#### 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

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
    40 %
    40 %
    41 through the generation of publicity.
  - 2 Tourism-Related Events

    Promotion of the arts and cultural events.

0 %

3 - Tourism-Related Facilities

Construction, maintenance and operation of facilities for civic and cultural activities including construction and maintenance of access and other nearby roads and utilities for the facilities.

#### 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.

Government Sources	Private Contributions, Donations and Grants
20 Corporate Support, Sponsors	Membership, Dues, Subscriptions
Ticket Sales, or Sales 30 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 <b>operating budget</b> for the organization.
	Budget Provided: <b>Yes</b>
	<ol><li>The previous two fiscal years and current year-to-date profit and loss reports for the organization.</li></ol>
	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 <b>balance sheets</b> .
	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

#### **E. FINANCIAL GUARANTEES AND PROCEDURES:**

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

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

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

#### F. MEASURING EFFECTIVENESS:

If you received 2024 or 2025 HHI ATAX funds

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

2023	\$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+ quests, 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—quiding 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, pieces expand, contract, or add to the sections as needed (but contain the form to a total of approximately 2 apaps.) You may choose to use your own format instead of this form, and if doing as, pieces use the criteria below as a guideline. Regurdless of form, cach applicant handle 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.

reflects results and now that relates t						
TOPIC	THE PLAN		BUDGET		ACTUAL SPENT	RESULTS When possible, provide planned results vs. actual results,
CATEGORY 1 ONLY						and/or current year vs. prior year results .
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	\$	10,000.00	\$	10,000.00	In 2024, our social media platforms delivered record-
	lifestyle content and paid campaigns that focus on high-					breaking growth and engagement, proving the effectiveness of our digital strategy in driving awareness
	income users in direct flight markets as well as drive					and loyalty. On Facebook alone, we achieved a reach of 1.28 million (+143.5%), with 59,791 content interactions
	markets.					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
mail Marketing	Outreach to past and present	\$	10,000.00	s	7.600.00	only Pebble Beach in scale. This growth demonstrates the With the subscriber list of over 46,000 emails and nearly
anan warketing	ticket holders that reside	,	10,000.00	,	7,000.00	50 emails sent annually, we anticipate an estimated
	outside of Beaufort County					3million+ impressions.
otal	l .	\$	74,000.00	\$	71,600.00	
ATEGORY 1 ONLY						
Media Outlets						
ocal 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.
lassic 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  CATEGORY 1 ONLY		\$	19,000.00	\$	16,822.00	
	1					
Public Relations & Traditional Advertising /Marketing	Recruiting top executives, designers, and influencers to	\$	48,000.00	\$	48,000.00	At the time of application, we have secured participation from a distinguished group of automotive leaders, media
	include covering cost of attending.					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	s	15,100.00	LOS Mile Georgia Mila Markov 100 C Cinta Line 4 C
vision) Aurei using	2 33 DINUGATO	٥	10,000.00	٥	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
		١.		١.		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.
Constitut Decima and Decima	Continued one	s	30,000,00		20.000	·
reative Design and Development	Creation of campaigns that attract ticket buyers and	>	30,000.00	\$	30,000.00	Overseeing the website updates, including media pages. Developing an exhibitors micro-site for outreach. Creating
	enthusiasts through visual					a complete redesign of the HHICONCOURS.COM
Speciality Vehicles	Showcase vehicles significant to	\$	10,000.00		\$10,000	Includes vehicles to showcase in our "Life Exhibit",
	the event's yearly exhibits	ĺ	.,		220,000	Pinnacle Collector, Velocity Collector and more.
Total			437.77			
Total CATEGORY 1 ONLY		\$	122,000.00	\$	122,000.00	
Niche Marketing						
		١.		1		
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,
ackard National Meet						brochure distribution, and a speaking opportunity. Held at
ackard National Meet						the Sheraton Milwaukee Brookfield Hotel, this significant exposure coincides with engaging hundreds of
ackard National Meet				i		participants.
				١.		E di La Calabara de l
		\$	5,000.00	\$	5,000.00	Two Lane Touring, advertised nationwide by Brad Phillips and his renowned team, will depart from Nashville's Lane
		\$	5,000.00	\$	5,000.00	and his renowned team, will depart from Nashville's Lane Motor Museum. The four-day sold-out tour includes stops
Fwo Lane Touring		\$	5,000.00	\$	5,000.00	and his renowned team, will depart from Nashville's Lane
Ewo Lane Touring  Mercedes-Benz Club of America		s s	5,000.00	s	5,000.00	and his renowned team, will depart from Nashville's Lane Motor Museum. The four-day sold-out tour includes stops in Chattanoga, Athens, and Hilton Head Island for the Concours weekend Newsletter Inclusion with monthly newsletter with
iwo Lane Touring						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
two Lane Touring  Mercedes-Benz Club of America						and his renowned team, will depart from Nashville's Lane Motor Museum. The four-day sold-out tour includes stops in Chattanoga, Athens, and Hilton Head Island for the Concours weekend Newsletter Inclusion with monthly newsletter with
two Lane Touring  Mercedes-Benz Club of America				\$		and his renowned team, will depart from Nashville's Lane Motor Museum. The four-day sold-out tour includes stops in Chattanoga, Athens, and Hilton Head Island for the Concours weekend Newsletter Inclusion with monthly newsletter with

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# 2024 Hilton Head Island Concours d'Elegance



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 <u>Suggestions</u>.

- 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
- <u>Miss the security metal detectors at</u> <u>the front</u>

- 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.
- <u>Could improve quality and portion of</u> 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**, <u>please have more muscle</u> 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. <u>Cozy instead</u> 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
- <u>It would be great to have</u> <u>complimentary phone chargers.</u>

- 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 <u>Suggestions</u>.

Total Number of comments	144 Respons	ses
Comments that contained <u>suggestions</u> 17 R	Responses	12% Requests
Comments that contained <i>negative</i> aspects 28 R	Responses	19% Negative
Comments that contained neutral aspects 9 Re	esponses	6% Neutral
Comments that contained <b>positive</b> aspects	Responses	68% Positive

## 586

Total Responses



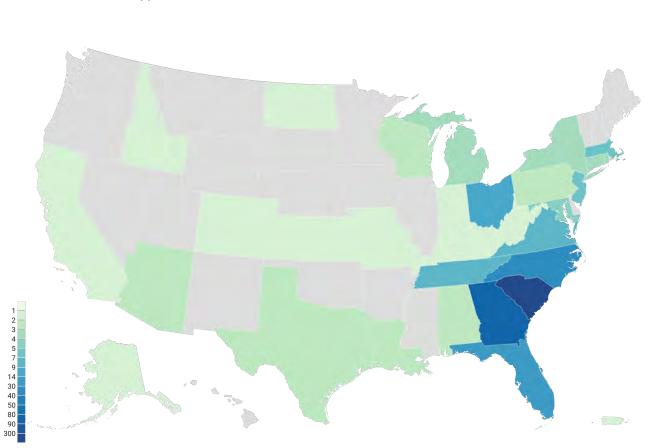
294 iPad Responses

**78**In Event Signage Responses

**214**QR Code Handouts

## Q1: Please enter your ZIP code.

Answered: 581 Skipped: 4



States / Territories
South Carolina
Georgia
North Carolina
Florida
Ohio
Tennessee
Virginia
Massachusetts
New Jersey
Maryland
Connecticut
Michigan
New York
Rhode Island
Alabama
Arizona
Louisiana
Pennsylvania
Texas
Wisconsin
Alaska
California
Colorado
Idaho
Indiana
Kansas
Kentucky
Missouri
North Dakota
Puerto Rico
West Virginia

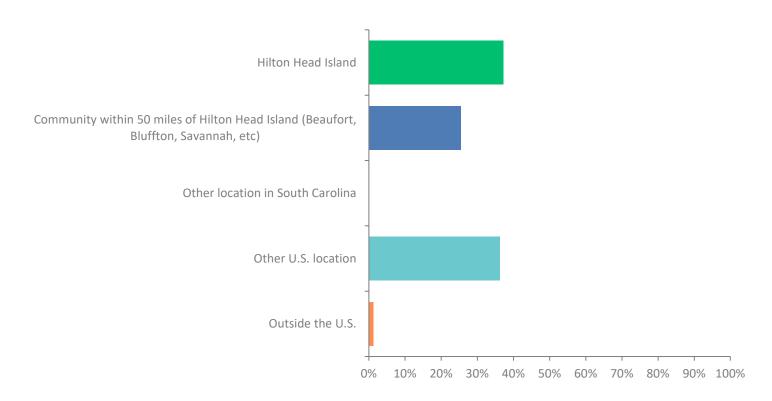
Georgia	89
North Carolina	37
Florida	15
Ohio	9
Tennessee	8
Virginia	7
Massachusetts	5 5
New Jersey	5
Maryland	4
Connecticut	3
Michigan	3
New York	3
Rhode Island	3 3 2 2 2 2 2 2 2
Alabama	2
Arizona	2
Louisiana	2
Pennsylvania	2
Texas	2
Wisconsin	
Alaska	1
California	1
Colorado	1
Idaho	1
Indiana	1
Kansas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

Responses

363

## **Q2: Where is your PRIMARY residence?**

Answered: 583 Skipped: 2



## **Q2: Where is your PRIMARY residence?**

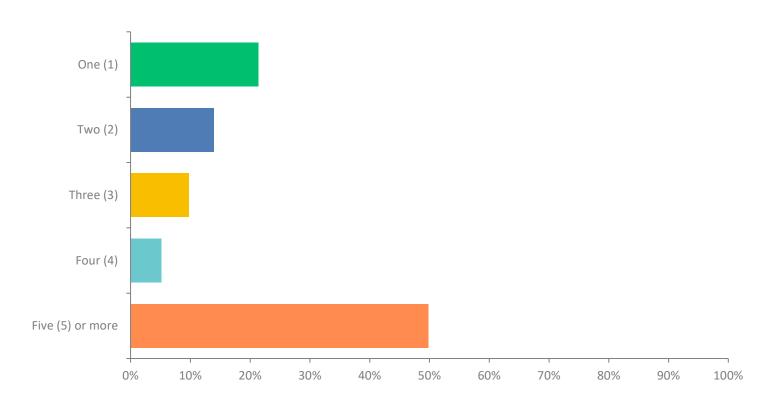
Answered: 583 Skipped: 2

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



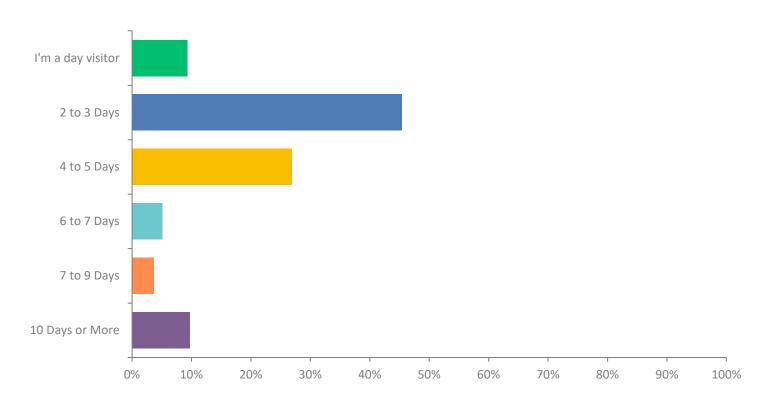
### Q5: Including this visit, HOW MANY trips have you taken to Hilton Head Island?

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



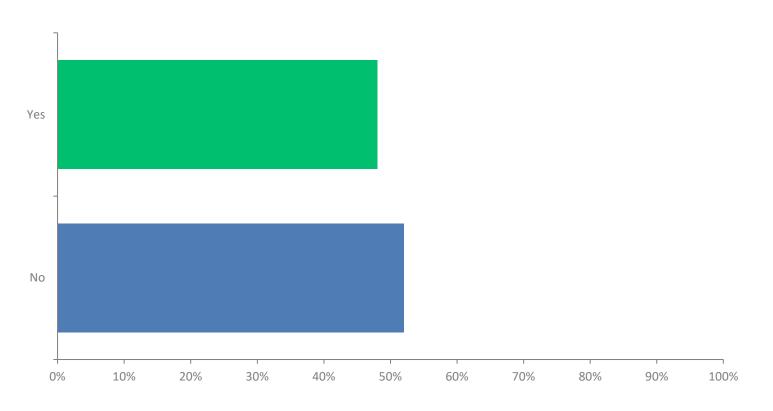
## Q6: How many days to you intend to stay in the Hilton Head Island area?

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



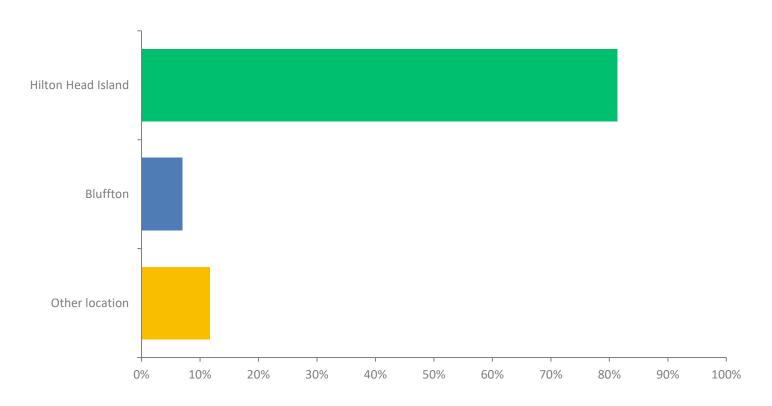
# Q7: Is this your first-time attending the Hilton Head Island Concours d'Elegance & Motoring Festival?

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



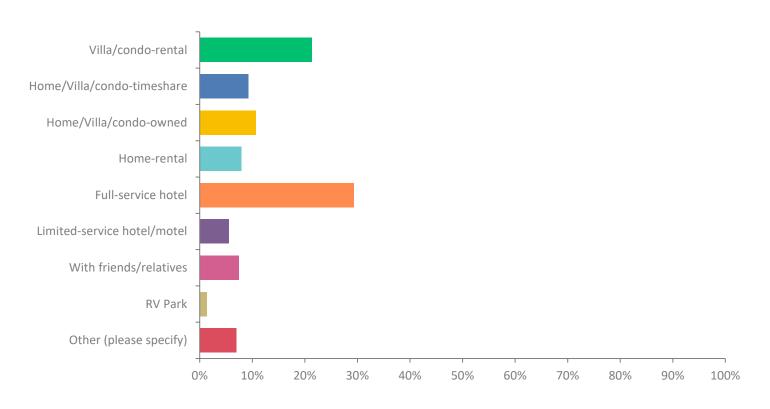
## Q8: Where are you staying overnight on this trip?

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



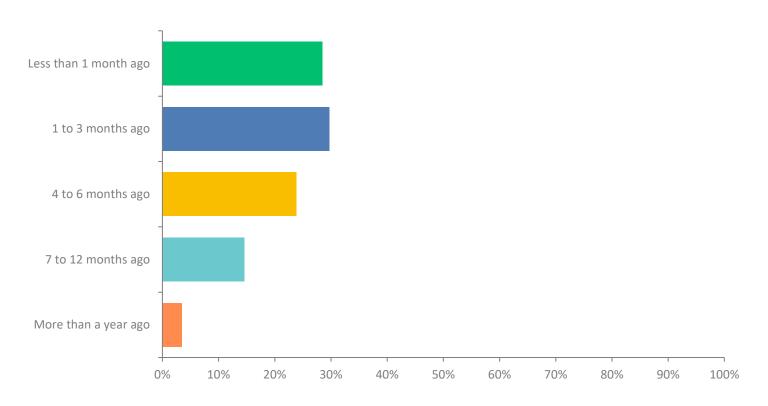
### Q9: What type of accommodations are you using while visiting Hilton Head Island?

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

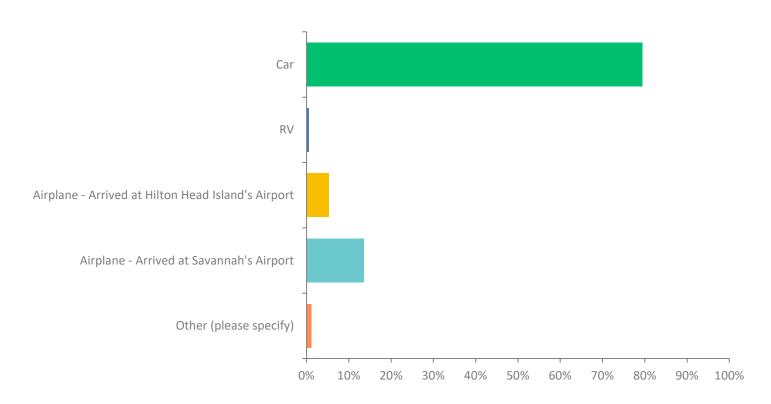


## Q10: How many months in advance did you book this trip?

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

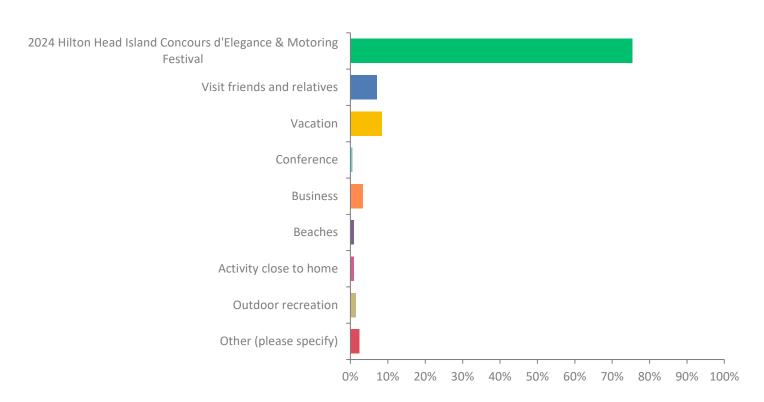
### Q11: For this trip, how did you travel?



## Q11: For this trip, how did you travel?

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

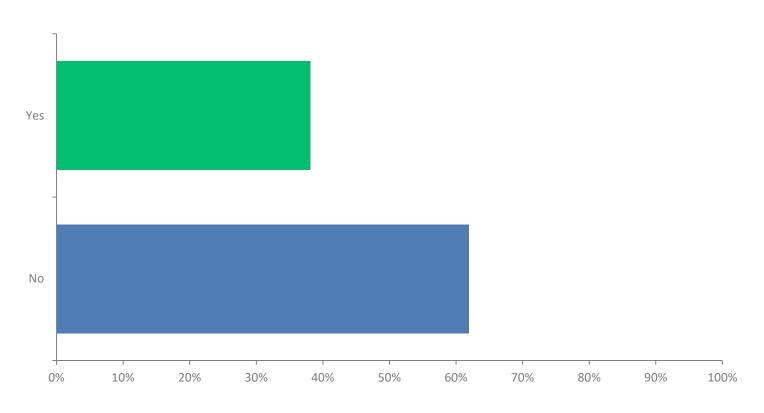
#### Q12: What is your PRIMARY reason for this visit to Hilton Head Island?



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

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

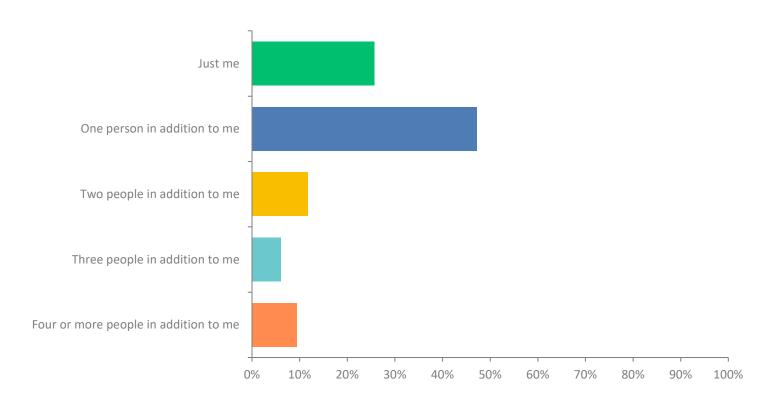
Q13: Would you have visited the Hilton Head area AT THIS TIME even if the Motoring festival had not been held?



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

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

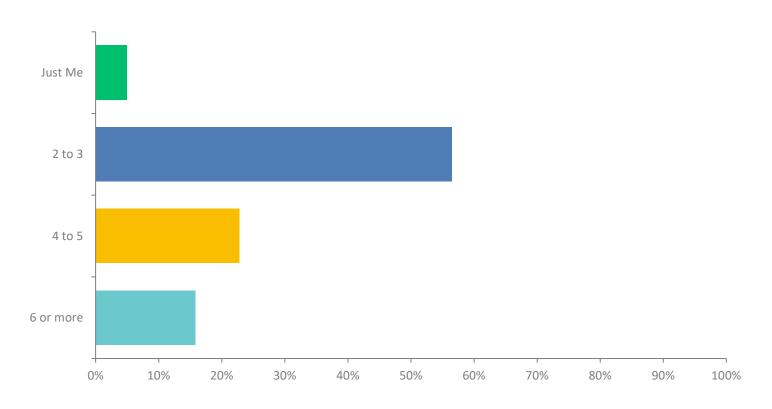
#### Q14: How many people are you financially responsible for during this trip?



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

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

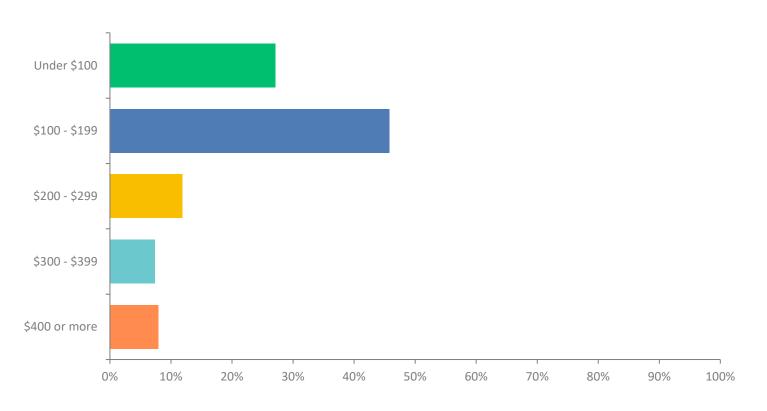
## Q15: How many people are in your party at this event?



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

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

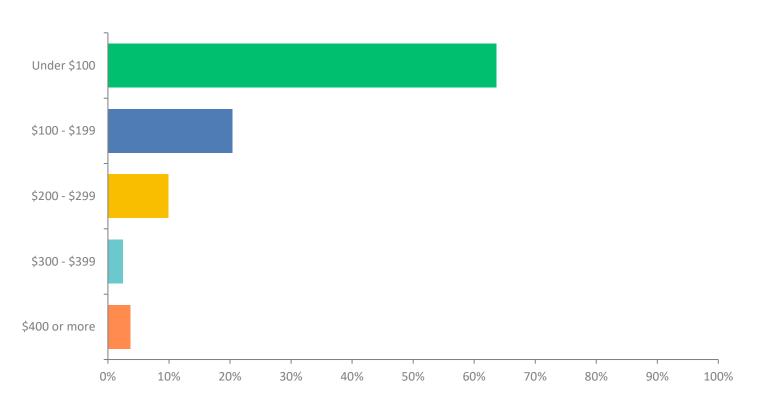
# Q16: On average, how much do you plan to spend EACH DAY on restaurant dining while visiting?



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

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

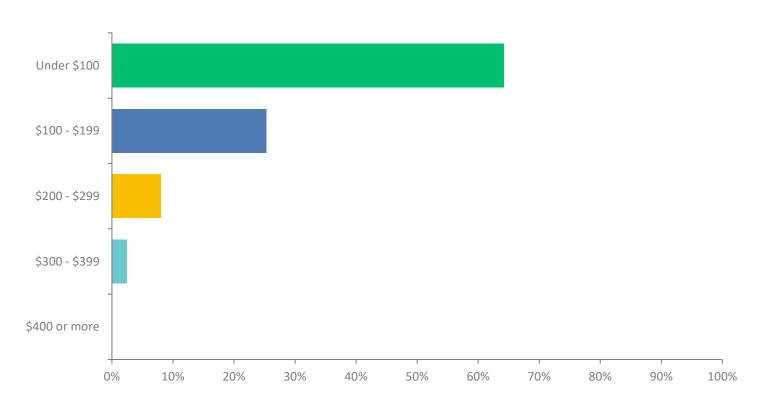
Q17: On average, how much do you plan to spend EACH DAY on recreation (i.e., Bicycling, Golf, Etc) while visiting?



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

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

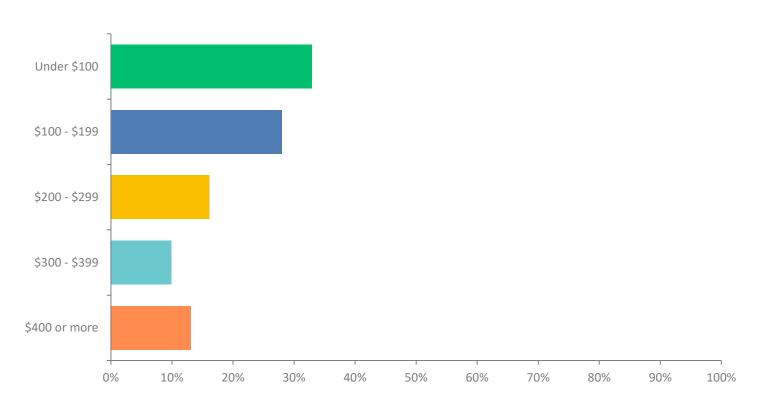
# Q18: On average, how much do you plan to spend EACH DAY on retail (i.e., Gifts, Souvenirs, Etc) while visiting?



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

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?

