplish exempt purposes	**1**	
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	**2**	
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	**3**	
4	Amounts paid to acquire exempt-use assets	**4**	
5	Qualified set-aside amounts (prior IRS approval required - *provide details in* **Part 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 which the organization is responsive (*provide details in* **Part VI**). See instructions.	**8**	
9	Distributable amount for 2020 from Section C, line 6	**9**	
10	Line 8 amount divided by line 9 amount	**10**	

Section E - Distribution Allocations (see instructions)		**(i) Excess Distributions**	**(ii) Underdistributions Pre-2020**	**(iii) Distributable Amount for 2020**
1	Distributable amount for 2020 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2020 (reasonable cause required - *explain in* **Part VI**). See instructions.			
3	Excess distributions carryover, if any, to 2020			
a	From 2015			
b	From 2016			
c	From 2017			
d	From 2018			
e	From 2019			
f	**Total** of lines 3a through 3e			
g	Applied to underdistributions of prior years			
h	Applied to 2020 distributable amount			
i	Carryover from 2015 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4	Distributions for 2020 from Section D, line 7: $			
a	Applied to underdistributions of prior years			
b	Applied to 2020 distributable amount			
c	Remainder. Subtract lines 4a and 4b from line 4.			
5	Remaining underdistributions for years prior to 2020, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, *explain in* **Part VI.** See instructions.			
6	Remaining underdistributions for 2020. Subtract lines 3h and 4b from line 1. For result greater than zero, *explain in* **Part VI**. See instructions.			
7	**Excess distributions carryover to 2021.** Add lines 3j and 4c.			
8	Breakdown of line 7:			
a	Excess from 2016			
b	Excess from 2017			
c	Excess from 2018			
d	Excess from 2019			
e	Excess from 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, 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 D (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

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

OMB No. 1545-0047

2020

Open to Public Inspection

Name of the organization HILTON HEAD ISLAND CONCOURS D'ELEGANCE, INC.

Employer identification number 02-0547759

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		

5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? **Yes** **No**

6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? **Yes** **No**

Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7.

1 Purpose(s) of conservation easements held by the organization (check all that apply).

- Preservation of land for public use (for example, recreation or education)
- Protection of natural habitat
- Preservation of open space
- Preservation of a historically important land area
- Preservation of a certified historic structure

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.

			Held at the End of the Tax Year
a	Total number of conservation easements	2a	
b	Total acreage restricted by conservation easements	2b	
c	Number of conservation easements on a certified historic structure included in (a)	2c	
d	Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register	2d	

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶ _____

4 Number of states where property subject to conservation easement is located ▶ _____

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? **Yes** **No**

6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ _____

7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ $ _____

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? **Yes** **No**

9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:

(i) Revenue included on Form 990, Part VIII, line 1 ▶ $ _____

(ii) Assets included in Form 990, Part X ▶ $ _____

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items:

a Revenue included on Form 990, Part VIII, line 1 ▶ $ _____

b Assets included in Form 990, Part X ▶ $ _____

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets *(continued)*

3 Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its collection items (check all that apply):

a Public exhibition
b Scholarly research
c Preservation for future generations
d Loan or exchange program
e Other _____

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No

b If "Yes," explain the arrangement in Part XIII and complete the following table:

		Amount
c Beginning balance	1c	
d Additions during the year	1d	
e Distributions during the year	1e	
f Ending balance	1f	

2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No

b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII

Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance					
b Contributions					
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:

a Board designated or quasi-endowment ▶ _____ %
b Permanent endowment ▶ _____ %
c Term endowment ▶ _____ %

The percentages on lines 2a, 2b, and 2c should equal 100%.

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

		Yes	No
(i) Unrelated organizations	3a(i)		
(ii) Related organizations	3a(ii)		
b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?	3b		

4 Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements				
d Equipment				
e Other				
Total. Add lines 1a through 1e. *(Column (d) must equal Form 990, Part X, column (B), line 10c.)* ▶				0.

Part VII Investments - Other Securities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely held equity interests		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ▶		

Part VIII Investments - Program Related.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶		

Part IX Other Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) ▶	

Part X Other Liabilities.

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) PAYROLL LIABILITIES	772.
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	772.

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

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

1	Total revenue, gains, and other support per audited financial statements			1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
a	Net unrealized gains (losses) on investments	2a			
b	Donated services and use of facilities	2b			
c	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII.)	2d			
e	Add lines **2a** through **2d**			2e	
3	Subtract line **2e** from line **1**			3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.)	4b			
c	Add lines **4a** and **4b**			4c	
5	Total revenue. Add lines **3** and **4c.** *(This must equal Form 990, Part I, line 12.)*			5	

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

1	Total expenses and losses per audited financial statements			1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
a	Donated services and use of facilities	2a			
b	Prior year adjustments	2b			
c	Other losses	2c			
d	Other (Describe in Part XIII.)	2d			
e	Add lines **2a** through **2d**			2e	
3	Subtract line **2e** from line **1**			3	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.)	4b			
c	Add lines **4a** and **4b**			4c	
5	Total expenses. Add lines **3** and **4c.** *(This must equal Form 990, Part I, line 18.)*			5	

Part XIII Supplemental Information.

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

SCHEDULE L
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Transactions With Interested Persons

▶ **Complete if the organization answered "Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.**
▶ **Attach to Form 990 or Form 990-EZ.**
▶ **Go to www.irs.gov/Form990 for instructions and the latest information.**

OMB No. 1545-0047

2020

Open To Public Inspection

Name of the organization HILTON HEAD ISLAND CONCOURS D'ELEGANCE, INC.

