### 2026

# **Accommodations Tax Funds Request Application**

Organization Name: Hilton Head Symphony Orchestra, Inc.

Project/Event Name: HHSO Season Operating Grant

## **Executive Summary**

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

The Hilton Head Symphony Orchestra (HHSO) is the largest ongoing year-round musical attraction on Hilton Head Island, offering world-class performances and educational programs that enrich the community and draw visitors from beyond the Island. As we enter our 44th Anniversary Season, HHSO is deeply grateful for the historically reliable support provided through the Hilton Head Island Accommodation Tax grants. We respectfully request a \$10,000 increase (3%) for calendar year 2026 to continue expanding our impact on tourism and cultural engagement.

Since COVID-19, HHSO has introduced new initiatives to broaden the diversity of our programming and audiences. Competitions such as the Hilton Head International Piano Competition (HHIPC) and Youth Concerto Competition (YCC) directly attract visiting musicians and families who stay in local hotels, while presentations including the Hilton Head Chamber Music Institute (HHCMI), the Gullah Geechee Cultural Series (GGCS), Jazz in the Park, and Symphony Under the Stars enrich visitor experiences and appeal to both residents and tourists. These programs provide authentic cultural experiences, including music, storytelling, and visual arts, further establishing Hilton Head Island as a cultural destination.

Additional ATAX funding will allow HHSO to increase its budget for artistic talent, enhance outdoor productions at Lowcountry Celebration Park with improved theatrical lighting, and strengthen marketing through dedicated staff, targeted advertising, and expanded social media campaigns. Funding will also support ongoing digital marketing, e-mail acquisition, and a dedicated social media professional to engage new audiences and convert awareness into visitation.

Despite weather-related challenges during the 2024–2025 season, which reduced attendance at several outdoor performances—tourists down 864 (17.64%), visitors down 931 (23.55%), and residents down 931 (23.55%)—HHSO exceeded attendance from the first full post-pandemic season in 2021–2022. Tourists grew by 1,117 (38.30%), visitors by 758 (33.48%), and residents by 3,034 (34.70%), reflecting successful audience rebuilding and the effectiveness of both programming and marketing strategies.

HHSO presented approximately 70 performances, drawing a total audience of 227,631, including 24,702 live attendees. These numbers demonstrate that ATAX funding leverages ticket sales, individual and business contributions, and public funds to maximize economic and cultural impact. With continued ATAX support, HHSO will maintain and expand its role as a cultural and economic driver, attracting tourists, enriching the community, and reinforcing Hilton Head Island as a premier destination for music and culture.

We are grateful to the Accommodations Tax Advisory Committee for your volunteer service and careful consideration of HHSO's 2026 funding request.

## 2026

# **Accommodations Tax Funds Request Application**

Date Received: 09/04/2025 Time Received: 06:30 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 Symphony Orchestra, Inc

Project/Event Name: HHSO Season Operating Grant

Contact Name: Alan Jordan Title: President and CEO

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

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

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

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

Funds from this grant will be used to support marketing and operating costs for HHSO presentations that are offered to tourists, visitors, and residents. For FY2026, this will include approximately 70 live performances with programs ranging from our signature classical Orchestra Series and Hilton Head International Piano Competition (HHIPC) at First Presbyterian Church and elsewhere; free Symphony Under The Stars Outdoor Pops and Jazz In The Park presentations at Lowcountry Celebration Park; and the Supper Club, Gullah Geechee Cultural Series (GCCS), Youth Concerto Competition (YCC), Chamber Music Institute (HHCMI) and special presentations at SoundWaves and elsewhere.

How does the organization/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)

Based on past results, drivers include:

- the HHIPC, bringing twenty international competitors, five jury members, and hundreds of visitors (48% of the total attendees) to HHI.
- SoundWaves presentations, drawing artists and their followers to Coligny multiple times each month.

- the YCC, bringing ten participants, their families, and friends totaling more than ninety people from more than 50 miles, and most outside South Carolina.
- the ten-day Chamber Music Institute, drawing sixteen participants, four faculty, and families totaling almost 100 people from outside South Carolina.
- Orchestra Series and outdoor concerts, enhancing tourist and visitor experiences, evidenced by repeat attendance year over year.
- A. Total Number of Physical Tourists Served: 4033

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: 3022

  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: 11777

  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): 18832

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

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

For free outdoor presentations at Lowcountry Celebration Park, we gleaned data using zip codes collected from attendees who participated in virtual contests with prizes from Coligny businesses. The percentages were used to calculate total numbers based on total attendance estimates. These percentages (31.6% tourists, 11.6% visitors, 56.8% residents) are higher than other HHSO presentations because the events occurred during the summer, fall, and spring in Coligny and they were free.

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

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

We will conduct a similar survey of tourists that participated in contests at our 2025 Jazz In The Park series concerts and October, 2024, and April, 2025, Symphony Under The Stars pops concerts and hope to share results during presentations in October, 2025.

All HHIPC events and the YCC final were live-streamed and made available on demand. Since the events in January and March, 2025, there have been 2,929 unique views and 39,513 impressions in the U. S., Puerto Rico, and 58 foreign countries \*. We partnered with the Amadeus service that provided uncensored access to the Chinese market. Amadeus reported 200,000 households viewed our HHIPC. More than 202,000 of these viewers live at least 50 miles from Hilton Head Island.

The above figures do not include our Bluffton performances (881); Music Bridges programs for Beaufort County schools (2,507 students, teachers, chaperones, and families); HHIPC Ambassadors Program (3,215 students and seniors); Chamber Music Institute (266); and outreach events (455 Concert Truck residency and 30 Heritage Golf Tournament competitors' children). The HHSO offered presentations to 24,702 people during the 2024-2025 season, a 5.9% decrease over 2023-2024. The decline is entirely attributable to weather issues at outdoor performances; however, the overall decrease is less than the negative impact on overall tourism here during the same period.

\* - 2025 Vimeo reports: Algeria, Armenia, Australia, Austria, Bangladesh, Belgium, Bosnia and Herzegovina, Brazil, Bulgaria, Canada, Croatia, Cyprus, Czech Republic, Denmark, Finland, France, Germany, Hong Kong, Hungary, India, Ireland, Israel, Italy, Japan, Kazakhstan, Republic of Lithuania, Luxembourg, Macao, Malaysia, Mexico, Netherlands, New Zealand, Nigeria, Norway, Republic of Korea, Panama, Peru, Philippines, Poland, Portugal, Romania, Russia, Serbia, Singapore, Slovakia, Slovenia, South Africa, Spain, Sweden, Switzerland, Taiwan, Thailand, Turkey, Ukraine, United Kingdom, Uzbekistan, Venezuela, Vietnam.

#### **B. DESCRIPTION OF OPERATIONS:**

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

The Hilton Head Symphony Orchestra inspires, enriches, and unites the Lowcountry through excellent live music that is embraceable by all. It does so by annually presenting:

- eighteen concerts (nine pairs on Sunday afternoons and Monday evenings) of full-orchestra masterworks through its Orchestra Series, with one performance repeated in Bluffton;
- varied performances at the HHSO's intimate performing arts venue, SoundWaves, including:
  - ten (growing to 15 this season) monthly Coastal Home Supper Club cabaret concerts, partnering with Coligny area restaurants to feature their culinary skills;
  - a four-concert Gullah Geechee Cultural Series at SoundWaves with free outreach performances in community centers and places of worship in Gullah communities and at Hilton Head Island elementary schools;
  - the annual Youth Concerto Competition;
  - a ten-day summer Chamber Music Institute with free presentations throughout Hilton Head Island and in Bluffton; and

- new Chamber Music and Latin/Hispanic series offerings to be debuted this coming season;
- the annual Hilton Head International Piano Competition (featuring the Youth Competition, ages 13-17, in March 2026);
- free Symphony Under The Stars Outdoor Pops orchestral performances in October and April, both in Bluffton and at Lowcountry Celebration Park on Hilton Head Island;
- a free six-concert summer Jazz In The Park Series at Lowcountry Celebration Park;
   and
- Music Bridges educational outreach activities for Beaufort County School District students including full-orchestra Young Persons Concerts for third through fifth graders and after-school group string lessons at BCSD elementary schools.
- 2. Describe in detail how the requested grant funding would be used? (250 words or less)

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

Remaining funds (30%) will focus on marketing. In 2025, we continued to refine and expand our brand awareness campaign based on the proven strategies from 2024. Through aggressive e-mail acquisition, we grew our subscriber list to over 5,100, creating a stronger pipeline for direct communication and ongoing promotions. We invested in regional television advertising and secured placements on South Carolina Public Radio to extend our reach beyond a 50-mile radius. These channels proved highly effective in attracting new audiences, particularly first-time visitors, and establishing broader regional recognition. Our 2025-2026 strategy will further optimize media placement, expand digital retargeting, and strengthen acquisition campaigns designed to convert awareness into visitation. In addition to our season brochure, 1,800 rack cards are delivered monthly throughout the South Carolina Welcome Centers promoting upcoming performances and events. HHIPC promotion includes banners and other displays at the Savannah/Hilton Head and Hilton Head airports and a flyer liberally distributed at hotels and other accommodations. Livestreaming will continue to promote offerings to a wider audience and encourage live attendance at future presentations. Event flyers and posters are widely distributed in area hotels and through vacation rental agencies to ensure tourists are aware of HHSO offerings.

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

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

Post-pandemic audience growth has been primarily driven by new free outdoor performances and offerings at SoundWaves, which generate less earned revenue than more traditional presentations. Overall revenue growth has been outpaced by inflationary increases. Less-than-full ATAX funding would hamper audience rebuilding efforts and require us to reassess and potentially cancel some planned programs for the second half of the 2025-2026 season and the beginning of 2026-2027. Reduced ATAX funding would also necessitate cuts to marketing and promotion; thereby, diminishing the potential of visitor and tourist attraction.

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

HHSO is a driver and enhancer of island tourism. HHIPC, YCC, HHCMI, GGCS, and Jazz In The Park presentations directly draw tourists, while other HHSO presentations serve as enhancements to tourists' experiences. We team with the Hilton Beachfront, Courtyard, and Beach House to promote discount rates for patrons and we annually directly book 225+ guest artist roomnights. Many traveling HHSO musicians and competition family members also stay in local hotels.

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

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

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

#### Current partnerships include:

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

The Statement of Financial Position (Balance Sheet) and Statement of Activities and

Changes in Net Assets and Statement of Functional Expenses (Profit and Loss) reports, from the DRAFT FY25 independent auditors report, have been reviewed by staff but will not be approved by the HHSO Board of Directors until its first meeting on September 25, 2025. The FY25 Form 990 is still in early draft form; 990s for FYs22, 23, and 24 are provided.

The significant operating surplus in FY22 was due to substantial one-time pandemic relief from public sources, combined with a large bequest and special gifts to establish a new Board-Restricted Endowment Fund to honor the retiring HHIPC Director. The pandemic relief funds were used, as anticipated, to cover the large operating deficits in FY23, FY24, and FY25 as the HHSO worked to rebuild audiences. The FY26 budget anticipates the HHSO's first surplus in four years.

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

#### C. FUNDING:

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

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

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

18.50	Government Sources	36.33	Private Contributions, Donations and Grants
8.17	Corporate Support, Sponsors	0.00	Membership, Dues, Subscriptions
30.48	Ticket Sales, or Sales and Services	6.52	Other

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

Yes X No \_\_\_

If so, please list top 3 sources and amounts.

South Carolina Arts Commission (FY25 - down \$13,000 from FY24)	\$75,484.00
Town of Bluffton ATAX (CY2024; Up \$5,149)	\$48,781.00
Beaufort County 2% State ATAX (CY2025; down \$15,000)	\$10,000.00

#### D. FINANCIAL INFORMATION:

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

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

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

Budget Provided: Yes

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

Current fiscal year Profit Loss Report Provided: Yes

Previous fiscal year Profit Loss Reports Provided:

2023- Previous FY 1 2024- Previous FY 2

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

Current fiscal year Balance Sheet Provided: Yes

Previous fiscal year Balanace Sheets Provided:

2023 - Previous FY 1

2024 - Previous FY 2

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

Current year IRS Form 990 or 990T Provided: Yes

Previous IRS Form 990 or 990T Years Provided:

2022 - Previous FY 1

2023 - Previous FY 2

2021 - Previous FY 1

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

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

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

- 2. Indicate whether your organization 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	\$300,000.00	HHSO Season Operating Grant
2024	\$330,000.00	HHSO Season Operating Grant
2025	\$350,000.00	HHSO Season Operating Grant

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

ATAX funds supported artistic and production costs for HHSO concerts, as well as the infrastructure required to mount complex presentations. Funds were also used for marketing and promotion, including print and broadcast advertising, flyers, posters, e-blasts, website enhancements, design improvements, social media, and other initiatives to attract tourists and regional audiences.

These funds have been critical in rebuilding attendance lost during the pandemic. Following nationwide trends, many traditional Orchestra Series patrons chose not to return to large gatherings. HHSO experienced a 31% decline in long-term patrons in 2021–2022 compared to pre-pandemic levels, improving gradually to 13% in 2022–2023, 4% in 2023–2024, and 3% in 2024–2025. Rebuilding this base has required targeted programming and marketing strategies.

Simultaneously, new offerings—jazz, cabaret, Gullah Geechee, and other diverse presentations—have attracted new audiences with varied interests. Many are likely to return and bring friends or family, amplifying HHSO's impact on tourism and the Island economy.

ATAX funding directly enabled HHSO to stabilize core programming while innovating

audience experiences, reinforcing the Orchestra's role as a cultural and economic driver for Hilton Head Island.

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

HHI ATAX funds are a vital and irreplaceable component of HHSO's operating revenues; without them, the Symphony could not maintain its high level of artistic excellence, public programming, or community and educational engagement, which is exceptional compared to orchestras in similarly sized communities such as Wheeling, WV, and York, PA. Many communities that are similar in size to Hilton Head Island do not have a professional symphony orchestra at all, making HHSO a standout institution. Tourists frequently praise HHSO for its professionalism and musical quality, comparable to major metropolitan symphonies.

According to the Americans for the Arts economic impact calculator, HHSO generated \$3,408,143 in total community impact in FY2025. With ATAX funds and additional public and private support, HHSO presented approximately 70 performances for both residents and visitors, attracting 24,702 attendees.

While Hilton Head Island draws tourists for its natural beauty and recreational opportunities, ATAX-supported HHSO programming enhances the Island's cultural profile, providing residents and visitors alike with world-class music experiences. These funds ensure that the Symphony continues to contribute meaningfully to the local economy, enrich community life, and reinforce Hilton Head Island as a destination for both leisure and cultural tourism.

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

We measure effectiveness through subscription and single ticket sales, individual contributions, and business sponsorships. COVID-19 shutdowns make comparisons with pre-pandemic seasons difficult, and one-time pandemic-related government support further complicates analysis. National orchestra advisors recommend using the 2021–2022 season as a baseline, noting that "FY19 is a foreign country. FY22 and FY23 comparisons are better indicators."

Comparing the 2024–2025 season with 2021–2022, live event attendance for Hilton Head Island events grew by 35.27% overall, 38.30% for tourists, 33.48% for visitors, and 34.70% for residents.

Individual support, after discounting significant one-time, non-operating gifts, was flat in 2022–2023, increased 8% in 2023–2024, and 9% in 2024–2025. Business sponsorships increased 45% in 2022–2023, decreased 2% in 2023–2024, and increased 20% in 2024–2025.

These metrics, combined with program-specific feedback and engagement data, allow HHSO to assess both overall activity and individual programs. As we celebrate our 44th season, we anticipate modest overall revenue growth of 4% in 2025–2026, reflecting the continued success of audience rebuilding, expanded programming, and the effectiveness of marketing strategies designed to attract both residents and visitors.

#### G. **EXECUTIVE SUMMARY**

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

(1300 words or less)

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

The Hilton Head Symphony Orchestra (HHSO) is the largest ongoing year-round musical attraction on Hilton Head Island, offering world-class performances and educational programs that enrich the community and draw visitors from beyond the Island. As we enter our 44th Anniversary Season, HHSO is deeply grateful for the historically reliable support provided through the Hilton Head Island Accommodation Tax grants. We respectfully request a \$10,000 increase (3%) for calendar year 2026 to continue expanding our impact on tourism and cultural engagement.

Since COVID-19, HHSO has introduced new initiatives to broaden the diversity of our programming and audiences. Competitions such as the Hilton Head International Piano Competition (HHIPC) and Youth Concerto Competition (YCC) directly attract visiting musicians and families who stay in local hotels, while presentations including the Hilton Head Chamber Music Institute (HHCMI), the Gullah Geechee Cultural Series (GGCS), Jazz in the Park, and Symphony Under the Stars enrich visitor experiences and appeal to both residents and tourists. These programs provide authentic cultural experiences, including music, storytelling, and visual arts, further establishing Hilton Head Island as a cultural destination.

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Despite weather-related challenges during the 2024–2025 season, which reduced attendance at several outdoor performances—tourists down 864 (17.64%), visitors down 931 (23.55%), and residents down 931 (23.55%)—HHSO exceeded attendance from the first full post-pandemic season in 2021–2022. Tourists grew by 1,117 (38.30%), visitors by 758 (33.48%), and residents by 3,034 (34.70%), reflecting successful audience rebuilding and the effectiveness of both programming and marketing strategies.

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We are grateful to the Accommodations Tax Advisory Committee for your volunteer service and careful consideration of HHSO's 2026 funding request.

Signature: Alan Jordan

Title/Position: President and CEO

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

Email Address: ajordan@hhso.org

Office Phone Number: 843-842-2055

Home Phone Number: 802-343-4265



# ATAX EFFECTIVENESS MEASUREMENT HILTON HEAD SYMPHONY ORCHESTRA, FY25

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

ТОРІС	THE PLAN		BUDGET	AC	TUAL SPENT	RESULTS
						When possible, provide planned results vs. actual
						results, and/or current year vs. prior year results .
PROGRAMMING						
Orchestra Series	Present nine pairs of orchestral	Ś	867,444.00	\$	902,561.00	With a 15.8% increase in total ticket sales, the HHSO has
	concerts at First Presbyterian	'	,		,	finally returned to pre-COVID sales figures in 2024-2025.
	Church, including a "Jjudy					(Sales \$\$ have already achieved parity; partly due to
	Garland Celebration," Holiday					increased prices.) 1,686 tourists (5% decrease) and 1,887
	Pops, and Carl Orff's "Carmina					visitors (10.6% increase) attended Orchestra Series
	Burana.					concerts out of 9,873 (0.8% increase) total attendees
						from whom zip codes were captured.
Total		\$	867,444.00	\$	902,561.00	
Hilton Head	Hold a three-year rotation of	\$	347,863.00	\$	368,056.00	The 8-day competition was successfully completed,
International Piano	the annual piano competition.					despite some international travel challenges. A physical
Competition	The 2025 event was the senior					injury prevented one competitor from participating.
	division, for competitors ages					Attendance was below historical norms, with some
	18 - 30.					cultural tourists not coming due to pandemic and travel
						(including international) concerns. Of the 1,160 ticketed attendees, 386 were tourists, and 176 were visitors.
						There was a marked decline in Canadian attendees. An
						additional 2,775 Beaufort County students and 290
						senior community members were served through the
						HHIPC Ambassadors community engagement programs.
						Total HHIPC impact was 4,225 people (77% increase over
						2024).
Total		\$	347,863.00	\$	368,056.00	
		Ι Υ	0.7,000.00	Υ	300,000.00	
SoundWaves	Produced ten Supper Club	\$	199,050.00	\$	223,972.00	Supper Club performances all sold out, and Gullah
presentations	presentations and added five					Cultural Series concerts were at 78% capacity.
	repeat performances due to					Overbudget expenses were due to added performances,
	demand, a 4-concert Gullah					all offset by overbudget revenue. Attendance decreased
	Cultural Series, a 3-concert					by 11.7% over FY24, partly due to fewer special events.
	BravoPiano! Recital series, and					Out of 1,675 total patrons, 124 tourists (8% decrease)
	several special events.					and 297 visitors (10.8% decrease) attended these presentations.
Total	1	\$	199,050.00	\$	223,972.00	presentations.
Symphony Under The	Present free outdoor concerts	\$	89,403.00	\$	80,366.00	The October concert was forced indoors due to
Stars Outdoor Pops	at Lowcountry Celebration					unseasonably cool temperatures, limiting attendance to
concerts	Park in October and April with					the capacity of First Presbyterian Church. The April
	some table seating for					concert experienced a rare "thermal inversion" that kept
	sponsors and purchase.					many would-be attendees home. Of the total estimated
						2,700 attendees (36% decrease) at both performances, 857 were tourists (64% decrease) and 361 were visitors
						(54% decrease). April Table seating sold out again.
						To the decrease, the rable seating sold out again.
Total	•	\$	89,403.00	\$	80,366.00	



# ATAX EFFECTIVENESS MEASUREMENT HILTON HEAD SYMPHONY ORCHESTRA, FY25

TOPIC	THE PLAN	BUDGET		ACTUAL SPENT		RESULTS
						When possible, provide planned results vs. actual results, and/or current year vs. prior year results .
Jazz In The Park Series	Present a free six-concert summer series at Lowcountry Celebration Park.	\$	19,665.00	\$	·	Weather played a factor, with two concerts performed under hot and stormy conditions and one moved indoors. Of the estimated 2,700 attendees (21.5% decrease), 851 were tourists (30% decrease) and 263 were visitors (46% decrease).
Total		Ś	19.665.00	Ś	23.597.00	

MARKETING				
Season Marketing	Retain marketing staff and add social media expertise to oversee all activities and launch an aggressive acquisition campaign.	\$ 62,495.00	\$ 67,902.00	There were 24,702 total in-person patrons, a 5.9% decrease. All of this is attributable to weather issues at outdoor performances; however, the decrease is less than statistics have shown for overall tourism during the same period. E-mail campaigns increased by 15%, while total e-mails sent increased by 50%. Social media interactions are trending upward in terms of consistency and overall presence. Out-of-area website users grew by 22%. Engaged website sessions increased by 6%, leading to a 22% decrease in bounce rate. We expanded rack card distribution at all SC interstate rest areas and maintained underwriting spots on SC Public Radio.
Total		\$ 62,495.00	\$ 67,902.00	

Total Budget to Actual

\$ 1,585,920.00 \$ 1,666,454.00

The Hilton Head Symphony Orchestra (HHSO) is the largest ongoing year-round musical attraction on Hilton Head Island, offering world-class performances and educational programs that enrich the community and draw visitors from beyond the Island. As we enter our 44th Anniversary Season, HHSO is deeply grateful for the historically reliable support provided through the Hilton Head Island Accommodation Tax grants. We respectfully request a \$10,000 increase (3%) for calendar year 2026 to continue expanding our impact on tourism and cultural engagement.