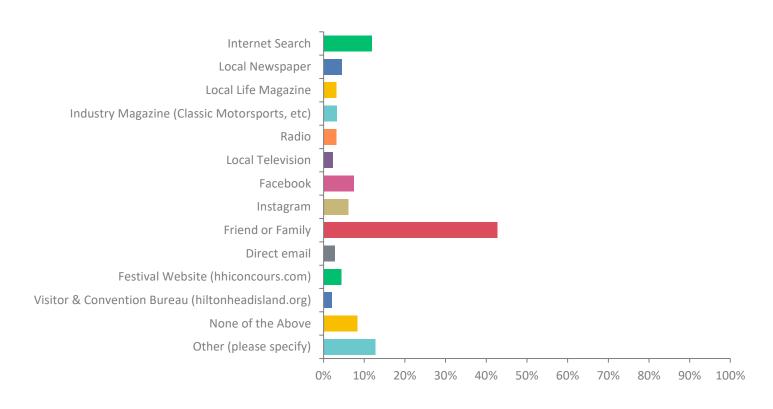


# Q19: On average, how much do you plan to spend EACH DAY on you accommodations while visiting?

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

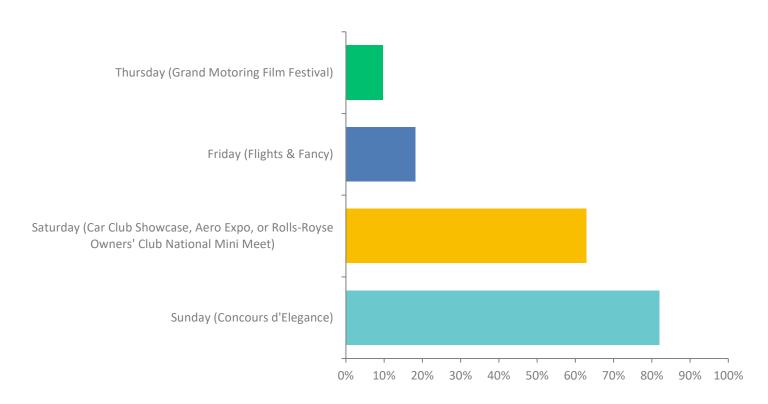


# Q20: How did you FIRST learn about the 2024 Hilton Head Island Concours d'Elegance & Motoring Festival.

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

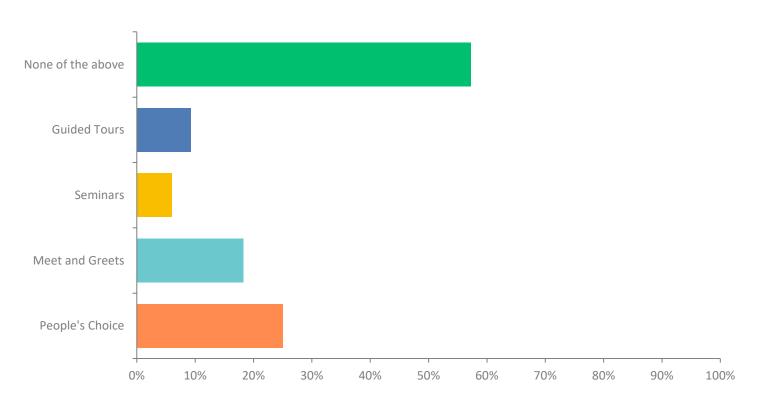
#### Q21: What event/s have you or plan to attend? (Select all that apply)



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

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

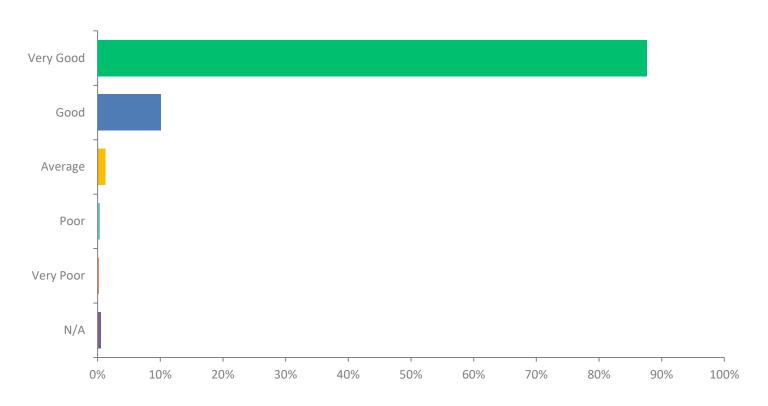
# Q22: In addition to viewing displays of vintage cars, which of the following events have you participated or planning to participate in? (Select all that apply)



# 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)

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?

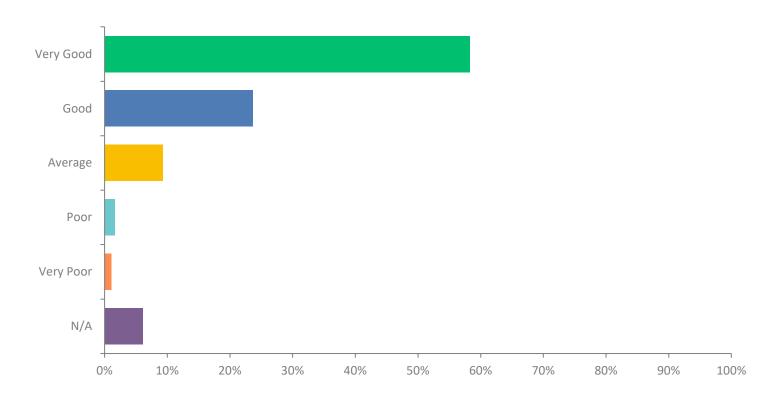


## Q23: How would you rate the location of the event?

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



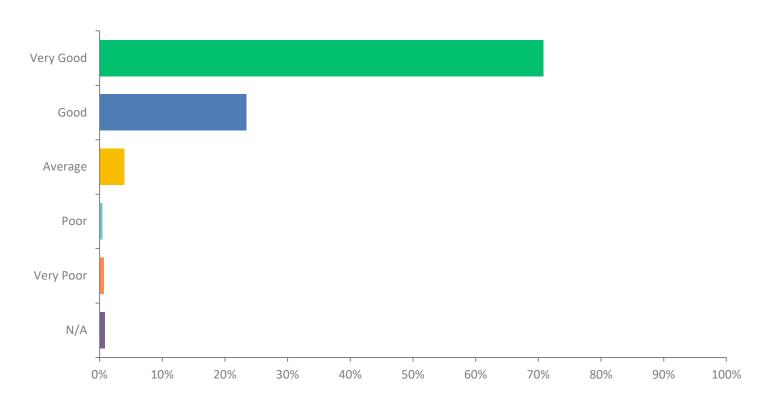
## Q24: How would you rate the parking at this event?

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



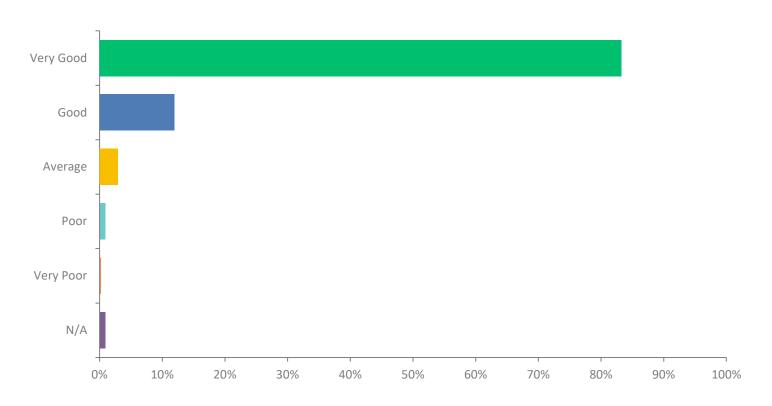
## Q25: How would you rate the crowd flow at this event?

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



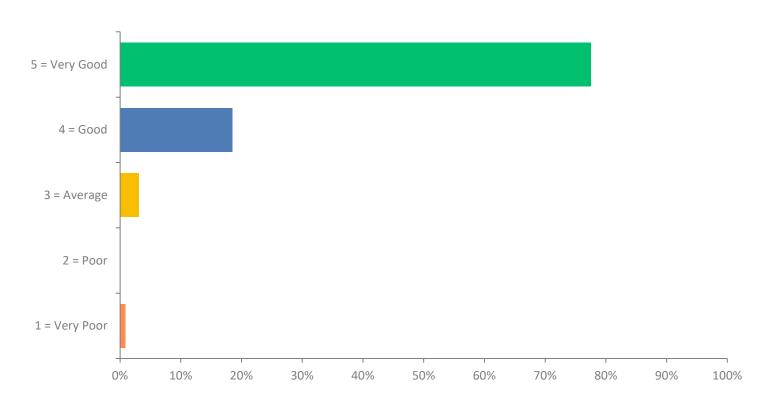
## Q26: How would you rate the friendliness of the staff at this event?

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



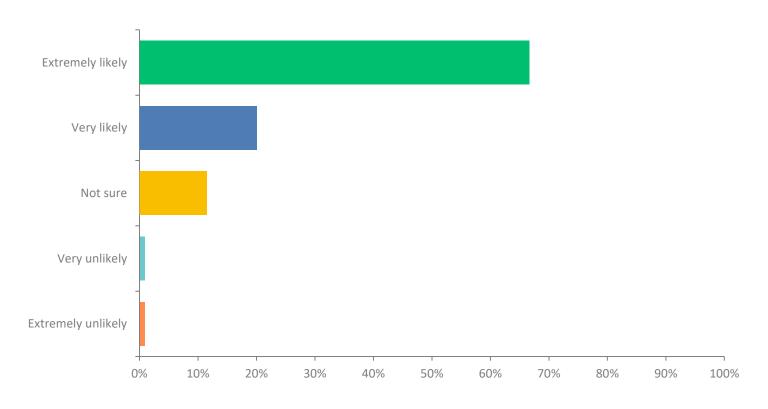
# Q27: On a scale of 1 to 5, with 5 being the BEST, how would you rate your overall experience with the 2024 Concours d'Elegance and Motoring Festival?

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?

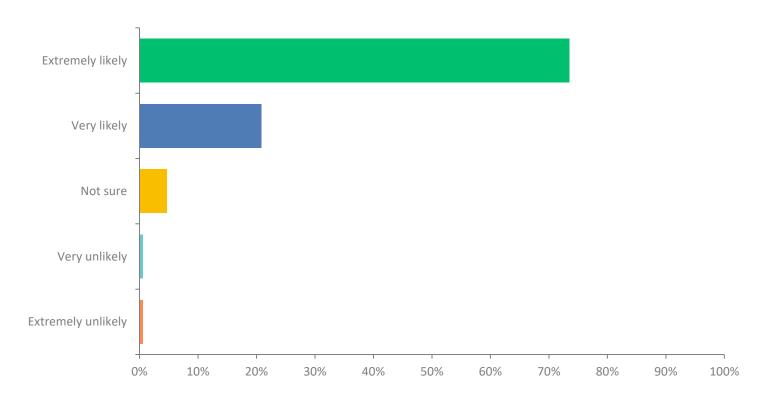


# Q28: How likely are you to return to next year's Hilton Head Island Concours d'Elegance & Motoring Festival?

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



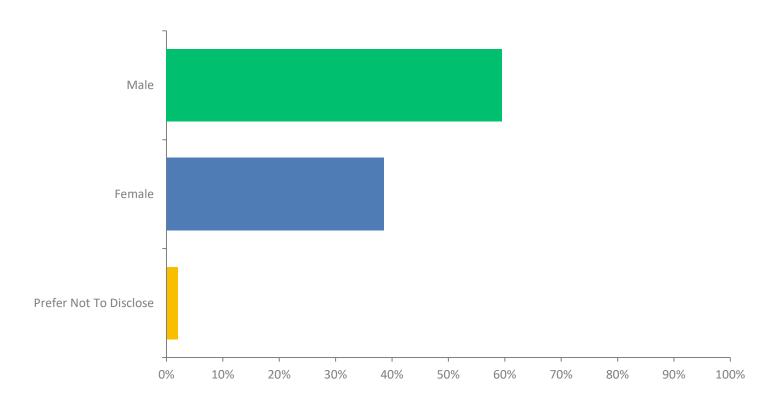
# Q29: How likely are you to recommend the Hilton Head Island Concours d'Elegance & Motoring Festival to your friends and family?

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



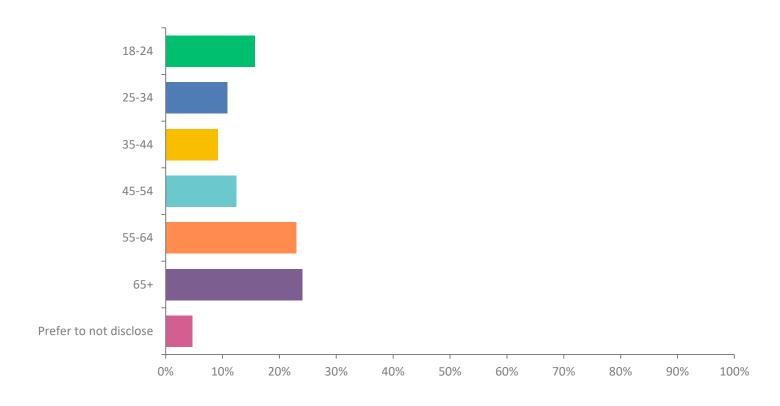
#### **Q30: Gender Identity**

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



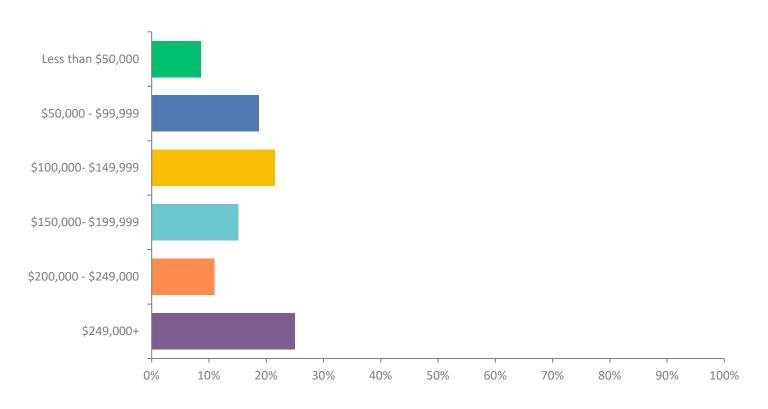
#### Q31: Please indicate your age below.

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?

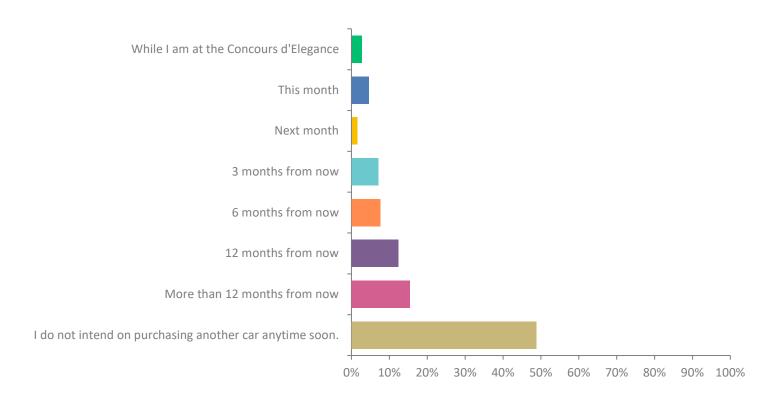
Answered: 407 Skipped: 178

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%

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%           18         3         0.74%           19         1         0.25%           22         3         0.74%           24         1         0.25%           26         2         0.49%           47         1         0.25%           55         1         0.25%           58         1         0.25%           58         1         0.25%           58         1         0.25%	Number of Cars	Responses	Percentage
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%         47       1       0.25%         55       1       0.25%         58       1       0.25%         58       1       0.25%         84       1       0.25%	0	13	3.19%
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%         47       1       0.25%         55       1       0.25%         58       1       0.25%         84       1       0.25%	1	63	15.48%
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%         47       1       0.25%         55       1       0.25%         58       1       0.25%         84       1       0.25%	2	98	24.08%
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%         18       3       0.74%         19       1       0.25%         22       3       0.74%         24       1       0.25%         26       2       0.49%         47       1       0.25%         55       1       0.25%         58       1       0.25%         84       1       0.25%	3	88	21.62%
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%           18         3         0.74%           19         1         0.25%           22         3         0.74%           24         1         0.25%           26         2         0.49%           47         1         0.25%           55         1         0.25%           58         1         0.25%           84         1         0.25%	4	47	11.55%
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%           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%	5	36	8.85%
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%	6	14	3.44%
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%	7	10	2.46%
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%	8	4	0.98%
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%	9	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%	10	3	0.74%
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%	11	1	0.25%
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%	12	1	0.25%
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%	13	4	0.98%
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%	14	2	0.49%
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%	17	2	0.49%
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%	18	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%	19	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%	22	3	0.74%
30     2     0.49%       47     1     0.25%       55     1     0.25%       58     1     0.25%       84     1     0.25%	24	1	0.25%
47     1     0.25%       55     1     0.25%       58     1     0.25%       84     1     0.25%	26	2	0.49%
55     1     0.25%       58     1     0.25%       84     1     0.25%	30	2	0.49%
58         1         0.25%           84         1         0.25%	47	1	0.25%
84 1 0.25%	55	1	0.25%
	58	1	0.25%
100 4 0.98%	84	1	0.25%
100 . 0.3070	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!



CENTER FOR LOWCOUNTRY HOSPITALITY EDUCATION

#### CORPORATE RESOLUTION

IO

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

#### 2026 Budget

	Income (40000 Series)				202
		Ticket Sales 40100			
1		40101	Driving Tour		12,50
2		40102	2-Day		90,00
3		40103	Car Club Showcase Advance Sale		40,00
4		40104	Car Club Showcase - Saturday		25,00
5		40105	CCS Registgration Fees		19,95
6		40106	Concours Early Bird		1,00
7		40107	Concours - Sunday		80,00
8		40108	Concours - Advance w/parking		4,00
9		40109	Advance Sales - Other		50
0		40110	On-Line Convenience Fee		18,00
1		40111	Flights and Fancy Airport Gala		115,00
			3		
				Total Ticket Sales	40595
		Sponsors 40200		Total Floriot Galos	40000
2		40201	Award Sponsors		5,00
			-		
3			Sponsors		335,00
4		40203			55,00
5		40204	Flights and Fancy Sponsors		30,00
				Total Sponsors	425,00
		Patrons 40300			
6		40301			100,00
7		40302	Patrons - Wheel & Fender		30,00
				Total Patron Sponsors	130,00
		Public Funding (ATAX) 40400			350,03
8		40401			350,03
		Event Production Revenue 40500			
9		40501	Business Expo Tents		20,00
0		40502	Retail Vendor Space		19,00
1		40503	Merchandise Sales		25,00
2		40504	Misc Credit Card Sales		35
3		40505	Parking Fees - VIP		7,00
4			Program Advertising		35,00
				Total Event Production Revenue	106,35
		Charitable Fund 40600		Total Evolici Todaddom Novolido	100,00
5		40601	Pinnacle Society		75,00
.5		40001	Filliacie Society		75,00
		Other Income 40900			
6			Interest Income		2,70
7		40902	Federal Payroll Tax Refund		45,00
				Total Revenue	1,500,00
	Expenses - 50000 Series				
		Concours Event 50100			
8		50101	Awards		10,00
9		50102	Exhibitors Breakfast		6,00
0		50103	Judging Gifts		1,50
1			Judging Hotel Fees		16,00
2			Judges Dinner		4,00
3			Judging - Other		3,50
_			License Plates		3,80

35	50108	Travel & Entertainment		1,500
36		Other Sunday Expenses		400
37		Supplies		4,600
38		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		Beverages		500
47	50402	Other Airport Event Expenses		70,000
			Total Airport Event	70500
	Event Production Expenses 50500			
48		Security		18,000
49		Sheriff		5,000
50		Shuttle Bus Service		25,000
51		Land Planning Service		7,500
52		Permits & Licenses		500
53		Port Royal Golf Club Rental		37,500
54		Show Field Bleachers		3,000
55		Sound System  Gate Generator		20,000
56 57		Motor Pool/Golf Carts		5,000
58		Sanitation		7,000 30,000
59		Signage		10,000
60		Tents/Fences		80,000
61		Facilities - Other		2,500
62		Hospitality - Media Lounge		2,750
63		Hospitality - Patrons		55,000
64		Marketing - Advertising		268,000
65		Video/Photo		28,500
66	50519	VIP Travel		30,000
67	50520	Vehicle Transport		40,000
68		Merch - Posters		1,200
69	50522	Merch - Soft Goods		18,000
70	50523	Sponsor Solicitation - Commissions	3	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 507	700		
77	50701	Charitable Fund Reception		11,800
78	50702	Charitable Fund Recognition		2,500
	50703	Charitable Fund Wrist Bands		475
79			Total Other Event Related	14775

во	50901	Accounting Services		30,000
B1		Bank Charges		30,000
82		Technology - Software and Services	3	11,000
83		Technology - Email & SMS		12,000
84		Dues and Subscriptions		2,700
85		Insurance - Liability		8,000
86		Insurance - Rain		3,500
87		Interest Expense		2,600
88		Insurance - Workmans Comp		1,200
89		Legal Services		125
90		Licenses and Fees		250
91		Misc G&A		225
92		Office Rent		17,100
93		Office Cleaning		350
94		Electric		1,225
95		Water		500
96		Postage		1,400
97		Office Services		540
98		Office Supplies		2,500
99		Technology - Supplies		1,800
100		Taxes		450
101		Telephone		8,500
102		Technology - Website Maintenance		700
103		Payroll		324,000
104		Uncategorized Disbursements		14,000
105		Other Hotel Expenses		8,500
106		Travel & Entertainment - G&A		3,500
107		Consultants		14,000
			Total G&A Expense	470965
			<u> </u>	
108	Total Operating Expense			1,393,890
108  Net Ordinary Income	Total Operating Expense			
	Total Operating Expense			
	Total Operating Expense			
Net Ordinary Income		Charitable Contributions		88,110
Net Ordinary Income Other Disbursements 51000		Charitable Contributions		88,110
Net Ordinary Income Other Disbursements 51000		Charitable Contributions		50,000
Net Ordinary Income  Other Disbursements 51000		Charitable Contributions		50,000
Net Ordinary Income  Other Disbursements 51000		Charitable Contributions		50,000 1,532,000
Net Ordinary Income  Other Disbursements 51000  Total Expenses and Charitable Disbursments		Charitable Contributions		50,000 1,532,000
Net Ordinary Income  Other Disbursements 51000  Total Expenses and Charitable Disbursments		Charitable Contributions		50,000 1,532,000
Net Ordinary Income  Other Disbursements 51000  Total Expenses and Charitable Disbursments		Charitable Contributions		50,000 1,532,000
Net Ordinary Income  Other Disbursements 51000  Total Expenses and Charitable Disbursments		Charitable Contributions		50,000 1,532,000
Net Ordinary Income  Other Disbursements 51000  Total Expenses and Charitable Disbursments		Charitable Contributions		50,000 1,532,000
Net Ordinary Income  Other Disbursements 51000  Total Expenses and Charitable Disbursments		Charitable Contributions		50,000 1,532,000
Net Ordinary Income  Other Disbursements 51000  Total Expenses and Charitable Disbursments		Charitable Contributions		50,000 1,532,000
Net Ordinary Income  Other Disbursements 51000  Total Expenses and Charitable Disbursments		Charitable Contributions		50,000 1,532,000
Net Ordinary Income  Other Disbursements 51000  Total Expenses and Charitable Disbursments		Charitable Contributions		50,000 1,532,000
Net Ordinary Income  Other Disbursements 51000  Total Expenses and Charitable Disbursments		Charitable Contributions		50,000 1,532,000
Net Ordinary Income  Other Disbursements 51000  Total Expenses and Charitable Disbursments		Charitable Contributions		50,000 1,532,000
Net Ordinary Income  Other Disbursements 51000  Total Expenses and Charitable Disbursments		Charitable Contributions		50,000 1,532,000
Net Ordinary Income  Other Disbursements 51000  Total Expenses and Charitable Disbursments		Charitable Contributions		50,000 1,532,000
Net Ordinary Income  Other Disbursements 51000  Total Expenses and Charitable Disbursments		Charitable Contributions		50,000 1,532,000
Net Ordinary Income  Other Disbursements 51000  Total Expenses and Charitable Disbursments		Charitable Contributions		50,000 1,532,000
Net Ordinary Income  Other Disbursements 51000  Total Expenses and Charitable Disbursments		Charitable Contributions		50,000 1,532,000
Net Ordinary Income  Other Disbursements 51000  Total Expenses and Charitable Disbursments		Charitable Contributions		50,000 1,532,000
Net Ordinary Income  Other Disbursements 51000  Total Expenses and Charitable Disbursments		Charitable Contributions		1,393,890 88,110 50,000 1,532,000 32,000
Net Ordinary Income  Other Disbursements 51000  Total Expenses and Charitable Disbursments		Charitable Contributions		50,000 1,532,000

#### 2026 Budget

	Income (40000 Series)				202
		Ticket Sales 40100			
1		40101	Driving Tour		12,50
2		40102	2-Day		90,00
3		40103	Car Club Showcase Advance Sale		40,00
4		40104	Car Club Showcase - Saturday		25,00
5		40105	CCS Registgration Fees		19,95
6		40106	Concours Early Bird		1,00
7		40107	Concours - Sunday		80,00
8		40108	Concours - Advance w/parking		4,00
9		40109	Advance Sales - Other		50
0		40110	On-Line Convenience Fee		18,00
1		40111	Flights and Fancy Airport Gala		115,00
			3		
				Total Ticket Sales	40595
		Sponsors 40200		Total Floriot Galos	40000
2		40201	Award Sponsors		5,00
			-		
3			Sponsors		335,00
4		40203			55,00
5		40204	Flights and Fancy Sponsors		30,00
				Total Sponsors	425,00
		Patrons 40300			
6		40301			100,00
7		40302	Patrons - Wheel & Fender		30,00
				Total Patron Sponsors	130,00
		Public Funding (ATAX) 40400			350,03
8		40401			350,03
		Event Production Revenue 40500			
9		40501	Business Expo Tents		20,00
0		40502	Retail Vendor Space		19,00
1		40503	Merchandise Sales		25,00
2		40504	Misc Credit Card Sales		35
3		40505	Parking Fees - VIP		7,00
4			Program Advertising		35,00
				Total Event Production Revenue	106,35
		Charitable Fund 40600		Total Evolici Todaddom Novolido	100,00
5		40601	Pinnacle Society		75,00
.5		40001	Filliacie Society		75,00
		Other Income 40900			
6			Interest Income		2,70
7		40902	Federal Payroll Tax Refund		45,00
				Total Revenue	1,500,00
	Expenses - 50000 Series				
		Concours Event 50100			
8		50101	Awards		10,00
9		50102	Exhibitors Breakfast		6,00
0		50103	Judging Gifts		1,50
1			Judging Hotel Fees		16,00
2			Judges Dinner		4,00
3			Judging - Other		3,50
_			License Plates		3,80

35	50108	Travel & Entertainment		1,500
36		Other Sunday Expenses		400
37		Supplies		4,600
38		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		Beverages		500
47	50402	Other Airport Event Expenses		70,000
			Total Airport Event	70500
	Event Production Expenses 50500			
48		Security		18,000
49		Sheriff		5,000
50		Shuttle Bus Service		25,000
51		Land Planning Service		7,500
52		Permits & Licenses		500
53		Port Royal Golf Club Rental		37,500
54		Show Field Bleachers		3,000
55		Sound System  Gate Generator		20,000
56 57		Motor Pool/Golf Carts		5,000
58		Sanitation		7,000 30,000
59		Signage		10,000
60		Tents/Fences		80,000
61		Facilities - Other		2,500
62		Hospitality - Media Lounge		2,750
63		Hospitality - Patrons		55,000
64		Marketing - Advertising		268,000
65		Video/Photo		28,500
66	50519	VIP Travel		30,000
67	50520	Vehicle Transport		40,000
68		Merch - Posters		1,200
69	50522	Merch - Soft Goods		18,000
70	50523	Sponsor Solicitation - Commissions	3	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 507	700		
77	50701	Charitable Fund Reception		11,800
78	50702	Charitable Fund Recognition		2,500
	50703	Charitable Fund Wrist Bands		475
79			Total Other Event Related	14775