Employer identification number 02-0547759

Part I Excess Benefit Transactions (section 501(c)(3), section 501(c)(4), and section 501(c)(29) organizations only).

Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b.

1 **(a)** Name of disqualified person	**(b)** Relationship between disqualified person and organization	**(c)** Description of transaction	**(d)** Corrected? Yes	No

2 Enter the amount of tax incurred by the organization managers or disqualified persons during the year under section 4958 ▶ $

3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization ▶ $

Part II Loans to and/or From Interested Persons.

Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a or Form 990, Part IV, line 26; or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22.

(a) Name of interested person	**(b)** Relationship with organization	**(c)** Purpose of loan	**(d)** Loan to or from the organization? To	From	**(e)** Original principal amount	**(f)** Balance due	**(g)** In default? Yes	No	**(h)** Approved by board or committee? Yes	No	**(i)** Written agreement? Yes	No
Total ▶ $												

Part III Grants or Assistance Benefiting Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 27.

(a) Name of interested person	**(b)** Relationship between interested person and the organization	**(c)** Amount of assistance	**(d)** Type of assistance	**(e)** Purpose of assistance

Part IV Business Transactions Involving Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues? Yes	(e) Sharing of organization's revenues? No
BEACON ALLIED RESOURCES, I	TREASURER/COMPTROLL	20,350.	PROVIDES AC		X
TRUITT RABURN ASSOC., INC/	SECRETARY	2,732.	PROVIDES LA		X

Part V Supplemental Information.

Provide additional information for responses to questions on Schedule L (see instructions).

SCH L, PART IV, BUSINESS TRANSACTIONS INVOLVING INTERESTED PERSONS:

(A) NAME OF PERSON: BEACON ALLIED RESOURCES, INC./ROBERT LEE

(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:

TREASURER/COMPTROLLER

(D) DESCRIPTION OF TRANSACTION: PROVIDES ACCOUNTING, TECHNOLOGY AND OTHER CONSULTING SERVICES TO THE ORGANIZATION VIA BEACON ALLIED RESOURCES, INC.

(A) NAME OF PERSON: TRUITT RABURN ASSOC., INC/TRUITT RABURN

(D) DESCRIPTION OF TRANSACTION: PROVIDES LAND PLANNING SERVICES THROUGH TRUITT RAYBUN ASSOCIATES, INC.

SCHEDULE O (Form 990 or 990-EZ)

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 990-EZ.
▶ Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2020

Open to Public Inspection

Name of the organization: HILTON HEAD ISLAND CONCOURS D'ELEGANCE, INC.

Employer identification number: 02-0547759

FORM 990, PART VI, SECTION B, LINE 11B:

THE TAX RETURN IS GIVEN TO THE COMPTROLLER/TREASURER OF THE ORGANIZATION FOR REVIEW BEFORE THE TAX RETURN IS FILED.

FORM 990, PART VI, SECTION B, LINE 15A:

THE PRESIDENT UNDERGOES AN ANNUAL PERFORMANCE REVIEW AND HIS/HER SALARY IS BASED ON COMPARABLE POSITIONS

FORM 990, PART VI, SECTION C, LINE 19:

DOCUMENTATION IS AVAILABLE TO THE PUBLIC UPON REQUEST

FORM 990, PART IX, LINE 24E, ALL OTHER FUNCTIONAL EXPENSES:

DUES AND SUBSCRIPTIONS:

PROGRAM SERVICE EXPENSES	1,565.
MANAGEMENT AND GENERAL EXPENSES	1,565.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	3,130.

DRIVING YOUNG AMERICA COSTS:

PROGRAM SERVICE EXPENSES	3,108.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	3,108.

BANK AND CREDIT CARD FEES:

PROGRAM SERVICE EXPENSES	1,398.

Name of the organization HILTON HEAD ISLAND CONCOURS D'ELEGANCE, INC.

Employer identification number 02-0547759

MANAGEMENT AND GENERAL EXPENSES	1,398.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	2,796.

TELEPHONE:

PROGRAM SERVICE EXPENSES	1,271.
MANAGEMENT AND GENERAL EXPENSES	1,271.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	2,542.

POSTAGE:

PROGRAM SERVICE EXPENSES	581.
MANAGEMENT AND GENERAL EXPENSES	872.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	1,453.

PAYROLL ADMIN. FEES:

PROGRAM SERVICE EXPENSES	0.
MANAGEMENT AND GENERAL EXPENSES	851.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	851.

TRACK DAY EXPENSES:

PROGRAM SERVICE EXPENSES	618.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	618.

Name of the organization HILTON HEAD ISLAND CONCOURS D'ELEGANCE, INC.

Employer identification number 02-0547759

MISCELLANEOUS EXPENSE:

PROGRAM SERVICE EXPENSES	273.
MANAGEMENT AND GENERAL EXPENSES	273.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	546.

AUCTION EXPENSES:

PROGRAM SERVICE EXPENSES	200.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	200.

COPYING:

PROGRAM SERVICE EXPENSES	32.
MANAGEMENT AND GENERAL EXPENSES	22.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	54.

VOLUNTEER EXPENSE:

PROGRAM SERVICE EXPENSES	53.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	53.

LICENSES AND FEES:

PROGRAM SERVICE EXPENSES	21.
MANAGEMENT AND GENERAL EXPENSES	31.
FUNDRAISING EXPENSES	0.

Name of the organization HILTON HEAD ISLAND CONCOURS D'ELEGANCE, INC.

Employer identification number 02-0547759

TOTAL EXPENSES 52.

TOTAL OTHER EXPENSES ON FORM 990, PART IX, LINE 24E, COL A 15,403.

FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:

ROUNDING 1.