Since COVID-19, HHSO has introduced new initiatives to broaden the diversity of our programming and audiences. Competitions such as the Hilton Head International Piano Competition (HHIPC) and Youth Concerto Competition (YCC) directly attract visiting musicians and families who stay in local hotels, while presentations including the Hilton Head Chamber Music Institute (HHCMI), the Gullah Geechee Cultural Series (GGCS), Jazz in the Park, and Symphony Under the Stars enrich visitor experiences and appeal to both residents and tourists. These programs provide authentic cultural experiences, including music, storytelling, and visual arts, further establishing Hilton Head Island as a cultural destination.

Additional ATAX funding will allow HHSO to increase its budget for artistic talent, enhance outdoor productions at Lowcountry Celebration Park with improved theatrical lighting, and strengthen marketing through dedicated staff, targeted advertising, and expanded social media campaigns. Funding will also support ongoing digital marketing, e-mail acquisition, and a dedicated social media professional to engage new audiences and convert awareness into visitation.

Despite weather-related challenges during the 2024–2025 season, which reduced attendance at several outdoor performances—tourists down 864 (17.64%), visitors down 931 (23.55%), and residents down 931 (23.55%)—HHSO exceeded attendance from the first full post-pandemic season in 2021–2022. Tourists grew by 1,117 (38.30%), visitors by 758 (33.48%), and residents by 3,034 (34.70%), reflecting successful audience rebuilding and the effectiveness of both programming and marketing strategies.

HHSO presented approximately 70 performances, drawing a total audience of 227,631, including 24,702 live attendees. These numbers demonstrate that ATAX funding leverages ticket sales, individual and business contributions, and public funds to maximize economic and cultural impact. With continued ATAX support, HHSO will maintain and expand its role as a cultural and economic driver, attracting tourists, enriching the community, and reinforcing Hilton Head Island as a premier destination for music and culture.

We are grateful to the Accommodations Tax Advisory Committee for your volunteer service and careful consideration of HHSO's 2026 funding request.

### Hilton Head Symphony Orchestra Board of Directors

Minutes of Annual Meeting, Thursday, May 22, 2025

The meeting was called to order by Chair Mary Princing at 9:33 am.

In attendance were Directors Rabbi Brad Bloom, Ingrid Boatright, Joan Dattelbaum, Wayne Effron, Jay Elliot, Carol Hack, Art Handman, Bret Jacobowitz, Mary Princing, Connie Rathman, Charles Sampson, Barbara Harris Sorkin, and Blake White; ex offico members Terry Hicks and Mario Incorvaia; President and CEO Alan Jordan, and Secretary pro tem Julie Williams. Attending virtually were Bob Cherichella, Ed Simmons, and ex-officio member Steve Shaiman. After the first agenda item (election of new Directors), Judy Bluestone, Chad Martin, Peggi Moon and Sarah Meyer joined the meeting.

#### **Board Development Report—Election of Directors and Officers**

Three Directors who had served first terms were nominated to serve a second 3-year term: Carol Hack, Bret Jacobowitz and Charles Sampson. It was moved by Rathman and seconded by Dattelbaum that they all be elected to a second term; motion passed.

The Board Development Committee had worked throughout the year to identify and vet potential new Directors, arriving at a slate of seven whose biographies were part of this month's packet: Judy Bluestone, Dale Hamilton, Mona Huff, Chad Martin, Sarah Meyer, Peggi Moon and Regina Silletti. It was moved by Sampson and seconded by Rathman that all be elected to first 3-year term; motion passed.

It was moved by Jacobowitz and seconded by Handman that the following six people serve as HHSO's Executive Committee (Officers) for FY26: Mary Princing, Chair; Vice Chairs Charles Sampson, Strategic Planning, Bob Cherichella, Resource Development, Art Handman, Treasurer, Carol Hack, Secretary; and Alan Jordan, President and CEO; motion passed.

The Bylaws allow for the addition of a person to the Executive Committee to serve as a member-at-large. Given the number of people who will be rolling off this committee next year, it was decided to take advantage of this option to "season" an individual who could then more quickly become a productive officer next year. It was moved by Handman and seconded by Cherichella that Ed Simmons be elected to the FY26 Executive Committee as a member-at-large; motion passed.

#### **Consent Agenda**

The consent Agenda was composed of five items: minutes of the April 24 Board meeting, the President and CEO's report, reports from the Resource Development and HHIPC committees, and a report from the League. Jordan added three items to the President's report for the record; confirmation of a fully executed contract for Music Director John Morris Russell through the 2027-2028 season, confirmation of a new Collective Bargaining Agreement with the Musicians' union through the 2027-2028 season (pending ratification), and approval of our Bluffton ATAX request in the amount of \$48,781, which will help pay for two concerts off-island next season. Princing praised the hardworking trio (Jordan, Incorvaia and Handman) who worked long hours to finalize the musicians' contract. It was moved by Hack and seconded by Boatright that the consent agenda be approved as amended; motion passed.

#### **Financial Report**

This month's packet contained the customary four documents: the balance sheet, the P&L, a cash flow projection, and a narrative. Treasurer Handman called out a few items and then the floor was opened to questions, the first of which concerned the definitions of various categories on these reports. These can be found in the narrative accompanying the balance sheet. Another question concerned our bottom line at the end of this fiscal year. We expect to meet the budgeted number of \$13,951. Another question related to the amortization (depreciation) of the SoundWaves renovations (approximately \$120,000 annually) which will end after the first quarter next year. The Q&A led to an invitation for all Directors to attend a meeting(s) of the Finance Committee (either in person or virtually) in order to become more familiar with our reporting. Additionally, Handman reminded the group that we are committed to a more streamlined reporting process for board packets, but this will wait until the new Finance Manager is on board. It was moved by Handman and seconded by Jacobowitz that this month's financial reports be approved as submitted.

#### **Budget Approval**

It was moved by White and seconded by Sampson that the FY26 budget be approved.

#### **Strategic Planning**

Sampson presented HHSO's Vision and Mission statements as agreed to at the final meeting of the Strategic Planning Committee. The Mission statement built on the organization's previous vision. The vision statement is new.

Mission

To inspire, enrich and unite the Lowcountry through excellent live music that is embraceable by all Vision

Music for Everyone Everywhere

It was moved by White and seconded by Hack that the new Vision and Mission be accepted; motion passed.

Also presented was a set of core values the HHSO "values and celebrates": Artistry, Collaboration, Community, Diversity and Stewardship. There was consensus that Education, while it could be understood to be a part of several other values, be added as its own value. It was moved by Hack and seconded by Hicks that the new Core Values, with the addition of Education, be accepted; motion passed.

#### 2025-2026 Meeting Schedule

The packet contained the proposed meeting schedule for next season's Board meetings. Jordan requested that anyone with a conflict notify him by June 2. Princing asked that new Directors save September 11 for an orientation session.

#### **Approval of Upcoming Grant Applications**

It was moved by Handman, and seconded by White, that staff be authorized to submit grant applications with summer deadlines to the 2% State Accommodations Tax Committee (Beaufort County; amount TBD) and Hilton Head Island Accommodation Tax Advisory Committee (\$360,000); motions passed.

#### **Old Business**

Incorvaia reported that a second date (June 5) has been added to the last Supper Club of the season.

**Shaiman** reported that HHIPC's first place winner's finale performance with the HHSO will be broadcast on public radio today. Six HHIPC alums are among the 30 finalists of this year's Cliburn Competition which starts today with all performances livestreamed. Lastly, he reminded everyone to attend one or more of the Chamber Music Institute's faculty and student public performances. CMI will be in residence at SoundWaves June 11 – 21.

#### **New Business**

Jordan asked Directors to take rack cards and posters for our Jazz in the Park series which starts June 24 and ends September 2.

#### **Recognition of Retiring Directors**

The meeting concluded with heartfelt and personal recognition from both Jordan and Princing for our four retiring Directors: Joan Dattelbaum, Jay Elliot, Connie Rathman, and Barbara Harris Sorkin. Each received a plaque and personal gift.

#### Adjournment

The meeting was adjourned by consent at 10:32 am.

The next meeting is Thursday, September 25 at 9:30 am at Soundwaves (socializing at 9:15).

Respectfully submitted,

Julie Williams, Secretary pro tem



# HILTON HEAD SYMPHONY ORCHESTRA OPERATING BUDGET, FY26 (July 1, 2025 - June 30, 2026)

## APPROVED MAY 22, 2025

		ORCH.	(	OUTDR.						SOUND				
		SERIES		PERF.		HHIPC		EdCE		WAVES		ADMIN.		TOTAL
Ticket Sales and Contract Fees	\$	624,466	\$	28,000	\$	65,750	\$	52,670	\$	133,811	\$	-	\$	904,697
	_	24= 660	_	440 =4=	_	255 222			_		_	201.22	_	
Annual Fund	\$	215,669	\$	119,715	\$	265,293	\$	108,544	\$	40,888	\$	984,385	Ş	1,734,494
Investment Income	\$		\$		\$	21,720	\$	22,636	\$		\$	22,600	\$	66,956
investment meome	Υ		~		7	21,720	7	22,030	~		7	22,000	Υ	00,550
Misc Income	\$	-	\$	-	\$	2,450	\$	-	\$	9,500	\$	35,000	\$	46,950
		040 40=		445 545	_		_	400.050	_	101100	_	1 0 1 1 0 0 1	_	
TOTAL INCOME	\$	840,135	\$	147,715	\$ 	355,213	\ <b>\$</b>	183,850	\$	184,199	\$	1,041,984	\$	2,753,097
Artistic Evanges	۲	817,824	\$	02 100	۲	146,025	\$	72 002	\$	39,770	\$	156.645	Ļ	1 227 176
Artistic Expenses	Ş	817,824	Ş	93,109	Ş	140,025	Ş	73,802	Ş	39,770	Ş	156,645	Þ	1,327,176
Production Expenses	\$	88,473	\$	61,905	\$	53,808	\$	5,697	\$	49,168	\$	47,716	\$	306,767
·														
Education and Community Engagement Expenses	\$	-	\$	-	\$	89,086	\$	43,012	\$	-	\$	-	\$	132,099
Marketing Expenses	\$	41,928	\$	8,205	\$	27,635	\$	4,996	\$	_	\$	51,016	\$	133,779
Ividi Ketilig Experises	٧	41,320	۲	0,203	۲	27,033	۲	4,550	۲		۲	31,010	<b>ب</b>	133,773
Development Expenses	\$	-	\$	-	\$	34,500	\$	-	\$	-	\$	1,000	\$	35,500
Administrative Expenses	\$	-	\$	-	\$	-	\$	250	\$	113,598	\$	653,465	\$	767,312
TOTAL EXPENSE	Ś	948,226	Ś	163,219	Ś	351,054	\$	127,756	Ś	202,536	Ś	909,841	Ś	2,702,632
CASH NET		(108,091)	\$	(15,504)	_	4,159	\$	56,094	\$	(18,337)	_	132,143	\$	50,464
		<u> </u>		<u> </u>			İ	-	-					<u> </u>
NON-CASH ACTIVITY														
Unrealized Gain/Loss	\$	-	\$	-			\$	-	\$	-	\$	-	\$	-
Depreciation Expense	\$	-	\$	-			\$	-	\$	-	\$	(40,060)		(40,060)
TOTAL NON-CASH ACTIVITY	\$	-	\$	-	\$	-	\$	-	\$	-	\$	(40,060)	\$	(40,060)
NET	\$	(108,091)	Ś	(15,504)	Ś	4,159	\$	56,094	\$	(18,337)	Ś	92,083	\$	10,404

#### DRAFT

### HILTON HEAD SYMPHONY ORCHESTRA, INC. STATEMENT OF ACTIVITIES AND CHANGES IN NET ASSETS Years Ended June 30, 2025 and 2024

	2025							
	Without Donor Restrictions			Vith Donor Lestrictions		Total		ummarized nformation 2024
REVENUE AND SUPPORT								
Admissions	\$	795,924	\$	-	\$	795,924	\$	732,419
Contributions and grants		800,899		218,727		1,019,626		980,704
Government support		525,647		-		525,647		426,616
Fundraising and other support		228,656		53,204		281,860		242,734
Investment income		40,398		90,897		131,295		137,260
Restrictions satisfied by payments		302,828		(302,828)		_		
Total Revenue and Support	2,694,352		60,000		2,754,352			2,519,733
EXPENSES								
Program		2,028,739		-		2,028,739		1,917,294
Management and general		810,006		-		810,006		721,378
Marketing and development		98,331		_		98,331		105,876
Total Expenses		2,937,076		-		2,937,076		2,744,548
INCREASE (DECREASE) IN NET ASSETS		(242,724)		60,000		(182,724)		(224,815)
NET ASSETS AT BEGINNING OF YEAR		267,258		912,723	_	1,179,981		1,404,796
NET ASSETS AT END OF YEAR	\$	24,534	\$	972,723	\$	997,257	\$	1,179,981

DRAFT
HILTON HEAD SYMPHONY ORCHESTRA, INC.
STATEMENTS OF FUNCTIONAL EXPENSES
Years Ended June 30, 2025 and 2024

	_	Program Services		Management and General		Marketing and Development	_	Total		ammarized aformation 2024
Salaries and wages	\$	637,044	\$	391,967	\$	2,292	\$	1,031,303	\$	1,085,482
Payroll taxes and related benefits		102,487	_	31,558		185		134,230		137,009
Total payroll and benefits		739,531		423,525		2,477		1,165,533		1,222,491
Facilities cost		270,387		85,107		-		355,494		295,539
Contract services		371,981		28,943		-		400,925		381,008
Marketing and advertising		61,751		61,751		-		123,502		135,161
Performance production costs		166,962		-		-		166,962		138,816
Travel and lodging		172,921		-		-		172,921		155,919
Prizes, judges and awards		94,997		-		-		94,997		5,305
Fundraising		-		-		93,029		93,029		85,143
Office		8,476		33,456		2,825		44,757		41,219
Bank fees		-		18,719		-		18,719		22,738
Depreciation and amortization		90,051		38,593		-		128,644		129,325
Other		51,682	_	119,911	_	<u> </u>	_	171,593	_	131,884
Total expenses	\$	2,028,739	\$	810,006	\$	98,331	\$	2,937,076	\$	2,744,548

# HILTON HEAD SYMPHONY ORCHESTRA, INC. STATEMENTS OF FINANCIAL POSITION As of June 30, 2025 and 2024

ASSETS		mmarized formation
Current Assets	2025	2024
Cash and equivalents	\$ 587,545	\$ 538,708
Pledge and other receivables	21,018	20,573
Prepaid expenses	 9,782	 20,758
Total Current Assets	 618,345	 580,039
Property And Equipment		
Furniture, fixtures and equipment	144,385	140,360
Leasehold improvements	841,252	841,252
Accumulated depreciation	 (894,747)	 (766,193)
Total Property And Equipment	 90,890	 215,419
Other Assets		
Foundation endowment fund	237,952	229,212
Investments:		
Board designated quasi-endowment fund	209,497	297,039
Donor restricted	 734,771	 683,511
Total Investments	 944,268	 980,550
Operating lease right-of-use-asset	499,516	123,077
Intangible assets, net of amortization	1,725	-
Security deposits	 17,790	 17,790
TOTAL ASSETS	\$ 2,410,486	\$ 2,146,087
LIABILITIES AND NET ASSETS		
Current Liabilities		
Accounts payable	\$ 35,570	\$ 8,268
Line of credit	100,000	100,000
Operating lease liability	173,077	123,077
Payroll taxes payable	12,514	9,987
Deferred ticket revenues	277,485	259,380
Deferred contribution and fundraising revenues	 488,144	 465,394
Total Current Liabilities	 1,086,790	 966,106
Operating lease liability, net of current portion	 326,439	 <u>-</u>
TOTAL LIABILITIES	 1,413,229	 966,106
Net Assets		
Without donor restrictions	24,534	267,258
With donor restrictions	 972,723	 912,723
Total Net Assets	 997,257	 1,179,981
TOTAL LIABILITIES AND NET ASSETS	\$ 2,410,486	\$ 2,146,087

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

			2024				
	thout Donor estrictions	With Donor Restrictions					ummarized information 2023
REVENUE AND SUPPORT							
Admissions	\$ 732,419	\$	-	\$	732,419	\$	595,360
Contributions and grants	761,977		218,727		980,704		1,214,463
Government support	426,616		-		426,616		532,882
Fundraising and other support	181,556		61,178		242,734		199,787
Investment income	55,144		82,116		137,260		100,099
Restrictions satisfied by payments	 316,093		(316,093)		_		_
Total Revenue and Support	 2,473,805	N.	45,928		2,519,733	-	2,642,591
EXPENSES							
Program	1,917,294		-		1,917,294		1,968,744
Management and general	721,378		-		721,378		671,119
Marketing and development	105,876		-		105,876		97,821
Total Expenses	2,744,548		-		2,744,548		2,737,684
INCREASE (DECREASE) IN NET ASSETS	(270,743)		45,928		(224,815)		(95,093)
NET ASSETS AT BEGINNING OF YEAR	 564,063	3	840,733		1,404,796		1,499,889
NET ASSETS AT END OF YEAR	\$ 293,320	\$	886,661	\$	1,179,981	\$	1,404,796

# HILTON HEAD SYMPHONY ORCHESTRA, INC. STATEMENTS OF FUNCTIONAL EXPENSES Years Ended June 30, 2024 and 2023

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

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

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

See accompanying notes and independent auditor's report.