во	50901	Accounting Services		30,000
B1		Bank Charges		30,000
82		Technology - Software and Services	3	11,000
83		Technology - Email & SMS		12,000
84		Dues and Subscriptions		2,700
85		Insurance - Liability		8,000
86		Insurance - Rain		3,500
87		Interest Expense		2,600
88		Insurance - Workmans Comp		1,200
89		Legal Services		125
90		Licenses and Fees		250
91		Misc G&A		225
92		Office Rent		17,100
93		Office Cleaning		350
94		Electric		1,225
95		Water		500
96		Postage		1,400
97		Office Services		540
98		Office Supplies		2,500
99		Technology - Supplies		1,800
100		Taxes		450
101		Telephone		8,500
102		Technology - Website Maintenance		700
103		Payroll		324,000
104		Uncategorized Disbursements		14,000
105		Other Hotel Expenses		8,500
106		Travel & Entertainment - G&A		3,500
107		Consultants		14,000
			Total G&A Expense	470965
			<u> </u>	
108	Total Operating Expense			1,393,890
108  Net Ordinary Income	Total Operating Expense			
	Total Operating Expense			
	Total Operating Expense			
Net Ordinary Income		Charitable Contributions		88,110
Net Ordinary Income Other Disbursements 51000		Charitable Contributions		88,110
Net Ordinary Income Other Disbursements 51000		Charitable Contributions		50,000
Net Ordinary Income  Other Disbursements 51000		Charitable Contributions		50,000
Net Ordinary Income  Other Disbursements 51000		Charitable Contributions		50,000 1,532,000
Net Ordinary Income  Other Disbursements 51000  Total Expenses and Charitable Disbursments		Charitable Contributions		50,000 1,532,000
Net Ordinary Income  Other Disbursements 51000  Total Expenses and Charitable Disbursments		Charitable Contributions		50,000 1,532,000
Net Ordinary Income  Other Disbursements 51000  Total Expenses and Charitable Disbursments		Charitable Contributions		50,000 1,532,000
Net Ordinary Income  Other Disbursements 51000  Total Expenses and Charitable Disbursments		Charitable Contributions		50,000 1,532,000
Net Ordinary Income  Other Disbursements 51000  Total Expenses and Charitable Disbursments		Charitable Contributions		50,000 1,532,000
Net Ordinary Income  Other Disbursements 51000  Total Expenses and Charitable Disbursments		Charitable Contributions		50,000 1,532,000
Net Ordinary Income  Other Disbursements 51000  Total Expenses and Charitable Disbursments		Charitable Contributions		50,000 1,532,000
Net Ordinary Income  Other Disbursements 51000  Total Expenses and Charitable Disbursments		Charitable Contributions		50,000 1,532,000
Net Ordinary Income  Other Disbursements 51000  Total Expenses and Charitable Disbursments		Charitable Contributions		50,000 1,532,000
Net Ordinary Income  Other Disbursements 51000  Total Expenses and Charitable Disbursments		Charitable Contributions		50,000 1,532,000
Net Ordinary Income  Other Disbursements 51000  Total Expenses and Charitable Disbursments		Charitable Contributions		50,000 1,532,000
Net Ordinary Income  Other Disbursements 51000  Total Expenses and Charitable Disbursments		Charitable Contributions		50,000 1,532,000
Net Ordinary Income  Other Disbursements 51000  Total Expenses and Charitable Disbursments		Charitable Contributions		50,000 1,532,000
Net Ordinary Income  Other Disbursements 51000  Total Expenses and Charitable Disbursments		Charitable Contributions		50,000 1,532,000
Net Ordinary Income  Other Disbursements 51000  Total Expenses and Charitable Disbursments		Charitable Contributions		50,000 1,532,000
Net Ordinary Income  Other Disbursements 51000  Total Expenses and Charitable Disbursments		Charitable Contributions		50,000 1,532,000
Net Ordinary Income  Other Disbursements 51000  Total Expenses and Charitable Disbursments		Charitable Contributions		50,000 1,532,000
Net Ordinary Income  Other Disbursements 51000  Total Expenses and Charitable Disbursments		Charitable Contributions		1,393,890 88,110 50,000 1,532,000 32,000
Net Ordinary Income  Other Disbursements 51000  Total Expenses and Charitable Disbursments		Charitable Contributions		50,000 1,532,000

	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
		<b>Total Event Productio</b>	106,350
	Charitable Fund 40600		
25	40601 Pinnacle Society		75,000

	Other Income 40900			Page 2
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	
		<b>Total Concours Event</b>	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	
		<b>Total Airport Event</b>	70,500	
	<b>Event Production Expenses 50500</b>			
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	

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           73         50601 Food         7,400           74         50602 Printing         100           75         50603 Supplies         100           76         50604 Travel         100           77         50701 Charitable Fund Reception         11,800	57	50510 Motor Pool/Golf Carts		7 000	Daga 2
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 Travet         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           73         50601 Food         7,400           74         50602 Printing         100           75         50603 Supplies         100           76         50604 Travel         1,000           77         50701 Charitable Fund Reception         11,800           78         50702 Charitable Fund Reception         2,500 <td></td> <td></td> <td></td> <td>-</td> <td>rages</td>				-	rages
Social Tents/Fences   75,000				-	
S0514 Facilities - Other   2,500					
Social Hospitality - Media Lounge   2,750					
50516 Hospitality - Patrons   55,000				-	
Solition					
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 Production         73,000           Volunteeers 50600           73         50601 Food         7,400           74         50602 Printing         100           75         50603 Supplies         100           76         50604 Travel         1,000           77         50701 Charitable Fund Reception         11,800           78         50702 Charitable Fund Recognition         2,500           79         50703 Charitable Fund Wrist Bands         475           80         50903 Technology - Software and Services         30,000           81         50902 Bank Charges         300           82         50903 Technology - Software and Services         11,000				-	
Social				•	
67         50520 Vehicle Transport         40,000           68         50521 Merch - Posters         1,200           69         50522 Merch - Sotf Goods         18,000           70         50523 Sponsor Solicitation - Commissions         35,000           71         50524 Sponsor Solicitation - Consultants         550           72         50525 Ticketing         17,000           Volunteeers 50600           73         50601 Food         7,400           74         50602 Printing         100           75         50603 Supplies         100           76         50604 Travel         1,000           77         50701 Charitable Fund Reception         11,800           78         50702 Charitable Fund Reception         2,500           79         50703 Charitable Fund Recognition         2,500           79         50703 Charitable Fund Wrist Bands         475           80         5091 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				-	
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         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           77         50701 Charitable Fund Reception         11,800           78         50702 Charitable Fund Recognition         2,500           79         50703 Charitable Fund Wrist Bands         475           70         General Administration 50900         50901 Accounting Services         30,000           80         50901 Accounting Services         30,000           81         50902 Bank Charges         300           82         50903 Technology - Software and Services         11,000           84         50905 Dues and Subscriptions         2,700           85         50906 Insurance - Liability         8,000					
South   Sout		•		•	
Total Volunteers   Total Volun				•	
71         50524 Sponsor Sollicitation - Consultants         550           72         50525 Ticketing         17,000           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           80         50901 Accounting Services         30,000           81         50902 Bank Charges         30,000           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				-	
Total Event Production   Total Event Even		·		•	
Total Event Production   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           80         50703 Charitable Fund Wrist Bands         475           Ceneral Administration 50900           80         50901 Accounting Services         30,000           81         50902 Bank Charges         30,000           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	72	50525 Ticketing		•	
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			Total Event Production	733,000	
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       30,000         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 <td></td> <td></td> <td></td> <td></td> <td></td>					
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				•	
Total Volunteers         1,000           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		•			
Total Volunteers         8,600           Other Event Related Expenses 50700           77         50701 Charitable Fund Recognition         2,500           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	75				
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 <td>76</td> <td>50604 Travel</td> <td></td> <td>1,000</td> <td></td>	76	50604 Travel		1,000	
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			Total Volunteers	8,600	
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					
79         50703 Charitable Fund Wrist Bands         475           Ceneral 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	77	·		11,800	
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	78	50702 Charitable Fund Recognition		· ·	
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	79	50703 Charitable Fund Wrist Bands		475	
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			Total Other Event Rel	14,775	
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					
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	80	50901 Accounting Services		30,000	
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	81	50902 Bank Charges		300	
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	82	50903 Technology - Software and Services		11,000	
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	83	50904 Terchnology - Website Design		11,000	
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	84	50905 Dues and Subscriptions		2,700	
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	85	50906 Insurance - Liability		8,000	
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	86	50907 Insurance - Rain		3,500	
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	87	50908 Interest Expense		2,600	
90       50911 Licenses and Fees       250         91       50912 Misc G&A       225         92       50913 Office Rent       17,100         93       50914 Office Cleaning       350	88	50909 Insurance - Workmans Comp		1,200	
91       50912 Misc G&A       225         92       50913 Office Rent       17,100         93       50914 Office Cleaning       350	89	50910 Legal Services			
92 50913 Office Rent 17,100 93 50914 Office Cleaning 350	90	50911 Licenses and Fees			
93 50914 Office Cleaning 350	91	50912 Misc G&A		225	
<b>3</b>	92	50913 Office Rent		17,100	
94 50915 Electric 1,225	93	50914 Office Cleaning		350	
	94	50915 Electric		1,225	

95	50916 Water		500	Page 4
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	
N	et Ordinary Income		88,110	
0	ther Disbursements 51000			
109	51001 Charitable Contributions		40,400	
To	otal Expenses and Charitable Disbursments		1,417,290	
N	et Income		47,710	

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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	4,000.00 450.00
40102 -2-Day 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 Concours Charitable Fund Other Donations	4,750.00
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 Sponsorship	2,000.00 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	. 5,655.65
Checking Acct	84.76
Credit Card Charges Bank Charges - Other	1,119.34 675.77
·	
Total Bank Charges	1,879.87
Computer & Svs Dues and Subscriptions	8,331.80 459.00
Employee Compensation	
Health Insurance	202.25
Total Employee Compensation	202.25

January 1 through July 1, 2025

	Jan 1 - Jul 1, 25
Insurance	
Liability	104.20
Workers Comp Insurance - Other	321.80 104.20
Total Insurance	530.20
Misc	3,505.41
Office Administrative Supplies Office Rent	5,000.66
Cleaning	412.50
Electric Water	383.00 168.00
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
<b>Event Production</b>	
Driving Tour Miscellaneous	330.00 6.13
Saturday	0.13
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 - Marketing - Other	3,000.00 29,633.20
Total Marketing	107,652.60
Merchandise Poster Artist	2,577.07
Total Merchandise	2,577.07
	_,

January 1 through July 1, 2025

	Jan 1 - Jul 1, 25
Miscellaneous Payroll Expenses	313.00 135,510.86
Reconciliation Discrepancies Sponsor Solicitation	5,656.38
Commissions	12,630.00
<b>Sponsor Solicitation - Other</b>	1,784.00
<b>Total Sponsor Solicitation</b>	14,414.00
Ticketing Online Fees	-30.00
Total Ticketing	-30.00
Uncategorized Expenses Volunteers	342.09
Admin Svs Food	254.40 569.61
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 10003 - Contingency Fund	16,903.56 1.000.00
Cash On Hand	1.16
SC Unemployment Reserve Synovus Bank Checking	2,494.07 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
<b>Total Other Current Assets</b>	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 Cafeteria Plan - Other	-647.65 1,047.65
Total Cafeteria Plan	400.00
Payroll Liabilities	39,298.10
<b>Total Other Current Liabilities</b>	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 Retained Earnings Net Income	21,785.83 14,155.21 -21,062.36
Total Equity	14,878.68
TOTAL LIABILITIES & EQUITY	200,965.19

**January through August 2024** 

	Jan - Aug 24
Ordinary Income/Expense Income	
Business Expo Tents Concours Charitable Fund (DYA)	8,250.00 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 Patrons	1,900.00 57,650.00
Program Advertising Public Funding	10,700.00 140,571.50
Retail Vendor Space Sponsors	17,250.00 155,983.33
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 Volunteers	0.00 948.19

**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 Chapting(Soviers	
Checking/Savings 10001 - Opperating Account Cash On Hand	69,593.45 1.16
SC Unemployment Reserve Synovus Bank Checking	2,494.07 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
<b>Total Other Current Assets</b>	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	1,550.00
Cafeteria Plan Cafeteria Medical Plan FSA Cafeteria Plan - Other	-1,047.65 1,047.65
Total Cafeteria Plan	0.00
Payroll Liabilities	-47.41
<b>Total Other Current Liabilities</b>	-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 Retained Earnings Net Income	15,975.45 41,112.19 -26,956.98
Total Equity	30,130.66
TOTAL LIABILITIES & EQUITY	162,900.66

**January through December 2023** 

	Jan - Dec 23
Ordinary Income/Expense	
Income Award Sponsors Banner Sales Beverage Sales Business Expo Tents Concours Charitable Fund (DYA)	4,500.00 500.00 9,231.00 7,250.00 120,948.31
Driving Tour Tickets	10,813.00
Exhibitor Registration Fees	19,710.00
Hospitality Other - Airport	91,315.50
Interest Income Merchandise Sales	14.45 15,045.64
Misc Income	0.00
Parking Fees - VIP Patrons	7,000.00 116,666.50
Program Advertising Public Funding	32,500.00 425,532.28
Retail Vendor Space Sponsors	18,700.00 364,603.83
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

**January through December 2023** 

Jan - Dec 23
19,783.14
0.00 13,446.58
1,430,899.64
38,298.93
46,188.00
5,019.49
51,207.49
-51,207.49
-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
<b>Total Other Current Assets</b>	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	
rotal Accounts Fayable	104,465.81
Other Current Liabilities	104,465.81
•	104,465.81
Other Current Liabilities	,
Other Current Liabilities Cafeteria Plan	0.00
Other Current Liabilities Cafeteria Plan Payroll Liabilities	0.00
Other Current Liabilities Cafeteria Plan Payroll Liabilities Total Other Current Liabilities Total Current Liabilities Long Term Liabilities	0.00 11.46 11.46 104,477.27
Other Current Liabilities Cafeteria Plan Payroll Liabilities Total Other Current Liabilities Total Current Liabilities	0.00 11.46 11.46
Other Current Liabilities Cafeteria Plan Payroll Liabilities Total Other Current Liabilities Total Current Liabilities Long Term Liabilities	0.00 11.46 11.46 104,477.27
Other Current Liabilities Cafeteria Plan Payroll Liabilities Total Other Current Liabilities Total Current Liabilities Long Term Liabilities SBA - EIDL	0.00 11.46 11.46 104,477.27 136,559.71

11:32 AM 09/02/24 Accrual Basis

## 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

**January through December 2022** 

	Jan - Dec 22
Ordinary Income/Expense	
Income Award Sponsors Banner Sales Beverage Sales Concours Charitable Fund (DYA)	2,000.00 500.00 7,873.57 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 Public Funding	27,450.00 347,340.00
Retail Vendor Space Sponsors	12,550.00 355,700.00
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 Sponsor Solicitation	2,863.70 79,460.74

**January through December 2022** 

	Jan - Dec 22
Ticketing	22,138.18
void Volunteers	0.00 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

Date: September 23, 2002

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

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

#### 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 bytaws, please send a copy of the amendment to that office. The malling address is: Internal Revenue Service, TE/GE Customer Service, P.O. Box 2508, Cincinnal, 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 57429720251290363e47.

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

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.

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

For the 2023 calendar year, or tax year beginning and ending C Name of organization Check if applicable: D Employer identification number HILTON HEAD ISLAND CONCOURS D'ELEGANCE, Address change INC. Name change 02-0547759 Doing business as Initial Number and street (or P.O. box if mail is not delivered to street address) Room/suite E Telephone number Final 1 CARDINAL ROAD 843-785-5747 16 term City or town, state or province, country, and ZIP or foreign postal code G Gross receipts \$ 469,626. Amended HILTON HEAD ISLAND, SC 29926 H(a) Is this a group return Applica-F Name and address of principal officer: ROBERT LEE for subordinates? ..... Yes X No pending SAME AS C ABOVE H(b) Are all subordinates included? Yes No Tax-exempt status: X 501(c)(3) 501(c) ( (insert no.) 4947(a)(1) or 527 If "No." attach a list. See instructions HTTP://WWW.HHICONCOURS.COM/ H(c) Group exemption number Form of organization: X Corporation Other Trust Association L Year of formation: 2002 M State of legal domicile: SC Part I Summary Briefly describe the organization's mission or most significant activities: ANNUAL AUTO SHOW & MOTORING Governance FESTIVAL LOCATED ON HILTON HEAD ISLAND, SC. Check this box if the organization discontinued its operations or disposed of more than 25% of its net assets. 17 Number of voting members of the governing body (Part VI. line 1a) ..... **17** Number of independent voting members of the governing body (Part VI, line 1b) 4 Activities & Total number of individuals employed in calendar year 2023 (Part V, line 2a) 5 400 Total number of volunteers (estimate if necessary) 6 32,500. 7 a 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 **Prior Year Current Year** 347,340 425,959. Contributions and grants (Part VIII, line 1h) 925,563. 969,657. Program service revenue (Part VIII, line 2g) ..... 0. 14. Investment income (Part VIII, column (A), lines 3, 4, and 7d) 10 69,683 54,971. Other revenue (Part VIII, coiumn (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 1,450,601. 1,342,586. Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) ....... 81,201. 46,188. Grants and similar amounts paid (Part IX, column (A), lines 1-3) 0. 0. 14 Benefits paid to or for members (Part IX, column (A), line 4) 242,998 249,676. Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) Λ. 16a Professional fundraising fees (Part IX, column (A), line 11e) b Total fundraising expenses (Part IX, column (D), line 25) 1,174,892. 1,167,643. Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 1,499,091. 1,463,507. Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) -156,505. -12,906. Revenue less expenses. Subtract line 18 from line 12 bě **Beginning of Current Year End of Year** 228,332. 298,125. 20 Total assets (Part X, line 16) 164,545. 241,037. 21 Total liabilities (Part X, line 26) 63.787. 57,088. Net assets or fund balances. Subtract line 21 from line 20 ... 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. Date Signature of officer Sign ROBERT LEE TREASURER Here Type or print name and title Date PTIN Preparer's signature Print/Type preparer's name C11/14/24 P00853466 MICHAEL R. PUTICH. MICHAEL R. PUTICH, CPA Paid self-employed ROBINSON GRANT & CO., P.A. Firm's EIN 57-0735924 Preparer Firm's name Firm's address P.O. DRAWER 22959 Use Only Phone no. 843-815-6161 HILTON HEAD ISLAND, SC 29925 X Yes May the IRS discuss this return with the preparer shown above? See instructions

Form	990 (2023) INC.	02-0547759	Page 2
Par	till 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 ISLAN	ND, SC AND	
		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		
-			X No
	prior Form 990 or 990-EZ?  If "Yes," describe these new services on Schedule O.	103	NO LAL
3			₩.
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		
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to other	ers, the total expenses, a	nd
	revenue, if any, for each program service reported.	··· ··· · · · · · · · · · · · · · · ·	
4a	(Code:) (Expenses \$1, 298, 014. Including grants of \$) (Reve		)
	PRODUCTION OF A WEEK-LONG FESTIVAL MOTOR SHOW THAT FOCUS		
	AUTOMOBILES AND OTHER VARIOUS METHODS OF TRANSPORTATION	AND	
	WHICH IS OPEN AND AVAILABLE TO THE GENERAL PUBLIC.		
		<del></del>	
	(Code: ) (Expenses \$ 46,188. Including grants of \$ 46,188.) (Reve		<del></del>
4b		nue \$	,
	PAYMENT OF GRANTS TO LOCAL NOT-FOR-PROFIT ORGANIZATIONS		
4c	(Code:) (Expenses \$) (Reve	nue \$	1
70	(Code) / Expenses #		
			<del></del>
		<del></del>	
4d	Other program services (Describe on Schedule O.)		
	(Expenses \$ including grants of \$ ) (Revenue \$		
4e	Total program service expenses 1,344,202.		
		Form	<b>990</b> (2023)

02-0547759

Page 3

# Form 990 (2023) INC. 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			4,5
_	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	_		w
6	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		X
0	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I			x
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	6		
•	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			
•		8		х
9	Schedule D, Part III  Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for			
•	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		x
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi-endowments? If "Yes," complete Schedule D, Part V	10		Х
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X,			
•	as applicable.			\$ 1
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
_	Part VI	11a		X
ь	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
0	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)(li)? 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			v
	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	45		x
40	foreign organization? If "Yes," complete Schedule F, Parts II and IV  Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to	15		
16		16		x
47	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV  Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
17	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			
10	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,"			
13	complete Schedule G, Part III	19		Х
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
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
	12.21.22	Form	990	(2023)

Form 990 (2023) INC.
Part IV Checklist of Required Schedules (continued)

	(Gortanded)		Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on		103	110
	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			1
	Schedule J	23		х
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			ĺ
	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			1
	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			ĺ
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			l
	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			ĺ
	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,			İ
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			7.
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27	Α.	X
28	Was the organization a party to a business transaction with one of the following parties? (See the Schedule L, Part IV,		Ya.	
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If		<b>.</b>	ĺ
	"Yes," complete Schedule L, Part IV	28a	X	X
	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		
С	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If	00-		x
	"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		
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation	20		x
•	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		<del></del>
32	Did the organization seli, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete	32		x
	Schedule N, Part II  Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	32		
33	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		x
24	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and	3		
34	- ·	34		x
350	Part V, line 1  Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	-		
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	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 197			
	Note: All Form 990 filers are required to complete Schedule O	38	_X	<u> </u>
Pa	tV 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	·	-	.05	
b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable	4	1	
C	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	<u>  1c</u>	X	<u> </u>
22202	1 10 01 00	rom	330	(2023)

17

Form 990 (2023)

HILTON HEAD ISLAND CONCOURS D'ELEGANCE, Form 990 (2023) INC. 02-0547759 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 b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? X 2b 3a Did the organization have unrelated business gross income of \$1,000 or more during the year? X 3а b If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O X 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)? X 4a b if "Yes." enter the name of the foreign country See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). 5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? X c If "Yes" to line 5a or 5b, did the organization file Form 8886-T? 6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit X any contributions that were not tax deductible as charitable contributions? b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 6b 7 Organizations that may receive deductible contributions under section 170(c). X 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? 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 X to file Form 8282? d If "Yes," indicate the number of Forms 8282 filed during the year 7d Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? 7f If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? **7**g h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? 7h 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 Sponsoring organizations maintaining donor advised funds. 9 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 12 109 Gross receipts. included on Form 990, Part VIII, line 12, for public use of club facilities b 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.) 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 12a Section 501(c)(29) qualified nonprofit health insurance issuers. 13 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 c Enter the amount of reserves on hand X 14a Did the organization receive any payments for indoor tanning services during the tax year? b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or X 15 excess parachute payment(s) during the year? If "Yes." see the instructions and file Form 4720, Schedule N. 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. 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 exclse tax under section 4951, 4952 or 4953?

If "Yes," complete Form 6069.

HILTON HEAD ISLAND CONCOURS D'ELEGANCE, INC. 02-0547759 Page 6 Part VI. Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI Section A. Governing Body and Management Yes No 1a Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O. b Enter the number of voting members included on line 1a, above, who are independent 17 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? X ..... 2 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? X Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? X 4 5 Did the organization become aware during the year of a significant diversion of the organization's assets? Did the organization have members or stockholders? X R R 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or X more members of the governing body? b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or X persons other than the governing body? 7b ..... Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: a The governing body? X Each committee with authority to act on behalf of the governing body? 8h Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the X 9 organization's mailing address? If "Yes." provide the names and addresses on Schedule O Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Yes No 10a Did the organization have local chapters, branches, or affiliates? 10a 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? 10h X 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filling the form? 11a b Describe on Schedule O the process, if any, used by the organization to review this Form 990. 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 X 12a 12b b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes." describe on Schedule O how this was done 12c X Did the organization have a written whistleblower policy? 13 13 ..... X Did the organization have a written document retention and destruction policy? 14 14 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? X 15a The organization's CEO, Executive Director, or top management official X 15b Other officers or key employees of the organization 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 X 16a taxable entity during the year? 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

#### 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 improcion, Indicate how you made these available. Check all that apply

Own website Another's website X Upon request Other (expiain 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,

exempt status with respect to such arrangements?

C 29926

16b

HILLON	HEAD	ISLAND	CONCOURS	ט	·ELEGANCE,	

02-0547759 INC. Form 990 (2023) 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) (B)				(C)				(D)	(E)	(F)		
Name and title	Average	(do	Position (do not check more than one				one	Reportable	Reportable	Estimated		
	hours per	box	box, unless person is both an officer and a director/trustee)				an	compensation	compensation	amount of		
	week	⊢	<del></del>			17008	100)	from	from related	other		
	(list any hours for	텵						the	organizations	compensation		
	related	5	<b>8</b>			Safe		organization (W-2/1099-MISC/	(W-2/1099-MISC/ 1099-NEC)	from the organization		
	organizations	复	) trus		8			1099-NEC)	1033-1120)	and related		
	below	ndividual trustee or director	rtions	_	텵	2 ts	<u></u>	1000 1120,		organizations		
	line)	ligi.	Institutional trustae	ласіјјјо	Keye	Highest compensated employee	Fg.					
(1) LINDSEY HARRELL	40.00											
PRESIDENT (THROUGH 11/2023)		X	$ldsymbol{ld}}}}}}$	X				83,688.	0.	0.		
(2) CHRIS BREWER	40.00					Ι.		}				
PRESIDENT (COMMENCING 12/2023)		X	lacksquare	X				8,750.	0.	0.		
(3) MIKE MCCLELLAND	5.00								_	_		
CHAIRMAN	<u> </u>	X	_	X		_		0.	0.	0.		
(4) BOB LEE	20.00	l										
TREASURER		X	<u> </u>	X	<u> </u>	<u> </u>	<u> </u>	0.	0.	0.		
(5) TRUITT RABUN	5.00			:	ŀ		Ì		0	•		
SECRETARY	F 00	X	H	X			_	0.	0.	0.		
(6) MERRY HARLACHER BOARD MEMBER	5.00	X						0.	0.	0.		
(7) LAWRENCE KOCH	5.00	<u> </u>	H		-			0.	0.	<u> </u>		
BOARD MEMBER	3.00	X			l			0.	0.	0.		
(8) JOYCE CARLTON	5.00	-	Н		┢	$\vdash$						
BOARD MEMBER		x						0.	0.	0.		
(9) PAUL IANUARIO	5.00											
BOARD MEMBER		X						0.	0.	0.		
(10) WALTER NESTER	5.00											
BOARD MEMBER	<u> </u>	X						0.	0.	0.		
(11) LEE NINER	5.00								_	_		
BOARD MEMBER	<del> </del>	X	_		ļ			0.	0.	0.		
(12) DENNIS WRIGHT	5.00									•		
BOARD MEMBER	F 00	X			_			0.	0.	0.		
(13) ELKE MARTIN	5.00								0.	•		
BOARD MEMBER (14) ERIK DOERRING	5.00	X			<del> </del>		-	0.	0.	0.		
BOARD MEMBER	3.00	x	1					0.	0.	0.		
(15) PAUL BOES	5.00	_			$\vdash$	$\vdash$	_	0.	<u> </u>			
BOARD MEMBER	3.00	x						0.	0.	0.		
(16) CARROL JENSEN	5.00	<del>                                     </del>	$\vdash$						3.			
BOARD MEMBER		x						0.	0.	0.		
(17) BILL SCMITT	5.00						_					
BOARD MEMBER		X	L					0.	0.	0.		
										E 990 (2022)		

Page 8

Par	TVII   Section A. Officers, Directors, Trus		ploy	ees,			ghes	st C	ompensated Employee	s (continued)	<del></del>			
(A)		(B) (C) Average Position					_		(D)	(E)			(F)	
Name and title		Average hours per			heck	more	than		Reportable	Reportable			timate	
		week					is boti or/trus		compensation from	compensation from related			nount other	of
		(ilst any	Ę			Π			the	organizations			pensa	tion
		hours for	gige				屋			(W-2/1099-MISC	ን/		om th	
		related	ş	Lastee		l _	ensal		(W-2/1099-MISC/	1099-NEC)	İ	•	anizat	
		organizations below	さま	onal t		loyee	2 e		1099-NEC)				d relat	
		line)	Individual trustee or director	Institutional trustee	fficer	ay emg	Highest compensated employee	E				orga	anizati	ons
(18)	STEWART BROWN	5.00	투	<u> </u>	8	3	7 5	٣			$\dashv$			<del></del>
BOAR	D MEMBER		X						0.	(	٥.			0.
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1b	Subtotal		•••••	• • • • • •			• • • • • • • • • • • • • • • • • • • •		92,438.		<u>0 -  </u>			0.
	Total from continuation sheets to Part VI								92,438.		0.			0.
	Total (add lines 1b and 1c)								· · · · · · · · · · · · · · · · · · ·		<u>U • [</u>			<u> </u>
2	Total number of individuals (including but necessation from the organization	ot iimitea to tri	ose	uste	o at	oove	9) WII	o re	sceived more than \$100,	uuu oi reportable				0
	compensation from the organization												Yes	No
3	Did the organization list any former officer,	director, trust	ee. k	KBV 6	ame	love	e. or	hia	hest compensated empl	ovee on	ſ	17413		
_	line 1a? If "Yes," complete Schedule J for s											з		X
4	For any individual listed on line 1a, is the su											*		
	and related organizations greater than \$150										[	4		X
5	Did any person listed on line 1a receive or a										ļ			
	rendered to the organization? If "Yes." con	plete Scheduli	9 <i>J f</i>	or su	ıch i	oers	on .	••••			<u> </u>	5		X
Sec	tion B. Independent Contractors										<u> </u>			
1	Complete this table for your five highest co										nsati	ion fro	m	
	the organization. Report compensation for	tne calendar ye	<u>ear e</u>	<u>anair</u>	ng w	itth c	or wi	tnin T	the organization's tax ye	ear.		(0	•1	
	(A) Name and business	address	N	INC	2				Description of s	ervices	C	ompei	nsatio	n
								ヿ				-		
								4						
								1						
		·						ᆉ	<del>.</del>	<del></del>				
										1				
2	Total number of independent contractors (i	ncluding but n	ot lir	nite	d to	thos	se lis	ted	above) who received mo	ore than		. 14.		
	\$100,000 of compensation from the organi				_		)		·	Ľ.				