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

				2023				
		hout Donor	With Donor Restrictions			Total		mmarized formation 2022
REVENUE AND SUPPORT	ø	505.260	dr.		\$	595,360	\$	538,343
Admissions	\$	595,360	\$	-	'n	393,300	Ψ	201,600
PPP loan forgiveness		-		-		. 0.14.462		-
Contributions and grants		871,394		343,069		1,214,463		1,104,313
Government support		532,882		-		532,882		909,576
Fundraising and other support		169,727		30,060		199,787		252,074
Investment income (loss)		31,815		68,284		100,099		(119,705)
Restrictions satisfied by payments		330,520		(330,520)		-		
Total Revenue and Support		2,531,698		110,893		2,642,591		2,886,201
EXPENSES								
Program		1,968,744		-		1,968,744		1,790,957
Management and general		671,119		-		671,119		648,133
Marketing and development		97,821		-		97,821		76,619
Total Expenses		2,737,684		<u>-</u>		2,737,684		2,515,709
INCREASE (DECREASE) IN NET ASSETS		(205,986)		110,893		(95,093)		370,492
NET ASSETS AT BEGINNING OF YEAR		770,049		729,840	_	1,499,889		1,129,397
NET ASSETS AT END OF YEAR	<u>\$</u>	564,063	\$	840,733	<u>\$</u>	1,404,796	\$	1,499,889

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

Years Ended June 30, 2023 and 2022

			20	23			
	Program Services	-	Management and General	Marketing and Development	<del></del>	Total	 immarized formation 2022
Salaries and wages	\$ 710,	359 \$	324,371	\$ 36,563	\$	1,071,293	\$ 966,358
Payroll taxes and related benefits	111,	718	27,142	3,059		141,919	 129,763
Total payroll and benefits	822,	)77	351,513	39,622		1,213,212	1,096,121
Facilities cost	274,	949	67,533	-		342,482	343,272
Contract services	306,	738	16,024	-		322,762	293,946
Marketing and advertising	74,	589	74,689	-		149,378	130,609
Performance production costs	129,	920		-		129,920	154,277
Travel and lodging	156,	297	**	-		156,297	61,965
Prizes, judges and awards	63,	489		-		63,489	87,832
Fundraising		-	-	55,364		55,364	64,134
Office	8,	504	36,575	2,835		47,914	45,041
Bank fees		-	16,851	-		16,851	15,605
Depreciation	90,	723	38,881	-		129,604	129,449
Other	41	358	69,053			110,411	 93,458
Total expenses	\$ 1,968	744 \$	671,119	\$ 97,821	\$	2,737,684	\$ 2,515,709

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

ASSETS				nmarized ormation
Current Assets		2023	****	2022
Cash and equivalents	\$	537,607	\$	548,267
Pledge and other receivables	·	28,250		1,500
Prepaid expenses		11,801		13,482
Total Current Assets		577,658		563,249
Property And Equipment				
Furniture, fixtures and equipment		138,226		137,208
Leasehold improvements		841,252		841,252
Accumulated depreciation		(636,868)		(507,263)
Total Property And Equipment		342,610		471,197
Other Assets				
Foundation endowment fund		218,330		214,074
Investments:				
Board designated quasi-endowment fund		332,001		180,687
Donor restricted		622,393		515,768
Total Investments		954,394		696,455
Operating lease right-of-use-asset		201,917		17.700
Security deposits		17,790		17,790
TOTAL ASSETS	<u>\$</u>	2,312,699	\$	1,962,765
LIABILITIES AND NET ASSETS				
Current Liabilities				
Accounts payable	\$	13,392	\$	17,944
Line of credit		50,000		-
Operating lease liability		131,521		
Payroll taxes payable		10,683		13,230
Deferred ticket revenues		195,539		163,962
Deferred contribution and fundraising revenues		436,372		267,740
Total Current Liabilities	***************************************	837,507		462,876
Operating lease liability, net of current portion		70,396	<del></del>	_
TOTAL LIABILITIES		907,903	***************************************	462,876
Net Assets				
Without donor restrictions:				
Undesignated		232,062		589,362
Board designated		332,001		180,687
Total Net Assets Without Donor Restrictions		564,063		770,049
With donor restrictions		840,733		729,840
Total Net Assets		1,404,796		1,499,889
TOTAL LIABILITIES AND NET ASSETS	\$	2,312,699	\$	1,962,765

Internal Revenue Service District Director

Date: September 25, 1999

Hilton Head Orchestra, Inc. PO Drawer 5757 301 The Courtyard Hilton Head Island, SC 29938

#### Department of the Treasury

P. O. Box 2508 Cincinnati, OH 45201

Person to Contact:

Judy Simonson 31-04016
Customer Service Representative

Telephone Number: 877-829-5500

Fax Number:

613-263-3756

Federal Identification Number:

57-0761297

#### Dear Sir or Madam:

We have received you notice of address change. Our records have been changed to reflect your new address as shown above.

Our records indicate that a determination letter issued in December 1984 granted your organization exemption from federal income tax under section 501(c)(3) of the Internal Revenue Code. That letter is still in effect.

Based on information subsequently submitted, we classified your organization as one that is not a private foundation within the meaning of section 509(a) of the Code because it is an organization described in section 509(a)(1) and 170(b)(1)(A)(vi).

This classification was based on the assumption that your organization's operations would continue as stated in the application. If your organization's sources of support, or its character, method of operations, or purposes have changed, please let us know so we can consider the effect of the change on the exempt status and foundation status of your organization.

Your organization is required to file Form 990, Return of Organization Exempt from Income Tax, only if its gross receipts each year are normally more than \$25,000. If a return is required, it must be filed by the 15th day of the fifth month after the end of the organization's annual accounting period. The law imposes a penalty of \$20 a day, up to a maximum of \$10,000, when a return is filed late, unless there is reasonable cause for the delay.

All exempt organizations (unless specifically excluded) are liable for taxes under the Federal Insurance Contributions Act (social security taxes) on remuneration of \$100 or more paid to each employee during a calendar year. Your organization is not liable for the tax imposed under the Federal Unemployment Tax Act (FUTA)

Organizations that are not private foundations are not subject to the excise taxes under Chapter 42 of the Code. However, these organizations are not automatically exempt from other federal excise taxes.

Donors may deduct contributions to your organization as provided in section 170 of the Code. Bequests, legacies, devises, transfers, or gifts to your organization or for its use are deductible for federal estate and gift tax purposes if they meet the applicable provisions of sections 2055, 2108, and 2522 of the Code.

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

Date:

FEB 0 8 2007

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

Jo Ann Cunningham ID# 31-07757

Toli Free Telephone Number:

877-829-5500

**Employer Identification Number:** 

57-0761297

#### Dear Sir or Madam:

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

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

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

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

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

Sincerely,

Cind Westcott

amon Wester

Manager, Exempt Organizations

Determinations

990

**Return of Organization Exempt From Income Tax** 

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

**2023** 

Department of the Treasury Internal Revenue Service

OMB No. 1545-0047 Open to Public Inspection Go to www.irs.gov/Form990 for instructions and the latest information.
or tax year beginning 07/01/23 and ending 06/30/24

<u> </u>	ror the	<u>e 2023 c</u>	alendar year, or tax year beginning 07/01/23, and ending 00/30/2	<u> </u>							
В	Check if a	applicable:	C Name of organization		D Employe	r identification number					
	Address c	change	Hilton Head Symphony Orchestra Inc								
Ħ	Name cha	ango	Doing business as		57-0	761297					
=	Name una	arige	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	E Telephone						
_	Initial retu		7 Lagoon Road, Suite 100		843-	842-2055					
	Final retur terminated		City or town, state or province, country, and ZIP or foreign postal code								
$\neg$			Hilton Head Island SC 29928		<b>G</b> Gross rec	eipts \$ 2,434,196					
=	Amended		F Name and address of principal officer:	114 ) la Haia a ann		subordinates? Yes X No					
	Application	n pending	Alan Jordan	H(a) Is this a gro	oup return for s						
			7 Lagoon Road, Suite 100	H(b) Are all sub	ordinates incl	uded? Yes No					
			Hilton Head Island SC 29928	If "No,"	attach a list.	See instructions					
ı	Tax-exen	npt status:	<b>X</b> 501(c)(3) 501(c) ( ) (insert no.) 4947(a)(1) or 527								
J	Website:	. W	ww.HHSO.org	H(c) Group exe	mption numbe	er					
ĸ	Form of o	organization:	X Corporation Trust Association Other L Y	ear of formation: 1		M State of legal domicile: SC					
	Part I		mmary			J					
			scribe the organization's mission or most significant activities:								
a	' '		Schedule O								
ü											
rna											
Governance	2 (	Check thi	s box if the organization discontinued its operations or disposed of more than 25%	of its not asset							
			function mambars of the governing body (Port VI line 16)		ا ہا	19					
ە س			f voting members of the governing body (Part VI, line 1a)		⊢	19					
Activities	4	Tatal accord	If independent voting members of the governing body (Part VI, line 1b)		. 5	155					
Ξ̈́	1		ber of individuals employed in calendar year 2023 (Part V, line 2a)			446					
A			ber of volunteers (estimate if necessary)		6						
	/a	lotal unre	elated business revenue from Part VIII, column (C), line 12			0					
	l d	Net unrela	ated business taxable income from Form 990-T, Part I, line 11	Prior Yea	7b	Current Year					
		Cantributi	one and grants (Part VIII, line 1h)	1,917		1,588,876					
ne		Draaram	ons and grants (Part VIII, line 1h)		5,360	732,419					
Revenue	9 1	Program	service revenue (Part VIII, line 2g)			51,723					
Re	10 1	nvestmer	nt income (Part VIII, column (A), lines 3, 4, and 7d)	63,899 19,305							
	1		enue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)								
			enue – add lines 8 through 11 (must equal Part VIII, column (A), line 12)	4,593	635	2,405,274					
	1		d similar amounts paid (Part IX, column (A), lines 1–3)			0					
			aid to or for members (Part IX, column (A), line 4)	1 011	010	1 000 400					
es			other compensation, employee benefits (Part IX, column (A), lines 5-10)	1,213	3,212	1,222,493					
Expenses	16a F	Profession	nal fundraising fees (Part IX, column (A), line 11e)			0					
ă			Iraising expenses (Part IX, column (D), line 25) 76,954								
Ш			enses (Part IX, column (A), lines 11a-11d, 11f-24e)		3,716						
	18	Total exp	enses. Add lines 13–17 (must equal Part IX, column (A), line 25)	2,726		2,715,627					
	19 F	Revenue	less expenses. Subtract line 18 from line 12		L,293	-310,353					
Net Assets or Fund Balances	2 -		- (2 . ) (	Beginning of Cur		End of Year					
Sset	20		ets (Part X, line 16)	2,312		2,146,087					
PA-	21		lities (Part X, line 26)		7,904	966,106					
			s or fund balances. Subtract line 21 from line 20	1,404	±,/96	1,179,981					
	Part II		nature Block								
			erjury, I declare that I have examined this return, including accompanying schedules and statement	,	,	owledge and belief, it is					
ur	ue, corre	T and CC	mplete. Declaration of preparer (other than officer) is based on all information of which preparer h	as any knowiedg	<del>c</del> .						
٠.		<u></u>									
Sig	-	Signature			Date						
He	re	I —	Jordan President	and CEO							
		<u> </u>	rint name and title								
_		Print/Type	preparer's name Preparer's signature	Date	Check	if PTIN					
Pai		Patric	k P. Carey, Jr., CPA Patrick P. Carey, Jr., CPA		self-em						
	parer	Firm's nar	Carey & Company P.A.	F	irm's EIN	57-0927046					
Use	Only		70 Main Street, Suite 100			<u> </u>					
		Firm's add	Hilton Head Island, SC 29926		hone no.	843-681-4430					
May	y the IR		s this return with the preparer shown above? See instructions			X Yes No					

Form	990 (2023) Hilton Head Symphony Orchestra Inc 57-0761297	Page 2
Pa	rt III Statement of Program Service Accomplishments	
	Check if Schedule O contains a response or note to any line in this Part III	<u> </u>
T. Y	Briefly describe the organization's mission: The HHSO inspires audiences with musical excellence, enriches lead to be a community performances, and unites the Lorentz and cultural destination.	wcountry as
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.	
	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.	
P: H J: C' C'	(Code: )(Expenses \$ 1,917,295 including grants of \$ ) (Revenue \$ 2 rovided 77 live performances including 18 Orchestra Series condition Head International Piano Competition events, 9 free Outdo azz In The Park presentations, 15 Supper Club performances, 6 cultural Series and 4 special SoundWaves presentations, a Youth competition, 2 Young Persons Concerts, a Holiday Pops program is and a 10-day Chamber Music Institute with 11 live performances.	certs, 10 oor Pops and Gullah Concerto n Bluffton,
	(Code: ) (Expenses \$ including grants of \$ ) (Revenue \$	)
IA	I/A	
	·	
	*	
	*	
	*	
4c	(Code: ) (Expenses \$ including grants of \$ ) (Revenue \$	)
N	I/A	
	***************************************	
	•	
	•	
	***************************************	
	*	
	•	
	•	
	•	
14	Other program services (Describe on Schedule O.)	
4U		1
4e	(Expenses \$ including grants of \$ ) (Revenue \$ Total program service expenses 1,917,295	

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"			
	complete Schedule A	1_	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to			
	candidates for public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)			
	election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,	_		
	assessments, or similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors			
	have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If	_		3,5
_	"Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	l _		•
•	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,"			v
•	complete Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a			
	custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or			x
10	debt negotiation services? If "Yes," complete Schedule D, Part IV	9		
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi-endowments? If "Yes," complete Schedule D, Part V	10	x	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,	10	Λ	
'''	VII, VIII, IX, or X, as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes,"</i>			
u	complete School de D. Dort VII	11a	х	
b	Did the organization report an amount for investments—other securities in Part X, line 12, that is 5% or more	110		
~	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	11.0		
_	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	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		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	X	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If			
	"Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,			
	fundraising, business, investment, and program service activities outside the United States, or aggregate			
	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or			
	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other			
	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on			
	Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on			
	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	X	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?			
	If "Yes," complete Schedule G, Part III	19		X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			v
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		X

Form 990 (2023) Hilton Head Symphony Orchestra Inc 57-0761297 Checklist of Required Schedules (continued) Yes No Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on X 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 and former officers, directors, trustees, key employees, and highest compensated X employees? If "Yes," complete Schedule J 23 Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a X **b** Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? 24b Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? 24c d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? 24d Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I X b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? X If "Yes," complete Schedule L, Part I 25b Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II X 26 Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these X persons? If "Yes," complete Schedule L, Part III 27 Was the organization a party to a business transaction with one of the following parties? (See the Schedule L, Part IV, instructions for applicable filing thresholds, conditions, and exceptions). A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV 28a **b** A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV Х A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If "Yes," complete Schedule L, Part IV 28c Did the organization receive more than \$25,000 in noncash contributions? If "Yes," complete Schedule M 29 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I 31 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," X complete Schedule N, Part II 33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I X Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, 34 X Did the organization have a controlled entity within the meaning of section 512(b)(13)? 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 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable X related organization? If "Yes," complete Schedule R, Part V, line 2 Did the organization conduct more than 5% of its activities through an entity that is not a related organization X and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and X 19? Note: All Form 990 filers are required to complete Schedule O. 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 65 1a Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable

Did the organization comply with backup withholding rules for reportable payments to vendors and

reportable gaming (gambling) winnings to prize winners?

Form **990** (2023)

Pa	art 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 155			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over,			
	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X
b	If "Yes," enter the name of the foreign country			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		Х
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			
	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or			
	gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods		37	
	and services provided to the payor?	7a	X	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	Х	
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	_		v
	required to file Form 8282?	7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year	7.		v
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e 7f		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?			X
g h	If the organization received a contribution of qualified intellectual property, did the organization file a Form 1098-C?	7g 7h		X
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the	/ 11		71
·	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on Part VIII, line 12			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
11	Section 501(c)(12) organizations. Enter:			
а	Gross income from members or shareholders 11a			
b	Gross income from other sources. (Do not net amounts due or paid to other sources			
	against amounts due or received from them.)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	-		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	<b>Note:</b> See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which			
_	the organization is licensed to issue qualified health plans  Enter the amount of reserves on hand  13b  13c	-		
с 14а	Enter the amount of reserves on hand  Did the organization receive any payments for indoor tanning services during the tax year?	14a		Х
14a b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14a		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or	1-10		
	excess parachute payment(s) during the year?	15		x
	If "Yes," see instructions and file Form 4720, Schedule N.			
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		х
-	If "Yes," complete Form 4720, Schedule O.			
17	Section 501(c)(21) organizations. Did the trust, any disqualified or other person engage in any activities			
	that would result in the imposition of an excise tax under section 4951, 4952 or 4953?	17		
	If "Yes," complete Form 6069.			

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

000	tion At Coverning Body and Management					NI.
4.		ایدا	19		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	1a		$\dashv$		
	if the governing body delegated broad authority to an executive committee or similar					
	committee, explain on Schedule O.					
b	Enter the number of voting members included on line 1a, above, who are independent	1b	19			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with			$\dashv$		
_	any other officer, director, trustee, or key employee?			2		х
3	Did the organization delegate control over management duties customarily performed by or under the direct			-		
3	guneration of officers directors tructors or key employees to a management company or other person?			3		х
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed			4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?			5		X
6	Did the expenization have members or steel/helders?			6		X
7a	Did the organization have members of stockholders, or other persons who had the power to elect or appoint					
, u	and or more members of the governing hadv?			7a		х
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,			٠.٣		
	etockholders or persons other than the governing body?			7b		х
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year					
а		-	_	8a	х	
b	Each committee with authority to get an habelf of the governing hady?			8b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at			100		
	the organization's mailing address? If "Yes," provide the names and addresses on Schedule O			9		х
Sec	tion B. Policies (This Section B requests information about policies not required by the Intel			Code.)		
				,	Yes	No
10a	Did the organization have local chapters, branches, or affiliates?			10a		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,					
	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?			10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing			11a	Х	
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.					
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13			12a	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give ris			12b	Х	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"					
	describe on Schedule O how this was done			12c	X	
13	Did the organization have a written whistleblower policy?			13		X
14	Did the organization have a written document retention and destruction policy?			14		X
15	Did the process for determining compensation of the following persons include a review and approval by					
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?					
а	The organization's CEO, Executive Director, or top management official			15a	X	
b	Other officers or key employees of the organization			15b	X	
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.					
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement					
	with a taxable entity during the year?			16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its					
	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the					
	organization's exempt status with respect to such arrangements?			16b		
Sec	tion C. Disclosure					
17	List the states with which a copy of this Form 990 is required to be filed SC					
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (se	ection :	501(c)			
	(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.					
	X Own website Another's website X Upon request Other (explain on Schedule O)					
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of inter-	est po	licy,			
	and financial statements available to the public during the tax year.					
20	State the name, address, and telephone number of the person who possesses the organization's books and reco	rds.				
	usan Strange 7 Lagoon Road		0.4	2 04	2 2	^ F F
H:	ilton Head Island SC 2992	Ö	84	3-84	<b>_</b>	ひつう

orm 990 (2023)	Hilton	Head	Symphony	Orchestra	Tnc	57-0761297
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Daga	_/

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

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

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

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

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

	1	<del></del>								
(A) Name and title	(B) Average hours per week	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee) Officer  Officer Institutional trustee					an e)	<b>(D)</b> Reportable compensation from the	<b>(E)</b> Reportable compensation from related	(F) Estimated amount of other compensation
	(list any hours for related organizations below dotted line)		Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/ 1099-MISC/ 1099-NEC)	organizations (W-2/ 1099-MISC/ 1099-NEC)	from the organization and related organizations
(1) Alan Jordan										
President and CEO	40.00					x		147,694	0	0
(2) Rabbi Brad Bloom										
<u></u>	2.00									
Board Member	0.00	X						0	0	0
(3) Ingrid Boatright	2.00									
Board Member	0.00	X						0	0	0
(4) Bob Cherichella										
•	3.00									
V-Chair Res Develop	0.00	X		X				0	0	0
(5) Joan Dattelbaum										
Daniel March and	2.00	x						0		0
Board Member (6) Wayne Effron	0.00	^						0	0	0
(0) Wayne Errion	2.00									
Board Member	0.00	X						0	0	0
(7) John Elliot										
	2.00							_	_	_
Board Member	0.00	X						0	0	0
(8) Carolyn Hack	3.00									
Secretary	0.00	X		$\mathbf{x}$				0	0	0
(9) Arthur Handman										
•	3.00									
Treasurer	0.00	X		X				0	0	0
(10) Terry Hicks	0.00									
Board Member	2.00	x						0	0	0
(11) Gloria Holmes	0.00	^						0	0	0
(, 525224 115211165	2.00									
Board Member	0.00	X						0	0	0
										Form 990 (2022)