HILTON HEAD ISLAND CONCOURS D'ELEGANCE, 02-0547759 Page 9 INC. Part VIII Statement of Revenue Check if Schedule O contains a response or note to any line in this Part VIII (C) (D) Revenue excluded Related or exempt Unrelated Total revenue function revenue business revenue from tax under sections 512 - 514 1 a Federated campaigns ..... 1a b Membership dues 1b Contributions, Gifts, Gre and Other Similar Amou c Fundraising events ..... 10 d Related organizations ..... **1d** 425,959. e Government grants (contributions) 1e f All other contributions, gifts, grants, and similar amounts not included above Q Noncash contributions included in lines 1a-1f 1a|\$ 425,959 h Total. Add lines 1a-1f **Business Code** 900099 369,104. 369,104. 2 a SPONSORSHIP INCOME Program Service Revenue 900099 224,868. **b EVENT TICKET SALES** 224,868. c DRIVING YOUNG AMERICA 900099 120,948. 120,948. d PATRON INCOME 900099 116,667. 116,667. 100,547. 900099 100,547. e HOSPITALITY EVENTS/INC 37,523. 37,523. 900099 f All other program service revenue 969,657. g Total, Add lines 2a-2f investment income (including dividends, interest, and 14. other similar amounts) 4 Income from investment of tax-exempt bond proceeds Royalties ..... (i) Real (ii) Personal 6a 6 a Gross rents b Less: rental expenses ... 6b c Rental income or (loss) 6c d Net rental income or (loss) (i) Securities (ii) Other 7 a Gross amount from sales of assets other than inventory 7a b Less: cost or other basis Other Revenue and sales expenses ..... d Net gain or (ioss) ..... 8 a Gross income from fundraising events (not including \$ contributions reported on line 1c). See Part IV, line 18 b Less: direct expenses ..... c Net income or (loss) from fundraising events 9 a Gross income from gaming activities. See Part IV, line 19 b Less: direct expenses ..... 9b c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns 15,046. and allowances 10b 19,025 b Less: cost of goods sold c Net income or (loss) from sales of inventory **Business Code** 32,500 32,500. 541800 11 a PROGRAM ADVERTISING IN 25,950 b RETAIL AND BUSINESS EX 900099 25,950. 900099 500. 500.

58,950.

450,601.

32,500.

992,128.

c MISCELLANEOUS OTHER RE d All other revenue

e Total, Add lines 11a-11d

Total revenue. See instructions

INC.

Form 990 (2023) Part X Statement of Functional Expenses 02-0547759 Page 10

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 (A) Total expenses (D) Fundraising Do not include amounts reported on lines 6b. Program service Management and 7b, 8b, 9b, and 10b of Part VIII. expenses general expenses expenses Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 42,100. 42,100. 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 ....... Benefits paid to or for members Compensation of current officers, directors, 92,438. 69,328. 23,110. trustees, and key employees ..... Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Other salaries and wages 136.849. 109,479. 27.370. Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) Other employee benefits 5,097. 20,389. 15,292. Payroll taxes ..... 10 Fees for services (nonemployees): Management 249. 125. 124. Legal 28.239. 14,120. 14,119. Accounting C Lobbying \_\_\_\_\_ Professional fundraising services. See Part IV, line 17 Investment management fees ..... Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch O.) Advertising and promotion 371,308. 371,308. 12 Office expenses 13 24,966. 12,483. 12,483. 14 Information technology Royalties 15 19,574. 11,744. 7.830. 16 Occupancy 3,558. 3,558. 17 Travel 18 Payments of travel or entertainment expenses for any federal, state, or local public officials Conferences, conventions, and meetings 19 5,019. 5,019 20 Payments to affiliates ..... 21 Depreciation, depletion, and amortization ..... 22 11.269. 9.015. 2,254. 23 Other expenses, Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.) FACILITY EXPENSES/RENTA 261,371. 261,371. 204,136. 204,136. EVENT PRODUCTION COSTS 85,239. 85,239. HOSPITALITY SPACE COSTS 78,270. 78,270. d SPONSOR SOLICITATION EX 21,899. 74,445. 52,546. SEE SCH O All other expenses 1,463,507. Total functional expenses. Add lines 1 through 24e 1,344,202. 119,305. 25 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here If following SOP 98-2 (ASC 958-720)

Form 990 (2023)
Part X Balance Sheet

		Check if Schedule O contains a response or no	te to any line in this Part X		<del></del>	
				(A) Beginning of year		( <b>B)</b> End of year
	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 of		The second secon	ā.	
		trustee, key employee, creator or founder, subs	The second secon			
		controlled entity or family member of any of the	se persons		5	
	6	Loans and other receivables from other disqual	ified persons (as defined		- '	
		under section 4958(f)(1)), and persons describe	d in section 4958(c)(3)(B)		6	
22	7	Notes and loans receivable, net			7	
Assets	8	Inventories for sale or use			8	
₹	9	Prepaid expenses and deferred charges			9	
	10a	Land, buildings, and equipment: cost or other				
- 1		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		12		
	13	Investments - program-related. See Part IV, line		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 equ	ıal line 33)	228,332.	16	298,125.
	17	Accounts payable and accrued expenses			17	104,466.
	18	Grants payable			18	
	19	Deferred revenue		19		
	20	Tax-exempt bond liabilities		20		
	21	Escrow or custodial account liability. Complete			21	
<u>"</u>	22	Loans and other payables to any current or for	ner officer, director,			
₽		trustee, key employee, creator or founder, subs	tantial contributor, or 35%			
Liabilities		controlled entity or family member of any of the	se persons		22	
ן בֿ	23	Secured mortgages and notes payable to unrel	ated third parties		23	
- 1	24	Unsecured notes and loans payable to unrelate			24	136,560.
- 1	25	Other liabilities (including federal income tax, pa	ayables to related third			
		parties, and other liabilities not included on line	s 17-24). Complete Part X			
		of Schedule D		495.	25	11.
	26	Total liabilities. Add lines 17 through 25		164,545.	26	241,037.
		Organizations that follow FASB ASC 958, che	eck here		4	
8		and complete lines 27, 28, 32, and 33.			ا المنظور المنظور	
<u>ב</u>	27	Net assets without donor restrictions		63,787.	27	57,088.
g	28	Net assets with donor restrictions			28	
		Organizations that do not follow FASB ASC 9	958, check here			
<u> </u>		and complete lines 29 through 33.		r		
ğ	29	Capital stock or trust principal, or current funds		29		
Net Assets or Fund Balances	30	Paid-in or capital surplus, or land, building, or e	quipment fund		30	
<b>8</b>	31	Retained earnings, endowment, accumulated in		31		
ğ	32	Total net assets or fund balances	63,787.	32	57,088.	
		Total liabilities and net assets/fund balances		1 000 000	33	298,125.

Form	1990 (2023) INC.	02-05	47759	Pa	ge 12
Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				$\Box$
1	Total revenue (must equal Part VIII, column (A), line 12)	1	1,450		
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,463		
3	Revenue less expenses. Subtract line 2 from line 1	3			<u>06.</u>
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	63	7	<u>87.</u>
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8	6	, 2	07.
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	,0	88.
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				
		-		Yes	No
1	Accounting method used to prepare the Form 990:  Cash X Accrual Other		_		
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedul	e 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	d on a		-:	
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b		Х
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat	e basis,			
	consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e 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 Sch				
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the				
	Uniform Guldance, 2 C.F.R. Part 200, Subpart F?		3a		Х
ь	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ				

or audits, explain why on Schedule O and describe any steps taken to undergo such audits

Form **990** (2023)

#### **SCHEDULE A**

(Form 990)

Department of the Treasury Internal Revenue Service

# **Public Charity Status and Public Support**

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

Attach to Form 990 or Form 990-EZ.

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

Open to Public Inspection

OMB No. 1545-0047

l.

Name of the organization HI

HILTON HEAD ISLAND CONCOURS D'ELEGANCE,

Employer identification number 02-0547759

		1110.						2-03-1133			
Pa	irt I	Reason for Public	Charity Status.	(All organizations must o	complete t	his part.) S	See instructions.				
The	organ	ization is not a private found	lation because it is: (	For lines 1 through 12, o	heck 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 orga	anization described in s	ection 170	)(b)(1)(A)(i	ii).				
4		A medical research organiz	zation operated in co	njunction with a hospital	described	in section	on 170(b)(1)(A)(iii). Enter	the hospital's name,			
		city, and state:									
5		An organization operated for	or the benefit of a co	llege or university owned	d or operat	ed by a go	vernmental unit describ	ed in			
		section 170(b)(1)(A)(iv). (0			·						
6		A federal, state, or local go		nental unit described in	section 1	70/bV1\A\	(v).				
7	一	An organization that norma	_				• •	nublic described in			
•	_	section 170(b)(1)(A)(vi). (C	•	ina partonio capporti			and or normano gonorar	pasiio accorisca iii			
8		A community trust describe	•	(1VAVvi) (Complete Par	+ II \						
9	Ħ	An agricultural research org			-	ed in coni	inction with a land-grant	college			
9	ш	or university or a non-land-		• • • • • • • • • • • • • • • • • • • •			-				
		university:	grant college or agric	altara (see iristractioris).	Cillei uie	name, city	, and state of the college	3 01			
10	X	• • • • • • • • • • • • • • • • • • • •	the resolutes (1) mans	Abon 00 1/00/ of the ours			an mambambin face an	d avera varainta fuara			
10	A	An organization that norma					•	•			
		activities related to its exen	•				• •	•			
		income and unrelated busin		(less section 511 tax) fro	om busines	sses acqui	red by the organization a	atter June 30, 1975.			
		See section 509(a)(2). (Co	•								
11	닉	An organization organized	•	•	•						
12	ш	An organization organized	•	•				• •			
		more publicly supported or	-					Check the box on			
	_	lines 12a through 12d that	describes the type of	f supporting organization	n and com	plete lines	12e, 12f, and 12g.				
а			anization operated, s	upervised, or controlled	by its sup	ported org	anization(s), typically by	giving			
		the supported organization	on(s) the power to re	gularly appoint or elect a	majority o	of the direc	tors or trustees of the s	upporting			
		organization. You must o	complete Part IV, Se	ections A and B.							
b		Type II. A supporting org	anization supervised	or controlled in connect	tion with it	s supporte	ed organization(s), by hav	/ing			
		control or management of	of the supporting orga	anization vested in the s	ame perso	ns that co	ntrol or manage the sup	ported			
		organization(s). You mus	t complete Part IV,	Sections A and C.							
C		Type III functionally inte	grated. A supportin	g organization operated	in connect	tion with, a	and functionally integrate	ed with,			
		its supported organization	n(s) (see instructions	). You must complete I	Part IV, Se	ections A.	D, and E.				
d		Type III non-functionally	• • •	•		•	•	zation(s)			
		that is not functionally int					.,	• •			
		requirement (see instruct			· ·						
е		Check this box if the orga	•	•	•						
		functionally integrated, or					Typo I, Typo III, Typo III				
f	Ente	er the number of supported o	• •	naily integrated supports	ng organiz	auon.					
		vide the following information		d organization(s)			•••••••				
		i) Name of supported	(ii) EIN	(iii) Type of organization	(iv) is the org	anization listed	(v) Amount of monetary	(vi) Amount of other			
	•	organization	•	(described on lines 1-10	in your govern	ing document?	support (see instructions)	support (see instructions)			
				above (see instructions))	163	NO					
						Î					
					<del> </del>		· · · ·				
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Tota	ıl							I			

INC.

02-0547759 Page 2

	<del>-</del>			
(Complete only if	you checked the box on line 5, 7, or	8 of Part I or if the organization failed	I to qualify under	Part III. If the organization
fails to qualify und	der the tests listed below, please con	nplete Part III.)		

Sec	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Tax revenues levied for the organ-		]				
	ization's benefit and either paid to						
	or expended on its behalf	! 					
3	The value of services or facilities					1	
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3					<u></u>	
5	The portion of total contributions	The second secon					
	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,	The second secon					
	column (f)						
	Public support. Subtract line 5 from line 4.		Contract Con				
	ction B. Total Support		T	T	T		
	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
	Amounts from line 4				· · · · · · · · · · · · · · · · · · ·	<u>                                  </u>	
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources						
9	Net income from unrelated business					l	
	activities, whether or not the						
40	business is regularly carried on		-				
10	Other income. Do not include gain						
	or loss from the sale of capital assets (Explain in Part VI.)						
44	Total support. Add lines 7 through 10						
	Gross receipts from related activities,			EMPER HERE	SA ATT STREET	12	
	First 5 years. If the Form 990 is for th	•		fourth or fifth tax v	 ear as a section 5		
	organization, check this box and stor	_		•			
Sec	tion C. Computation of Publi	c Support Per	centage				
	Public support percentage for 2023 (II			column (f))		14	%
15	Public support percentage from 2022	Schedule A, Part	II, line 14			15	%
	33 1/3% support test - 2023. If the c					ore, check this box	and
	stop here. The organization qualifies						
b	33 1/3% support test - 2022. If the c						
	and stop here. The organization quali						
17a	10% -facts-and-circumstances test						
	and if the organization meets the facts		· ·	-	•	VI how the organiza	tion
	meets the facts-and-circumstances te	-					*************
b	10% -facts-and-circumstances test	_					0% or
	more, and if the organization meets th		•		•		<b></b>
	organization meets the facts-and-circu		•	· · ·			H
18	Private foundation. If the organizatio	n did not check a	box on line 13, 16	<u>a, 16b, 17a, or 17b</u>	, check this box a	nd see instructions	

INC.

02-0547759 Page 3

# Schedule A (Form 990) 2023 INC. 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

0	quality under the tests listed by	elow, please comp	iete Part II.)		<del></del>		<del></del>	
	ction A. Public Support							
	ndar year (or fiscal year beginning in)	(a) 2019	<b>(b)</b> 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total	
1	Gifts, grants, contributions, and							
	membership fees received. (Do not			400 045	0.45	405 050	405055	
	include any "unusual grants.")	332,790.	323,066.	420,915.	347,340.	425,959.	1850070.	
2	Gross receipts from admissions, merchandise sold or services per- formed, 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 bus-						:	
	iness under section 513							
4	Tax revenues levied for the organ- ization'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							
_	Total. Add lines 1 through 5	1304634.	343,868.	1383123.	1342726.	1385616.	5759967.	
	Amounts included on lines 1, 2, and	2004004	525,000.					
	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.)			1. 12.12 (1.11) 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1			5759967.	
Sec	tion B. Total Support				-			
Cale	ndar 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.	
	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.)					100-500		
	Total support. (Add lines 9, 10c, 11, and 12.)	1304778.			1342726.		5760130.	
14	First 5 years. If the Form 990 is for the						on,	
	check this box and stop here							
	tion C. Computation of Publi					<u> </u>	100 00	
	Public support percentage for 2023 (II		-	olumn (f))			100.00 %	
	Public support percentage from 2022					16	<u>99.99 %</u>	
	ction D. Computation of Inves						00 ~	
	Investment income percentage for 20					17	.00 %	
	Investment income percentage from					18	.01 %	
19a	33 1/3% support tests - 2023. If the						r is not च्छिन	
	more than 33 1/3%, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization							
b								
	line 18 is not more than 33 1/3%, che							
20	Private foundation. If the organization	n did not check a l	oox on line 14, 198	s. or 190. CARCK TA	ia dux and s <del>ee</del> ins			

# 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

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

	Yes	No
_1_		<u> </u>
2		-
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3b		
il a a ku		
3c	3.5	
4-	i kiriser	Liner
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10b	33.3	

02-0547759 Page 6 INC. Schedule A (Form 990) 2023 Part V | Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations 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. (B) Current Year (A) Prior Year Section A - Adjusted Net Income (optional) 1 Net short-term capital gain Recoveries of prior-year distributions 2 2 Other gross income (see instructions) 3 Add lines 1 through 3. 4 4 Depreciation and depletion 5 Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions) 6 Other expenses (see instructions) 7 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4) 8 (B) Current Year Section B - Minimum Asset Amount (A) Prior Year (optional) 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 10 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 Subtract line 2 from line 1d. 3 3 Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, Net value of non-exempt-use assets (subtract line 4 from line 3) 5 Multiply line 5 by 0.035. 6 6 7 Recoveries of prior-year distributions 7 8 Minimum Asset Amount (add line 7 to line 6) Section C - Distributable Amount **Current Year** Adjusted net income for prior year (from Section A, line 8, column A) 1 2 Enter 0.85 of line 1. 3 Minimum asset amount for prior year (from Section B, line 8, column A) 3 4 4 Enter greater of line 2 or line 3. 5 The second secon Income tax imposed in prior year Distributable Amount. Subtract line 5 from line 4, unless subject to - ----emergency temporary reduction (see instructions).

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

Schedule A (Form 990) 2023

7

instructions).

Schedule A (Form 990) 2023 INC. 02-0547759 Page 7

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

rai	t vis Type in Non-Functionally integrated 509	lalial anthouning Orga	inizations (continued)	
Secti	on D - Distributions			Current Year
1	Amounts paid to supported organizations to accomplish exe	mpt purposes	1	
2	Amounts paid to perform activity that directly furthers exemp			
	organizations, in excess of income from activity		2	
3	Administrative expenses paid to accomplish exempt purpose	es of supported organizations	3	
4	Amounts paid to acquire exempt-use assets	······································	4	
5	Qualified set-aside amounts (prior IRS approval required - pr	rovide 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 to	he 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	
Secti	on 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 (reason-			
	able cause required - explain in Part VI). See instructions.	Amend of the property of the control		
3	Excess distributions carryover, if any, to 2023	Septiment of the septim		
a	From 2018			the AMERICA
b	From 2019			
С	From 2020			
d	From 2021		The state of the s	
θ	From 2022	The second property of the control forms of the con	The state of the s	
f	Total of lines 3a through 3e		Control of the contro	
g	Applied to underdistributions of prior years			
h	Applied to 2023 distributable amount			
i	Carryover from 2018 not applied (see instructions)			
i_	Remainder, Subtract lines 3g, 3h, and 3i from line 3f.	the second secon		
4	Distributions for 2023 from Section D,			
	line 7: \$	- Ann		Bartine de la Alexañola de la
a	Applied to underdistributions of prior years			
	Applied to 2023 distributable amount			1 80:55
С	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.	Control of the contro	grap graph and a subsection between	
6	Remaining underdistributions for 2023. Subtract lines 3h			i i
	and 4b from line 1. For result greater than zero, explain in	Control of the Contro	Y The second of the second of	
	Part VI. See instructions.			ja sa novagy njama kommunika.
7	Excess distributions carryover to 2024. Add lines 3j and 4c.		THE LOCAL SECTION AND ADDRESS OF THE PROPERTY	
8	Breakdown of line 7:			
а	Excess from 2019			
b	Excess from 2020			
С	Excess from 2021			
d	Excess from 2022		A Company of the Comp	
A	Excess from 2023			

Schedule A (Form 990) 2023

Schedule A	(Form 990) 2023	INC.				02-0547759 Page 8
Part VI	Part IV. Section A.	Information. P	b. 4c. 5a. 6. 9a. 9b. 9d	s required by Part II, line c, 11a, 11b, and 11c; Part nes 1c, 2a, 2b, 3a, and 3t , and 6. Also complete th	t IV. Section B. lines 1	17b; Part III, line 12; and 2; Part IV, Section C, , Section B, line 1e; Part V, al information.
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# Schedule B

(Form 990)

**Schedule of Contributors** 

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

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

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

Organiz	ation type (check or	ne):		-														
Filers o	<b>f:</b>	Section:	:															
Form 99	0 or 990-EZ	<b>X</b> 501	1(c)( 3	) (enter nur	mber) orga	anization	n											
		<b>49</b> 4	47(a)(1) r	onexempt o	charitable	trust n	ot treat	ed as a	privat	e foun	dation							
		<u> </u>	7 politica	ıl organizatio	on													
Form 99	0-PF	<u> </u>	1(c)(3) ex	empt privat	te foundati	ion												
		<b>49</b> 4	47(a)(1) r	onexempt o	charitable	trust tre	eated as	s a priva	ate fou	ındatio	on .							
		<u> </u>	1(c)(3) ta	xable privat	e foundati	ion												
	your organization is nly a section 501(c)(				-			e Gener	ral Rule	e and	a Spec	ial Ru	e. See	instru	ctions.			
General	Rule																	
X	For an organization property) from any																or	
Special	Rules																	
	For an organization sections 509(a)(1) a contributor, during or (ii) Form 990-EZ,	nd 170(b)( the year, to	(1)(A)(vi), total con	that checke ributions of	ed Schedu f the great	ıle A (Fo	rm 990)	), Part I	I, line <sup>1</sup>	13, 16	a, or 1	6b, an	d that r	eceive	ed from	any or	10	
	For an organization contributor, during literary, or educatio "N/A" in column (b)	the year, to nal purpos	total cont ses, or fo	ributions of r the prever	f more that ntion of cri	n \$1,000 uelty to	0 <i>exclu</i> childre	s <i>ively</i> fo	or relig	jious, d	charita	ble, sc	ientific,	,				
	For an organization year, contributions is checked, enter he purpose. Don't corr religious, charitable	exclusively ere the tota plete any (	y for relig al contril of the pa	ious, charite outions that arts unless t	able, etc., were rece the <b>Gene</b> r	purpos eived du rai Rule	es, but iring the applies	no sucl year fo to this	h conti or an ( s organ	ributio <i>exclus</i> nization	ns tota <i>ively re</i> n beca	aled me eligious use it i	ore thai s, charit recelve	n \$1,0 table, d <i>non</i>	100. If the etc., nexclusi	his box <i>ively</i>		
answer "	: An organization the 'No" on Part IV, line besn't meet the filing	at isn't cov 2, of its Fo	vered by orm 990;	the General or check th	l Rule and/ le box on l	or the Sine H of	Special	Rules o	loesn't	t file S	chedul	e B (Fo	orm 990	0), but	tit mu	ıst		

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

Schedule B (Form 990) (2023)

INC.

Name of organization HILTON HEAD ISLAND CONCOURS D'ELEGANCE,

**Employer identification number** 

02-0547759

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed. (a) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 1 TOWN OF HILTON HEAD ISLAND Person **Payroll** TOWN CENTER COURT 375,101. Noncash (Complete Part II for HILTON HEAD ISLAND, SC 29928 noncash contributions.) (a) (b) (d) (c) No. Type of contribution Name, address, and ZIP + 4 **Total contributions** 2 BEAUFORT COUNTY Person **Payroll** 100 RIBAUT ROAD 40,000. Noncash (Complete Part II for BEAUFORT, SC 29902 noncash contributions.) (a) (d) (c) No. **Total contributions** Type of contribution Name, address, and ZIP + 4 3 SC STATE TREASURER Person Payroll 1200 SENATE STREET 5,947. Noncash (Complete Part II for SC 29201 noncash contributions.) COLUMBIA, (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution Person Payroll Noncash (Complete Part II for noncash contributions.) (a) (b) (c) (d) **Total contributions** Type of contribution No. Name, address, and ZIP + 4 Person **Payroll** Noncash (Complete Part II for noncash contributions.) (b) (c) (d) (a) **Total contributions** Type of contribution No. Name, address, and ZIP + 4 Person **Payroli** 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 a	dditional 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
		\$	

Schedule B (Form 990) (2023) Page 4 Name of organization **Employer identification number** HILTON HEAD ISLAND CONCOURS D'ELEGANCE, INC. 02-0547759 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 Part III 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 (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (d) Description of how gift is held (c) Use of gift (b) Purpose of gift Part I (e) Transfer of gift Relationship of transferor to transferee Transferee's name, address, and ZIP + 4

#### **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.

Open to Public Inspection

OMB No. 1545-0047

Name of the organization

HILTON HEAD ISLAND CONCOURS D'ELEGANCE, INC.

**Employer identification number** 02-0547759

1.G	organization answered "Yes" on Form 990, Part IV, line		. GIIGS VI A	Complete ii the
	, , , , , , , , , , , , , , , , , , , ,	(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 v		nor advised fund	ds
	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 a			
	for charitable purposes and not for the benefit of the donor or			
	impermissible private benefit?	•		Yes No
Pa	rt II Conservation Easements. Complete if the org	ganization answered "Yes" on Fo	orm 990, Part IV	, line 7.
1	Purpose(s) of conservation easements held by the organization	on (check all that apply).		
	Preservation of land for public use (for example, recreated	tion or education) 🔲 Prese	rvation of a histo	orically important land area
	Protection of natural habitat	Prese	rvation of a cert	ified historic structure
	Preservation of open space			
2	Complete lines 2a through 2d if the organization held a qualif	ied conservation contribution in	the form of a co	nservation easement on the last
	day of the tax year.			Held at the End of the Tax Year
а	Total number of conservation easements			2a
b	Total acreage restricted by conservation easements		•••••	2b
C	Number of conservation easements on a certified historic stru	ucture included on line 2a		2c
d	Number of conservation easements included on line 2c acqui	ired after July 25, 2006, and not		
	on a historic structure listed in the National Register			2d
3	Number of conservation easements modified, transferred, rele	eased, extinguished, or terminat	ed by the organ	ization during the tax
	year			
4	Number of states where property subject to conservation eas	<u> </u>		
5	Does the organization have a written policy regarding the per	icdlc monitoring, inspection, har	ndling of	
	violations, and enforcement of the conservation easements it	***************************************		
6	Staff and volunteer hours devoted to monitoring, inspecting,	handling of violations, and enfor	cing conservation	on easements during the year
7	Amount of expenses incurred in monitoring, inspecting, hand	ling of violations, and enforcing	conservation ea	sements during the year
8	Does each conservation easement reported on line 2d above	satisfy the requirements of sect	ion 170(h)(4)(B)(i	n
•	and section 170(h)(4)(B)(ii)?	• •		
9	In Part XIII, describe how the organization reports conservation			
•	balance sheet, and include, if applicable, the text of the footn		•	
	organization's accounting for conservation easements.			
Pa	t III Organizations Maintaining Collections of	=	s, or Other S	imilar Assets.
	Complete if the organization answered "Yes" on Form			
1a	If the organization elected, as permitted under FASB ASC 956			
	of art, historical treasures, or other similar assets held for pub			nce of public
	service, provide in Part XIII the text of the footnote to its finan			
b	If the organization elected, as permitted under FASB ASC 95			
	art, historical treasures, or other similar assets held for public	exhibition, education, or research	ch in furtherance	e 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 trea		r tinancial gain,	provide
	the following amounts required to be reported under FASB A			•
a	Revenue included on Form 990, Part VIII, line 1			
ь	Assets included in Form 990, Part X			\$

Sche	dule D (Form 990) 2023 INC.							<u>02-05</u>			age 2
Par	t III   Organizations Maintaining Co	ollections of Ar	t, Hist	torical Tre	asures, or	Other S	Simila	r Assets	(contin	ued)	
3	Using the organization's acquisition, accession	n, and other record	s, chec	k any of the f	ioliowing that	make sign	ificant u	use of its			
	collection items (check all that apply).										
а	Public exhibition	C	· 🗆	Loan or exc	hange progra	m					
b	Scholarly research	e	$\Box$	Other							
C	Preservation for future generations										
4	Provide a description of the organization's co	llections and explain	n how t	hey further th	ne organizatio	n's exemp	t purpo	se in Part	XIII.		
5	During the year, did the organization solicit or	receive donations of	of art, h	istorical treas	sures, or othe	r similar as	sets				
	to be sold to raise funds rather than to be ma	intained as part of t	he orga	nization's co	llection?				Yes		No_
Par	t IV Escrow and Custodial Arrang	<b>jements</b> Comple	te if the	organization	answered "Y	es" on Fo	rm 990,	Part IV, li	ne 9, or		
	reported an amount on Form 990, Par	t X, line 21.									
1a	Is the organization an agent, trustee, custodia	an, or other intermed	diary for	r contribution	s or other as	sets not inc	cluded				
	on Form 990, Part X?			***************************************		•••••		$\square$	Yes		No
b	If "Yes," explain the arrangement in Part XIII a	and complete the fol	llowing	table:							
									Amount		
C	Beginning balance						1c				
d	Additions during the year					•••••	1d				
	Distributions during the year						1e				
f	Ending balance						1f				
2a	Did the organization include an amount on Fo						?		Yes		No
	If "Yes," explain the arrangement in Part XIII.										]
Par	tV Endowment Funds Complete if	the organization ans	swered	"Yes" on For	m 990, Part i	V, line 10.					
		(a) Current year	(b)	Prior year	(c) Two year	s back (d	) Three y	ears back	(e) Four	years	back
1a	Beginning of year balance										
b	Contributions				<u></u>						
C	Net investment earnings, gains, and losses										
d	Grants or scholarships										
е	Other expenditures for facilities					1					
	and programs										
f	Administrative expenses										
g	End of year balance										
2	Provide the estimated percentage of the curre	ent year end balance	e (line 1	g, column (a)	) held as:						
а	Board designated or quasi-endowment		_%								
b	Permanent endowment	%									
C	Term endowment9	%									
	The percentages on lines 2a, 2b, and 2c should	ıld equal 100%.									
3a	Are there endowment funds not in the posses	ssion of the organiza	ation the	at are held an	nd administere	ed for the			_		
	organization by:									Yes	No
	(i) Unrelated organizations?		•••••						3a(i)		
	(ii) Related organizations?								3a(ii)		
b	If "Yes" on line 3a(li), are the related organizat	tions listed as requir	ed on S	Schedule R?					3b		
4	Describe in Part XIII the intended uses of the		wment	funds.							
Par	t VI Land, Buildings, and Equipme					<b>5</b> . 434 5	. 46				
	Complete if the organization answered		-	<del></del>							
	Description of property	(a) Cost or o			or other	(c) Acc			(d) Book	valu	8
		basis (investr	nent)	Dasis	(other)		ciation	13.44			
	Land					W-1-7-4-17	- 15.AT				
	Buildings										
	Leasehold improvements										
	Equipment										
е	Other	»L		I							-

Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X. line 10c. column (B)) Schedule D (Form 990) 2023

INC. 02-0547759 Page 3 Schedule D (Form 990) 2023 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)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) 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. (a) Description of liability (b) Book value 1. Federal income taxes 11 PAYROLL LIABILITIES (3)(4)(5)(6) (7)(8) (9) 11. Total. (Column (b) must equal Form 990, Part X, line 25, col. (B)) ..... 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

Schedule D (Form 990) 2023

INC. 02-0547759 Page 4 Schedule D (Form 990) 2023 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. Total revenue, gains, and other support per audited financial statements 2 Amounts included on line 1 but not on Form 990, Part VIII, line 12: Net unrealized gains (losses) on investments b Donated services and use of facilities 2b c Recoveries of prior year grants 2c d Other (Describe in Part XIII.) 2d ..... Add lines 2a through 2d ..... 26 Subtract line 2e from line 1 3 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 b Other (Describe in Part XIII.) ..... c Add lines 4a and 4b 40 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I. line 12.) 5 Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. Total expenses and losses per audited financial statements 1 Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities \_\_\_\_\_\_ b Prior year adjustments 2b 2c c Other losses 2d Other (Describe in Part XIII.) Add lines 2a through 2d **2e** Subtract line 2e from line 1 3 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 **b** Other (Describe in Part XIII.) ..... c Add lines 4a and 4b 4c Total expenses. Add lines 3 and 4c. (This must equal Form 990. Part I. line 18.) 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**

Department of the Treasury

Internal Revenue Service

Name of the organization

(Form 990)

### **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.

HILTON HEAD ISLAND CONCOURS D'ELEGANCE.

OMB No. 1545-0047

2023
Open to Public

Inspection
Employer identification number

INC. 02-0547759 Excess Benefit Transactions (section 501(c)(3), section 501(c)(4), and section 501(c)(29) organizations only) Part I Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b; or Form 990-EZ, Part V, line 40b. (b) Relationship between disqualified (d) Corrected? (a) Name of disqualified person (c) Description of transaction person and organization Yes No (1) (2)(3) (4) (5) (6) Enter the amount of tax incurred by the organization managers or disqualified persons during the year under section 4958 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization Loans to and/or From Interested Persons Part II 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 (c) Purpose (d) Loan to or (e) Original (a) Name of (b) Relationship (g) In (i) Written (f) Balance due by board or from the interested person with organization of loan principal amount default? agreement? committee? organization? To From Yes Yes No No (1) (2)(3) (4) (5) (6) (7) (8) (9) (10) Total **Grants or Assistance Benefiting Interested Persons** Part III Complete if the organization answered "Yes" on Form 990, Part IV, line 27. (a) Name of interested person (c) Amount of (e) Purpose of (b) Relationship between (d) Type of assistance assistance assistance interested person and

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

the organization

Schedule L (Form 990) 2023

(1) (2) (3) (4) (5) (6) (7) (8) (9) (10)

HILTON HEAD ISLAND CONCOURS D'ELEGANCE, 02-0547759 Page 2 INC. Schedule L (Form 990) 2023 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	organization's revenues?				
				Yes	No			
(1)BEACON ALLIED RESOURCES,	TREASURER/COMPTROLL	27,741.	PROVIDES AC		X			
(2)			 					
(3)								
(4)								
(5)			ļ. <u> </u>					
(6)								
(7)			<del> </del>					
(8)								
(9)		- · ·						
(10) Part V: Supplemental Information			l		<b></b>			
Provide additional information for response	onses to questions on Schedule I. See I	inetructions						
1 Torice additional information for respe	rises to questions on conecate L. Coo	ilou dottorio.						
SCH_L, PART IV, BUSINESS T	RANSACTIONS INVOLVIN	G INTERESTE	D PERSONS:					
(A) NAME OF PERSON: BEACON	ALLIED RESOURCES, I	NC./ROBERT	LEE					
1, 1		•						
(B) RELATIONSHIP BETWEEN I	NTERESTED PERSON AND	ORGANIZATI	ON:					
· · · · · · · · · · · · · · · · · · ·								
TREASURER/COMPTROLLER								
(D) DESCRIPTION OF TRANSACT	FION: PROVIDES ACCOU	NTING, TECH	NOLOGY AND					
OTHER CONSULTING SERVICES !	TO THE ORGANIZATION	VIA BEACON	ALLIED					
RESOURCES, INC.								
<del></del>				<del> </del>	les-			
		<del></del>						
		****						
		<u> </u>						
			<del></del>					
		<u> </u>						
	<u> </u>							

# SCHEDULE O (Form 990)

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or Form 990-EZ.

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

2023 Open to Public Inspection

OMB No. 1545-0047

Department of the Treasury
Internal Revenue Service

Name of the organization

HILTON HEAD ISLAND CONCOURS D'ELEGANCE, INC.

Employer identification number 02-0547759

INC.	02-0547759
FORM 990, PART VI, SECTION B, LINE 11B:	
THE TAX RETURN IS GIVEN TO THE COMPTROLLER/TREASURER OF THE	HE ORGANIZATION
FOR REVIEW BEFORE THE TAX RETURN IS FILED.	
FORM 990, PART VI, SECTION B, LINE 15A:	
THE EXCECUTIVE DIRECTOR UNDERGOES AN ANNUAL PERFORMANCE R	EVIEW 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	S:
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.

Schedule O (Form 990) 2023  Name of the organization HILTON HEAD ISLAND CONCOURS D'ELEGANCE,	Page 2 Employer identification number
INC.	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.

Schedule O (Form 990) 2023  Name of the organization HILTON HEAD ISLAND CONCOURS D'ELEGANCE,  INC.	Page 2 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 332212 11-14-23	0 . Schedule O (Form 990) 2023

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.
	- <del> </del>

#### PUBLIC INSPECTION COPY

Form **991** 

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

OMB No. 1545-0047

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

Department of the Treasury Internal Revenue Service

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

Open to Public Inspection

Α	For the	2021 calendar year, or tax year beginning and endir	ng	-		
В	Check if applicable	HILTON HEAD ISLAND CONCOURS D'ELLEGANCE,		D Employer identif	fication number	
	change Name change			02-0547	759	
	Initial return	Number and street (or P.O. box if mail is not delivered to street address)  Room	ı/suite	E Telephone numb		
	Final return/	1 CARDINAL ROAD 16	,, outlo	843-785-		
	termin- ated			G Gross receipts \$	1,404,	199.
	Ameno return	HILTON HEAD ISLAND, SC 29926		H(a) Is this a group		
	Application	F Name and address of principal officer: NOBERT DEE		for subordinate	s? <b>Yes</b>	X No
	pendin	SAME AS C ABOVE		H(b) Are all subordinates	included? Yes	No
		empt status: X 501(c)(3) 501(c) ( ) ◀ (insert no.) 4947(a)(1) or	527	1	a list. See instruction	ons
		e: HTTP://WWW.HHICONCOURS.COM/		H(c) Group exempti		
			_ Year o	of formation: 2002	M State of legal dom	icile: SC
Р	art I	Summary	7 T T (T)	O CHOW C MC	OMOD TNC	
Se	1	Briefly describe the organization's mission or most significant activities: ANNUAL FESTIVAL LOCATED ON HILTON HEAD ISLAND, SC.	AUT	O SHOW & MC	TORING	
Activities & Governance		Check this box if the organization discontinued its operations or disposed or	f mara	than OEO/ of its not o	acata	
Ver	3	Number of voting members of the governing body (Part VI, line 1a)			1	15
ၓၟ	4	Number of independent voting members of the governing body (Part VI, line 1a)  Number of independent voting members of the governing body (Part VI, line 1b)			+	15
ي م	5	Total number of individuals employed in calendar year 2021 (Part V, line 2a)				5
itie	6	Total number of volunteers (estimate if necessary)			+	400
Ę	7a	Total unrelated business revenue from Part VIII, column (C), line 12		7a		550.
⋖	b	Net unrelated business taxable income from Form 990-T, Part I, line 11			+	0.
				Prior Year	Current Ye	ar
Φ	8	Contributions and grants (Part VIII, line 1h)	. 🗀	323,066		915.
Revenue	9	Program service revenue (Part VIII, line 2g)		7,450		918.
ě	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		5 .		0.
ш	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		20,802		290.
		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	_	351,323		
		Grants and similar amounts paid (Part IX, column (A), lines 1-3)		37,200		949.
		Benefits paid to or for members (Part IX, column (A), line 4)		0.		0.
ses	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		182,788	+	983.
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)		0.	•	0.
Ä	_b	Total fundraising expenses (Part IX, column (D), line 25)		149,659	1,080,	900
	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		369,647		
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	.	-18,324		382.
Jr.	g I <del>9</del>	nevertue less expenses. Subtract line 16 from line 12	Red	ginning of Current Year		
ets (	g 20 ·	Total assets (Part X, line 16)		321,177		265.
ASS	21	Total liabilities (Part X, line 26)	`	151,519		476.
Net Assets or	22	Net assets or fund balances. Subtract line 21 from line 20	: 🗀	169,658		789.
P	art II	Signature Block			•	
Un	der pena	lties of perjury, I declare that I have examined this return, including accompanying schedules and	stateme	ents, and to the best of r	ny knowledge and be	lief, it is
true	e, correc	t, and complete. Declaration of preparer (other than officer) is based on all information of which pr	reparer	has any knowledge.		
Sig	gn	Signature of officer		Date		
He	re	ROBERT LEE, TREASURER				
		Type or print name and title		Date Check	PTIN	
D-		Print/Type preparer's name  Preparer's signature		OHOUR		66
Pai		MICHAEL R. PUTICH, CPA  Firm's name   ROBINSON GRANT & CO., P.A.	<u> </u>	1/11/22 if self-emplo	ped P008534 57-073592	
	eparer e Only	Firm's name ROBINSON GRANT & CO., P.A.  Firm's address P.O. DRAWER 22959		Firm's EIN	31-013392	. +
USI	Conty	HILTON HEAD ISLAND, SC 29925		Dhone no 84	13-815-616	1
Ma	v the IF	RS discuss this return with the preparer shown above? See instructions		I Holle Ho. O	X Yes	No
	., 11					

Pai	rt 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:	·D
	THE CONCOURS EVENT IS HELD ANNUALLY ON HILTON HEAD ISLAND, SC AN	
	DISPLAYS HISTORICAL AND SIGNIFICANT AUTOMOBILES FOR THE PURPOSE	
	EDUCATING THE PUBLIC ON THE AUTOMOTIVE INDUSTRY ORIGIN, DEVELOPMENT	ENT
	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 ex	penses.
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expe	
	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.	
	25 440	
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 \$)	)
		·
۸,۸	Other program services (Describe on Schedule O.)	
4d		
40	(Expenses \$ including grants of \$ ) (Revenue \$ )  Total program service expenses ▶ 1,223,705.	
4e	1 9	orm <b>990</b> (2021)
		UIIII <b>330</b> (2021)

# INC. Form 990 (2021) INC . 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	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			v
	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		х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		Х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			٠,,
	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			X
0	Schedule D, Part III  Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for	8		
9	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		х
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		х
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X,			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a		X
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			٠,,
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		Х
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			X
4	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII  Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in	11c		Α_
u	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		х
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a		X
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			37
46	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		Α.
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		х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any	11.5		
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		Х
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		₹.	
46	1c and 8a? If "Yes," complete Schedule G, Part II	18	Х	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"	40		X
20-	complete Schedule G, Part III  Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	19		X
20a b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20a 20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	200		
-1	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		х

Page 4

# Form 990 (2021) INC . 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		Х
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23		Х
24a	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	<b> </b>		Х
	Schedule K. If "No," go to line 25a	24a		
b		24b		
C	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease	24c		
Ч	any tax-exempt bonds?  Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		Х
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		Х
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		Х
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			.,
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		Х
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV,			
_	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If	28a	х	
h	"Yes," complete Schedule L, Part IV  A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b	21	Х
	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b?//	200		
·	"Yes," complete Schedule L, Part IV	28c		х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		Х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		Х
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		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			Х
OF -	Part V, line 1	34		X
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		
a	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?	330		
00	If "Yes," complete Schedule R, Part V, line 2	36		х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	"		
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		Х
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?			
	Note: All Form 990 filers are required to complete Schedule O	38	Х	
Pai				
	Check if Schedule O contains a response or note to any line in this Part V			
4-	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable		Yes	No
ıd h	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable			
C.	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
Ü	(gambling) winnings to prize winners?	1c	х	

Page 5

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

					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		v			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns the state of			2b	Х			
0-	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. See instructions			0-	х			
				3a	X			
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule			3b	Α.			
48	At any time during the calendar year, did the organization have an interest in, or a signature or other a financial account in a foreign country (such as a bank account, securities account, or other financial account, or other financial account, securities account, or other financial account.			4a		X		
h	If "Yes," enter the name of the foreign country	iccou		<del>-t</del> a				
b	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial A	COUR	ts (FRAR)					
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			5a		Х		
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transa			5b		X		
	MIN							
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			5c				
	any contributions that were not tax deductible as charitable contributions?			6a		Х		
b	If "Yes," did the organization include with every solicitation an express statement that such contribut							
	were not tax deductible?			6b				
7	Organizations that may receive deductible contributions under section 170(c).							
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and ser	vices p	rovided to the payor?	7a		Х		
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?			7b				
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	as req	uired					
	to file Form 8282?			7с		X		
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d						
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit c	ontrad	xt?	7e				
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit control			7f				
g	If the organization received a contribution of qualified intellectual property, did the organization file Fo			7g				
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization			7h				
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained							
_	sponsoring organization have excess business holdings at any time during the year?			8				
9	Sponsoring organizations maintaining donor advised funds.			0-				
a	Did the sponsoring organization make any taxable distributions under section 4966?  Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?			9a 9b				
b 10	Section 501(c)(7) organizations. Enter:			90				
	Initiation fees and capital contributions included on Part VIII, line 12	10a						
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b						
11	Section 501(c)(12) organizations. Enter:							
	Gross income from members or shareholders	11a						
b	Gross income from other sources. (Do not net amounts due or paid to other sources against							
	amounts due or received from them.)	11b						
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form	1041′	}	12a				
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b						
13	Section 501(c)(29) qualified nonprofit health insurance issuers.							
а	Is the organization licensed to issue qualified health plans in more than one state?			13a				
	<b>Note:</b> See the instructions for additional information the organization must report on Schedule O.							
b	Enter the amount of reserves the organization is required to maintain by the states in which the							
	organization is licensed to issue qualified health plans	13b						
	Enter the amount of reserves on hand	13c		44		V		
				14a		X		
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedules the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in regular			14b				
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remune excess parachute payment(s) during the year?			15		x		
	If "Yes," see the instructions and file Form 4720, Schedule N.			เอ				
16	Is the organization an educational institution subject to the section 4968 excise tax on net investmen	t inco	me?	16		Х		
.5	If "Yes," complete Form 4720, Schedule O.	100						
17	Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in	anv						
	activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953?			17				
	If "Yes," complete Form 6069.							

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

Check if Schedule O contains a response or note to any line in this Part VI Section A. Governing Body and Management Yes No 15 1a Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O. 15 **b** Enter the number of voting members included on line 1a, above, who are independent \_\_\_\_\_ 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other Х officer, director, trustee, or key employee? 2 Did the organization delegate control over management duties customarily performed by or under the direct supervision X of officers, directors, trustees, or key employees to a management company or other person? 3 X Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4 4 X Did the organization become aware during the year of a significant diversion of the organization's assets? 5 Did the organization have members or stockholders? Х 6 6 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or X more members of the governing body? 7a b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or X persons other than the governing body? 7b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: Х a The governing body? 8a **b** Each committee with authority to act on behalf of the governing body? X 8b Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the X organization's mailing address? If "Yes," provide the names and addresses on Schedule O Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Yes No X 10a Did the organization have local chapters, branches, or affiliates? 10a 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 X 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11a **b** Describe on Schedule O the process, if any, used by the organization to review this Form 990. Х 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 12a 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  $\overline{\mathbf{x}}$ 13 Did the organization have a written whistleblower policy? 13 X Did the organization have a written document retention and destruction policy? 14 14 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? Х a The organization's CEO, Executive Director, or top management official 15a X **b** Other officers or key employees of the organization 15b If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions. 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a Х taxable entity during the year? 16a b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? 16b Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed SC Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. X Upon request Own website Another's website Other (explain on Schedule O) Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year. State the name, address, and telephone number of the person who possesses the organization's books and records BOB LEE - 843-785-5747

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

<u> 29</u>926

# INC.

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

**Employees, and Independent Contractors** 

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

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

02-0547759

Page 7

- 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."

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

- 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.

Form 990 (2021)

(A)	(B)			((	C)			(D)	(E)	(F)	
Name and title	Average	(do	not c	Pos heck	itior more	than	one	Reportable	Reportable	Estimated	
	hours per	box	box, unless person is both an officer and a director/trustee)				h an	compensation	compensation	amount of	
	week (list any	ь					<u> </u>	from the	from related organizations	other compensation	
	hours for	Individual trustee or director				- D		organization	(W-2/1099-MISC/	from the	
	related	tee or	stee			en sa te		(W-2/1099-MISC/	1099-NEC)	organization	
	organizations	ganizations   Fig.   Fig.		oyee	Highest compensated employee		1099-NEC)	,	and related		
	below	ividua	Institutional trustee	Officer	Key employee	hest o	Former			organizations	
77.	line)	필	lns	JJ0	Ş.	en Hig	윤				
(1) LINDSEY HARRELL	40.00	١,,		,,				101 000	•	•	
EXECUTIVE DIRECTOR	F 00	Х		Х				101,888.	0.	0.	
(2) STEWART BROWN	5.00	١,,		,,					•	•	
CHAIR EMERITUS	F 00	Х		Х				0.	0.	0.	
(3) MEREDITH HARLACHER	5.00	١								•	
CHAIRMAN	F 00	Х		X				0.	0.	0.	
(4) BOB LEE	5.00	١,,		,,					•	0	
TREASURER	F 00	Х		X				0.	0.	0.	
(5) TRUITT RABUN	5.00	١								•	
SECRETARY	F 00	Х		X				0.	0.	0.	
(6) MIKE MCCLELLAND	5.00	1								•	
VICE CHAIRMAN				Х				0.	0.	0.	
(7) LAWRENCE KOCH	5.00	١							•		
BOARD MEMBER		Х						0.	0.	0.	
(8) JOYCE CARLTON	5.00	١							•		
BOARD MEMBER		Х						0.	0.	0.	
(9) PAUL IANUARIO	5.00	١							•		
BOARD MEMBER		Х						0.	0.	0.	
(10) WALTER NESTER	5.00	ļ									
BOARD MEMBER		Х						0.	0.	0.	
(11) LEE NINER	5.00	١							•		
BOARD MEMBER		Х						0.	0.	0.	
(12) DENNIS WRIGHT	5.00	١							•		
BOARD MEMBER		Х						0.	0.	0.	
(13) ELKE MARTIN	5.00	ļ									
BOARD MEMBER		Х						0.	0.	0.	
(14) ERIC DOERRING	5.00	۱								_	
BOARD MEMBER		X				_		0.	0.	0.	
(15) PAUL BOES	5.00	۱								_	
BOARD MEMBER		Х	<u> </u>	_		<u> </u>		0.	0.	0.	
		-									
		<u> </u>		_						_	
		-									

132007 12-09-21 Form **990** (2021)

Page 8

Part VII Section A. Officers, Directors, Trus	stees, Key Em	ploy	ees	, an	d Hi	ighe	st C	Compensated Employe	es (continued)			
(A)	(B)			•	C)			(D)	(E)		(	(F)
Name and title	Average		not c		more	than		Reportable	Reportable			mated
	hours per week					is bot or/trus		compensation from	compensation from related			unt of ther
	(list any	ctor						the	organization			ensation
	hours for	r direc				ted		organization	(W-2/1099-MIS			m the
	related	istee o	trustee		۵	pensa		(W-2/1099-MISC/	1099-NEC)		_	nization
	organizations below	ual tru	ional		ploye	t com		1099-NEC)				related izations
	line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	- Forme				organ	Zationio
		<u> </u>										
		$\vdash$										
		L										
		-										
		├										
		<u> </u>										
		$\prod$										
							Ļ	101,888.		0.		0.
1b Subtotal	II Cootion A							0.		0.		0.
c Total from continuation sheets to Part V d Total (add lines 1b and 1c)								101,888.		0.		0.
Total number of individuals (including but r								<u> </u>	0.000 of reportab	-		
compensation from the organization									· .		- 1.	1
3 Did the organization list any former officer	director trust	ا مو	(OV (	amn	love	a	r hic	sheet compensated emr	Novee on		Y	es No
line 1a? If "Yes," complete Schedule J for s	,	,	,		,	,	•		,		3	х
4 For any individual listed on line 1a, is the s												
and related organizations greater than \$15	0,000? If "Yes,	," co	mpl	ete S	Sch	edul	e J	for such individual			4	X
5 Did any person listed on line 1a receive or	-				-			ted organization or indiv	idual for services	;		- I
rendered to the organization? If "Yes," con Section B. Independent Contractors	nplete Schedul	e J f	or s	uch	pers	son					5	X
Complete this table for your five highest co	ompensated in	depe	ende	ent c	ont	racto	ors 1	that received more than	\$100,000 of con	npens	ation fro	om
the organization. Report compensation for	the calendar y	ear e	endi	ing v	vith	or w	/ithi		year.		(0)	
(A) Name and business	address	NO	INC	E				<b>(B)</b> Description of s	ervices	С	(C) ompens	ation
Total number of independent contractors (     \$100,000 of compensation from the organ		ot li	mite	d to	tho	se li 0	sted	d above) who received n	nore than			
w 100,000 of compensation from the organ	Lation										- 0	20 (2224)

Page 9

INC.

Statement of Revenue

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

Form 990 (2021)

INC.

02-0547759 Page **10** 

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

Check here

if following SOP 98-2 (ASC 958-720)

Form 990 (2021)
Part X Balance Sheet

Pa	IL A	balance Sneet				
		Check if Schedule O contains a response or n	ote to any line in this Part X		······	
				<b>(A)</b> Beginning of year		<b>(B)</b> End of year
	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			·	
		trustee, key employee, creator or founder, sub				
		controlled entity or family member of any of th		5		
	6	Loans and other receivables from other disqua				
		under section 4958(f)(1)), and persons describ			6	
ιχ	7	Notes and loans receivable, net			7	
Assets	8	Inventories for sale or use			8	
As	9	Prepaid expenses and deferred charges			9	
	l	Land, buildings, and equipment: cost or other				
		basis. Complete Part VI of Schedule D				
	Ь	Less: accumulated depreciation			10c	
	11	Investments - publicly traded securities		11		
	12	Investments - other securities. See Part IV, line		12		
	13	Investments - program-related. See Part IV, lin		13		
	14	Intangible assets		14		
	15	Other assets. See Part IV, line 11		5,958.	15	5,958.
	16	<b>Total assets.</b> Add lines 1 through 15 (must ed	321,177.	16	386,265.	
	17	Accounts payable and accrued expenses	1	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			21	
ű	22	Loans and other payables to any current or fo				
Liabilities		trustee, key employee, creator or founder, sub				
apil		controlled entity or family member of any of th			22	
Ĩ	23	Secured mortgages and notes payable to unre			23	
	24	Unsecured notes and loans payable to unrelate		149,747.	24	145,070.
	25	Other liabilities (including federal income tax, p				
		parties, and other liabilities not included on lin	-			
		of Schedule D		772.	25	3,383.
	26	Total liabilities. Add lines 17 through 25		151,519.	26	166,476.
		Organizations that follow FASB ASC 958, cl				
ces		and complete lines 27, 28, 32, and 33.	·			
<u>a</u>	27	Net assets without donor restrictions		169,658.	27	219,789.
Ва	28	Net assets with donor restrictions			28	
pur		Organizations that do not follow FASB ASC				
Ę		and complete lines 29 through 33.				
S	29	Capital stock or trust principal, or current fund		29		
set	30	Paid-in or capital surplus, or land, building, or		30		
Net Assets or Fund Balances	31	Retained earnings, endowment, accumulated			31	
Net	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.
	_					

# HILTON HEAD ISLAND CONCOURS D'ELEGANCE,

_	THE TOWN HEAD IDEAND CONCOORD D EDEGANCE,	02 (	0547759	_	40
	n 990 (2021) INC.	02-0	J54//59	Pag	ge <b>12</b>
Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				
			1 201		00
1	Total revenue (must equal Part VIII, column (A), line 12)	1	1,383		
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,332		
3	Revenue less expenses. Subtract line 2 from line 1	3		, 3	
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	169	, 6	58.
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		-2	51.
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	77	89.
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other				
-	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedul	e O	_		
2a			2a		Х
Lu	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed				
	separate basis, consolidated basis, or both:	JOHA			
	Separate basis Consolidated basis Both consolidated and separate basis				
Ŀ	·		2b		Х
O	Were the organization's financial statements audited by an independent accountant?		ZD		-/1
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separar	e basis,			
	consolidated basis, or both:				

Both consolidated and separate basis

Form **990** (2021)

Х

**2**c

Separate basis

Consolidated basis

or audits, explain why on Schedule O and describe any steps taken to undergo such audits

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?