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Part VII Section A. Officers	, Directors, Tru	stee	s, K	ey E	mpl	oyee	es,	and Highest Compensated	Employees (continued)			
(A) Name and title	(B) Average hours per week	bo	x, unle	Pos check ess pe	rson i	than c s both or/trusto	an	n Reportable	(E) Reportable compensation from related		(F) nated amou of other mpensation	ınt
	(list any hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	TO I I I	organization (W-2/ 1099-MISC/ 1099-NEC)	organizations (W-2/ 1099-MISC/ 1099-NEC)	orga	from the inization an l organizati	
(12) Mario Incorva (12) ex officio	ia 40.00 0.00	x						0	0			0
(13) Bret Jacobowi (13) Board Member		x						0	0			0
(14) Blaine Lotz (14) Board Member	2.00	x						0	0			0
(15) Terry Orr (15) V-Chair Strat Plan	3.00	x		х				0	0			0
(16) Mary Princing (16) Chair		x		х				0	0			0
(17) Connie Rathma (17) Board Member	n 2.00 0.00	x						0	0			0
(18) Charles Samps (18) Board Member	on 2.00 0.00	x						0	0			0
(19) Steven Shaims (19) ex officio	n 40.00 0.00	x						0	0			0
1b Subtotal	ets to Part VII, S	Secti	ion A	 <b>\</b>				147,694				
Total number of individuals (in- reportable compensation from			d to <b>1</b>	thos	e list	ted a	abo		\$100,000 of		Yes	s No
<ul> <li>3 Did the organization list any for employee on line 1a? If "Yes,"</li> <li>4 For any individual listed on line organization and related organization</li> </ul>	complete Schede 1a, is the sum	<i>dule</i> of r	<i>J for</i> eport	suc able	h ind	dividi. npens	ual sat	tion and other compensation t	from the		3	х
5 Did any person listed on line 1 for services rendered to the or	rganization? If "\	crue	com	pens	atior	n fror					5	X
Complete this table for your five compensation from the organization.	ve highest comp zation. Report co							ndar year ending with or withi	in the organization's tax ye	ear.	(C)	1
John Morris Russell Hilton Head Islan	business address	: 2	99		c/c	7		Description Lagoon Rd, Ste 100 Music Director			Compens	sation 29,000
2 Total number of independent of received more than \$100,000								nose listed above) who	1			

Form 990 (2023) Hilton Head Symphony Orchestra Inc 57-0761297 Part VIII Statement of Revenue Check if Schedule O contains a response or note to any line in this Part VIII (C) (D) Revenue excluded from tax under (A) (B) Related or exempt Unrelated Total revenue function revenue husiness revenue sections 512-514 Gifts, Grants nilar Amounts 1a Federated campaigns ..... 1a **b** Membership dues ..... 1b c Fundraising events ..... 1c d Related organizations ..... 1d e Government grants (contributions) 426,616 Contributions, and Other Sim f All other contributions, gifts, grants, 1,162,260 and similar amounts not included above ...... 1f **g** Noncash contributions included in 4,735 lines 1a-1f ..... 1<u>g</u> 1,588,876 h Total. Add lines 1a-1f. Business Code 439,066 439,066 Ticket sales Program Service Revenue Subscription Sales 261,114 261,114 Application fees 32,239 32,239 f All other program service revenue ..... 732,419 g Total. Add lines 2a-2f. 3 Investment income (including dividends, interest, and other similar amounts) 51,723 51,723 4 Income from investment of tax-exempt bond proceeds Royalties ..... (ii) Personal 6a Gross rents 6a **b** Less: rental expenses 6b c Rental inc. or (loss) d Net rental income or (loss) **7a** Gross amount from (i) Securities (ii) Other sales of assets 7a other than inventory Other Revenue **b** Less: cost or other basis and sales exps. c Gain or (loss) 7с d Net gain or (loss) ..... **8a** Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18 61,178 **b** Less: direct expenses ..... 28,922 32,256 c Net income or (loss) from fundraising events 9a Gross income from gaming activities. See Part IV, line 19 ...... **b** Less: direct expenses ..... 9b c Net income or (loss) from gaming activities 10a Gross sales of inventory, less returns and allowances 10a **b** Less: cost of goods sold ...... 10b c Net income or (loss) from sales of inventory Business Code Miscellaneous Revenue 11a

2,405,274

732,419

0

d All other revenue

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

Total revenue. See instructions ....

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A). Check if Schedule O contains a response or note to any line in this Part IX X (A) Total expenses (B) Program service (C) Management and (D) Fundraising Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII. expenses general expenses expenses Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 Grants and other assistance to domestic individuals. See Part IV, line 22 **3** Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees ..... 147,694 94,524 50,216 2,954 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 ..... 937,789 604,192 319,590 14,007 Pension plan accruals and contributions (include 52,279 52,279 section 401(k) and 403(b) employer contributions) Other employee benefits ..... Payroll taxes ..... 84,731 54,541 28,866 1,324 Fees for services (nonemployees): a Management ..... **b** Legal 9,750 9,750 c Accounting Professional fundraising services. See Part IV, line 17 Investment management fees ..... **g** Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.) 427,477 359,706 11,550 56,221 12 Advertising and promotion ..... 135,162 67,581 67,581 7,344 41,218 31,426 2,448 13 Office expenses 14 Information technology ..... Royalties 295,539 222,340 73,199 16 Occupancy 155,919 155,919 Travel 17 Payments of travel or entertainment expenses for any federal, state, or local public officials Conferences, conventions, and meetings 19 20 Payments to affiliates ..... 21 129,326 90,528 Depreciation, depletion, and amortization 38,798 22 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.) 138,816 138,816 Production costs Other expenses 131,884 64,220 67,664 22,738 22,738 Bank Charges 5,305 Prizes, judges and awards 5,305 e All other expenses 1,917,295 2,715,627 721,378 76,954 Total functional expenses. Add lines 1 through 24e **Joint costs.** Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here if following SOP 98-2 (ASC 958-720)

Pa	rt >	Balance Sheet					_
		Check if Schedule O contains a response or	note to any line i	in this Part X			
					(A)		(B)
					Beginning of year		End of year
	1	Cash—non-interest-bearing			537,607	1	538,708
	2	Savings and temporary cash investments			218,330	2	229,212
	3	Pledges and grants receivable, net				3	
	4	Accounts receivable, net			28,250	4	20,573
	5	Loans and other receivables from any current or fo	rmer officer, dire	ector,			
		trustee, key employee, creator or founder, substant	ial contributor, o	r 35%			
		controlled entity or family member of any of these p				5	
	6	Loans and other receivables from other disqualified					
şţs		under section 4958(f)(1)), and persons described in		6			
Assets	7	Notes and loans receivable, net			7		
4	8				8		
	9				11,801	9	20,758
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D		981,612	212 212		
	b	Less: accumulated depreciation	10b	766,193	342,610	10c	215,419
	11				954,395	11	980,550
	12	Investments—other securities. See Part IV, line 11				12	
	13	Investments—program-related. See Part IV, line 11			13		
	14	Intangible assets			010 505	14	1.10.065
	15	Other assets. See Part IV, line 11			219,707	15	140,867
$\rightarrow$	16	Total assets. Add lines 1 through 15 (must equal li		2,312,700	16	2,146,087	
	17	Accounts payable and accrued expenses		13,393	17	8,268	
	18	Grants payable		621 011	18	E04 EE4	
	19	Deferred revenue			631,911	19	724,774
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complete Part		D		21	
es	22	Loans and other payables to any current or former					
ij I		trustee, key employee, creator or founder, substant		r 35%			
Liabilities		controlled entity or family member of any of these p				22	
		Secured mortgages and notes payable to unrelated			F0 000	23	100 000
		Unsecured notes and loans payable to unrelated th			50,000	24	100,000
	25	Other liabilities (including federal income tax, payab					
		parties, and other liabilities not included on lines 17	, .		212 600		122 064
	00	of Schedule D			212,600 907,904		133,064
+	26	Total liabilities. Add lines 17 through 25			907,904	26	966,106
S		Organizations that follow FASB ASC 958, check	nere 🔼				
၁၁	~-	and complete lines 27, 28, 32, and 33.			564,063	0.7	293,320
ala	27				840,733	27	886,661
B	28	Net assets with donor restrictions	<del>-</del>	040,733	28	000,001	
Ë.		Organizations that do not follow FASB ASC 958	_				
or F	20	and complete lines 29 through 33.				20	
ts	29	Capital stock or trust principal, or current funds			30		
SSE	30 31	Paid-in or capital surplus, or land, building, or equip Retained earnings, endowment, accumulated incom	le		31		
	32	T			1,404,796	32	1,179,981
	33	Total liabilities and net assets/fund balances			2,312,700	33	2,146,087
	აა	TOTAL HADINIES AND THE ASSETS/TUND DAIGNIES			2,312,700	აა	2,140,007

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Check if Schedule O contains a response or note to any line in this Part XI  1 Total revenue (must equal Part VIII, column (A), line 12)  2 Total expenses (must equal Part IX, column (A), line 25)  3 Revenue less expenses. Subtract line 2 from line 1  4 Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))  4	2,40 2,71 -31 1,40	5,274 5,627 0,353 4,796 5,537	7 3
2Total expenses (must equal Part IX, column (A), line 25)23Revenue less expenses. Subtract line 2 from line 13	2,71 -31 1,40	5,627 0,353 4,796	7 3
2Total expenses (must equal Part IX, column (A), line 25)23Revenue less expenses. Subtract line 2 from line 13	-31 1,40	0,353 4,796	3
3 Revenue less expenses. Subtract line 2 from line 1	1,40	4,796	
4. Not assets on fixed belonces at beginning of years (must asset Dent V. line 20. polymer (A))			-
4 Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))  4	8	5,537	
5 Net unrealized gains (losses) on investments 5			7
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	1
10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line			
32, column (B))	1,17	9,981	L
Part XII Financial Statements and Reporting			_
Check if Schedule O contains a response or note to any line in this Part XII		📙	
		Yes No	)
1 Accounting method used to prepare the Form 990: Cash X Accrual Other			
If the organization changed its method of accounting from a prior year or checked "Other," explain on			
Schedule O.			
2a Were the organization's financial statements compiled or reviewed by an independent accountant?	2a	X	
If "Yes," check a box below to indicate whether the financial statements for the year were compiled or			
reviewed on a separate basis, consolidated basis, or both.			
Separate basis Consolidated basis Both consolidated and separate basis			
b Were the organization's financial statements audited by an independent accountant?	2b	x	
If "Yes," check a box below to indicate whether the financial statements for the year were audited on a			
separate basis, consolidated basis, or both.			
X Separate basis Consolidated basis Both consolidated and separate basis			
c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of			
the audit, review, or compilation of its financial statements and selection of an independent accountant?	2c	x	
If the organization changed either its oversight process or selection process during the tax year, explain on			
Schedule O.			
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the			
Uniform Guidance, 2 C.F.R. Part 200, Subpart F?	3a	x	
<b>b</b> If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the			
required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits	3b		

Form **990** (2023)

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Part VII Section A. Officers	s, Directors, Tru	stee	s, K	ey E	mpl	oyee	s, a	and Highest Compensated	d Employees (continued)				
(A) Name and title	(B) Average hours per week (list any	off	x, unle ficer a	Pos check ess pe	erson i directo	than os both or/trust	an	(D)  Reportable compensation from the organization (W-2/	(E)  Reportable compensation from related organizations (W-2/	С	(F) imated a of othe compensa from th	er ation ne	
	hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	ër	Key employee	Highest compensated employee	ner	1099-MISC/ 1099-NEC)	1099-MISC/ 1099-NEC)	1	ganizatio ed orgai		8
(20) Edward Simmon (12) Board Member	2.00 0.00	x						0	0				0
(21) Barbara Harr: (13) Board Member	2.00 0.00	n X						0	0				0
(22) Blake White (14) Board Member	2.00	X						0	0				0
(15)													
(16)													
(17)													
(18)													
(19)													
to Total from continuation shed Total (add lines 1b and 1c) Total number of individuals (in	ets to Part VII, s	Secti 	ion A	<b>A</b>				e) who received more than	\$100,000 of				
<ul> <li>reportable compensation from</li> <li>Did the organization list any form</li> <li>employee on line 1a? If "Yes,"</li> <li>For any individual listed on ling</li> <li>organization and related organization</li> </ul>	ormer officer, dir " complete Schede e 1a, is the sum	ecto dule of r	<i>J for</i> eport	<i>suc</i> table	h ind	dividi. npens	<i>ial</i> satio	on and other compensation	from the		3	Yes	No
to all data at	1a receive or acc rganization? If "\	crue	com	pens	ation	n fror	n ar	ny unrelated organization oi	r individual		5		
Complete this table for your fi compensation from the organi	ve highest comp							dar year ending with or with		ear.	0	(C)	
Name and	Dusiness address							Descript	lion or services		Con	npensati	on
2 Total number of independent								se listed above) who					

## SCHEDULE A (Form 990)

Department of the Treasury Internal Revenue Service

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

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust. Attach to Form 990 or Form 990-EZ.

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

Name	of th	e organization						Employer ident	ification number
				Symphony Orches				57-076	
		Reas	on for Public Charity	Status. (All organizations	s must c	omplete	this part.) Se	e instruction	ons.
The	orga	nization is not	a private foundation because	e it is: (For lines 1 through 12,	check only	one box	i.)		
1	Ц	A church, cor	nvention of churches, or ass	ociation of churches described	in <b>sectio</b>	n 170(b)(	1)(A)(i).		
2	Ш			A)(ii). (Attach Schedule E (Forr					
3	Ш			ce organization described in se					
4		A medical res	search organization operated	d in conjunction with a hospital	described	in <b>sectio</b>	on 170(b)(1)(A)(iii	i). Enter the h	nospital's name,
		city, and state							
5	Ш			of a college or university owned	or operat	ed by a g	overnmental unit	described in	
	$\Box$		(b)(1)(A)(iv). (Complete Part	,					
6	Н		-	overnmental unit described in s					
7	Ш	-		substantial part of its support fro	om a gove	ernmental	unit or from the	general public	
٥	П		section 170(b)(1)(A)(vi). (C	omplete Part II.) <b>170(b)(1)(A)(vi).</b> (Complete Par	+ 11 \				
8 9	Н			cribed in section 170(b)(1)(A)(		ed in con	iunction with a la	nd-arant colle	ae .
3	Ш	-	=	of agriculture (see instructions).				-	y <del>c</del>
		university:	0				.,,	io comogo ci	
10	X	An organizati		) more than 33 1/3% of its supp		contribution	ons, membership	fees, and gro	DSS
				npt functions, subject to certain		, ,			
			S .	nd unrelated business taxable in	,		,	usinesses	
4.4			•	0, 1975. See <b>section 509(a)(2)</b>			•		
11 12	Н	_	-	exclusively to test for public safexclusively for the benefit of, to	-			out the nume	and of
12	Ш			ions described in <b>section 509</b> (a					
				scribes the type of supporting o					
	а	Type I. A	supporting organization ope	erated, supervised, or controlled	d by its su	pported of	organization(s), ty	pically by givi	ng
				ver to regularly appoint or elect	-				
		supporting	g organization. You must c	omplete Part IV, Sections A a	nd B.				
	b			pervised or controlled in connec					
				ting organization vested in the	same pers	sons that	control or manag	e the support	ed
	_		•	Part IV, Sections A and C.	d :n aana	ation with	and functionally	, intograted w	طاءان
	С			supporting organization operated structions). You must complete				integrated w	лит,
	d		• , , ,	I. A supporting organization ope				ed organization	on(s)
				e organization generally must sa				•	` '
		requireme	ent (see instructions). You r	nust complete Part IV, Section	ns A and	D, and P	art V.		
	е			eived a written determination fro			s a Type I, Type I	I, Type III	
				n-functionally integrated suppor	rting organ	nization.			
	f g		mber of supported organization	ne supported organization(s).					
		e of supported	(ii) EIN	(iii) Type of organization	(N) Is the	organization	(v) Amount of	manatan	(vi) Amount of
(		ganization	(11) = 114	(described on lines 1–10	1 ' '	ur governing	support		other support (see
				above (see instructions))	docu	ment?	instructio		instructions)
					Yes	No			
(A)									
(B)									
(C)									
(D)									
(D)									
<u>(E)</u>									
(E)									
					+				

Schedule A (Form 990) 2023

Page 2

Pa	art II Support Schedule for O	rganizations [	Described in S	Sections 170(b	)(1)(A)(iv) and	170(b)(1)(A)	(vi)
	(Complete only if you ched						lify under
	Part III. If the organization	fails to qualify	under the test	s listed below,	please complet	e Part III.)	
	tion A. Public Support		<u> </u>	1			
Caler	ndar year (or fiscal year beginning in)	<b>(a)</b> 2019	<b>(b)</b> 2020	(c) 2021	(d) 2022	<b>(e)</b> 2023	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4	Total. Add lines 1 through 3						
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6	Public support. Subtract line 5 from line 4						
	tion B. Total Support			_	_		
Caler	ndar year (or fiscal year beginning in)	<b>(a)</b> 2019	<b>(b)</b> 2020	(c) 2021	(d) 2022	<b>(e)</b> 2023	(f) Total
7	Amounts from line 4						
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
9	Net income from unrelated business activities, whether or not the business is regularly carried on						
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
11	<b>Total support.</b> Add lines 7 through 10						
12	Gross receipts from related activities, etc.	(see instructions)				12	2
13	First 5 years. If the Form 990 is for the or	ganization's first, s	second, third, fourt	h, or fifth tax year	as a section 501(c	)(3)	
	organization, check this box and stop here	e					
Sec	tion C. Computation of Public Su	ipport Percen	tage				
14	Public support percentage for 2023 (line 6	column (f) divided	d by line 11, colum	nn (f))		14	4 %
15	Public support percentage from 2022 Sche						5 %
16a	33 1/3% support test — 2023. If the orga	nization did not ch					
	box and stop here. The organization quali	fies as a publicly	supported organiza	ation			
b	33 1/3% support test — 2022. If the orga	nization did not ch	eck a box on line	13 or 16a, and line	15 is 33 1/3% or	more, check	
	this box and <b>stop here.</b> The organization	qualifies as a publ	icly supported org	anization			
17a	10%-facts-and-circumstances test — 20	23. If the organiza	tion did not check	a box on line 13,	16a, or 16b, and lir	ne 14 is	
	10% or more, and if the organization mee	ts the facts-and-cir	cumstances test,	check this box and	d <b>stop here.</b> Explai	n in	
	Part VI how the organization meets the fa	cts-and-circumstar	ices test. The orga	anization qualifies	as a publicly suppo	orted	
	organization						
b	10%-facts-and-circumstances test — 20						
	15 is 10% or more, and if the organization	meets the facts-a	nd-circumstances	test, check this bo	x and stop here.	Explain	
	in Part VI how the organization meets the						
	organization						Г
18	Private foundation. If the organization did						
	instructions						Г

## 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.

<u></u>	If the organization fails to	qualify under the	e tests listed b	elow, please co	omplete Part II.	)	
	ction A. Public Support	(-) 0040	(I-) 0000	(-) 0004	(-I) 0000	(-) 0000	(O T-1-1
	ndar year (or fiscal year beginning in) Gifts, grants, contributions, and membership fees	(a) 2019	<b>(b)</b> 2020	(c) 2021	(d) 2022	<b>(e)</b> 2023	(f) Total
1	received. (Do not include any "unusual grants.")	1,484,435	1,087,376	1,453,425	1,704,666	1,407,320	7,137,222
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose	646,409	278,505	790,417	795,147	975,153	3,485,631
3	Gross receipts from activities that are not an unrelated trade or business under section 513						
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5	2,130,844	1,365,881	2,243,842	2,499,813	2,382,473	10,622,853
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons	125,032	83,300	75,400	104,051	164,988	552,771
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
С	Add lines 7a and 7b	125,032	83,300	75,400	104,051	164,988	552,771
8	Public support. (Subtract line 7c from						
	line 6.)						10,070,082
	etion B. Total Support	( ) 2040	# > 0000	( ) 0004	( D 0000	( ) 0000	(O T : 1
	ndar year (or fiscal year beginning in)	(a) 2019	<b>(b)</b> 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
9	Amounts from line 6	2,130,844	1,365,881	2,243,842	2,499,813	2,382,473	10,622,853
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	4,633	173,300	-119,705	100,099	137,260	295,587
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
С	Add lines 10a and 10b	4,633	173,300	-119,705	100,099	137,260	295,587
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	<b>Total support.</b> (Add lines 9, 10c, 11, and 12.)	2,135,477	1,539,181	2,124,137	2,599,912	2,519,733	10,918,440
14	First 5 years. If the Form 990 is for the or	rganization's first, se	econd, third, fourth	, or fifth tax year a	s a section 501(c)	(3)	
_	organization, check this box and stop her						
	tion C. Computation of Public St						
15	Public support percentage for 2023 (line 8	, column (f), divided	by line 13, colum	n (f))		15	92.23 %
16	Public support percentage from 2022 Sche					16	92.33 %
	tion D. Computation of Investme			column (f))		17	2.0/
17 18	Investment income percentage for 2023 (Investment income percentage from 2022 S						3 % 2 %
19a	33 1/3% support tests — 2023. If the org			 e 14. and line 15 is	s more than 33 1/3	<del></del>	2 /0
. vu	17 is not more than 33 1/3%, check this be						X
b	<b>33 1/3% support tests — 2022.</b> If the org						
	line 18 is not more than 33 1/3%, check th		-			-	
20	Private foundation. If the organization did	d not check a box o	n line 14, 19a, or	19b, check this box	k and see instruction	ons	

### Part IV Supporting Organizations

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

### Section A. All Supporting Organizations

- Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in **Part VI** how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below.
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in **Part VI** when and how the organization made the determination.
- **c** Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in **Part VI** what controls the organization put in place to ensure such use.
- 4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in **Part VI** how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in **Part VI** what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 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		
	4-		
	4a		
	4b		
	4c		
	5a		
	5b		
	5c		
	30		
	6		
	7		
	8		
	٥.		
	9a		
	9b		
	9с		
	50		
	10a		
	10b		
Scho	dule A	(Form 9	990) 2023
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Par	t IV Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and			
	11c below, the governing body of a supported organization?	11a		
b	A family member of a person described on line 11a above?	11b		
С	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c,			
	provide detail in <b>Part VI.</b>	11c		
Secti	on B. Type I Supporting Organizations			
			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or			
	more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers,			
	directors, or trustees at all times during the tax year? If "No," describe in <b>Part VI</b> how the supported organization(s)			
	effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported			
	organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the			
	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
_	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in <b>Part</b>			
	VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Secti	on C. Type II Supporting Organizations			
	on on type in eappering organizations	$\overline{}$	Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors		103	140
•	or trustees of each of the organization's supported organization(s)? If "No," describe in <b>Part VI</b> how control			
	or management of the supporting organization was vested in the same persons that controlled or managed	1		
Secti	the supported organization(s). on D. All Type III Supporting Organizations			
occu	on B. All Type III oupporting organizations	$\overline{}$	Yes	No
4	Did the executation provide to each of its supported executations, by the last day of the fifth month of the		162	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
_	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI			
	how the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described on line 2, above, did the organization's supported organizations have			
	a significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
<u> </u>	supported organizations played in this regard.	3		
Secti	on E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).			
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 instru	ctions)		
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.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
	trustees of each of the supported organizations? If "Yes" or "No," provide details in <b>Part VI.</b>	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			

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

3b

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting (	Organizati	ons	1 age 0
1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on			See
instructions. All other Type III non-functionally integrated supporting organizations	must comple	ete Sections A through E	<u>.</u>
Section A – Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1 Net short-term capital gain	1		
2 Recoveries of prior-year distributions	2		
3 Other gross income (see instructions)	3		
4 Add lines 1 through 3.	4		
5 Depreciation and depletion	5		
6 Portion of operating expenses paid or incurred for production or collection			
of gross income or for management, conservation, or maintenance of			
property held for production of income (see instructions)	6		
7 Other expenses (see instructions)	7		
8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Section B – Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1 Aggregate fair market value of all non-exempt-use assets (see			
instructions for short tax year or assets held for part of year):			
a Average monthly value of securities	1a		
<b>b</b> Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d		
e Discount claimed for blockage or other factors			
(explain in detail in <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		
Section C – Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, column A)	1		
2 Enter 0.85 of line 1.	2		
3 Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4 Enter greater of line 2 or line 3.	4		
5 Income tax imposed in prior year	5		
6 Distributable Amount. Subtract line 5 from line 4, unless subject to			
emergency temporary reduction (see instructions).	6		
7 Check here if the current year is the organization's first as a non-functionally integra	ited Type III	supporting organization	

Schedule A (Form 990) 2023

(see instructions).

	ule A (Form 990) 2023 Hilton Head Sympho				297 Page
Par	t V Type III Non-Functionally Integrated 509(a)(3)	Supporting Organiza	tions (continued)		
Sec	tion D – Distributions				Current Year
1	Amounts paid to supported organizations to accomplish exempt purpo	ses		1	
2	Amounts paid to perform activity that directly furthers exempt purposes				
	organizations, in excess of income from activity			2	
3	Administrative expenses paid to accomplish exempt purposes of supp	orted organizations		3	
4	Amounts paid to acquire exempt-use assets	<u> </u>		4	
5	Qualified set-aside amounts (prior IRS approval required—provide det	ails in <b>Part VI</b> )		5	
6	Other distributions (describe in Part VI). See instructions.	,		6	
7	Total annual distributions. Add lines 1 through 6.			7	
8	Distributions to attentive supported organizations to which the organization	ation is responsive		8	
	(provide details in Part VI). See instructions.	·			
9	Distributable amount for 2022 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount			10	
	•	(i)	(ii)		(iii)
Sec	cion E - Distribution Allocations (see instructions)	Excess Distributions	Underdistributions Pre-2023	s	Distributable Amount for 2023
1	Distributable amount for 2023 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2023				
	(reasonable cause required-explain in Part VI). See				
	instructions.				
3_	Excess distributions carryover, if any, to 2023				
	From 2018				
k	From 2019				
	From 2020				
	From 2021				
e	From 2022				
f	Total of lines 3a through 3e				
	Applied to underdistributions of prior years				
h	Applied to 2023 distributable amount				
i	Carryover from 2018 not applied (see instructions)				
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2023 from				
	Section D, line 7: \$				
a	Applied to underdistributions of prior years				
k	Applied to 2023 distributable amount				
	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2023, if				
	any. Subtract lines 3g and 4a from line 2. For result				
	greater than zero, explain in Part VI. See instructions.				
6	Remaining underdistributions for 2023. Subtract lines 3h				
	and 4b from line 1. For result greater than zero, explain in				
	Part VI. See instructions.				
7	Excess distributions carryover to 2024. Add lines 3j				
	and 4c.				
8	Breakdown of line 7:				
	Excess from 2019				
	Excess from 2020				
	Excess from 2021				
	Excess from 2022				

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e Excess from 2023

Schedule A (Forn	n 990) 2023		Hil	Lton	Head	Symph	ony	Orche	stra	Inc	57-07	61297	Page	8
Part VI	Supplemental III, line 12 B, lines 1 3a, and 3	2; Part IV and 2; I b; Part \	nformation /, Section Part IV, S /, line 1;	on. Pron A, line Section Part V	vide the es 1, 2, C, line , Sectior	explana 3b, 3c, 4 1; Part I\ n B, line	ttions re lb, 4c, 5 /, Section 1e; Part	quired ba, 6, 9a on D, lin	by Part I I, 9b, 9c Ies 2 and Ition D, li	I, line 10 , 11a, 11 d 3; Part ines 5, 6	; Part II, li b, and 11 IV, Sectio , and 8; ar	ne 17a or c; Part IV, on E, lines	17b; Part Section 1c, 2a, 2b, Section E,	
	lines 2, 5,	, and 6.	Also coi	mpiete	tnis pari	for any	addition	nai intorr	mation.	(See ins	ructions.)			_
•														• •
														• •
•														
·														
•														
•														

## Schedule B (Form 990)

Department of the Treasury Internal Revenue Service

## Schedule of Contributors

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

Schedule B (Form 990) (2023)

Name of the organization

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

Employer identification number

Hilton Head	Symphony Orchestra Inc	57-0761297
Organization type (check	one):	
Filers of:	Section:	
Form 990 or 990-EZ	$\boxed{\mathbf{X}}$ 501(c)( $3$ ) (enter number) organization	
	4947(a)(1) nonexempt charitable trust <b>not</b> treated as a private	foundation
	527 political organization	
Form 990-PF	501(c)(3) exempt private foundation	
	4947(a)(1) nonexempt charitable trust treated as a private foun	ndation
	501(c)(3) taxable private foundation	
, ,	is covered by the <b>General Rule</b> or a <b>Special Rule</b> . c)(7), (8), or (10) organization can check boxes for both the General Rule	and a Special Rule. See
General Rule		
	n filing Form 990, 990-EZ, or 990-PF that received, during the year, control or property) from any one contributor. Complete Parts I and II. See instructontributions.	
Special Rules		
regulations under s	n described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 9) ived from any one contributor, during the year, total contributions of the grunt on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete	990), Part II, line 13, 16a, or greater of <b>(1)</b> \$5,000; or
contributor, during literary, or education	the year, total contributions of more than \$1,000 exclusively for religious onal purposes, or for the prevention of cruelty to children or animals. Com instead of the contributor name and address), II, and III.	s, charitable, scientific,
contributor, during contributions totale during the year for General Rule app	the year, contributions exclusively for religious, charitable, etc., purposes at more than \$1,000. If this box is checked, enter here the total contribution an exclusively religious, charitable, etc., purpose. Don't complete any of dies to this organization because it received nonexclusively religious, charimore during the year	s, but no such ions that were received the parts unless the ritable, etc., contributions
must answer "No" on Part	that isn't covered by the General Rule and/or the Special Rules doesn't file IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ meet the filing requirements of Schedule B (Form 990).	, , , , , , , , , , , , , , , , , , , ,

Name of organization

Hilton Head Symphony Orchestra Inc

Employer identification number 57-0761297

Page 2

Part I	Contributors (see instructions). Use duplicate copies of Pa	art I if additional space is ne	eded.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
.1		\$ 276,636	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2		\$ 88 <b>,484</b>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
. 3		\$ 40,497	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

#### SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

## Supplemental Financial Statements

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

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

Name of the organization Employer identification number Hilton Head Symphony Orchestra Inc 57-0761297 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts Complete if the organization answered "Yes" on Form 990, Part IV, line 6. (a) Donor advised funds Total number at end of year Aggregate value of contributions to (during year) Aggregate value of grants from (during year) Aggregate value at end of year \_\_\_\_\_ Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? Part II Conservation Easements Complete if the organization answered "Yes" on Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of land for public use (for example, recreation or education) Preservation of a historically important land area Protection of natural habitat Preservation of a certified historic structure Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year. Held at the End of the Tax Year a Total number of conservation easements ..... 2a **b** Total acreage restricted by conservation easements c Number of conservation easements on a certified historic structure included on line 2a 2c d Number of conservation easements included on line 2c acquired after July 25, 2006, and not on a historic structure listed in the National Register Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the Number of states where property subject to conservation easement is located ...... Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Does each conservation easement reported on line 2d above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements. Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets Complete if the organization answered "Yes" on Form 990, Part IV, line 8. 1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items. b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items. (i) Revenue included on Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items. a Revenue included on Form 990, Part VIII, line 1 Assets included in Form 990, Part X.

Pa	rt III Organizations Maintaining (	Collections of	Art, Historical Tre	easures, or C	Other Simil	ar A	ssets	(contir	ued)	
3	Using the organization's acquisition, accession	and other records	s, check any of the follo	owing that make	significant use	e of its	3			
	collection items (check all that apply).									
а	Public exhibition		Loan or exchange prog							
b Scholarly research e Other										
C	Preservation for future generations									
4	Provide a description of the organization's colle	ections and explain	how they further the c	organization's exe	empt purpose	ın Pai	t			
_	XIII.		of out historical tusco							
5	During the year, did the organization solicit or assets to be sold to raise funds rather than to							☐ Y	oe	No
Pa	irt IV Escrow and Custodial Arra		Dart of the organization	s collection?					<i>:</i> 5	NO
	Complete if the organization a		on Form 990 Par	t IV line 9 or	reported a	n an	nount o	n Forn	n	
	990, Part X, line 21.	anowordd roo	on r onn ooo, r ar	, 0, 0.	roportou c		iouni o			
1a	Is the organization an agent, trustee, custodiar	or other intermed	iary for contributions or	other assets no	t					
	included on Form 990, Part X?		-					☐ Ye	es	No
b	If "Yes," explain the arrangement in Part XIII a	nd complete the fo	llowing table.					_	_	_
								Amoun	t	
С	Beginning balance					1c				
d	Additions during the year					1d				
е	Distributions during the year					1e				
f	Ending balance					1f				
	Did the organization include an amount on For							_	es	No
	If "Yes," explain the arrangement in Part XIII. C	check here if the ex	xplanation has been pro	ovided on Part X	III					
Pa	rt V Endowment Funds	vacuused "Vas"	on Form 000 Dor	t IV/ line 10						
	Complete if the organization a	(a) Current year	(b) Prior year	(c) Two years bad	ok (d) The	ee year	o book	(a) Fou	ır years	hook
12	Paginning of year balance	218,330		263,			L,412		219,	
	Beginning of year balance	210,550	211,071	203,	010	211	7712		<u> </u>	301
C	Contributions  Net investment earnings, gains, and									
·	losses	39,706	16,895	-36,	214	63	3,910		3.	770
d	Grants or scholarships	227.00					7,520	310		
	Other expenditures for facilities and									
	programs	26,188	10,251	9,	856	9	677		9,	827
f	Administrative expenses	2,636	2,388	2,	543	2	2,635	,635 2,1		112
	End of year balance	229,212	218,330	214,	074	263	3,010		211,	412
2	Provide the estimated percentage of the currer	nt year end balance	e (line 1g, column (a)) h	neld as:						
	Board designated or quasi-endowment 10	0.00%								
	Permanent endowment%									
С	Term endowment %									
	The percentages on lines 2a, 2b, and 2c shoul									
3a	Are there endowment funds not in the possess	ion of the organiza	tion that are held and	administered for	the					T
	organization by:							2-(:)	Yes	No
	(i) Unrelated organizations?							3a(i)		х
h	(ii) Related organizations?	one lietod ae roqui	rod on Schodula P2					3a(ii) 3b		
Δ D	Describe in Part XIII the intended uses of the							30		
Pa	irt VI Land, Buildings, and Equip		ownient iunus.							
	Complete if the organization a		on Form 990 Part	t IV. line 11a	See Form	990	Part X	line 1	10.	
	Description of property	(a) Cost or other b			(c) Accumulate		Tarex	(d) Book		
		(investment)	(other		depreciation					
1a	Land									
	Buildings									
С	Leasehold improvements									
	Equipment		98	31,612	766	,193	3	2	15,	419
е	Other									
Total	. Add lines 1a through 1e. (Column (d) must eq	ual Form 990, Part	X, line 10c, column (B	))				2:	15,	419

Part VII Investments – Other Securities  Complete if the experiments appropriate in appropriate in the experiments of the exper			Page 3
Complete if the organization answered "Yes" on a large of the complete if the organization answered "Yes" on a large of the complete if the organization answered "Yes" on a large of the complete if the organization answered "Yes" on a large of the complete if the organization answered "Yes" on a large of the complete if the organization answered "Yes" on a large of the complete if the organization answered of the complete if the organization and the complete if the organization and the complete is a large of the complete in the complete is a large of the complete in the complete is a large of the complete in the complete is a large of the complete in the complete is a large of the complete in the complete is a large of the complete in the complete is a large of the complete in the complete is a large of the complete in the complete is a large of the complete in the complete is a large of the complete in the complete is a large of the complete in the complete is a large of the complete in the complete is a large of the complete in the complete in the complete is a large of the complete in	(b) Book value	(c) Method of valuation:	
(including name of security)	(b) Book value	Cost or end-of-year market v	
1) Financial derivatives			
(2) Closely held equity interests			
3) Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
Total. (Column (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	e 11c. See Form 990, Part X,	line 13.
(a) Description of investment	(b) Book value	(c) Method of valuation:	
		Cost or end-of-year market v	value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (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	a 11d See Form 990 Part X	line 15
(a) Description	OIIII 990, Fait IV, IIII		(b) Book value
(1) Right of Use Asset			123,077
(2) Security deposits			17,790
(3)			1,,,,,
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, line 15, col. (B))			140,867
Part X Other Liabilities			
Complete if the organization answered "Yes" on	Form 990, Part IV, line	e 11e or 11f. See Form 990, F	Part X,
line 25.			
1. (a) Description of liability			(b) Book value
(1) Federal income taxes			
(2) Operating Lease Liability			123,077
(3) Accrued Payroll liabilities			9,987
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, line 25, col. (B))			133,064
2. Liability for uncertain tax positions. In Part XIII, provide the text of the foo	tnote to the organization's	financial statements that reports the	

Book / Tax Depreciation Difference

Schedule D (Fo	orm 990) 2023	Hilton	1 Head	Symphony	Orchestra	${\tt Inc}$	57-0761297	Page <b>5</b>
Part XIII	Supplement	al Inform	ation (cor	ntinued)	Orchestra			
			, , ,	,				
							• • • • • • • • • • • • • • • • • • • •	
•							• • • • • • • • • • • • • • • • • • • •	
•								

# SCHEDULE G (Form 990)

Department of the Treasury Internal Revenue Service

### Supplemental Information Regarding Fundraising or Gaming Activities

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

Attach to Form 990 or Form 990-EZ.

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

2003

Open to Public

Name of the organization Employer identification number Hilton Head Symphony Orchestra Inc 57-0761297 Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Part I Form 990-EZ filers are not required to complete this part. Indicate whether the organization raised funds through any of the following activities. Check all that apply. а Mail solicitations Solicitation of non-government grants Internet and email solicitations Solicitation of government grants b Phone solicitations Special fundraising events C In-person solicitations 2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. (III) Did fund-(v) Amount paid to (vi) Amount paid to raiser have (i) Name and address of individual (iv) Gross receipts (or retained by) (or retained by) custody or (ii) Activity or entity (fundraiser) from activity fundraiser listed in organization control of contributions? col. (i) Yes No 1 3 6 8 10 **Total** List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

Hilton Head Symphony Orchestra Inc 57-0761297 Schedule G (Form 990) 2023 Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000. (a) Event #1 (b) Event #2 (c) Other events (d) Total events Other fundraisi None (add col. (a) through col. (c)) (event type) (event type) (total number) Revenue 61,178 61,178 1 Gross receipts 2 Less: Contributions 3 Gross income (line 1 minus 61,178 61,178 line 2) 4 Cash prizes ..... 5 Noncash prizes ..... 6 Rent/facility costs ..... Direct Expenses **7** Food and beverages 8 Entertainment ...... 28,922 28,922 9 Other direct expenses 10 Direct expense summary. Add lines 4 through 9 in column (d) 28,922 11 Net income summary. Subtract line 10 from line 3, column (d) .... Gaming. Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a. (b) Pull tabs/instant (d) Total gaming (add Revenue (a) Bingo (c) Other gaming bingo/progressive bingo col. (a) through col. (c)) 1 Gross revenue 2 Cash prizes ..... Expenses 3 Noncash prizes ..... Direct 4 Rent/facility costs ..... 5 Other direct expenses 6 Volunteer labor 7 Direct expense summary. Add lines 2 through 5 in column (d) 8 Net gaming income summary. Subtract line 7 from line 1, column (d) Enter the state(s) in which the organization conducts gaming activities: Is the organization licensed to conduct gaming activities in each of these states?

10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year?