Act and OMB Circular A-133?

b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit

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

# **SCHEDULE A**

(Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

# **Public Charity Status and Public Support**

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

➤ Attach to Form 990 or Form 990-EZ.

► Go to www.irs.gov/Form990 for instructions and the latest information. HILTON HEAD ISLAND CONCOURS D'ELEGANCE.

OMB No. 1545-0047

Open to Public Inspection

**Employer identification number** 

INC. 02-0547759

Reason for Public Charity Status. (All organizations must complete this part.) See instructions. Part I The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, 4 city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in 5 section 170(b)(1)(A)(iv). (Complete Part II.) 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 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: Х 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. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving а the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having b control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV. Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, С 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. Check this box if the organization received a written determination from the IRS that it is a Type I, Type III, Type III

functionally integrated, or Type III non-functionally integrated supporting organization. f Enter the number of supported organizations

g Provide the following information	about the supporte	ed organization(s).										
(i) Name of supported	(ii) EIN	(iii) Type of organization	(iv) Is the orga in your governi	nization listed ng document?	(v) Amount of monetary	(vi) Amount of other						
organization		(described on lines 1-10 above (see instructions))	Yes No								support (see instructions)	support (see instructions)
Total												

Schedule A (Form 990) 2021	NC.				02-054	7759 Page 2
Part II Support Schedule for	Organizations	Described in	Sections 170	(b)(1)(A)(iv) an	d 170(b)(1)(A)(v	/i)
(Complete only if you checked			-	on failed to qualify	under Part III. If the	e organization
fails to qualify under the tests	listed below, plea	ase complete Part	III.)			
Section A. Public Support						
Calendar year (or fiscal year beginning in) ▶	<b>(a)</b> 2017	<b>(b)</b> 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1 Gifts, grants, contributions, and						
membership fees received. (Do not						
include any "unusual grants.")						
2 Tax revenues levied for the organ-						
ization'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) ▶	<b>(a)</b> 2017	<b>(b)</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						

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

Sec	ction C. Computation of Public Support Percentage					
14	Public support percentage for 2021 (line 6, column (f), divided by line 11, column (f))	14	9			
15	Public support percentage from 2020 Schedule A, Part II, line 14	15	9			
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>&gt;</b>			
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 n	nore, 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.

Schedule A (Form 990) 2021

**10** Other income. Do not include gain or loss from the sale of capital

Schedule A (Form 990) 2021

## 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.)

	(Complete only if you checked			organization falled	to quality under F	art II. II trie organiz	ation fails to
Sec	qualify under the tests listed be ction A. Public Support	elow, please comp	olete Part II.)				
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2017	<b>(b)</b> 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	220,448.	251,166.	332,790.	323,066.	420,915.	1,548,385.
2	Gross receipts from admissions,						
	merchandise sold or services per- formed, or facilities furnished in						
	anv 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 bus-						
	iness under section 513						
4	Tax revenues levied for the organ-						_
	ization'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.
7 <i>a</i>	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.
	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2017	<b>(b)</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 th	ne organization's fi	rst, second, third,	fourth, or fifth tax	year as a section 5	601(c)(3) organization	on,
	check this box and stop here						<b>&gt;</b>
Sec	ction C. Computation of Publ	ic Support Pe	rcentage				
15	Public support percentage for 2021 (	line 8, column (f), c	livided by line 13,	column (f))		15	99.99 %
16	Public support percentage from 2020	Schedule A, Part	III, line 15			16	99.98 %
Sec	ction D. Computation of Inves	stment Incom	e Percentage				
17	Investment income percentage for 20	<b>)21</b> (line 10c, colun	nn (f), divided by li	ne 13, column (f))		17	.01 %
18	Investment income percentage from	<b>2020</b> Schedule A,	Part III, line 17			18	.02 %
19a	33 1/3% support tests - 2021. If the					3 1/3%, and line 1	7 is not
	more than 33 1/3%, check this box a	nd <b>stop here.</b> The	organization qualit	ies as a publicly s	upported organiza	tion	<b>&gt;</b> X
b	33 1/3% support tests - 2020. If the						
	line 18 is not more than 33 1/3%, che	-					
20	Private foundation. If the organization		-	=		-	
							(Form 000) 2001

NC. 02-0547759 Page 4

# 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

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

		Yes	No
	1		
	•		
	2		
	3a		
	3b		
	3с		
	4a		
	4h		
	4b		
	4c		
	5a		
	5b		
	5с		
	6		
	J		
	7		
	8		
	9a		
	9b		
	0-		
	9с		
	10a		
	.oa		
	10b		
dule	A (Forr	n 990	2021

0.1	dule A (Form 990) 2021 INC. 02-05	1775	: a - 5	_
	dule A (Form 990) 2021 INC. 02-05  t IV Supporting Organizations (continued)	4//3	9 Pa	age <b>5</b>
rai	Supporting Organizations (continued)		Vac	No
44	Healthe expenientian accepted a gift or contribution from any of the following negacine?		Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and	4.4		
	11c below, the governing body of a supported organization?	11a	$\vdash$	
	A family member of a person described on line 11a above?	11b		
С	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
800	detail in Part VI. tion B. Type I Supporting Organizations	11c		
360	tion B. Type i Supporting Organizations		T.,	·
			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	Ь	
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		
Sec	tion 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		
Sec	tion 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			
2				
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
_	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described on line 2, above, did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
<u> </u>	supported organizations played in this regard.	3		
Sec	tion 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	).		
а	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
С	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see in	าstructio	ns).	
2	Activities Test. Answer lines 2a and 2b below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement,			
	one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in			
	Part VI the reasons for the organization's position that its supported organization(s) would have engaged in			
	these activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer lines 3a and 3b below.			
	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
а	trustees of each of the supported organizations? If "Yes" or "No" provide details in <b>Part VI.</b>	3a		
<b>h</b>		Ja		
ม	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.

INC.

02-0547759 Page 6

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

1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). See instructions.

	All other Type III non-functionally integrated supporting organizations mus	st complete	Sections A through E.	
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
С	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other factors			
	(explain in detail in <b>Part VI</b> ):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,			
	see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 0.035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions).	6		
7	Check here if the current year is the organization's first as a non-functional	ally integrate	d Type III supporting org	anization (see

Schedule A (Form 990) 2021

instructions).

INC.

0<u>2-054</u>7759 Page 7

	dule A (Form 990) 2021 INC.	(a)(2) Supporting Orga	ni-ations	0	2-0547759 Page 7
	t V Type III Non-Functionally Integrated 509	(a)(3) Supporting Orga	anizations <sub>(continu</sub>	ıed)	
	ion D - Distributions				Current Year
1	Amounts paid to supported organizations to accomplish exe	· · · ·		1	
2	Amounts paid to perform activity that directly furthers exemp		_		
	organizations, in excess of income from activity			2	
_3_	Administrative expenses paid to accomplish exempt purpose	es of supported organization	S	3	
_4_	Amounts paid to acquire exempt-use assets			4	
_5_	Qualified set-aside amounts (prior IRS approval required - pro	ovide details in <b>Part VI</b> )		5	
_6_	Other distributions (describe in Part VI). See instructions.			6	
_7_	<b>Total annual distributions.</b> Add lines 1 through 6.			7	
8	Distributions to attentive supported organizations to which the	he 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	
Secti	ion E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributior Pre-2021	ıs	(iii) Distributable Amount for 2021
1	Distributable amount for 2021 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2021 (reason-				
	able cause required - explain in Part VI). See instructions.				
3	Excess distributions carryover, if any, to 2021				
a	From 2016				
b	From 2017				
С	From 2018				
d	From 2019				
е	From 2020				
f	Total of lines 3a through 3e				
g	Applied to underdistributions of prior years				
	Applied to 2021 distributable amount				
ī	Carryover from 2016 not applied (see instructions)				
	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2021 from Section D,				
	line 7:				
а	Applied to underdistributions of prior years				
b	Applied to 2021 distributable amount				
С	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 <b>Part VI.</b> 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:				
	Excess from 2017				
	Excess from 2018				
	Excess from 2019				
	Excess from 2020				
	Excess from 2021				

Schedule A (Form 990) 2021

HILTON HEAD ISLAND CONCOURS D'ELEGANCE, 02-0547759 Page 8 INC. Schedule A (Form 990) 2021 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 B, lines 1c, 2a, 2b, 3a, and 3b; Part V, Section B, line 1e; Part V, Section B, line 1e; Part V, Section B, lines 1c, 2a, 2b, 3a, and 3b; Part V, Section B, line 1e; Part V, Section B, lines 1c, 2a, 2b, 3a, and 3b; Part V, Section B, line 1e; Part V, Section B, lines 1c, 2a, 2b, 3a, and 3b; Part V, Section B, line 1e; Part V, Section B, lines 1c, 2a, 2b, 3a, and 3b; Part V, Section B, lines 1c, 2a, Part VI 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.)

132028 01-04-22 Schedule A (Form 990) 2021

#### **SCHEDULE D** (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

► Attach to Form 990.

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

HILTON HEAD ISLAND CONCOURS D'ELEGANCE, INC.

Employer identification number 02-0547759

Pai	rt I	Organizations Maintaining Donor Advise organization answered "Yes" on Form 990, Part IV, lin		ls or A	ccounts.Com	plete if the	
		organization answered Tes Off Offi 990, Part IV, iii	(a) Donor advised funds	(k	) Funds and oth	er accounts	<del></del>
1	Total	number at end of year	(4, 25.16) 44.1654 (4.146	,-	.,		
2		egate value of contributions to (during year)					
3		egate value of grants from (during year)					
4		egate value at end of year					
5		ne organization inform all donors and donor advisors in		icod fund			
3		e organization's property, subject to the organization's	<del>-</del>			Yes	No
6		ne organization s property, subject to the organization s ne organization inform all grantees, donors, and donor a				163	NO
6		eritable purposes and not for the benefit of the donor of					
		• •			· ·	Vaa	No
Pai		missible private benefit?  Conservation Easements. Complete if the org	ganization answered "Ves" on Form 990			Yes	No
1		ose(s) of conservation easements held by the organization		, raitiv,	III 10 7 .		
•	i uipe	Preservation of land for public use (for example, recrea		of a histor	rically important	land area	
		Protection of natural habitat			ied historic struc		
		Preservation of open space	Freservation C	n a ceitii	ied Historic struc	iui <del>c</del>	
2			find appropriation contribution in the form	a of a oo	noomistion coos	mant on the	loot
2		olete lines 2a through 2d if the organization held a quali f the tax year.	ned conservation contribution in the form	n or a cor		End of the T	
_				ł		Ziid or allo 1	ux rour
a		number of conservation easements			2a		
D		acreage restricted by conservation easements			2b 2c		
C		per of conservation easements on a certified historic str			20		
a		per of conservation easements included in (c) acquired	•		04		
_		in the National Register			2d		
3		per of conservation easements modified, transferred, re	leased, extinguished, or terminated by tr	ne organi	zation during th	e tax	
	year I						
4		per of states where property subject to conservation ea					
5		the organization have a written policy regarding the per				V	NI -
_		ions, and enforcement of the conservation easements i				Yes	No
6	Stair	and volunteer hours devoted to monitoring, inspecting,	nandling of violations, and enforcing col	nservatio	n easements at	iring the yea	r
_	_		dia a f. islaticas and automica a successive			U	
7		ant of expenses incurred in monitoring, inspecting, hand	dling of violations, and enforcing conserv	ation eas	sements during	tne year	
_	<b>&gt;</b> \$			O(I-)(4)(D	\(\frac{1}{2}\)		
8		each conservation easement reported on line 2(d) above				V	NI -
_		ection 170(h)(4)(B)(ii)?				Yes	No
9		t XIII, describe how the organization reports conservati					
		ce sheet, and include, if applicable, the text of the footr	note to the organization's financial stater	nents th	at describes the		
Dai	rt III	ization's accounting for conservation easements.  Organizations Maintaining Collections o	f Art Historical Treasures or (	1thar 9	Similar Accel		
Га	t III	Complete if the organization answered "Yes" on Form		Julei	milliai Assei	13.	
1.	If the	· · · · · · · · · · · · · · · · · · ·		and hale	anno oboot work		
ıa		organization elected, as permitted under FASB ASC 95				S	
		, historical treasures, or other similar assets held for pul	·		ice of public		
		te, provide in Part XIII the text of the footnote to its final					
D		organization elected, as permitted under FASB ASC 95					
		storical treasures, or other similar assets held for public	c exhibition, education, or research in fur	tnerance	e of public servic	e,	
		de the following amounts relating to these items:			• •		
		evenue included on Form 990, Part VIII, line 1					
_	` '				<b>\$</b>		
2		organization received or held works of art, historical tre		ıal gain, p	orovide		
		ollowing amounts required to be reported under FASB A			•		
a		nue included on Form 990, Part VIII, line 1					
b	Asset	s included in Form 990, Part X			▶ \$		

Schedule D (Form 990) 2021	INC.		
		 	_

	rt III Organizations Maintaining C	ollections of A	rt, Hist	torical Tr	easures, or Ot	her (	Simila	ar Asse	<b>ts</b> (continu	ed)
3	Using the organization's acquisition, accession	on, and other record	ls, check	any of the	following that make	e sign	ificant	use of its		
	collection items (check all that apply):									
а	Public exhibition	d	I	Loan or exc	hange program					
b	Scholarly research	е	. (	Other						
С	Preservation for future generations									
4	Provide a description of the organization's co	llections and explain	n how th	ney further t	he organization's e	xemp	t purpo	se in Par	XIII.	
5	During the year, did the organization solicit or	r receive donations	of art, his	storical trea	sures, or other sim	lar as	sets			
	to be sold to raise funds rather than to be ma	aintained as part of t	he organ	nization's co	ollection?				Yes	No
Par	rt IV Escrow and Custodial Arrang								line 9, or	
	reported an amount on Form 990, Par	t X, line 21.								
1a	Is the organization an agent, trustee, custodia	an or other intermed	diary for	contribution	ns or other assets n	ot inc	luded			
	on Form 990, Part X?								Yes	No
b	If "Yes," explain the arrangement in Part XIII a	and complete the fo	llowing t	able:						
									Amount	
С	Beginning balance						1c			
	Additions during the year						1d			
	Distributions during the year						1e			
f	Ending balance						1f			
2a	Did the organization include an amount on Fo	orm 990, Part X, line	21, for 6	escrow or c	ustodial account lia	bility'	<del></del>		Yes	No
	If "Yes," explain the arrangement in Part XIII.					•				
	t V Endowment Funds. Complete if									
	·	(a) Current year		rior year	(c) Two years back		Three y	ears back	(e) Four y	ears back
1a	Beginning of year balance			-		+				
	Contributions									
	Net investment earnings, gains, and losses									
						+				
	Other expenditures for facilities					+				
·	and programs									
f	Administrative expenses					+				
	End of year balance					+				
g 2	Provide the estimated percentage of the curr	ont year and balanc	o (lino 1	a column (	a)) hold as:					
		ent year end baland	%	g, coluitii (a	a)) Helu as.					
	Board designated or quasi-endowment  Permanent endowment	%								
		<sup>70</sup>								
C		=								
2-	The percentages on lines 2a, 2b, and 2c should be the percentages on lines 2a, 2b, and 2c should be the percentages of the percentage of the percentag	•	ation tha	st are bold a	and administered fo	r +b.o.	oraani=	ation		
Sa	Are there endowment funds not in the posses	SSION OF THE ORGANIZA	alion ina	it are rielu a	ina administered to	ı ıne ı	Jigailiz	alion	Γv	es No
	by: (i) Unrelated organizations								3a(i)	
									· · · ·	
<b>L</b>	(ii) Related organizations	tions listed as requir		abadula D2					3a(ii)	
ا ا									3b	
Par	Describe in Part XIII the intended uses of the tVI Land, Buildings, and Equipm		wment i	iunas.						
ı aı	Complete if the organization answered		) Part IV	/ lino 11a 9	Soo Form 000 Part	Y lin	. 10			
				•	i			-1	(-I) D l -	l
	Description of property	(a) Cost or o basis (investr					mulate	a	(d) Book	value
_	Land	<del>-   ` ` ` ' '</del>	in <del>c</del> iii)	Dasis	(Otrici)	1chie	JIALIUIT			
	Land									
	Buildings							_		
	Leasehold improvements							_		
	Equipment							_		
	Other		V 22/11	on (D) !: 1	100)			_		0.
เกเล	i Anniines ia mminn le Il.Niimn ini milstel	dual FORD 990 Part	A COUIN	uu usu iine l	LUC: 1					U .

	ISLAND CONCO	URS D'ELEGANCE,	
Schedule D (Form 990) 2021 INC.			02-0547759 Page 3
Part VII Investments - Other Securities.			
Complete if the organization answered "Yes"			
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost of	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 of	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.	5 000 D 1 N / II		
Complete if the organization answered "Yes"		11d. See Form 990, Part X, line 15.	(In) De aleccation
	Description		(b) Book value
(1)			
(2)			
(3)			
(4)			
(5) (6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) lin	e 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, lir	ne 25.
1. (a) Description of liability			(b) Book value
(1) Federal income taxes			
(2) PAYROLL LIABILITIES			3,383.
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			1

Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)

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.

3,383.

(9)

# HILTON HEAD ISLAND CONCOURS D'ELEGANCE,

Schedule D (Form 990) 2021

INC.

02-0547759 Page 4

Pai	t XI Reconciliation of Revenue per Audited Financial	Statements With Reven	ue per Return.	
	Complete if the organization answered "Yes" on Form 990, Part IV	V, 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:			
а	Net unrealized gains (losses) on investments	2a		
b	Donated services and use of facilities			
С	Recoveries of prior year grants			
d	Other (Describe in Part XIII.)			
е	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1			
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
С	Add lines 4a and 4b		4c	
	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line		5	
Pai	t XII Reconciliation of Expenses per Audited Financial	-	nses per Return.	
	Complete if the organization answered "Yes" on Form 990, Part IV			
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:			
а	Donated services and use of facilities	2a		
b	Prior year adjustments	2b		
С	Other losses			
d	Other (Describe in Part XIII.)	2d		
е	Add lines 2a through 2d			
3	Subtract line 2e from line 1		3	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	1 1		
а	Investment expenses not included on Form 990, Part VIII, line 7b			
b	Other (Describe in Part XIII.)	4b		
	Other (Describe in Part XIII.)	<u>40</u>		
С	Add lines <b>4a</b> and <b>4b</b>			
с <u>5</u>	Add lines <b>4a</b> and <b>4b</b> Total expenses. Add lines <b>3</b> and <b>4c.</b> (This must equal Form 990, Part I, lines)			
5 <b>Pa</b> i	Add lines <b>4a</b> and <b>4b</b> Total expenses. Add lines <b>3</b> and <b>4c.</b> (This must equal Form 990, Part I, line <b>TXIII</b> Supplemental Information.	ne 18.)	5	
5 Pai	Add lines 4a and 4b  Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 1 XIII Supplemental Information.  de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 1	ne 18.) and 4; Part IV, lines 1b and 2b; I	5	
5 Pai	Add lines <b>4a</b> and <b>4b</b> Total expenses. Add lines <b>3</b> and <b>4c.</b> (This must equal Form 990, Part I, line <b>TXIII</b> Supplemental Information.	ne 18.) and 4; Part IV, lines 1b and 2b; I	5	
5 Pai	Add lines 4a and 4b  Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 1 XIII Supplemental Information.  de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 1	ne 18.) and 4; Part IV, lines 1b and 2b; I	5	
5 Pai	Add lines 4a and 4b  Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 1 XIII Supplemental Information.  de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 1	ne 18.) and 4; Part IV, lines 1b and 2b; I	5	
5 Pai	Add lines 4a and 4b  Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 1 XIII Supplemental Information.  de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 1	ne 18.) and 4; Part IV, lines 1b and 2b; I	5	
5 Pai	Add lines 4a and 4b  Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 1 XIII Supplemental Information.  de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 1	ne 18.) and 4; Part IV, lines 1b and 2b; I	5	
5 Pai	Add lines 4a and 4b  Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 1 XIII Supplemental Information.  de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 1	ne 18.) and 4; Part IV, lines 1b and 2b; I	5	
5 Pai	Add lines 4a and 4b  Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 1 XIII Supplemental Information.  de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 1	ne 18.) and 4; Part IV, lines 1b and 2b; I	5	
5 Pai	Add lines 4a and 4b  Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 1 XIII Supplemental Information.  de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 1	ne 18.) and 4; Part IV, lines 1b and 2b; I	5	
5 Pai	Add lines 4a and 4b  Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 1 XIII Supplemental Information.  de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 1	ne 18.) and 4; Part IV, lines 1b and 2b; I	5	
5 Pai	Add lines 4a and 4b  Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 1 XIII Supplemental Information.  de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 1	ne 18.) and 4; Part IV, lines 1b and 2b; I	5	
5 Pai	Add lines 4a and 4b  Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 1 XIII Supplemental Information.  de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 1	ne 18.) and 4; Part IV, lines 1b and 2b; I	5	
5 Pai	Add lines 4a and 4b  Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 1 XIII Supplemental Information.  de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 1	ne 18.) and 4; Part IV, lines 1b and 2b; I	5	
5 Pai	Add lines 4a and 4b  Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 1 XIII Supplemental Information.  de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 1	ne 18.) and 4; Part IV, lines 1b and 2b; I	5	
5 Pai	Add lines 4a and 4b  Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 1 XIII Supplemental Information.  de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 1	ne 18.) and 4; Part IV, lines 1b and 2b; I	5	
5 Pai	Add lines 4a and 4b  Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 1 XIII Supplemental Information.  de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 1	ne 18.) and 4; Part IV, lines 1b and 2b; I	5	
5 Pai	Add lines 4a and 4b  Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 1 XIII Supplemental Information.  de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 1	ne 18.) and 4; Part IV, lines 1b and 2b; I	5	
5 Pai	Add lines 4a and 4b  Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 1 XIII Supplemental Information.  de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 1	ne 18.) and 4; Part IV, lines 1b and 2b; I	5	
5 Pai	Add lines 4a and 4b  Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 1 XIII Supplemental Information.  de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 1	ne 18.) and 4; Part IV, lines 1b and 2b; I	5	
5 Pai	Add lines 4a and 4b  Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 1 XIII Supplemental Information.  de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 1	ne 18.) and 4; Part IV, lines 1b and 2b; I	5	
5 Pai	Add lines 4a and 4b  Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 1 XIII Supplemental Information.  de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 1	ne 18.) and 4; Part IV, lines 1b and 2b; I	5	
5 Pai	Add lines 4a and 4b  Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 1 XIII Supplemental Information.  de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 1	ne 18.) and 4; Part IV, lines 1b and 2b; I	5	
5 Pai	Add lines 4a and 4b  Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 1 XIII Supplemental Information.  de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 1	ne 18.) and 4; Part IV, lines 1b and 2b; I	5	
5 Pai	Add lines 4a and 4b  Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 1 XIII Supplemental Information.  de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 1	ne 18.) and 4; Part IV, lines 1b and 2b; I	5	

#### SCHEDULE G (Form 990)

Department of the Treasury

Part I

#### **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.

Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not

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

required to complete this part. 1 Indicate whether the organization raised funds through any of the following activities. Check all that apply. Mail solicitations Solicitation of non-government grants а е b Internet and email solicitations f Solicitation of government grants Phone solicitations С g Special fundraising events In-person solicitations d 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. (iii) Did fundraiser have custody or control of contributions? (v) Amount paid (vi) Amount paid (i) Name and address of individual (iv) Gross receipts to (or retained by) (ii) Activity to (or retained by) fundraiser or entity (fundraiser) from activity organization listed in col. (i) Yes No 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.

HILTON HEAD ISLAND CONCOURS D'ELEGANCE, 02-0547759 Page 2 Schedule G (Form 990) 2021 Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 Part II of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000. (a) Event #1 **(b)** Event #2 (c) Other events (d) Total events SILENT NONE (add col. (a) through AUCTION - DY col. (c)) (event type) (event type) (total number) Revenue 59,584 59,584. 1 Gross receipts 2 Less: Contributions 59,584. 59,584. **3** Gross income (line 1 minus line 2) 4 Cash prizes 5,809. 5,809. 5 Noncash prizes Direct Expenses 2,983. 2,983. 6 Rent/facility costs 7 Food and beverages 8 Entertainment 9 Other direct expenses 8,792. 10 Direct expense summary. Add lines 4 through 9 in column (d) 50,792 11 Net income summary. Subtract line 10 from line 3, column (d) Part III Gaming. Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a. (b) Pull tabs/instant (d) Total gaming (add Revenue (a) Bingo (c) Other gaming bingo/progressive bingo col. (a) through col. (c)) Gross revenue ..... 2 Cash prizes Direct Expenses 3 Noncash prizes 4 Rent/facility costs 5 Other direct expenses ..... Yes Yes Yes 6 Volunteer labor No 7 Direct expense summary. Add lines 2 through 5 in column (d) 8 Net gaming income summary. Subtract line 7 from line 1, column (d) **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?

Schedule G (Form 990) 2021	Schedule G	(Form 990)	2021
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No

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

# HILTON HEAD ISLAND CONCOURS D'ELEGANCE,

02-0547759 Schedule G (Form 990) 2021 Page 3 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: **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 > \$ 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.

# HILTON HEAD ISLAND CONCOURS D'ELEGANCE,

Schedule G (Fo	orm 990) INC •	02-0547759 Page 4
Part IV S	orm 990) INC . upplemental Information (continued)	
-		
-		
-		

#### **SCHEDULE L**

Department of the Treasury

Internal Revenue Service

(Form 990)

# **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

ivam		INC.			02-0547759								
Pa							ection 501(c)(29) orga						
	Complete if the o						o, or Form 990-EZ, P	art V,	line 40	0b.	1		
1	(a) Name of disqualified p	person (b)	Relationship bet person and o			lified (c	(c) Description of trans			saction			ected?
			person and o	garnza	ation		-				Y	es	No
		-										-	
											-	-	
												-	
2	Enter the amount of tax i	ncurred by the	organization mar	nagers	or disc	qualified persons du	ring the year under						
	section 4958								<b>&gt;</b> \$				
3	Enter the amount of tax,								<b>&gt;</b> \$				
<b>D</b> -		1/											
Ра	rt II Loans to and												
	·	-				', Part V, line 38a or f	Form 990, Part IV, lin	ie 26;	or if th	ne orga	anizati	on	
	reported an amo	1	<u> </u>		2. an to or	(a) Ovisia al	(A) Dalaman alum	1	N I.a.	<b>(h)</b> Ap	proved	/:x \/	Vritten
	(a) Name of interested person	(b) Relationship with organization		fron	n the zation?	(e) Original principal amount	(f) Balance due		) In ault?	by bo	ard or nittee?		ement?
	·			<u> </u>	From	' '		Yes	No	Yes	No	Yes	_
				10	1 10111			163	INO	163	NO	163	140
									<del>                                     </del>				
									<u> </u>				
Tota	al art III │ Grants or As	eistance Re	nefiting Inte	rocto	d Do	\$							
ı a	Complete if the		•										
	(a) Name of interested p		(b) Relationship			(c) Amount of	(d) Type	of		le	) Purp	088.0	of.
	(a) Name of interested p	3013011	interested per			assistance	assistan				assist		′'
			the organiz	ation									
									$\neg$				
							1						

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

Schedule L (Form 990) 2021

Part IV Business Transactions Involv	ing Interested Persons.				
Complete if the organization answered	"Yes" on Form 990, Part IV, line 28a, 2	8b, or 28c.		(-\ C'	
(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?	
DELGON ALL TED DEGOLDGES	TOTAL CITED / COMPEDIA I	22 640	DDOUTDEG 30	Yes	No
BEACON ALLIED RESOURCES, I TRUITT RABURN ASSOC., INC/			PROVIDES AC PROVIDES LA		X
TROTTI RABORN ASSOC., INC/	SECRETARI	7,701.	FROVIDES LA		
Part V Supplemental Information.					
Provide additional information for response	onses to questions on Schedule L (see	instructions).			
SCH L, PART IV, BUSINESS T	RANSACTIONS INVOLVI	NG INTEREST	ED PERSONS:		
(A) NAME OF PERSON: BEACON	ALLIED RESOURCES,	INC./ROBERT	LEE		
(B) RELATIONSHIP BETWEEN I	NTERESTED PERSON AN	D ORGANIZAT	ION:		
TREASURER/COMPTROLLER					
TREMOURER, COM TROBBER					
(D) DESCRIPTION OF TRANSAC	TION: PROVIDES ACCO	UNTING, TEC	CHNOLOGY AND		
OTHER CONSULTING SERVICES	TO THE ORGANIZATION	VIA BEACON	1 ALLIED		
RESOURCES, INC.					
(A) NAME OF PERSON: TRUITT	RABURN ASSOC., INC	/TRUITT RAE	BURN		
(D) DESCRIPTION OF TRANSAC	TION: PROVIDES LAND	PLANNING S	SERVICES THR	OUGH	
TRUITT RAYBUN ASSOCIATES,	INC.				