Schedule G (Form 990) 2023

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

Sche	edule G (Form 990) 2023 Hilton Head Symphony Orchestra Inc 57-0761297			Page 3
11	Does the organization conduct gaming activities with nonmembers?		Yes	No
12	Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity		_	_
	formed to administer charitable gaming?		Yes	S No
13	Indicate the percentage of gaming activity conducted in:			
а	The organization's facility	13a		%_
b	An outside facility	13b		%_
14	Enter the name and address of the person who prepares the organization's gaming/special events books and			
	records:			
	Name			
	Address			
15a	Does the organization have a contract with a third party from whom the organization receives gaming			
	revenue?		Yes	S No
b	If "Yes," enter the amount of gaming revenue received by the organization \$			
	amount of gaming revenue retained by the third party \$			
С	If "Yes," enter name and address of the third party:			
	Name			
	Address			
4.0	Coming manager information.			
16	Gaming manager information:			
	Nama			
	Name			
	Gaming manager compensation \$			
	Carning manager compensation \$\psi\$			
	Description of services provided			
	Description of services provided			
	Director/officer Employee Independent contractor			
17	Mandatory distributions:			
а	Is the organization required under state law to make charitable distributions from the gaming proceeds to			
	retain the state gaming license?		Yes	s No
b	Enter the amount of distributions required under state law to be distributed to other exempt organizations or			
	spent in the organization's own exempt activities during the tax year \$			
Pa	Int IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii)	and (v	); and	
	Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional info	rmatior	٦.	
	See instructions.			

2801 10/28/2024 10:31 AM

## SCHEDULE L

(Form 990)

Department of the Treasury Internal Revenue Service Name of the organization

## **Transactions With Interested Persons**

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

OMB No. 1545-0047

Inspection

Open to Public

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

Hilton Head Symphony Orchestra Inc 57-0761297

Part I	Excess Benefit Transaction	ons (section 50	1(c)(3), section	501(	c)(4)	, and section	501(c)(29) organiza	ions c	nly)				
	Complete if the organization answer	ered "Yes" on Fo	orm 990, Part IV	, line	25a	or 25b; or Fo	rm 990-EZ, Part V,	line 4	ეხ				
1	(a) Name of disqualified person	(b) Relat	ionship between disc	ualifie	d pers	on and	(c) Description of transaction				(d) (		
	(-)		organization	1			(c) 2000puo o. mandada				Yes		No
(1)											—	+	
(2)											₩	+	
(3)											$\vdash$	+	
(4)											$\vdash$	+	
(5)									—	—	$\vdash$	+	
(6) 2 Enter	the empliest of toy incurred by the error	nization manage	ro or dioqualifia	d no	*000	a durina tha w	20"						
	the amount of tax incurred by the orga section 4958							\$	;				
3 Enter	the amount of tax, if any, on line 2, abo	ove, reimbursed	by the organiza	ation				\$	; —				
	, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	•	, ,										
Part II	Loans to and/or From Inte	rested Pers	ons										
	Complete if the organization answer			rt V,	line :	38a, or Form 9	990, Part IV, line 26	or if	the				
	organization reported an amount of												
	(a) Name of interested person	(b) Relationship		1 ' '	Loan	(e) Original	(f) Balance due	(g) In	default?	(h) Ap			Vritten
		with organization	n loan		from org.?	principal amoun					oard or nittee?	agree	ement?
				То	From			Yes	No	Yes	No	Yes	No
(1)				$\perp$					<b>↓</b>	<del>↓</del>	<b>↓</b>	<b>↓</b>	_
(2)								-	₩	—	₩	—	
(0)													
_(3)				-	_			-	$\vdash$	$\vdash$	$\vdash$	$\vdash$	$\vdash$
<b>(4)</b>													
(4)				+				-	$\vdash$	$\vdash$	$\vdash$	$\vdash$	+-
(5)													
(0)				+					$\vdash$	+	$\vdash$	$\vdash$	+-
(6)													
_(0)				+					$\vdash$	$\vdash$	$\vdash$	$\vdash$	$\vdash$
(7)													
									$\vdash$		$\vdash$	$\Box$	
(8)													
(9)													
(10)									$\perp$	$\perp$	$\perp$	$\perp$	
Total					<u></u>	\$	5						
Part III	Grants or Assistance Ben	_											
	Complete if the organization answer				9 27. T			_					
	(a) Name of interested person	1	nship between interest and the organization			(c) Amount of assistance	(d) Type of assistance	:	(e)	Purpose	e of ass	sistance	)
/1\		persor	and the organizatio	-		assisiance		+	—	—	—		
(1)								+					
(2)								+					
(4)								+					
(5)								+					
(6)								+					
(7)								$\top$					
(2) (3) (4) (5) (6) (7) (8)								$\neg \vdash$					
(9)													

Schedule L (Form 990) 2023 HIITON	Head Symphony Or	chestra II	1C 5/-0/6129/	Page ∠
Complete if the organization answered "	Yes" on Form 990, Part IV, line 28	Ba, 28b, or 28c.	T	(e) Sharing
(a) Name of interested person	(b) Relationship between	(c) Amount of	(d) Description of transaction	of org. revenues?
	organization	transaction		Yes No
(1) Rabbi Bloom	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 fransaction  (d) Description of transaction  (e) Relationship between interested person and the organization  (d) Description of transaction  (d) Description of transaction  (e) Relationship between interested person and the organization  (e) Amount of transaction  (f) Transaction  (g) Amount of transaction  (g) Amount of transaction  (g) Amount of transaction  (g) Description of transaction  (g) Descri	X		
(2) Martin Lesch				X
(3)				
(4)				
(4) (5)				
(6)				
(7)				
(6) (7) (8) (9)				
(9)				
(10)				
•••		0 1 4 4		
Provide additional information for respon	ises to questions on Schedule L.	See instructions.		
Schedule I. Part V - Addit	tional Information	n		
belieddie I, Faic V - Addit	CIONAL INFORMACIO	11		
Rabbi Bloom's wife, Linda	Bloom (Bloom Art	Consultir	g), provided cons	sulting
	(		- <b>5</b> ,,, <u>F</u> = 0 : <b>-6</b> :00 : 0 : 0 : 0 : 0 : 0 : 0 : 0 : 0 : 0	<u> </u>
services to the Orchestra.				
Martin Lesch performed gue	st artist servic	es at an e	event for the Orcl	nestra.

# SCHEDULE O (Form 990)

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

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

OMB No. 1545-0047

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

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

Open to Public Inspection

Name of the organization

Hilton Head Symphony Orchestra Inc

Employer identification number 57-0761297

Form 990 - Organization's Mission or Most Significant Activities

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

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

The Orchestra utilizes the services of an independent public accounting

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

federal income tax return Form 990.

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

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

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

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

possible conflict of interest, an individual must disclose the conflict

(financial or otherwise), be given the opportunity to disclose all material
facts to the directors and members of related committees.

The governing board or committee shall decide if a material conflict

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

2801 10/28/2024 10:31 AM Schedule O (Form 990) 2023 Page 2 Name of the organization Employer identification number 57-0761297 Hilton Head Symphony Orchestra Inc the individual will be given the opportunity to resolve the conflict of interest or face dismissal. Form 990, Part VI, Line 15a - Compensation Process for Top Official The position of President and CEO is monitored by the governing board. The board of directors reviews the performance of the President and CEO and salary increases are subject to the board's approval. Form 990, Part VI, Line 15b - Compensation Process for Officers The positions of key employees are monitored by the Orchestra's management. Salary increases are subject to the approval of the governing board. In the event of a vacancy in any key employee positions, members of management screen applicants suitable for the position with new hirees subject to governing board approval. Form 990, Part VI, Line 19 - Governing Documents Disclosure Explanation The Orchestra maintains a file on premises with copies of their charter, not-for-profit status letter, income tax returns, reviewed financial statements, and other governing documents as required in compliance with regulations related to the availability of such documents to the general public. Beginning in FY21, the Orchestra posts copies of the annual audit and Form 990 (Public Disclosure Copy) on its website.

> Fundraising Mgt & General Tot/Prog Service

Form 990, Part IX, Line 11g - Other Fees for Services

Description

Schedule O (Form 990) 2023 Employer identification number Name of the organization 57-0761297 Hilton Head Symphony Orchestra Inc Guest artist fees 197,546 Music Director & Conductor 129,000 All Other 33,160 Fundraising Consultant 11,550 Total 359,706 11,550 Form 990, Part XI, Line 9 - Other Changes in Net Assets Explanation Revenue for fundraising activities 28,922 Expenses for fundraising activities -28,922 Book / Tax Depreciation Difference Total Page 2 of 2

Department of the Treasury Internal Revenue Service

## **Depreciation and Amortization**

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

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

OMB No. 1545-0172

Attachment Sequence 179

Name(s) shown on return

Hilton Head Symphony Orchestra Inc

Identifying number 57-0761297

Busin	ess or activity to which this form relat	es						
I:	<u>ndirect Depreciat</u>							
Pa	art I Election To Expe	•						
	Note: If you have	any listed property	y, complete Part V	/ before you c	omplete Part	l.		
1	Maximum amount (see instruction						1	1,160,000
2	Total cost of section 179 proper	ty placed in service (se	ee instructions)				2	
3	Threshold cost of section 179 p			tructions)			3	2,890,000
4	Reduction in limitation. Subtract		• • •				4	
5	Dollar limitation for tax year. Subtract						5	
_6	(a) Descripti	ion of property	(i	b) Cost (business use	only) (c)	Elected cost		
7	Listed property. Enter the amour				7		Τ.	
8	Total elected cost of section 179						8	
9	Tentative deduction. Enter the s						9	
10	Carryover of disallowed deduction	n from line 13 of your	2022 Form 4562				10	
11	Business income limitation. Ente						11	
12	Section 179 expense deduction.				13		12	
13 Note	Carryover of disallowed deduction: Don't use Part II or Part III below				13			
	art II Special Deprecia			riation (Don't	include lister	d proper	ty Sc	a instructions )
14	Special depreciation allowance f			•		и ргорсі	ly. Oc	oc instructions.
17	during the tax year. See instruct			• / •			14	
15	Property subject to section 168(	f)(1) election					15	
16	Other depreciation (including AC	CRS)					16	129,330
	art III MACRS Deprecia							
		(= 0.1.0.1.0.1.0.1.0.1.0.1.0.1.0.1.0.1.0.1	Section		,			
17	MACRS deductions for assets p	laced in service in tax	years beginning before	e 2023			17	0
18	If you are electing to group any assets place							
	Section B—	-Assets Placed in Ser	rvice During 2023 Ta	x Year Using th	e General Depr	eciation S	system	
	(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment us only—see instructions)		(e) Convention	(f) Meti	hod	(g) Depreciation deduction
19a	3-year property	SCIVICE	orny-see mandenons)	· ·				
b	5-year property							
С	7-year property							
d	10-year property							
е	15-year property							
f	20-year property							
g	25-year property			25 yrs.		S/L	-	
h	Residential rental			27.5 yrs.	MM	S/L		
	property			27.5 yrs.	MM	S/L		
i	Nonresidential real			39 yrs.	MM	S/L	-	
	property				MM	S/L	-	
		ssets Placed in Serv	ice During 2023 Tax	Year Using the	Alternative Dep	preciation	Syste	m
20a	Class life					S/L		
b	12-year			12 yrs.		S/L		
C	30-year			30 yrs.	MM	S/L		
d	40-year			40 yrs.	MM	S/L		
	art IV Summary (See in							
21	Listed property. Enter amount from						21	
22	<b>Total.</b> Add amounts from line 12 here and on the appropriate line						22	129,330
	TICLE ALIU OH HIE APPROPRIALE IME	is or your return. Pallin	cianina ana a comona	mons—see insifu	CHUID		1 44	
23	For assets shown above and pla							

Form **990** 

Name

## **Event Income and Deduction Worksheet**

Description Other fundraising

Hilton Head Symphony Orchestra Inc

2023

Taxpayer Identification Number 57-0761297

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

Income & Expense Summary:		Expense Details - Indirect Expense:
1. Gross receipts or sales 1.	61,178	Advertising and promotion
2. Advertising income 2.		Office
3. Circulation income 3.		Printing/publication/postage
<b>4.</b> Other income <b>4.</b>		Info technology/Maintenance
5. Returns and allowances 5.		Royalties & License Fees
6. Contributions received 6.		Occupancy/Real Estate Taxes
7. Total revenue. Add lines 1 through 6 7.	61,178	Travel & Renairs
8. Cost of Goods Sold 8.		Travel & Repairs
9. Employment Expense 9.		Conferences/meetings
10. Fees for services 10.		Conferences/meetings
		Interest
11. Indirect Expense 11		Insurance
12. Depreciation Expense 12		Total Indirect Expense
13. Exempt Activity Expense 13.		Funance Potelle Depresiation Funance
14		Expense Details - Depreciation Expense:
15. Total expenses. Add lines 8 through 1415.		On investment property
16. Net Income/Loss. Line 7 minus Line 1516.	32,230	On non-investment property
		Amortization
		Depletion
Expense Details - Cost of Goods Sold:		Total Depreciation Expense
Beginning inventory		
Purchases		Expense Details - Exempt Activity Expense:
Labor		Repairs and Maintenance
Section 263A costs		Bad debts
Other costs		Taxes/licenses
Ending inventory		Charitable contributions
Total Cost of Goods Sold		Dividend recd deductions
		Readership costs
Expense Details - Employment Expense:		Other expenses
Compensation of officers		Total Exempt Activity Expense
Other salaries and wages		
Pension plan contributions		Expense Details - Fundraising Expense:
Other employee benefits		Cash prizes
Payroll taxes		Non-cash prizes
Total Employment Expense		Rent and facility costs
		Food & beverages (Part II only)
Expense Details - Fees for Services:		Entertainment (Part II only)
Management		Other direct expenses 28,922
Legal		Total Fundraising Expense 28,922
Accounting		
Labarita a		
B ( ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' '		
Investment management		
Other		
Other Total Fees for Services		
Information is indicated for use on Form 990-T,		Allocation of Expense to Program Service Accomplishments:
Schedule A, UBIT Activity Code Seq	#	First
Part V, Debt Financing		Second
Part VI, Controlled Org Income		Third
Part VII, Investments for C(7)(9)(17)		All other
Part VIII, Exploited Activities		
Part IX, Advertising Income		

Form **990** 

**Return of Organization Exempt From Income Tax** 

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

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

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

2022
Open to Public Inspection

Department of the Treasury Internal Revenue Service

For the 2022 calendar year, or tax year beginning 07/01/22, and ending 06/30/23D Employer identification number C Name of organization Check if applicable: Address change Hilton Head Symphony Orchestra Inc Doing business as 57-0761297 Name change Number and street (or P.O. box if mail is not delivered to street address) 843-842-2055 Initial return 7 Lagoon Road, Suite 100 Final return/ City or town, state or province, country, and ZIP or foreign postal code Hilton Head Island SC 29928 2,606,391 **G** Gross receipts\$ Amended return Name and address of principal officer: H(a) Is this a group return for subordinates? Yes Application pending Alan Jordan 7 Lagoon Road, Suite 100 H(b) Are all subordinates included? If "No," attach a list. See instructions Hilton Head Island SC 29928 X 501(c)(3) 501(c) ( 4947(a)(1) or Tax-exempt status: www.HHSO.org Website: H(c) Group exemption number L Year of formation: 1982 X Corporation Form of organization: Trust Association M State of legal domicile: Part I Summarv 1 Briefly describe the organization's mission or most significant activities: See Schedule O Governance 2 Check this box if the organization discontinued its operations or disposed of more than 25% of its net assets. 3 Number of voting members of the governing body (Part VI, line 1a) Activities & 4 Number of independent voting members of the governing body (Part VI, line 1b) 18 5 Total number of individuals employed in calendar year 2022 (Part V, line 2a) 156 5 6 Total number of volunteers (estimate if necessary) 467 7a 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 Current Year 8 Contributions and grants (Part VIII, line 1h) 2,325,019 1,917,071 Revenue 9 Program service revenue (Part VIII, line 2g) 538,343 595,360 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 25,947 63,899 60,944 19,305 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 2,950,253 2,595,635 12 Total revenue – add lines 8 through 11 (must equal Part VIII, column (A), line 12) 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 0 14 Benefits paid to or for members (Part IX, column (A), line 4) 0 1,096,121 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 1,213,212 16a Professional fundraising fees (Part IX, column (A), line 11e) **b** Total fundraising expenses (Part IX, column (D), line 25) 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 1,355,454 1,513,716 2,451,575 2,726,928 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 498,678 -131,293 19 Revenue less expenses. Subtract line 18 from line 12. Beginning of Current Year End of Year P 8 1,962,762 2,312,700 20 Total assets (Part X, line 16) 21 Total liabilities (Part X, line 26) 462,873 907,904 22 Net assets or fund balances. Subtract line 21 from line 20 499,889 1,404,796 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. Sian Signature of officer President and CEO Here Alan Jordan Type or print name and title Print/Type preparer's name Preparer's signature Check Paid Patrick P. Carey, Jr., CPA Patrick P. Carey, Jr., CPA self-employed P00033247 **Preparer** Carey & Company P.A. 57-0927046 Firm's name Firm's EIN **Use Only** 70 Main Street, Suite 100 843-681-4430 Hilton Head Island, SC X Yes No May the IRS discuss this return with the preparer shown above? See instructions

Form	990 (2022) Hilton Head Symphony Orchestra Inc 57-0761297	Page <b>2</b>
Par	rt III Statement of Program Service Accomplishments	
	Check if Schedule O contains a response or note to any line in this Part III	<u> </u>
T]	Briefly describe the organization's mission: The HHSO inspires audiences with musical excellence, enriches live Youth programming and community performances, and unites the Lower Outh arts and cultural destination.	ountry as
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.	
	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.	
P: H: J: C: C:	(Code: )(Expenses \$ 1,968,743 including grants of \$ ) (Revenue \$ provided 71 live performances including 18 Orchestra Series concessilton Head International Piano Competition events, 9 free Outdoorazz In The Park presentations, 10 Supper Club performances, 4 Gultural Series and 2 special SoundWaves presentations, a Youth Competition, 2 Young Persons Concerts, a Holiday Pops program in a 10-day Chamber Music Institute with 9 live performances.	erts, 15 r Pops and illah Concerto Bluffton,
	*	
	*	
	(Code: ) (Expenses \$ including grants of \$ ) (Revenue \$ i/A	
	•	
	*	
	***************************************	
	(Code: ) (Expenses \$ including grants of \$ ) (Revenue \$ //A	)
	•	
	•	
	*	
	***************************************	
	*	
	*	
	*	
	•	
	•	
4d	Other program services (Describe on Schedule O.)	
	(Expenses \$ including grants of \$ ) (Revenue \$	)
	Total program service expenses 1,968,743	·

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	11	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to			
	candidates for public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)			
	election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,			
	assessments, or similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors			
	have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If			
	"Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			
	complete Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a			
	custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or			3,5
	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	4.0	v	
44	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,"	440	х	
h	complete Schedule D, Part VI  Did the organization report an amount for investments—other securities in Part X, line 12, that is 5% or more	11a	Λ	
b		11b		x
•	of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i> Did the organization report an amount for investments—program related in Part X, line 13, that is 5% or more	110		
С	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		$\mathbf{x}$
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets	110		
u	reported in Part V. line 162 If "Vee." complete Schodule D. Part IV	11d	X	
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	X	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	116		
•	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If</i> "Yes," <i>complete Schedule D, Part X</i>	11f		x
12a	Did the organization obtain separate, independent audited financial statements for the tax year? <i>If</i> "Yes," <i>complete</i>	····		
	Schedule D, Parts XI and XII	12a	х	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If			
-	"Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		x
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		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		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other			
	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on			
	Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		Х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on			
	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	X	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?			
	If "Yes," complete Schedule G, Part III	19		Х
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		X

2801 10/11/2023 10:21 AM Form 990 (2022) Hilton Head Symphony Orchestra Inc 57-0761297 Page 4 Checklist of Required Schedules (continued) Yes No Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on X Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III 22 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated X employees? If "Yes," complete Schedule J 23 Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a X **b** Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? 24b Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? 24c d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? 24d Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I X b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? X If "Yes," complete Schedule L, Part I 25b 26 Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II X 26 Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these X persons? If "Yes," complete Schedule L, Part III 27 Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV, instructions for applicable filing thresholds, conditions, and exceptions): A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV 28a A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV Х A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If "Yes," complete Schedule L, Part IV 28c Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M 29 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I 31 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II X 33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I X Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, 34 X Did the organization have a controlled entity within the meaning of section 512(b)(13)? 35a 35a

6	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		
7	7 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					
8	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and					
	19? Note: All Form 990 filers are required to complete Schedule O.	38	X			
Part V Statements Regarding Other IRS Filings and Tax Compliance						
Check if Schedule O contains a response or note to any line in this Part V						
			Yes	No		
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a 45					
b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b 0					

controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2

If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a

Did the organization comply with backup withholding rules for reportable payments to vendors and

reportable gaming (gambling) winnings to prize winners?

X Form **990** (2022)

1c

36

Pa	rt V Statements Regarding Other IRS Filings and Tax Compliance (continu	ued)			Yes	No	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax						
	Statements, filed for the calendar year ending with or within the year covered by this return	2a	156				
b	If at least one is reported on line 2a, did the organization file all required federal employment tax return	ns?		2b	X		
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?					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						
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	
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?					X	
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?					X	
С	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 any contributions that were not tax deductible as charitable contributions?					X	
b							
_	gifts were not tax deductible?						
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 g	oods		_	v		
				7a	X		
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?			7b	X		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	S		_		v	
	required to file Form 8282?			7c		X	
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d	2	7e		х	
e						X	
f						X	
g						X	
	h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?					Λ	
0	<b>Sponsoring organizations maintaining donor advised funds.</b> Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?						
9	Sponsoring organizations maintaining donor advised funds.			8			
a	Did the convenient agreement of the convenient o						
b							
10	Section 501(c)(7) organizations. Enter:						
а	Initiation fees and capital contributions included on Part VIII, line 12	10a					
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b		1			
11	Section 501(c)(12) organizations. Enter:	100		1			
	Chara in some from morphore or about allows	11a					
b	Gross income from other sources. (Do not net amounts due or paid to other sources			1			
	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		?	12a			
b		12b					
13	Section 501(c)(29) qualified nonprofit health insurance issuers.						
а	le the organization licensed to issue qualified health plane in more than one state?			13a			
	Note: See the instructions for additional information the organization must report on Schedule O.						
b							
	the organization is licensed to issue qualified health plans	13b					
С	Enter the amount of reserves on hand	13c					
14a	Did the examination reading any neumants for indept tenning continue during the tay year?			14a		Х	
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O			14b			
15							
	excess parachute payment(s) during the year?			15		х	
	If "Yes," see instructions and file Form 4720, Schedule N.						
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment	incom	e?	16		X	
	If "Yes," complete Form 4720, Schedule O.						
17	Section 501(c)(21) organizations. Did the trust, any disqualified or other person engage in any activi	ities					
	that would result in the imposition of an excise tax under section 4951, 4952 or 4953?			17			
	If "Yes," complete Form 6069.						

Form 990 (2022) Hilton Head Symphony Orchestra Inc 57-0761297 Page 6 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

					_	162	NO
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	18				
	If there are material differences in voting rights among members of the governing body, or						
	if the governing body delegated broad authority to an executive committee or similar						
	committee, explain on Schedule O.		10				
b	Enter the number of voting members included on line 1a, above, who are independent	1b	18				
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with						37
_	any other officer, director, trustee, or key employee?			2	+	$\dashv$	<u> </u>
3	Did the organization delegate control over management duties customarily performed by or under the direct						v
4	supervision of officers, directors, trustees, or key employees to a management company or other person?			3	-	-+	$\frac{x}{x}$
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filled.			4	+	$\dashv$	X
5 6	Did the organization become aware during the year of a significant diversion of the organization's assets?  Did the organization have members or stockholders?			6	+	$\dashv$	X
7a	Did the organization have members of stockholders, or other persons who had the power to elect or appoint			···· ├ <b>°</b>	+	$\neg$	
ra	and as mark mambars of the governing hads?			72	.		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,			····   ··	+	$\neg$	
-	stockholders or persons other than the governing body?			71	,		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year						
а	The governing body?	•				x	
b	Each committee with authority to act on behalf of the governing body?			81	,	х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at						
	the organization's mailing address? If "Yes," provide the names and addresses on Schedule O			9			X
Sec	tion B. Policies (This Section B requests information about policies not required by the Inter	nal R	evenue	e Code.	)		
				_	,	Yes	No
10a	Did the organization have local chapters, branches, or affiliates?			10	a		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,						
	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?			10	_		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing	the fo	rm?	11	а	X	
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.						
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13			12	$\neg$	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give ris	e to co	nflicts?	12	b	Х	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"			1.0		Ţ.	
40	describe on Schedule O how this was done			12	$\neg$	X	X
13	Did the organization have a written whistleblower policy?			1	-	$\dashv$	X
14	Did the organization have a written document retention and destruction policy?  Did the process for determining compensation of the following persons include a review and approval by			14			
15	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?						
а	The organization's CEO, Executive Director, or top management official			15	2	x	
	Other officers or key employees of the experiention			15	_	x	
~	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.						
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement						
-	with a taxable entity during the year?			16	а		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its						
	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the						
	organization's exempt status with respect to such arrangements?			16	b		
Sec	tion C. Disclosure						
17	List the states with which a copy of this Form 990 is required to be filed SC						
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 6104 requires an organization or 1024-A, if applicable), 990, and 990-T (section 6104 requires an organization or 1024-A, if applicable), 990, and 990-T (section 6104 requires and 6104 require	ection 5	501(c)				
	(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.						
	X Own website Another's website X Upon request Other (explain on Schedule O)						
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of inter-	est pol	icy,				
	and financial statements available to the public during the tax year.						
20	State the name, address, and telephone number of the person who possesses the organization's books and reco	rds					
	san Strange 7 Lagoon Road	0	ć	2/2 0	<b>4</b> 2	_ 2.0	205
н	Iton Head Island SC 2992	0		<u> 343-8</u>	<u>+∠</u>	<u>-2(</u>	202

Form 990 (2022)	Hilton	Head	Symphony	Orchestra	Tnc	57-0761297
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	_	
	_ 7	4

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

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

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

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

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

		-						<u> </u>		
(A) Name and title	(B) Average hours per week	Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D)  Reportable compensation from the	<b>(E)</b> Reportable compensation from related	(F) Estimated amount of other compensation
	(list any hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/ 1099-MISC/ 1099-NEC)	organizations (W-2/ 1099-MISC/ 1099-NEC)	from the organization and related organizations
(1) Alan Jordan										
President and CEO	40.00					x		142,278	0	0
(2) Rabbi Brad Bloom										
Parad Markey	2.00									
Board Member (3) Joan Dattelbaum	0.00	X				$\vdash$		0	0	0
(3) DOGII DACCEIDAUII	2.00									
Board Member	0.00	X						0	0	0
(4) John Elliot										
	2.00									
Board Member	0.00	X	_			$\sqcup$		0	0	0
(5) Donald Flora	2.00									
Treasurer	3.00 0.00	x		x				0	0	0
(6) Charles Frost	0.00		$\vdash$	Λ		$\vdash$		0	0	0
(0) CHALLED 110BC	2.00									
Board Member	0.00	X						0	0	0
(7) Carol Gyllenhoft										
	2.00									
ex officio	0.00	X						0	0	0
(8) Carolyn Hack	2.00									
Secretary	0.00	x		x				0	0	0
(9) Michael Harter	0.00			Λ		$\vdash$		0	0	<u> </u>
(0)111011401 1141 001	5.00									
Chairman	0.00	X		x				0	0	0
(10) Barbara Holmes										
	3.00									
V-Chair Res Develop	0.00	X		Х				0	0	0
(11) Mario Incorvaia	40.00									
ex officio	40.00	x						0	0	0
<u> </u>	0.00	1 42						1 0	<u> </u>	Form <b>990</b> (2022)

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Part VII Section A. Officers	s, Directors, Tru	stee	s, K	ey E	mpl	oyee	es, a	and Highest Compensated	Employees (continued)			
(A) Name and title	(B) Average hours per week	bo	x, unle	Pos check ess pe	rson i	than c s both or/trusto	an	(D) Reportable compensation from the	(E) Reportable compensation from related	of	(F) ted amount other	:
	(list any hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/ 1099-MISC/ 1099-NEC)	organizations (W-2/ 1099-MISC/ 1099-NEC)	fro organi	om the zation and organization	IS
(12) Bret Jacobwi	2.00											
Board Member	0.00	X						0	0			0
(13) Martin Lesch	2.00											0
Board Member (14) Eric Magnin	0.00	X						0	0			
V-Chair Strat Plan	3.00 0.00	x		x				0	0			0
(15) James Neumei	T											
Board Member	2.00 0.00	x						0	0			0
(16) Mary Princing Board Member	2.00 0.00	x						0	0			0
(17) Connie Rathma	+	122							J			
Board Member	2.00 0.00	x						0	0			0
(18) Charles Samp												
Board Member (19) Steven Shaim	2.00	x						0	0			0
(19) Steven Shaim	40.00 0.00	x						0	0			0
1b Subtotal		122						142,278				
c Total from continuation she		Secti	ion /	٩								
d Total (add lines 1b and 1c)							<u></u>	142,278	<u></u>			
2 Total number of individuals (ir reportable compensation from			d to <b>1</b>	thos	e lis	ted a	lbov	ve) who received more than	\$100,000 of			
	J										Yes	No
3 Did the organization list any for employee on line 1a? If "Yes,										3		x
4 For any individual listed on lin organization and related orga	e 1a, is the sum nizations greater	of rethar	eport	table 50,00	con 00? <i>I</i>	npens f "Ye	satio	on and other compensation complete Schedule J for su	from the			х
<ul><li>individual</li><li>5 Did any person listed on line</li></ul>	1a receive or ac	crue	com	pens	ation	i fror	 n a	uny unrelated organization or	· individual	4		
for services rendered to the c	U	es,"	com	plete	Sci	hedu	le J	I for such person		5		X
Section B. Independent Contractor  Complete this table for your fi				:l				tun atoms that we sail and means	than \$400,000 of			
compensation from the organi	zation. Report co							dar year ending with or with	in the organization's tax ye	ear.		
Name and	(A) I business address							Descript	(B) tion of services		(C) Compensat	tion
John Morris Russell					c/c	7		agoon Rd, Ste 10				
Hilton Head Isla	nd SC	: 2	99	28			1	Music Director	-		125	700
							-					
2 Total number of independent received more than \$100,000								ose listed above) who	1			

Form 990 (2022) Hilton Head Symphony Orchestra Inc 57-0761297 Part VIII Statement of Revenue Check if Schedule O contains a response or note to any line in this Part VIII (C) (D) Revenue excluded from tax under (A) (B) Related or exempt Unrelated Total revenue function revenue husiness revenue sections 512-514 Gifts, Grants nilar Amounts 1a Federated campaigns ..... 1a **b** Membership dues ..... 1b c Fundraising events ..... 1c d Related organizations ..... 1d e Government grants (contributions) 532,882 Contributions, and Other Sim f All other contributions, gifts, grants, 1,384,189 and similar amounts not included above ...... 1f **g** Noncash contributions included in 13,155 lines 1a-1f ..... 1<u>g</u> 1,917,071 h Total. Add lines 1a-1f. Business Code 307,529 307,529 Ticket sales Program Service Revenue Subscription Sales 242,076 242,076 Application fees 45,755 45,755 f All other program service revenue ..... 595,360 g Total. Add lines 2a-2f. 3 Investment income (including dividends, interest, and other similar amounts) 63,899 63,899 4 Income from investment of tax-exempt bond proceeds Royalties ..... (ii) Personal 6a Gross rents 6a **b** Less: rental expenses 6b c Rental inc. or (loss) d Net rental income or (loss) **7a** Gross amount from (i) Securities (ii) Other sales of assets 7a other than inventory Other Revenue **b** Less: cost or other basis and sales exps. c Gain or (loss) 7с d Net gain or (loss) ..... **8a** Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18 30,061 **b** Less: direct expenses ..... 10,756 19,305 c Net income or (loss) from fundraising events 9a Gross income from gaming activities. See Part IV, line 19 ...... **b** Less: direct expenses ..... 9b c Net income or (loss) from gaming activities 10a Gross sales of inventory, less returns and allowances 10a **b** Less: cost of goods sold ...... 10b c Net income or (loss) from sales of inventory **Business Code** Miscellaneous Revenue 11a

2,595,635

595,360

0

d All other revenue

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

Total revenue. See instructions ...

Part IX Statement of Functional Expenses
Section 501(c)(3) and 501(c)(4) organizations must complete all

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.  1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21  2 Grants and other assistance to domestic individuals. See Part IV, line 22  3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16  4 Benefits paid to or for members	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 2 Grants and other assistance to domestic individuals. See Part IV, line 22 3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16	expenses
and domestic governments. See Part IV, line 21  2 Grants and other assistance to domestic individuals. See Part IV, line 22  3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16	
2 Grants and other assistance to domestic individuals. See Part IV, line 22 3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16	
individuals. See Part IV, line 22  3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16	
Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16	
organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16	
foreign individuals. See Part IV, lines 15 and 16	
5 Compensation of current officers, directors,	
trustees, and key employees	
6 Compensation not included above to disqualified	
persons (as defined under section 4958(f)(1)) and	
persons described in section 4958(c)(3)(B)	
7 Other salaries and wages 1,071,293 710,359 324,371	36,563
8 Pension plan accruals and contributions (include	
section 401(k) and 403(b) employer contributions) 52,278 52,278	
9 Other employee benefits	
10 Payroll taxes         89,641         59,440         27,142	3,059
11 Fees for services (nonemployees):	
a Management	
<b>b</b> Legal	
c Accounting 9,651 9,651	
d Lobbying	
e Professional fundraising services. See Part IV, line 17	
f Investment management fees	
g Other. (If line 11g amount exceeds 10% of line 25, column	
(A) amount, list line 11g expenses on Schedule O.) 357,718 306,737 6,373	44,608
12 Advertising and promotion         149,378         74,689         74,689	
13 Office expenses 47,914 8,504 36,575	2,835
14 Information technology	
15 Royalties	
16 Occupancy 342,482 274,949 67,533	
17 Travel 156,297 156,297	
18 Payments of travel or entertainment expenses	
for any federal, state, or local public officials	
19 Conferences, conventions, and meetings	
20 Interest	
21 Payments to affiliates	
22 Depreciation, depletion, and amortization 129,604 90,723 38,881	
23 Insurance	
24 Other expenses. Itemize expenses not covered	
above (List miscellaneous expenses on line 24e. If	
line 24e amount exceeds 10% of line 25, column	
(A) amount, list line 24e expenses on Schedule O.)  a Production costs 129,920 129,920	
b Other expenses 110,412 41,358 69,054 c Prizes, judges and awards 63,489 63,489	
All other averages	
e All other expenses 2,726,928 1,968,743 671,120	87,065
25 Total functional expenses. Add lines 1 through 24e 2,726,928 1,968,743 671,120 26 Joint costs. Complete this line only if the	07,005
organization reported in column (B) joint costs	
from a combined educational campaign and	
fundraising solicitation. Check here if following SOP 98-2 (ASC 958-720)	

Pa	art )	Balance Sheet					_						
		Check if Schedule O contains a response or r	note to any line	in this Part X									
					(A)		(B)						
					Beginning of year		End of year						
	1	Cash—non-interest-bearing			548,267	1	537,607						
	2	Savings and temporary cash investments			214,074	2	218,330						
	3	Pledges and grants receivable, net				3							
	4	Accounts receivable, net			1,500	4	28,250						
	5	Loans and other receivables from any current or for	rmer officer, dire	ector,									
		trustee, key employee, creator or founder, substant	ial contributor, c	or 35%									
		controlled entity or family member of any of these p				5							
	6	Loans and other receivables from other disqualified											
ţş		under section 4958(f)(1)), and persons described in				6							
Assets	7	Notes and loans receivable, net				7							
٩	8	Lance to deep form and a conservation				8							
	9	Prepaid expenses and deferred charges			13,482	9	11,801						
	10a	Land, buildings, and equipment: cost or other											
		basis. Complete Part VI of Schedule D	10a	979,477									
	b	Less: accumulated depreciation	401	636,867	471,194	10c	342,610						
	11	Investments—publicly traded securities			696,455	11	954,395						
	12	Investments—other securities. See Part IV, line 11				12							
	13	Investments—program-related. See Part IV, line 11				13							
	14		ssets										
	15	Other assets. See Part IV, line 11			17,790	15	219,707						
$\Box$	16	Total assets. Add lines 1 through 15 (must equal li		1,962,762	16	2,312,700							
	17	Accounts payable and accrued expenses			17,941	17	13,393						
	18	Grants payable	431,702	18									
	19	Deferred revenue	19	631,911									
	20	Tax-exempt bond liabilities				20							
	21	Escrow or custodial account liability. Complete Part		21									
တ္သ	22	Loans and other payables to any current or former	officer, director,										
<u> </u>		trustee, key employee, creator or founder, substant	ial contributor, c	or 35%									
Liabilities		controlled entity or family member of any of these p				22							
-1	23	Secured mortgages and notes payable to unrelated	third parties			23							
	24	Unsecured notes and loans payable to unrelated th				24	50,000						
	25	Other liabilities (including federal income tax, payab	les to related th	nird									
		parties, and other liabilities not included on lines 17	-24). Complete	Part X									
		of Schedule D			13,230	25	212,600						
$\Box$	26	Total liabilities. Add lines 17 through 25			462,873	26	907,904						
		Organizations that follow FASB ASC 958, check	here X										
ces		and complete lines 27, 28, 32, and 33.											
lan	27	Net assets without donor restrictions			589,363	27	564,063						
Ba	28			,	910,526	28	840,733						
pur		Organizations that do not follow FASB ASC 958	, check here										
띤		and complete lines 29 through 33.											
Ö	29	Capital stock or trust principal, or current funds $\dots$				29							
set	30	Paid-in or capital surplus, or land, building, or equip				30							
Net Assets or Fund Balances	31	Retained earnings, endowment, accumulated incom	ne, or other fund	ds		31							
Vet	32	Total net assets or fund balances			1,499,889	32	1,404,796						
	33	Total liabilities and net assets/fund balances			1,962,762	33	2,312,700						

Form **990** (2022)

Pa	rt XI Reconciliation of Net Assets			,	
	Check if Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1	2,59	95,6	635
2		2	2,72	26,9	928
3	Revenue less expenses. Subtract line 2 from line 1	3	-1:	31,2	293
4		4	1,49	99,8	889
5	Net unrealized gains (losses) on investments	5		36,2	200
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain on Schedule O)	9			
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line				
	32, column (B))	10	1,40	04,	796
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				
				Yes	No
1	Accounting method used to prepare the Form 990:				
	If the organization changed its method of accounting from a prior year or checked "Other," explain on				
	Schedule O.				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or				
	reviewed on a separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	X	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a				
	separate basis, consolidated basis, or both:				
	X Separate basis Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of				
	the audit, review, or compilation of its financial statements and selection of an independent accountant?		2c	X	
	If the organization changed either its oversight process or selection process during the tax year, explain on				
	Schedule O.				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the				
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?		3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the				
	required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b		

Form **990** (2022)

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

(A) Name and title	Name and title Average hours		x, unle	Posi check ess pe	more rson i	than c s both or/trusto	an	(D) Reportable compensation from the	(E) Reportable compensation from related		(F) timated a of othe	er	
	(list any hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/ 1099-MISC/ 1099-NEC)	organizations (W-2/ 1099-MISC/ 1099-NEC)	or	from the ganization ted organ	ne n and	
(20) Alice Walton	2.00												-
Board Member	0.00	x						0	0			C	)
(21) Blake White													
Board Member	2.00 0.00	x						0	0			C	)
													_
													_
													_
													_
1b Subtotal													_
c Total from continuation sheet d Total (add lines 1b and 1c)	ets to Part VII, S												-
Total number of individuals (in reportable compensation from	cluding but not li	mite				ted a	bov	e) who received more than	\$100,000 of				_
3 Did the organization list any fo	ermor officer dir	ooto	· trii	otoo	kov	, om	nlov	on or highest components	d			Yes No	_
employee on line 1a? If "Yes,"	' complete Sched	dule .	J for	suc	h ind	dividi	ial .				3		
4 For any individual listed on line organization and related organ													
individual											4		_
5 Did any person listed on line of for services rendered to the o											5		
Section B. Independent Contracto		/		,				, , , , , , , , , , , , , , , , , , ,					_
1 Complete this table for your fir compensation from the organization										ear.			
	(A) business address								(B) tion of services		Con	(C) npensation	_
													-
													_
													_
													_
2 Total number of independent of	contractors (inclu	dina	but	not l	imite	ed to	tho	se listed above) who					
received more than \$100,000											Form	n <b>990</b> (2022	2)
											1 0111	(2022	-/

# SCHEDULE A (Form 990)

Public Charity Status and Public Support

2022

Department of the Treasury Internal Revenue Service

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

Attach to Form 990 or Form 990-EZ.