#### **SCHEDULE 0** (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.

Open to Public Inspection

OMB No. 1545-0047

Name of the organization

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

HILTON HEAD ISLAND CONCOURS D'ELEGANCE, INC.

Employer identification number 02-0547759

INC.	02-0341133
FORM 990, PART VI, SECTION B, LINE 11B:	
THE TAX RETURN IS GIVEN TO THE COMPTROLLER/TREASURER OF TH	E ORGANIZATION
FOR REVIEW BEFORE THE TAX RETURN IS FILED.	
FORM 990, PART VI, SECTION B, LINE 15A:	
THE EXCECUTIVE DIRECTOR UNDERGOES AN ANNUAL PERFORMANCE RE	VIEW 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.
LUA For Denominary Deduction Act Notice and the Instructions for Form 000 or 000 E7	Cabadula O (Farm 000) 0004

Schedule O (Form 990) 2021
Page 2

Schedule O (Form 990) 2021	Page 2
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.

Schedule O (Form 990) 2021  Name of the organization	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 . Schedule O (Form 990) 2021

#### PUBLIC INSPECTION COPY

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Return of Organization Exempt From Income Tax

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

OMB No. 1545-0047

▶ Do not enter social security numbers on this form as it may be made public. Department of the Treasury ► Go to www.irs.gov/Form990 for instructions and the latest information. Inspection and ending A For the 2020 calendar year, or tax year beginning Check if applicable: C Name of organization D Employer identification number HILTON HEAD ISLAND CONCOURS D'ELEGANCE, Address change INC. Name change 02-0547759 Doing business as Initial return E Telephone number Number and street (or P.O. box if mail is not delivered to street address) Room/suite 843-785-5747 1 CARDINAL ROAD 16 termin-ated 351,323. City or town, state or province, country, and ZIP or foreign postal code G Gross receipts \$ Amended return HILTON HEAD ISLAND, SC 29926 H(a) Is this a group return Applica-F Name and address of principal officer: ROBERT LEE X No for subordinates? Yes pending SAME AS C ABOVE H(b) Are all subordinates included? Tax-exempt status: X 501(c)(3) ) ◀ (insert no.) 527 501(c)( 4947(a)(1) or If "No," attach a list. See instructions J Website: ► HTTP: //WWW.HHICONCOURS.COM/ **H(c)** Group exemption number ▶ K Form of organization: X Corporation Association Other > L Year of formation: 2002 M State of legal domicile: SC Part I Summary Briefly describe the organization's mission or most significant activities: ANNUAL AUTO SHOW & MOTORING Activities & Governance FESTIVAL LOCATED ON HILTON HEAD ISLAND, SC. Check this box if the organization discontinued its operations or disposed of more than 25% of its net assets. 17 Number of voting members of the governing body (Part VI, line 1a) 17 Number of independent voting members of the governing body (Part VI, line 1b) 5 Total number of individuals employed in calendar year 2020 (Part V, line 2a) 400 6 Total number of volunteers (estimate if necessary) 7 a Total unrelated business revenue from Part VIII, column (C), line 12 7a b Net unrelated business taxable income from Form 990-T, Part I, line 11 7b **Prior Year Current Year** 332,790. 323,066. Contributions and grants (Part VIII, line 1h) Revenue 733,580. 7,450. Program service revenue (Part VIII, line 2g) 144. 5. Investment income (Part VIII, column (A), lines 3, 4, and 7d) 10 20,802. 256,036. Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 1,322,550. 351,323**.** Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) ........ 66,250. 37,200. Grants and similar amounts paid (Part IX, column (A), lines 1-3) 0. 0. Benefits paid to or for members (Part IX, column (A), line 4) 250,078. 182,788.Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) Expenses 16a Professional fundraising fees (Part IX, column (A), line 11e) **b** Total fundraising expenses (Part IX, column (D), line 25) 974,724 149,659. Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 1,291,052. 369,647. Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 31,498. -18,324. Revenue less expenses. Subtract line 18 from line 12 Beginning of Current Year **End of Year** 321,177. 218,908. Total assets (Part X, line 16) 151,519. 30,927. 21 Total liabilities (Part X, line 26) 187,981.169,658. Net assets or fund balances. Subtract line 21 from line 20 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. Signature of officer Date Sign ROBERT LEE, TREASURER Here Type or print name and title PTIN Print/Type preparer's name Preparer's signature C11/11/21 MICHAEL R. PUTICH, CPA MICHAEL R. PUTICH, P00853466 Paid Firm's name ROBINSON GRANT & CO., P.A. Firm's EIN > 57 - 0735924Preparer

No

Yes

Phone no. 843 - 815 - 6161

HILTON HEAD ISLAND, SC 29925

Firm's address P.O. DRAWER 22959

May the IRS discuss this return with the preparer shown above? See instructions

Use Only

Pai	rt 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, DEVELOPMEN	T					
	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?	es	Хι	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?You	es	Χı	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 expense	es, ar	nd				
	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 DESCRIPTION OF THE SOUTH AND ASSESSED.						
	NOTE: AS A RESULT OF THE COVID-19 VIRUS PANDEMIC, THE EVENT DID NO	),I,					
	OCCUR DURING THE 2020 YEAR.						
	20 200 20 200 20 200 20						
4b	(Code:) (Expenses \$ 28,200. including grants of \$ 28,200.) (Revenue \$ PAYMENT OF GRANTS TO LOCAL NOT-FOR-PROFIT ORGANIZATIONS			)			
	FAIMENT OF GRANTS TO DOCAD NOT FOR FROTTI ORGANIZATIONS						
4c	(Code:) (Expenses \$						
	, (Expenses of) , (Expenses of			<b>—</b> ′			
4d	Other program services (Describe on Schedule O.)						
	(Expenses \$ including grants of \$ ) (Revenue \$ )						
4e	Total program service expenses ▶ 292,941.						

02-0547759

# Form 990 (2020) INC . 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	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		Х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		Х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or	•		
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		Х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		Х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		Х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?  If "Yes," complete Schedule D, Part IV	9		х
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		Х
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a		Х
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		Х
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		Х
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		х
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	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		Х
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a		Х
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		Х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		Х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,	-		
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18		Х
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
<b>20</b> a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Х
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	<b>20</b> b		
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

#### 02-0547759 INC. Form 990 (2020) Page 4 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 Х Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III 22 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current 23 and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete X Schedule J 23 24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Х Schedule K. If "No," go to line 25a **b** Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease 24c any tax-exempt bonds? d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? 25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I Х 25a 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 X 25b 26 Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II Х 26 Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled Х entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III 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 Х "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 c A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If Х "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 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation X contributions? If "Yes," complete Schedule M 30 X Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I 31 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Х 32 Schedule N, Part II Did the organization own 100% of an entity disregarded as separate from the organization under Regulations Х sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I 33 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Х 34 X **35a** Did the organization have a controlled entity within the meaning of section 512(b)(13)? 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 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? Х If "Yes," complete Schedule R, Part V, line 2 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI Х 37 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Х Note: All Form 990 filers are required to complete Schedule O Part V Statements Regarding Other IRS Filings and Tax Compliance

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

					Yes	NO
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			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and r	eporta	ble gaming			
	(gambling) winnings to prize winners?			1c	Х	

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			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х	
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X
b	If "Yes," enter the name of the foreign country			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			,,
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Х
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5с		
ба	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit	0-		x
<b>h</b>	any contributions that were not tax deductible as charitable contributions?	6a		<u>^</u>
D	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts	6b		
7	were not tax deductible?  Organizations that may receive deductible contributions under section 170(c).	OD		
и а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		Х
h	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		<del></del>
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			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
a	Initiation fees and capital contributions included on Part VIII, line 12			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
11	Section 501(c)(12) organizations. Enter:  Gross income from members or shareholders 11a			
Ø	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)			
100	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	120		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note: See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which the			
	organization is licensed to issue qualified health plans			
	Enter the amount of reserves on hand			
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		Х
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			
	excess parachute payment(s) during the year?	15		Х
	If "Yes," see instructions and file Form 4720, Schedule N.			
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		X
	If "Yes," complete Form 4720, Schedule O.			

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

Check if Schedule O contains a response or note to any line in this Part VI Section A. Governing Body and Management Yes No 17 1a Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O. 17 **b** Enter the number of voting members included on line 1a, above, who are independent \_\_\_\_\_ 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other Х officer, director, trustee, or key employee? 2 Did the organization delegate control over management duties customarily performed by or under the direct supervision X of officers, directors, trustees, or key employees to a management company or other person? 3 X Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4 4 X Did the organization become aware during the year of a significant diversion of the organization's assets? 5 Did the organization have members or stockholders? Х 6 6 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or Х more members of the governing body? 7a b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or X persons other than the governing body? 7b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: Х a The governing body? 8a **b** Each committee with authority to act on behalf of the governing body? Х 8b Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the X organization's mailing address? If "Yes," provide the names and addresses on Schedule O Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Yes No X 10a Did the organization have local chapters, branches, or affiliates? 10a 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 X 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11a **b** Describe 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 Х 12a 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  $\overline{\mathbf{x}}$ Did the organization have a written whistleblower policy? 13 13 X Did the organization have a written document retention and destruction policy? 14 14 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? Х a The organization's CEO, Executive Director, or top management official 15a X **b** Other officers or key employees of the organization 15b 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 Х taxable entity during the year? 16a b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? 16b Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed SC Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. X Upon request Own website Another's website Other (explain on Schedule O) Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year. State the name, address, and telephone number of the person who possesses the organization's books and records BOB LEE - 843-785-5747

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

<u> 29</u>926

# 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)	(B)			(0				(D)	(E)	(F)
Name and title	Average	(do	Position (do not check more than one		Reportable	Reportable	Estimated			
	hours per	box	, unle	ss pe	rson i	is bot	h an	compensation	compensation	amount of
	week	├.			1 0010	n/ a de	1	from	from related	other
	(list any hours for	directo				_		the organization	organizations (W-2/1099-MISC)	compensation from the
	related	ee or	stee			nsate		(W-2/1099-MISC)	(** 27 1000 141100)	organization
	organizations	trust	nal tru		oyee	ompe				and related
	below	Individual trustee or director	Institutional trustee	cer	Key employee	Highest compensated employee	Former			organizations
	line)	п	Inst	Officer	Key	Hig	P			
(1) LINDSEY HARRELL	40.00	,,		,,				01 660	0	•
EXECUTIVE DIRECTOR	F 00	Х		Х				91,662.	0.	0.
(2) STEWART BROWN	5.00	,,		,,					0	0
CHAIR EMERITUS	<u> </u>	Х		Х				0.	0.	0.
(3) MERRY HARLACHER	5.00	l		l						•
CHAIRMAN	<u> </u>	Х		Х				0.	0.	0.
(4) BOB LEE	5.00	l		l						•
TREASURER	F 00	Х		Х				0.	0.	0.
(5) TRUITT RABUN	5.00	,,		,,					0	•
SECRETARY	F 00	Х		Х				0.	0.	0.
(6) LAWRENCE KOCH	5.00	,,							0	0
BOARD MEMBER	F 00	Х						0.	0.	0.
(7) JOYCE CARLTON	5.00								0	•
BOARD MEMBER	F 00	Х						0.	0.	0.
(8) VICKI HEAD	5.00	,,							0	0
BOARD MEMBER	F 00	Х						0.	0.	0.
(9) PRES HENNE	5.00	٠,,							0	0
BOARD MEMBER	F 00	Х						0.	0.	0.
(10) ELKE MARTIN	5.00	٠,,							0	0
BOARD MEMBER	F 00	Х						0.	0.	0.
(11) PAUL IANUARIO	5.00	,,							0	0
BOARD MEMBER	F 00	Х						0.	0.	0.
(12) WALTER NESTER	5.00	X						0.	0.	0
BOARD MEMBER	5.00	Λ						0.	0.	0.
(13) LEE NINER	3.00	Ι,,							0	0
BOARD MEMBER	F 00	Х						0.	0.	0.
(14) DENNIS WRIGHT	5.00	Ι,,						0.	0.	0
BOARD MEMBER	F 00	Х						0.	0.	0.
(15) MIKE MCCLELLAND	5.00	Ι,,						0.	0.	0.
BOARD MEMBER	5.00	Х						0.	0.	0.
(16) PAUL BOES	3.00	Х						0.	0.	0.
BOARD MEMBER	5.00	_		_	_			0.	0.	<u> </u>
(17) ERIC DOERRING	3.00	Х						0.	0.	^
BOARD MEMBER		Λ		<u> </u>	<u> </u>			<u> </u>	0.	0.

Part VII Section A. Officers, Directors, True	stees, Key Em	ploye	ees	, and	d Hi	ighe	st C	Compensated Employe	es (continued)			
(A)  Name and title	(B) Average hours per week (list any hours for related organizations below line)	tee or director vogo	not c	Pos heck ss pe	ition more rson irecto		one h an tee)	(D)  Reportable compensation from the organization (W-2/1099-MISC)	(E)  Reportable compensation from related organization (W-2/1099-MI	on d ns	Estir amo ot compe fror organ and r	mated unt of ther ensation in the hization related izations
1b Subtotal  c Total from continuation sheets to Part V d Total (add lines 1b and 1c)  2 Total number of individuals (including but	/II, Section A						<u> </u>	91,662. 0. 91,662. eceived more than \$100	0,000 of reportab	0 • 0 • 0 •		0. 0.
<ul> <li>compensation from the organization</li> <li>Did the organization list any former officer line 1a? If "Yes," complete Schedule J for 4</li> <li>For any individual listed on line 1a, is the s and related organizations greater than \$15</li> <li>Did any person listed on line 1a receive or rendered to the organization? If "Yes," con Section B. Independent Contractors</li> </ul>	such individual sum of reportab 50,000? If "Yes, accrue compe	le co " <i>cor</i> nsati	mple on f	ensa ete S rom	atior Sche	n and e <i>dul</i> e	d otl	her compensation from for such individual	the organization		3 4 5	Ves No X X X
Complete this table for your five highest countries the organization. Report compensation for (A)     Name and business	rthe calendar y	-	endi	ng v					year.		(C)	
Total number of independent contractors     \$100,000 of compensation from the organ		ot lin	nite	d to	tho (	se li:	stec	d above) who received m	nore than			20 (2222)

Form 990 (2020) INC.
Part VIII Statement of Revenue

		Check if Schedule O	conta	ins a response	or note to any lir	ne in this Part VIII			
						(A)	(B)	(C)	( <b>D</b> ) Revenue excluded
						Total revenue	Related or exempt function revenue	Unrelated business revenue	f
							, and the state of		sections 512 - 514
Contributions, Gifts, Grants and Other Similar Amounts	1 a	Federated campaigns		1a					
Sra	b	Membership dues		1b					
S, (	С	Fundraising events		1c					
直	d	Related organizations		1d					
ini,	е	Government grants (conti	ributio	ons) <b>1e</b>	255,206.				
흔	f	All other contributions, gifts,	grants	s, and					
ള		similar amounts not included	above	e <b>1f</b>	67,860.				
g	g	Noncash contributions included in	lines 1	la-1f <b>1g</b> \$					
<u>8</u> 0	h	Total. Add lines 1a-1f			<b></b>	323,066.			
					Business Code				
Se	2 a				990099	7,000.	7,000.		
Program Service Revenue	b	RACE TRACK DA	Y	REVENUE	990099	450.	450.		
n Si	С								
lev ev	d								
og F	е								
ءَ ا	f	All other program service	reven	nue					
	g	Total. Add lines 2a-2f			<b>)</b>	7,450.			
	3	Investment income (include	-			_			_
		other similar amounts)			<b>&gt;</b>	5.			5.
	4	Income from investment of	of tax-	exempt bond p	oroceeds <b>&gt;</b>				
	5	Royalties	·						
				(i) Real	(ii) Personal				
	6 a	Gross rents	6a						
	b	Less: rental expenses	6b						
	С	Rental income or (loss)	6с						
	d	Net rental income or (loss	)		<u> </u>				
	7 a	Gross amount from sales of		(i) Securities	(ii) Other				
		assets other than inventory	7a						
	b	Less: cost or other basis							
ther Revenue		and sales expenses	7b						
è e		Gain or (loss)							
ı,		Net gain or (loss)			. <u></u>				
the l	8 a	Gross income from fundraisi	ng eve	ents (not					
0		including \$		of					
		contributions reported on		·					
		Part IV, line 18							
		Less: direct expenses			1				
		Net income or (loss) from		_	<b>_</b>				
	9 a	Gross income from gamin	-						
		Part IV, line 19							
				9b	<u> </u>				
		Net income or (loss) from	-	· —	<u> </u>				
	10 a	Gross sales of inventory,							
		and allowances 10a			<b>†</b>				
		Less: cost of goods sold			-				
$\dashv$	С	Net income or (loss) from	sales	of inventory					
Sn	4.4	DONATION REVE	ידדקי	דםת _ ד	Business Code 990099	19,425.	19,425.		
ned ine		RETAIL VENDOR			990099	750.	750.		<u> </u>
le la		MTCORT TANDOTTO			990099	627.	627.		<u> </u>
Miscellaneous Revenue	q	A.I			7,0099	027•	027.		
Σ		All other revenue <b>Total.</b> Add lines 11a-11d			<b>&gt;</b>	20,802.			
	12	Total revenue. See instruction				351,323.		0.	5.
						,	,,	, ••	

Form 990 (2020)

INC.

02-0547759 Page **10** 

	rt IX   Statement of Functional Expens	es			17705 Tage To
Sect	ion 501(c)(3) and 501(c)(4) organizations must com	plete all columns. All oth	ner organizations must co	omplete column (A).	
	Check if Schedule O contains a respon	se or note to any line in	this Part IX		Х
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	<b>(A)</b> Total expenses	<b>(B)</b> Program service expenses	(C) Management and general expenses	<b>(D)</b> Fundraising expenses
1	Grants and other assistance to domestic organizations	00 000	00.000		
	and domestic governments. See Part IV, line 21	28,200.	28,200.		
2	Grants and other assistance to domestic	9,000.	9,000.		
3	individuals. See Part IV, line 22  Grants and other assistance to foreign	3,000.	3,000.		
3	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)	<b>56</b> 004		45.060	
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	14,324.	10,743.	3,581.	
10 11	Payroll taxes Fees for services (nonemployees):	14,524.	10,7454	3,301.	
	Management				
	Legal				
	Accounting	21,686.	10,843.	10,843.	
d					
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	` '				
	column (A) amount, list line 11g expenses on Sch O.)	FO 440	FO 440		
12	Advertising and promotion	58,442.	58,442.		
13	Office expenses	16,088.	8,044.	8,044.	
14	Information technology	10,000.	0,044.	0,044.	
15 16	Royalties 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	1 /10	1 120	202	
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 0.)				
а	FACILITY EXPENSES/RENTA	6,232.	6,232.		
b	SPONSOR SOLICITATION EX	4,531.	4,531.		
С	EVENT PRODUCTION COSTS	3,749.	3,749.		
d	SUPPLIES	3,182.	1,591.	1,591.	
е	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 fif following SOP 98-2 (ASC 958-720)				
	11 Tollowing COT 30-2 (NGC 300-720)				F 000 (0000

Part X Balance Sheet

		Check if Schedule O contains a response or	note to	o anv	/ line in this Part X	 		
		·				(A) ning of year		<b>(B)</b> End of year
	1	Cash - non-interest-bearing				1,210.		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 currer						
		trustee, key employee, creator or founder, su	ubstant	ial c	ontributor, or 35%			
		controlled entity or family member of any of	these p	erso	ons		5	
	6	Loans and other receivables from other disq	ualified	per	sons (as defined			
		under section 4958(f)(1)), and persons descr	ribed in	sec	tion 4958(c)(3)(B)		6	
ţ	7	Notes and loans receivable, net					7	
Assets	8	Inventories for sale or use					8	
Ä	9	Prepaid expenses and deferred charges					9	
	10a	Land, buildings, and equipment: cost or other						
		basis. Complete Part VI of Schedule D	10	Оа				
	b	Less: accumulated depreciation	10	)b			10c	
	11	Investments - publicly traded securities					11	
	12	Investments - other securities. See Part IV, lii			12			
	13	Investments - program-related. See Part IV, li			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 e				218,908.	16	321,177.
	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. Comple					21	
S	22	Loans and other payables to any current or t						
Liabilities		trustee, key employee, creator or founder, su						
abi		controlled entity or family member of any of					22	
Ξ	23	Secured mortgages and notes payable to un	related	l thir	d parties		23	
	24	Unsecured notes and loans payable to unrel					24	149,747.
	25	Other liabilities (including federal income tax,	, payab	les t	o related third			
		parties, and other liabilities not included on li	ines 17	-24)	Complete Part X			
		of Schedule D				1,709.		772.
	26	Total liabilities. Add lines 17 through 25				30,927.	26	151,519.
		Organizations that follow FASB ASC 958,						
ĕ		and complete lines 27, 28, 32, and 33.						
lan	27	Net assets without donor restrictions				187,981 <b>.</b>	27	169,658.
Ba	28	Net assets with donor restrictions					28	
Pr		Organizations that do not follow FASB AS	C 958,	che	ck here			
Ē		and complete lines 29 through 33.						
Net Assets or Fund Balances	29	Capital stock or trust principal, or current fur	nds				29	
set	30	Paid-in or capital surplus, or land, building, o					30	
As	31	Retained earnings, endowment, accumulated					31	
Red	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.

Form **990** (2020)

# HILTON HEAD ISLAND CONCOURS D'ELEGANCE,

Form 990 (2020) INC. 02-0547759 Page 12
Part XI Reconciliation of Net Assets

	neconditation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				X
			2 -	1 2	00
1	Total revenue (must equal Part VIII, column (A), line 12)	1			23.
2	Total expenses (must equal Part IX, column (A), line 25)	2			<u>47.</u>
3	Revenue less expenses. Subtract line 2 from line 1	3			24.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	18	7,9	81.
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	16	9,6	58.
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain 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	d on a			
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b		Х
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat				
	consolidated basis, or both:	•			
	Separate basis Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e 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 Sch				
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si				
	Act and OMB Circular A-133?		3a		Х
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ				
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b		

Form **990** (2020)

#### **SCHEDULE A**

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Name of the organization

# **Public Charity Status and Public Support**

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

► Attach to Form 990 or Form 990-EZ.

► Go to www.irs.gov/Form990 for instructions and the latest information.
HILTON HEAD ISLAND CONCOURS D'ELEGANCE,

OMB No. 1545-0047

Open to Public Inspection

Employer identification number

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

INC.

- An agricultural research organization described in **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university:
- An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 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.)
- An organization organized and operated exclusively to test for public safety. See section 509(a)(4).
- An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2)**. See **section 509(a)(3)**. Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
- **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
- **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
- **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
- 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.

Ť	Enter the number of supported of	organizations				
g	Provide the following information	about the supporte	ed organization(s).			
	(i) Name of supported	(ii) EINI	(iii) Type of organization	(iv) Is the organization listed	(v) Amount of monotony	(vi) Amount of other

(i) Name of supported organization	(II) EIN	(described on lines 1-10 above (see instructions))	in your governi	ng document?	support (see instructions)	support (see instructions)
Total						

02-0547759 Page 2

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

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

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2016	<b>(b)</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 organ-						
	ization'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						
	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						
6	Public support. Subtract line 5 from line 4.						
Sec	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2016	<b>(b)</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 instructi	ons)			12	
13	First 5 years. If the Form 990 is for the	ne organization's fi	rst, second, third,	fourth, or fifth tax	year as a section	501(c)(3)	
	organization, check this box and stop						<b>)</b>
Sec	ction C. Computation of Publ	ic Support Pe	rcentage				
	Public support percentage for 2020 (					14	%
	Public support percentage from 2019					15	%
16a	33 1/3% support test - 2020. If the	-					
	stop here. The organization qualifies						
b	33 1/3% support test - 2019. If the	-					
	and <b>stop here.</b> The organization qual						
17a	10% -facts-and-circumstances tes						
	and if the organization meets the fact	s-and-circumstand	ces test, check thi	s box and <b>stop he</b>	ere. Explain in Part	VI how the organiz	zation
	meets the facts-and-circumstances to	-					
b	10% -facts-and-circumstances tes						10% or
	more, and if the organization meets the						_
	organization meets the facts-and-circ						
18	Private foundation. If the organization	n did not check a	box on line 13, 16	a, 16b, 17a, or 17	b, check this box a	and see instruction	ıs

Schedule A (Form 990 or 990-EZ) 2020

02-0547759 Page 3

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

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

Se	qualify under the tests listed b ction A. Public Support	elow, please comp	olete Part II.)				
Cale	endar year (or fiscal year beginning in)	(a) 2016	<b>(b)</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 per-						
	formed, 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 bus-						
	iness under section 513						
4	Tax revenues levied for the organ-						_
-	ization'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.
	Amounts included on lines 1, 2, and	, , ,	, , -	, ,	, ,	, , , , , ,	, , -
	3 received from disqualified persons						0.
k	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.
,	Add lines 7a and 7b						0.
	Public support. (Subtract line 7c from line 6.)						5,198,205.
	ction B. Total Support						-,,
	endar year (or fiscal year beginning in)	(a) 2016	<b>(b)</b> 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
	Amounts from line 6	1,096,208.	1,264,940.	1,188,555.	1,304,634.	343,868.	5,198,205.
			, ,	, , -	, ,	, , , , ,	
	a Gross income from interest, dividends, payments received on						
	a Gross income from interest, dividends, payments received on securities loans, rents, royalties,	238.	228.	190.	144.	5.	805.
10a	a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	238.	228.	190.	144.	5.	805.
10a	a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources unrelated business taxable income	238.	228.	190.	144.	5.	805.
10a	a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses	238.	228.	190.	144.	5.	805.
10a	a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975	238.	228.	190.	144.	5. 5.	805.
10a	a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b,						
10a	a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources.  Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975.  Add lines 10a and 10b.  Net income from unrelated business activities not included in line 10b, whether or not the business is regulated control of the second of the seco						
10a	a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources.  Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975.  Add lines 10a and 10b.  Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
10a	a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources.  Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975  Add lines 10a and 10b  Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on  Other income. Do not include gain or loss from the sale of capital						
10 a	a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources.  Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975  Add lines 10a and 10b  Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on  Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	238.	228.	190.	144.	5.	805.
10a	a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources.  Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975  Add lines 10a and 10b  Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on  Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)  Total support. (Add lines 9, 10c, 11, and 12.)	238.	228.	1,188,745.	1,304,778.	5. 343,873.	805.
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources.  Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975.  Add lines 10a and 10b.  Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on.  Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)  Total support. (Add lines 9, 10c, 11, and 12.)  First 5 years. If the Form 990 is for the	238. 1,096,446. ne organization's fir	1,265,168.	190.  1,188,745. fourth, or fifth tax	144. 1,304,778. year as a section 5	5. 343,873. 01(c)(3) organizati	805.
10a	a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources.  Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975.  Add lines 10a and 10b.  Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on.  Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)  Total support. (Add lines 9, 10c, 11, and 12.)  First 5 years. If the Form 990 is for the check this box and stop here	238.  1,096,446. ne organization's fil	228.  1,265,168. rst, second, third,	190.  1,188,745. fourth, or fifth tax	144. 1,304,778. year as a section 5	5. 343,873. 01(c)(3) organizati	805.
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources.  Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975.  Add lines 10a and 10b.  Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on.  Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.).  Total support. (Add lines 9, 10c, 11, and 12.)  First 5 years. If the Form 990 is for the check this box and stop here	238.  1,096,446. ne organization's finitic Support Pe	1,265,168. rst, second, third,	190.  1,188,745. fourth, or fifth tax	144.  1,304,778.  year as a section 5	5. 343,873. 01(c)(3) organizati	5,199,010.
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources.  Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975.  Add lines 10a and 10b.  Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on.  Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.).  Total support. (Add lines 9, 10c, 11, and 12.)  First 5 years. If the Form 990 is for the check this box and stop here ction C. Computation of Puble Public support percentage for 2020 (less in source in the sale of capital assets).	1,096,446. ne organization's file ic Support Per ine 8, column (f), d	1,265,168. rst, second, third, rcentage livided by line 13,	1,188,745. fourth, or fifth tax y	144.  1,304,778.  year as a section 5	343,873. 01(c)(3) organization	5,199,010. on, 99.98 %
10a k (11 12 13 14 See 15 16	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources.  Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975.  Add lines 10a and 10b.  Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on.  Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.).  Total support. (Add lines 9, 10c, 11, and 12.)  First 5 years. If the Form 990 is for the check this box and stop here cotion C. Computation of Puble Public support percentage from 2019	1,096,446. ne organization's filine Support Perine 8, column (f), do Schedule A, Part	1,265,168. rst, second, third, rcentage ivided by line 13,4	190.  1,188,745. fourth, or fifth tax	144.  1,304,778.  year as a section 5	5. 343,873. 01(c)(3) organizati	5,199,010.
10 a  11  12  13  14  See 15  16  See 16	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources.  Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975.  Add lines 10a and 10b.  Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on.  Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.).  Total support. (Add lines 9, 10c, 11, and 12.)  First 5 years. If the Form 990 is for the check this box and stop here	1,096,446. ne organization's finite Support Perline 8, column (f), do Schedule A, Partstment Income	1,265,168. rst, second, third, rcentage livided by line 13, lill, line 15 e Percentage	1,188,745. fourth, or fifth tax y	1,304,778. year as a section 5	343,873. 01(c)(3) organization	5,199,010. on,
10a k 111 12 13 14 See 15 16 See 17	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources. Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975. Add lines 10a and 10b.  Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on.  Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.).  Total support. (Add lines 9, 10c, 11, and 12.)  First 5 years. If the Form 990 is for the check this box and stop here ction C. Computation of Public support percentage for 2020 (Investment income percentage for 2019 ction D. Computation of Investing the simple support percentage for 2019 ction D. Computation of Investing the simple support percentage for 2019 ction D. Computation of Investing the simple support percentage for 2019 ction D. Computation of Investing the support percentage for 2019 ction D. Computation of Investing the support percentage for 2019 ction D. Computation of Investing the support percentage for 2019 ction D. Computation of Investing the support percentage for 2019 ction D. Computation of Investing the support percentage for 2019 ction D. Computation of Investing the support percentage for 2019 ction D. Computation of Investing the support percentage for 2019 ction D. Computation of Investing the support percentage for 2019 ction D. Computation of Investing the support percentage for 2019 ction D. Computation of Investing the support percentage for 2019 ction D. Computation of Investing the support percentage for 2019 ction D. Computation of Investing the support percentage for 2019 ction D. Computation of Investing the support percentage for 2020 ction D. Computation of Investing the support percentage for 2020 ction D. Computation of Investing the support percentage for 2020 ction D. Computation of Investing the support percentage for 2020 ction D. Computation of Investing the support percentage for 2020 ction	1,096,446. ne organization's finite Support Perine 8, column (f), do Schedule A, Part stment Income	1,265,168. rst, second, third, rcentage livided by line 13, III, line 15 e Percentage nn (f), divided by line	1,188,745. fourth, or fifth tax years	1,304,778. year as a section 5	343,873. 01(c)(3) organizati	5,199,010. on,
10 a  11  12  13  14  Sec. 17  18	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources.  Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975.  Add lines 10a and 10b.  Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on.  Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)  Total support. (Add lines 9, 10c, 11, and 12.)  First 5 years. If the Form 990 is for the check this box and stop here ction C. Computation of Public support percentage from 2019 ction D. Computation of Investment income percentage from 2019 Investment Income percentage from 2019 Investment Income percentage from 2019 Investment Income percentage from 2019 Investment Income percentage from 2019 Investment Income Public Investment Income Public Investment Income Public Investment Income Public Investment Income Public Investment Income Public Investment Income Public Investment Inco	1,096,446. ne organization's finite Support Perine 8, column (f), do Schedule A, Part Stment Income 120 (line 10c, column 2019 Schedule A, I	1,265,168.  1,265,168.  Test, second, third,  Treentage  ivided by line 13, or  e Percentage  nn (f), divided by line  Part III, line 17	1,188,745. fourth, or fifth tax y	1,304,778. year as a section 5	343,873. 01(c)(3) organization	5,199,010. on, 99.98 % 99.98 % 02 % .02 %
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10 a  10 a  11 12 13 14   Sec 15 16   Sec 17 18 19 a	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources.  Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975.  Add lines 10a and 10b.  Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on.  Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.).  Total support. (Add lines 9, 10c, 11, and 12.)  First 5 years. If the Form 990 is for the check this box and stop here  ction C. Computation of Puble Dublic support percentage from 2019 ction D. Computation of Investment income percentage from 2019 Investment income percentage from 2019 Investment income percentage from 2019 Investment income percentage from 2019 Investment income percentage from 2019 Investment income percentage from 2019 Investment income percentage from 2019 Investment income percentage from 2019 Investment income percentage from 2019 Investment income percentage from 2019 Investment income percentage from 2019 Investment income percentage from 2019 Investment Income percentage from 2019 Investment Income percentage from 2019 Investment Income percentage from 2019 Investment Income percentage Investment Income percentage Investment Income percentage Investment Income percentage Investment Income Percentage Investment In	1,096,446. ne organization's fine Support Perione 8, column (f), do Schedule A, Part stment Incomposition 100, column 2019 Schedule A, organization did nond stop here. The organization did nond stop here.	1,265,168.  Test, second, third,  Treentage  Ill, line 15  Percentage  In (f), divided by line 17  ot check the box of organization quality of check a box on	1,188,745. fourth, or fifth tax your fifth tax you have 13, column (f)) on line 14, and line fies as a publicly so line 14 or line 19a	1,304,778. year as a section 5 15 is more than 3 upported organiza , and line 16 is mo	343,873. 01(c)(3) organization  15 16  17 18 3 1/3%, and line 1 tion re than 33 1/3%, a	5,199,010. on, ———————————————————————————————————

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

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

	1	
	Yes	No
1		
2		
3a		
3b		
3с		
4a		
-,-		
4b		
4c		
5a		
F1-		
5b 5c		
6		
7		
8		
9a		
9b		
9c		
10a		
10b		
m 990 or 9	90-EZ	2020

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Pa	rt IV Supporting Organizations (continued)			ı
4.4			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in lines 11b and	44-		
	11c below, the governing body of a supported organization?	11a		
	A family member of a person described in line 11a above?	11b		
С	A 35% controlled entity of a person described in line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide	110		
Sec	detail in Part VI. etion B. Type I Supporting Organizations	11c		<u> </u>
	Type i Supporting Significations		Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or		163	NO
•	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		
Sec	etion C. Type II Supporting Organizations			<u> </u>
			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		
Sec	ction 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		
Sec	tion 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 instruction	s).		
а	The organization satisfied the Activities Test. Complete line 2 below.			
b				
С	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see	instructio		
2	Activities Test. Answer lines 2a and 2b below.		Yes	No
а				
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
_	that these activities constituted substantially all of its activities.	2a		
b	, , ,			
	one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in			
	Part VI the reasons for the organization's position that its supported organization(s) would have engaged in			
_	these activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer lines 3a and 3b below.			
а				
L	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 <b>Part VI</b> the role played by the organization in this regard.	3b		
	or to supported diganizations: it ites, describe in <b>rait vi</b> the fole played by the diganization in this regard.	JUSD	I	ı

02-0547759 Page 6

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

1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). See instructions.

	All other Type III non-functionally integrated supporting organizations mus	st complete	Sections A through E.	
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
С	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other factors			
	(explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,			
	see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 0.035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions).	6		
7	Check here if the current year is the organization's first as a non-functional	ally integrate	ed Type III supporting org	ganization (see

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

Schedule A (Form 990 or 990-EZ) 2020

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)							
Secti	on D - Distributions				Current Year		
1	Amounts paid to supported organizations to accomplish exe	1					
2	Amounts paid to perform activity that directly furthers exemp						
	organizations, in excess of income from activity	2					
3	Administrative expenses paid to accomplish exempt purpose	3					
4	Amounts paid to acquire exempt-use assets			4			
5	Qualified set-aside amounts (prior IRS approval required - pro	ovide 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	ne organization is responsiv	е				
	(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			
		(i)	(ii)		(iii)		
Secti	on E - Distribution Allocations (see instructions)	Excess Distributions	Underdistributions Pre-2020	s	Distributable Amount for 2020		
_1_	Distributable amount for 2020 from Section C, line 6						
2	Underdistributions, if any, for years prior to 2020 (reason-						
	able cause required - explain in Part VI). See instructions.						
3	Excess distributions carryover, if any, to 2020						
а	From 2015						
b	From 2016						
С	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: \$						
а	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:						
	Excess from 2016						
b	Excess from 2017						
c	Excess from 2018						
d	Excess from 2019						
е	Excess from 2020						

Schedule A (Form 990 or 990-EZ) 2020

### HILTON HEAD ISLAND CONCOURS D'ELEGANCE,

02-0547759 Page 8 Schedule A (Form 990 or 990-EZ) 2020 INC. 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, Part VI 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 Open to Public Inspection

Name of the organization

HILTON HEAD ISLAND CONCOURS D'ELEGANCE, INC.

Employer identification number 02-0547759

Par	t I Organizations Maintaining Donor Advise	d Funds or Other Similar Funds	s or Acco	unts.Complete if the	
	organization answered "Yes" on Form 990, Part IV, line	e 6.			
	-	(a) Donor advised funds	<b>(b)</b> Fur	nds and other accounts	3
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 v	vriting that the assets held in donor advis	sed 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 ad				
	for charitable purposes and not for the benefit of the donor of				
	impermissible private benefit?			Yes	No
Par					
1	Purpose(s) of conservation easements held by the organization	on (check all that apply).			
	Preservation of land for public use (for example, recreat	tion or education) Preservation of	a historically	/ important land area	
	Protection of natural habitat	Preservation of			
	Preservation of open space				
2	Complete lines 2a through 2d if the organization held a qualif	ied conservation contribution in the form	of a conserv	ation easement on the	last
	day of the tax year.			Held at the End of the T	
а	Total number of conservation easements		2a		
b					
С	Number of conservation easements on a certified historic stru	ucture included in (a)	2c		
d	Number of conservation easements included in (c) acquired a	after 7/25/06, and not on a historic struct	ure		
	listed in the National Register		2d		
3	Number of conservation easements modified, transferred, rele			n during the tax	
	year ▶				
4	Number of states where property subject to conservation eas	sement is located >			
5	Does the organization have a written policy regarding the per	iodic 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 con	servation ea	sements during the yea	ar
	<b>&gt;</b>				
7	Amount of expenses incurred in monitoring, inspecting, hand	ling of violations, and enforcing conserva	ation easeme	nts during the year	
	<b>▶</b> \$				
8	Does each conservation easement reported on line 2(d) above				
	and section 170(h)(4)(B)(ii)?			Yes	No
9	In Part XIII, describe how the organization reports conservation	on easements in its revenue and expense	e statement a	and	
	balance sheet, and include, if applicable, the text of the footn	ote to the organization's financial statem	ents that de	scribes the	
	organization's accounting for conservation easements.				
Par	t III Organizations Maintaining Collections of	-	ther Simi	lar Assets.	
	Complete if the organization answered "Yes" on Form				
1a	If the organization elected, as permitted under FASB ASC 95	-			
	of art, historical treasures, or other similar assets held for pub	,		f public	
	service, provide in Part XIII the text of the footnote to its finan				
b	If the organization elected, as permitted under FASB ASC 95				
	art, historical treasures, or other similar assets held for public	exhibition, education, or research in furth	herance of p	ublic service,	
	provide the following amounts relating to these items:				
	(i) Revenue included on Form 990, Part VIII, line 1			\$	
				· <del></del>	
2	If the organization received or held works of art, historical treat	asures, or other similar assets for financia	al gain, provi	de	
	the following amounts required to be reported under FASB A				
а	Revenue included on Form 990, Part VIII, line 1				
b	Assets included in Form 990, Part X			\$	

Pai	t III Organizations Maintaining C	Collections of A	rt, His	torical Tr	reasures,	or Othe	r Simila	ar Asse	<b>ts</b> (contii	าued)	
3	Using the organization's acquisition, accessi	on, and other record	ls, chec	k any of the	following the	at make s	ignificant	use of its			
	collection items (check all that apply):										
а	Public exhibition	d	I	Loan or exc	change progr	ram					
b	Scholarly research	е			0.0						
С	Preservation for future generations									-	
4	Provide a description of the organization's co	ollections and explain	n how t	hev further t	the organizat	ion's exer	nnt nurna	se in Par	t XIII		
5	During the year, did the organization solicit of							, , , , , , , , , , , , , , , , , , ,	. ,		
Ŭ	to be sold to raise funds rather than to be ma								Yes		No
Pai	t IV Escrow and Custodial Arran										110
	reported an amount on Form 990, Pal		J. C. II. L. I.	o organizatio	orr anoworda	100 011		,,, , ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			
	Is the organization an agent, trustee, custod		liary for	contribution	ns or other a	ssets not	included				
	on Form 990, Part X?								Yes		No
h	If "Yes," explain the arrangement in Part XIII								103		110
	Tres, explain the arrangement in rare Air	and complete the lo	nownig	tabic.					Amoun	+	
^	Reginning balance						10		Amoun		
	Beginning balance										
	Additions during the year										
_	Distributions during the year										
f	Ending balance										
	Did the organization include an amount on F								Yes		No
$\overline{}$	If "Yes," explain the arrangement in Part XIII.										
Pai	t V Endowment Funds. Complete i				<del></del>						
		(a) Current year	(b) F	Prior year	(c) Two year	ars back (	<b>(d)</b> Three y	ears back	<b>(e)</b> Four	years b	ack
	Beginning of year balance										
b	Contributions										
С	Net investment earnings, gains, and losses										
d	Grants or scholarships										
е	Other expenditures for facilities										
	and programs										
f	Administrative expenses										
	End of year balance										
2	Provide the estimated percentage of the curr	rent vear end balanc	e (line 1	La column (	a)) held as:						
	Board designated or quasi-endowment		%	. <del>g</del> , e e (	٠,, ٠٠٠٠ ١٥٠٠						
	Permanent endowment	%									
C	The percentages on lines 2a, 2b, and 2c sho	ř =									
20		•	ation th	at ara bald a	and administ	arad far th		ection			
Sa	Are there endowment funds not in the posse	ession of the organiza	ation th	at are neid a	and administ	ered for tr	ie organiz	ation	1	V	NI -
	by:								0 (1)	Yes	No
	(i) Unrelated organizations									-+	
	(ii) Related organizations									-+	
b	If "Yes" on line 3a(ii), are the related organization				?				3b	L	
4	Describe in Part XIII the intended uses of the		wment	funds.							
Pai	t VI Land, Buildings, and Equipm										
	Complete if the organization answere	d "Yes" on Form 990	0, Part I	1		1					
	Description of property	(a) Cost or o		l .	t or other		cumulate	ed	<b>(d)</b> Boo	k value	)
		basis (investr	nent)	basis	(other)	dep	reciation				
	Land										
	Buildings										
С	Leasehold improvements										
d	Equipment										
	Other										
	. Add lines 1a through 1e. (Column (d) must e		X. colui	mn (B). line	10c.)			<b>•</b>			0.

Schedule D (Form 990) 2020

$\sim$				
L	•			

02-0547759 Page **3** 

Part VII	Investments - Other Securities.			
	Complete if the organization answered "Yes"			
(a) Descrip	tion of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or en	d-of-year market value
(1) Financia	al derivatives			
(2) Closely	held equity interests			
( <b>3)</b> Other				
(A)				
(B)				
(C)				
(D)				
(E)				
(F)				
(G)				
(H)				
	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 en	d-of-year market value
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
Total. (Col. (I	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)				
	mn (b) must equal Form 990, Part X, col. (B) line	e 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	5.
1.	(a) Description of liability			(b) Book value
(1) Fed	eral income taxes			
(2) PA	YROLL LIABILITIES			772.
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
. ,	mn (b) must equal Form 990, Part X, col. (B) line	e 25.)	<b>&gt;</b>	772.
	for uncertain tax positions. In Part XIII, provide			
-	ation's liability for uncertain tax positions under		_	<u>-</u>

# HILTON HEAD ISLAND CONCOURS D'ELEGANCE,

Schedule D (Form 990) 2020

Part XI Reconciliation

INC. 02-0547759 Page 4

Par	•			
	Complete if the organization answered "Yes" on Form 990, Part			
1	Total revenue, gains, and other support per audited financial statement	ts	1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:	1 1		
	Net unrealized gains (losses) on investments			
С	Recoveries of prior year grants			
d	/			
	Add lines 2a through 2d			
3	Subtract line 2e from line 1		3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	1 1		
	Investment expenses not included on Form 990, Part VIII, line 7b	- I		
	Other (Describe in Part XIII.)			
_	Add lines 4a and 4b			
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, lin	e 12.)	5	
Pai	Reconciliation of Expenses per Audited Financia	· · · · · · · · · · · · · · · · · · ·	ises per neturn.	
	Complete if the organization answered "Yes" on Form 990, Part			
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:	1 - 1		
	Donated services and use of facilities			
	Prior year adjustments			
	Other losses			
	,	-		
	Add lines 2a through 2d			
3	Subtract line 2e from line 1		3	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	1.1		
	Investment expenses not included on Form 990, Part VIII, line 7b	- I		
b		4.		
	Other (Describe in Part XIII.)	-		
С	Add lines 4a and 4b			
с 5	Add lines <b>4a</b> and <b>4b</b> Total expenses. Add lines <b>3</b> and <b>4c.</b> (This must equal Form 990, Part I, I			
c 5 Par	Add lines <b>4a</b> and <b>4b</b> Total expenses. Add lines <b>3</b> and <b>4c.</b> (This must equal Form 990, Part I, I rt XIII Supplemental Information.	line 18.)	5	
5 Par Provi	Add lines 4a and 4b  Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, I  At XIII Supplemental Information.  Ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a	and 4; Part IV, lines 1b and 2b;	5	
5 Par Provi	Add lines <b>4a</b> and <b>4b</b> Total expenses. Add lines <b>3</b> and <b>4c.</b> (This must equal Form 990, Part I, I rt XIII Supplemental Information.	and 4; Part IV, lines 1b and 2b;	5	,
5 Par Provi	Add lines 4a and 4b  Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, I  At XIII Supplemental Information.  Ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a	and 4; Part IV, lines 1b and 2b;	5	,
5 Par Provi	Add lines 4a and 4b  Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, I  At XIII Supplemental Information.  Ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a	and 4; Part IV, lines 1b and 2b;	5	,
5 Par Provi	Add lines 4a and 4b  Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, I  At XIII Supplemental Information.  Ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a	and 4; Part IV, lines 1b and 2b;	5	,
5 Par Provi	Add lines 4a and 4b  Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, I  At XIII Supplemental Information.  Ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a	and 4; Part IV, lines 1b and 2b;	5	,
5 Par Provi	Add lines 4a and 4b  Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, I  At XIII Supplemental Information.  Ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a	and 4; Part IV, lines 1b and 2b;	5	,
5 Par Provi	Add lines 4a and 4b  Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, I  Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part II, I  Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part II, I  Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part II, I  Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part II, I  Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part II, I  Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part II, I  Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part II, I  Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part II, I  Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part II, I  Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part II, I  Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part II, I  Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part II, I  Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part III, I  Total expenses. Add lines 1 and 1	and 4; Part IV, lines 1b and 2b;	5	,
5 Par Provi	Add lines 4a and 4b  Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, I  Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part II, I  Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part II, I  Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part II, I  Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part II, I  Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part II, I  Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part II, I  Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part II, I  Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part II, I  Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part II, I  Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part II, I  Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part II, I  Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part II, I  Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part III, I  Total expenses. Add lines 1 and 1	and 4; Part IV, lines 1b and 2b;	5	,
5 Par Provi	Add lines 4a and 4b  Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, I  Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part II, I  Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part II, I  Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part II, I  Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part II, I  Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part II, I  Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part II, I  Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part II, I  Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part II, I  Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part II, I  Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part II, I  Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part II, I  Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part II, I  Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part III, I  Total expenses. Add lines 1 and 1	and 4; Part IV, lines 1b and 2b;	5	,
5 Par Provi	Add lines 4a and 4b  Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, I  Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part II, I  Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part II, I  Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part II, I  Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part II, I  Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part II, I  Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part II, I  Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part II, I  Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part II, I  Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part II, I  Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part II, I  Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part II, I  Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part II, I  Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part III, I  Total expenses. Add lines 1 and 1	and 4; Part IV, lines 1b and 2b;	5	,
5 Par Provi	Add lines 4a and 4b  Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, I  Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part II, I  Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part II, I  Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part II, I  Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part II, I  Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part II, I  Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part II, I  Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part II, I  Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part II, I  Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part II, I  Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part II, I  Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part II, I  Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part II, I  Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part III, I  Total expenses. Add lines 1 and 1	and 4; Part IV, lines 1b and 2b;	5	,
5 Par Provi	Add lines 4a and 4b  Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, I  Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part II, I  Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part II, I  Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part II, I  Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part II, I  Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part II, I  Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part II, I  Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part II, I  Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part II, I  Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part II, I  Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part II, I  Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part II, I  Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part II, I  Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part III, I  Total expenses. Add lines 1 and 1	and 4; Part IV, lines 1b and 2b;	5	
5 Par Provi	Add lines 4a and 4b  Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, I  Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part II, I  Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part II, I  Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part II, I  Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part II, I  Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part II, I  Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part II, I  Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part II, I  Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part II, I  Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part II, I  Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part II, I  Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part II, I  Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part II, I  Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part III, I  Total expenses. Add lines 1 and 1	and 4; Part IV, lines 1b and 2b;	5	
5 Par Provi	Add lines 4a and 4b  Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, I  Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part II, I  Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part II, I  Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part II, I  Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part II, I  Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part II, I  Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part II, I  Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part II, I  Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part II, I  Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part II, I  Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part II, I  Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part II, I  Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part II, I  Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part III, I  Total expenses. Add lines 1 and 1	and 4; Part IV, lines 1b and 2b;	5	,
5 Par Provi	Add lines 4a and 4b  Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, I  Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part II, I  Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part II, I  Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part II, I  Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part II, I  Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part II, I  Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part II, I  Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part II, I  Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part II, I  Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part II, I  Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part II, I  Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part II, I  Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part II, I  Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part III, I  Total expenses. Add lines 1 and 1	and 4; Part IV, lines 1b and 2b;	5	,
5 Par Provi	Add lines 4a and 4b  Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, I  Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part II, I  Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part II, I  Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part II, I  Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part II, I  Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part II, I  Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part II, I  Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part II, I  Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part II, I  Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part II, I  Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part II, I  Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part II, I  Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part II, I  Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part III, I  Total expenses. Add lines 1 and 1	and 4; Part IV, lines 1b and 2b;	5	,
5 Par Provi	Add lines 4a and 4b  Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, Irt XIII Supplemental Information.  Ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a	and 4; Part IV, lines 1b and 2b;	5	
5 Par Provi	Add lines 4a and 4b  Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, Irt XIII Supplemental Information.  Ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a	and 4; Part IV, lines 1b and 2b;	5	
5 Par Provi	Add lines 4a and 4b  Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, Irt XIII Supplemental Information.  Ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a	and 4; Part IV, lines 1b and 2b;	5	
5 Par Provi	Add lines 4a and 4b  Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, Irt XIII Supplemental Information.  Ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a	and 4; Part IV, lines 1b and 2b;	5	
5 Par	Add lines 4a and 4b  Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, Irt XIII Supplemental Information.  Ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a	and 4; Part IV, lines 1b and 2b;	5	
5 Par Provi	Add lines 4a and 4b  Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, Irt XIII Supplemental Information.  Ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a	and 4; Part IV, lines 1b and 2b;	5	
5 Par Provi	Add lines 4a and 4b  Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, Irt XIII Supplemental Information.  Ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a	and 4; Part IV, lines 1b and 2b;	5	

#### **SCHEDULE L**

Department of the Treasury

Internal Revenue Service

(Form 990 or 990-EZ)

# **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

HILTON HEAD ISLAND CONCOURS D'ELEGANCE, Employer identification number Name of the organization INC. 02-0547759 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. (b) Relationship between disqualified (d) Corrected? (a) Name of disqualified person (c) Description of transaction person and organization 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 Loans to and/or From Interested Persons. Part II 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 (d) Loan to or (i) Written (b) Relationship (c) Purpose (a) Name of (e) Original (f) Balance due (g) In by board or from the interested person with organization of loan principal amount default? agreement? committee? organization? To From Yes No Yes No Yes No Total **>** \$ **Grants or Assistance Benefiting Interested Persons.** Part III Complete if the organization answered "Yes" on Form 990, Part IV, line 27. (c) Amount of (a) Name of interested person (d) Type of (e) Purpose of (b) Relationship between assistance assistance assistance interested person and the organization

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

Schedule L (Form 990 or 990-EZ) 2020

Part IV Business Transactions Involv	-	0.00		
Complete if the organization answered			(d) Description of	(e) Sharing o
(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	organization'
				Yes No
BEACON ALLIED RESOURCES, I	TREASURER/COMPTROLL	20,350.	PROVIDES AC	
TRUITT RABURN ASSOC., INC/	SECRETARY		PROVIDES LA	
Part V Supplemental Information.			1	
Provide additional information for response	onses to questions on Schedule L (see	instructions).		
SCH L, PART IV, BUSINESS T	RANSACTIONS INVOLVI	NG INTEREST	ED PERSONS:	
(A) NAME OF DEDGON, DEAGON	ALL TED DEGOLD GEG	TMG /DODED!		
(A) NAME OF PERSON: BEACON	ALLIED RESOURCES,	INC./ROBERT	, PRE	
(B) RELATIONSHIP BETWEEN I	NTERESTED PERSON AN	D ORGANIZAT	• NOT:	
(B) REEMITOROMET BETWEEN T	THE PLANT THE PARTY THE	D 01(0111112111	10111	
TREASURER/COMPTROLLER				
(D) DESCRIPTION OF TRANSAC	TION: PROVIDES ACCO	UNTING, TEC	CHNOLOGY AND	
OHILED CONGILL HING GEDUICEG	MO MUE ODGANITZAMION	1713 DE3 CON		
OTHER CONSULTING SERVICES	TO THE ORGANIZATION	VIA BEACON	ATTIED	
RESOURCES, INC.				
industrial in the interest of				
(A) NAME OF PERSON: TRUITT	RABURN ASSOC., INC	/TRUITT RAE	BURN	
(D) DECORTORION OF MUNICAC	MION. DROWING LAND	DI ANNITHO (	TEDITAGE MID	OHOH
(D) DESCRIPTION OF TRANSAC	TION: PROVIDES LAND	PLANNING S	ERVICES THR	OUGH
TRUITT RAYBUN ASSOCIATES,	TNC			
THOTTI INTEGRAL TO SOCIETIES (				

## **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.

Open to Public

OMB No. 1545-0047

Inspection

Name of the organization

► Go to www.irs.gov/Form990 for the latest information. HILTON HEAD ISLAND CONCOURS D'ELEGANCE, INC.

Employer identification number 02-0547759

INC.	02-054//59
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 AN	ND 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 EXPEN	NSES:
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.
LHA For Panerwork Reduction Act Notice see the Instructions for Form 990 or 990-F7	Schedule O (Form 990 or 990-F7) 2020

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.
032212 11-20-20	Schedule O (Form 990 or 990-EZ) 2020

Schedule O (Form 990 or 990-EZ) 2020	Page 2
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.