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

2022

lame	of the	e organization	77374 773	Garanto anno a Caraba a sa	L 7		1 '	yer identificat		
		D		Symphony Orches				-07612		
				Status. (All organizations		•		structions		
	orga			e it is: (For lines 1 through 12, o	-					
1	Н			sociation of churches described		170(b)(	1)(A)(i).			
2	Н			(A)(ii). (Attach Schedule E (Forn						
3	Н		·	ce organization described in se			•			
4		A medical re	search organization operated	d in conjunction with a hospital of	described	in <b>sectio</b>	on 170(b)(1)(A)(iii). Ent	er the hosp	oital's name,	
		city, and stat								
5		_		of a college or university owned	or operate	ed by a g	overnmental unit descr	ibed in		
			(b)(1)(A)(iv). (Complete Part	,						
6	Ш			governmental unit described in s						
7	Ш	U	ion that normally receives a section 170(b)(1)(A)(vi). (C	substantial part of its support fromplete Part II.)	om a gove	ernmental	unit or from the genera	al public		
8		A community	trust described in section	170(b)(1)(A)(vi). (Complete Part	: II.)					
9		An agricultura	al research organization des	scribed in section 170(b)(1)(A)(i	ix) operate	ed in con	unction with a land-gra	nt college		
	_	-	or a non-land-grant college	of agriculture (see instructions).	Enter the	name, ci	y, and state of the coll	ege or		
		university:								
10	X	•	,	) more than 33 1/3% of its support functions, subject to contain				•		
		•		npt functions, subject to certain end unrelated business taxable in		. ,				
			•	0, 1975. See <b>section 509(a)(2)</b> .	,		,			
11			•	exclusively to test for public safe	` .		•			
12	П	•	•	exclusively for the benefit of, to	•			e purposes	of	
	ш	•		tions described in section 509(a						
		the box on lir	nes 12a through 12d that de	scribes the type of supporting or	rganization	n and cor	nplete lines 12e, 12f, a	nd 12g.		
	а	Type I. A	A supporting organization op-	erated, supervised, or controlled	by its su	pported of	organization(s), typically	by giving		
			• • • • •	ver to regularly appoint or elect	, ,	of the di	rectors or trustees of th	ie		
		$\Box$	•	omplete Part IV, Sections A a						
	b			pervised or controlled in connect				-		
				rting organization vested in the see Part IV, Sections A and C.	same pers	ons that	control or manage the	supported		
	С		•	supporting organization operated	l in conno	action with	and functionally into	rated with		
	Ü			structions). You must complete				natou Witil,		
	d			d. A supporting organization ope				ganization(s	s)	
				e organization generally must sa						
		requireme	ent (see instructions). You r	nust complete Part IV, Section	ns A and	D, and P	art V.			
	е			eived a written determination fro			a Type I, Type II, Typ	e III		
				on-functionally integrated support	ung orgar	iization.				
	f	Provide the f	mber of supported organization	he supported organization(s).						
	) Nam	e of supported	(ii) EIN		(Iv) Is the	organization	(v) Amount of monotor	n/	(vi) Amoun	t of
(		janization	(II) EIIV	(iii) Type of organization (described on lines 1–10		ur governing	(v) Amount of monetal support (see	У	other support	
				above (see instructions))	docur	ment?	instructions)		instruction	
					Yes	No				
(A)										
(B)										
(C)										
(D)										
(E)										
<b>Tota</b>	<u> </u>									

Page 2

	(Complete only if you che Part III. If the organization	cked the box o	n line 5, 7, or 8		he organization	n failed to qualif	y under
	tion A. Public Support						
Caler	dar year (or fiscal year beginning in)	(a) 2018	<b>(b)</b> 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4	Total. Add lines 1 through 3						
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6	Public support. Subtract line 5 from line 4						
	tion B. Total Support	•					•
Caler	dar year (or fiscal year beginning in)	(a) 2018	<b>(b)</b> 2019	(c) 2020	(d) 2021	<b>(e)</b> 2022	(f) Total
7	Amounts from line 4						
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
9	Net income from unrelated business activities, whether or not the business is regularly carried on						
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
11	Total support. Add lines 7 through 10						
12	Gross receipts from related activities, etc.	(see instructions)				12	
13	First 5 years. If the Form 990 is for the o	•		•	,	, , ,	
	organization, check this box and stop her	e					
Sec	tion C. Computation of Public S					T	Г
14	Public support percentage for 2022 (line 6			nn (f))			%
15	Public support percentage from 2021 Sch						%
16a	33 1/3% support test—2022. If the organ				33 1/3% or more,	check this	
	box and <b>stop here.</b> The organization qual						L
b	33 1/3% support test—2021. If the organ						
47-	this box and <b>stop here.</b> The organization						L
17a	10%-facts-and-circumstances test—20	-					
	10% or more, and if the organization mee Part VI how the organization meets the fa						
	organization		_				
h	10%-facts-and-circumstances test—20						L
b	15 is 10% or more, and if the organization	_					
	in Part VI how the organization meets the						
	organization					• •	
18	<b>Private foundation.</b> If the organization di						
	instructions						

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

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II.)

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

Sec	tion A. Public Support	quamy arraor ar	0 10010 110100 1	olott, ploado de	ompioto i ait iii	/	
	ndar year (or fiscal year beginning in)	(a) 2018	<b>(b)</b> 2019	(c) 2020	(d) 2021	<b>(e)</b> 2022	(f) Total
1	Gifts, grants, contributions, and membership fees	(4) 2010	(6) 2010	(6) 2020	(a) 2021	(6) 2022	(i) rotal
'	received. (Do not include any "unusual grants.")	1,402,546	1,484,435	1,087,376	1,453,425	1,704,666	7,132,448
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose	755,593	646,409	278,505	790,417	795,147	3,266,071
3	Gross receipts from activities that are not an unrelated trade or business under section 513	60,343					60,343
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5	2,218,482	2,130,844	1,365,881	2,243,842	2,499,813	10,458,862
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons	254,654	125,032	83,300	75,400	104,051	642,437
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
С	Add lines 7a and 7b	254,654	125,032	83,300	75,400	104,051	642,437
8	Public support. (Subtract line 7c from line 6.)						9,816,425
	tion B. Total Support						
Caler	ndar year (or fiscal year beginning in)	(a) 2018	<b>(b)</b> 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
9	Amounts from line 6	2,218,482	2,130,844	1,365,881	2,243,842	2,499,813	10,458,862
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	14,155	4,633	173,300	-119,705	100,099	172,482
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
С	Add lines 10a and 10b	14,155	4,633	173,300	-119,705	100,099	172,482
11	Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12)	2,232,637	2,135,477	1,539,181	2,124,137	2,599,912	10,631,344
14	and 12.)  First 5 years. If the Form 990 is for the o						10,031,344
	organization, check this box and stop her						
Sec	tion C. Computation of Public S	upport Percent	age				
15	Public support percentage for 2022 (line 8			nn (f))		15	92.33%
16	Public support percentage from 2021 Scho						88.95 %
Sec	tion D. Computation of Investme					<u> </u>	
17	Investment income percentage for 2022 (I			B, column (f))		17	2 %
18	Investment income percentage from 2021		line 17			40	1%
19a	33 1/3% support tests—2022. If the orga 17 is not more than 33 1/3%, check this b	nization did not che	ck the box on line	14, and line 15 is	more than 33 1/3%	%, and line	X
b	33 1/3% support tests—2021. If the orga		-		-		<u>-</u>
	line 18 is not more than 33 1/3%, check the						
20	Private foundation. If the organization did	-	_			-	

## Part IV Supporting Organizations

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

## Section A. All Supporting Organizations

- Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in **Part VI** how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below.
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in **Part VI** when and how the organization made the determination.
- **c** Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in **Part VI** what controls the organization put in place to ensure such use.
- 4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in **Part VI** how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in **Part VI** what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 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		
	4-		
	4a		
	4b		
	4c		
	.,		
	_		
	5a		
	Eh		
	5b 5c		
	30		
	6		
	7		
	8		
	9a		
	9b		
	9с		
	10a		
	. 54		
Sche	10b edule A	(Form 9	990) 2022

Par	t IV Supporting Organizations (continued)				
			Yes	No	
11	Has the organization accepted a gift or contribution from any of the following persons?				
а	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and				
	11c below, the governing body of a supported organization?	11a			
b	A family member of a person described on line 11a above?	11b			
С	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c,				
	provide detail in <b>Part VI.</b>	11c			
Secti	on B. Type I Supporting Organizations				
			Yes	No	
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or				
	more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers,				
	directors, or trustees at all times during the tax year? If "No," describe in <b>Part VI</b> how the supported organization(s)				
	effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported				
	organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the				
	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1			
2	Did the organization operate for the benefit of any supported organization other than the supported				
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part				
	VI how providing such benefit carried out the purposes of the supported organization(s) that operated,				
	supervised, or controlled the supporting organization.				
Secti	on C. Type II Supporting Organizations	2			
			Yes	No	
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors				
•	or trustees of each of the organization's supported organization(s)? If "No," describe in <b>Part VI</b> how control				
	or management of the supporting organization was vested in the same persons that controlled or managed				
	the supported organization(s).	1			
Secti	on D. All Type III Supporting Organizations				
		$\Box$	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 <b>Part VI</b> how				
	the organization maintained a close and continuous working relationship with the supported organization(s).	2			
3	By reason of the relationship described on line 2, above, did the organization's supported organizations have				
3	a significant voice in the organization's investment policies and in directing the use of the organization's				
	income or assets at all times during the tax year? If "Yes," describe in <b>Part VI</b> the role the organization's				
	supported organizations played in this regard.	3			
Secti	on E. Type III Functionally Integrated Supporting Organizations				
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).				
' a	The organization satisfied the Activities Test. Complete <b>line 2</b> below.				
b	The organization is the parent of each of its supported organizations. <i>Complete line 3 below.</i>				
C	The organization supported a governmental entity. Describe in <b>Part VI</b> how you supported a governmental entity (see instru	ctions	)		
2	Activities Test. Answer lines 2a and 2b below.		Yes	No	
a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of		100	140	
u	the supported organization(s) to which the organization was responsive? If "Yes," then in <b>Part VI identify</b>				
	those supported organizations and explain how these activities directly furthered their exempt purposes,				
	how the organization was responsive to those supported organizations, and how the organization determined				
	that these activities constituted substantially all of its activities.	2a			
b	Did the activities described on line 2a, above, constitute activities that, but for the organization's	~			
~	involvement, one or more of the organization's supported organization(s) would have been engaged in? If				
	"Yes," explain in <b>Part VI</b> the reasons for the organization's position that its supported organization(s) would				
	have engaged in these activities but for the organization's involvement.	2b			
3	Parent of Supported Organizations. <i>Answer lines 3a and 3b below.</i>	-0			
э a	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or				
ч	trustees of each of the supported organizations? If "Yes" or "No," provide details in <b>Part VI.</b>	3a			
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each	Ju			
~					

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

3b

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting	g Organiza	tions	
1 Check here if the organization satisfied the Integral Part Test as a qualifying trus			See
instructions. All other Type III non-functionally integrated supporting organization	ons must comp	lete Sections A through E	≣.
Section A – Adjusted Net Income		(A) Prior Year	(B) Current Year
		(A) I Hoi Teal	(optional)
1 Net short-term capital gain	1		
2 Recoveries of prior-year distributions	2		
3 Other gross income (see instructions)	3		
4 Add lines 1 through 3.	4		
5 Depreciation and depletion	5		
6 Portion of operating expenses paid or incurred for production or collection			
of gross income or for management, conservation, or maintenance of			
property held for production of income (see instructions)	6		
7 Other expenses (see instructions)	7		
8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Section B – Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1 Aggregate fair market value of all non-exempt-use assets (see			
instructions for short tax year or assets held for part of year):			
a Average monthly value of securities	1a		
<b>b</b> Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d		
e Discount claimed for blockage or other factors			
(explain in detail in <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		
Section C – Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, column A)	1		
2 Enter 0.85 of line 1.	2		
3 Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4 Enter greater of line 2 or line 3.	4		
5 Income tax imposed in prior year	5		
6 Distributable Amount. Subtract line 5 from line 4, unless subject to			
emergency temporary reduction (see instructions).	6		
7 Check here if the current year is the organization's first as a non-functionally into	egrated Type II	I supporting organization	

Schedule A (Form 990) 2022

(see instructions).

Schedule A (Form 990) 2022 Page 7 Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued) Section D - Distributions **Current Year** 1 Amounts paid to supported organizations to accomplish exempt purposes 2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity Administrative expenses paid to accomplish exempt purposes of supported organizations 3 3 Amounts paid to acquire exempt-use assets Qualified set-aside amounts (prior IRS approval required—provide details in Part VI) 5 Other distributions (describe in Part VI). See instructions. 7 Total annual distributions. Add lines 1 through 6. Distributions to attentive supported organizations to which the organization is responsive 8 (provide details in Part VI). See instructions. Distributable amount for 2022 from Section C, line 6 9 10 Line 8 amount divided by line 9 amount 10 (i) (ii) (iii) Section E - Distribution Allocations (see instructions) **Excess Distributions** Underdistributions Distributable Pre-2022 Amount for 2022 Distributable amount for 2022 from Section C, line 6 2 Underdistributions, if any, for years prior to 2022 (reasonable cause required-explain in Part VI). See instructions. Excess distributions carryover, if any, to 2022 **a** From 2017 **b** From 2018 **c** From 2019.... **d** From 2020 e From 2021. f Total of lines 3a through 3e **g** Applied to underdistributions of prior years h Applied to 2022 distributable amount i Carryover from 2017 not applied (see instructions) j Remainder. Subtract lines 3g, 3h, and 3i from line 3f. Distributions for 2022 from Section D, line 7: a Applied to underdistributions of prior years **b** Applied to 2022 distributable amount c Remainder. Subtract lines 4a and 4b from line 4. Remaining underdistributions for years prior to 2022, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions. Remaining underdistributions for 2022. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions. Excess distributions carryover to 2023. Add lines 3j and 4c. Breakdown of line 7: a Excess from 2018. **b** Excess from 2019 ..... c Excess from 2020 . d Excess from 2021

Schedule A (Form 990) 2022

e Excess from 2022 .

Schedule A (Forn							57-0761297	Page <b>8</b>
Part VI	Supplemental	Information. Pro	ovide the	explanations	required by Part I	I, line 10	; Part II, line 17a or	17b; Part
							b, and 11c; Part IV,	
							IV, Section E, lines	
							, and 8; and Part V,	Section E,
	lines 2, 5, and	6. Also complete	this part	for any additi	onal information. (	(See inst	ructions.)	
		•		•		,	,	
•								
•								
•								

# Schedule B (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

#### Schedule of Contributors

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

OMB No. 1545-0047

Employer identification number

2022

Hilton Head Symphony Orchestra Inc 57-0761297 Organization type (check one): Filers of: Section: Form 990 or 990-EZ **X** 501(c)( 3 ) (enter number) organization 4947(a)(1) nonexempt charitable trust not treated as a private foundation 527 political organization Form 990-PF 501(c)(3) exempt private foundation 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundation Check if your organization is covered by the General Rule or a Special Rule. Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions. General Rule For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions. Special Rules X For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 331/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it must answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990).

Schedule B (Form 990) (2022)

Hilton Head Symphony Orchestra Inc

Employer identification number 57-0761297

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

### 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.

Name of the organization Employer identification number Hilton Head Symphony Orchestra Inc 57-0761297 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6. (a) Donor advised funds Total number at end of year Aggregate value of contributions to (during year) Aggregate value of grants from (during year) Aggregate value at end of year \_\_\_\_\_ Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of land for public use (for example, recreation or education) Preservation of a historically important land area Protection of natural habitat Preservation of a certified historic structure Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year. Held at the End of the Tax Year a Total number of conservation easements ..... 2a **b** Total acreage restricted by conservation easements c Number of conservation easements on a certified historic structure included in (a) 2c d Number of conservation easements included in (c) acquired after July 25, 2006, and not on a historic structure listed in the National Register Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the Number of states where property subject to conservation easement is located ...... Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements. Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Part III Complete if the organization answered "Yes" on Form 990, Part IV, line 8. 1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items. b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenue included on Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items: a Revenue included on Form 990, Part VIII, line 1 Assets included in Form 990, Part X.

	irt III Organizations Maintaining				r Simi	lar As	sets	(contin		age <u>z</u>
3	Using the organization's acquisition, accessi collection items (check all that apply):		· · · · · · · · · · · · · · · · · · ·	•						
a	Public exhibition		Loan or exchange prog							
b	Scholarly research Preservation for future generations	е	Other							
с 4		alloctions and avalois	how that further the o	rannization's avamet	nurnaga	in Dort				
4	Provide a description of the organization's c XIII.	ollections and explain	Thow they further the o	iganization's exempt	purpose	III Fait				
5	During the year, did the organization solicit	ar racciva danations	of art historical traceur	os or other similar						
J	assets to be sold to raise funds rather than		·	·				☐ Ye		No
Pa	irt IV Escrow and Custodial Ar		Dail of the organization	S CONECTION:					;5 <u> </u>	_ NO
	Complete if the organization 990, Part X, line 21.		on Form 990, Par	t IV, line 9, or rep	oorted a	an am	ount o	n Forn	n	
1a	Is the organization an agent, trustee, custod	ian or other intermed	iary for contributions or	other assets not						
	included on Form 990, Part X?							Y	∍s	No
b	If "Yes," explain the arrangement in Part XII	and complete the fo	llowing table:							
								Amoun	t	
С	Beginning balance					1c				
d	Additions during the year					1d				
е	Distributions during the year					1e				
f	Ending balance					1f				
2a	Did the organization include an amount on F	orm 990, Part X, line	21, for escrow or cust	odial account liability?	?			Ye	∍s	No
b	If "Yes," explain the arrangement in Part XIII	. Check here if the ex	xplanation has been pro	ovided on Part XIII						
Pa	rt V Endowment Funds.									
	Complete if the organization	n answered "Yes"	on Form 990, Par	t IV, line 10.						
		(a) Current year	(b) Prior year	(c) Two years back		ree years		(e) Fou		
	Beginning of year balance	214,074	263,010	211,412		219	,581		222	,974
b	Contributions									
	Net investment earnings, gains, and									
	losses	16,895	-36,214	63,910		3	<b>,</b> 770	8,693		<b>,</b> 693
d	Grants or scholarships									
е	Other expenditures for facilities and									
	programs	10,251	9,856	9,677			<b>,</b> 827			
f	Administrative expenses	2,388		2,635			,112			,171
g	End of year balance	218,330		263,010		211	,412		219	,581
2	Provide the estimated percentage of the cur		e (line 1g, column (a)) h	neld as:						
	Board designated or quasi-endowment 1	00.00%								
	Permanent endowment %									
С	Term endowment %									
_	The percentages on lines 2a, 2b, and 2c sho	•								
3a	Are there endowment funds not in the posse	ession of the organiza	ation that are held and a	administered for the						Τ
	organization by:							- "	Yes	No
	(i) Unrelated organizations							3a(i)	Х	
	(ii) Related organizations							3a(ii)	<del>                                     </del>	X
b	If "Yes" on line 3a(ii), are the related organization							3b	Щ_	
4	Describe in Part XIII the intended uses of the		owment funds.							
Pa	rt VI Land, Buildings, and Equ		F 000 B	. IV / Pro 44 - Or		000	D - 1 V	P		
	Complete if the organization						Part X			
	Description of property	(a) Cost or other b	''	''	Accumulate	ed		(d) Book	value	
		(investment)	(other	) 0	epreciation		-			
1a	Land									
b	Buildings						+			
	Leasehold improvements		0.5	10 477	636	067	,	2	42	610
	Equipment		97	79,477	030	<u>,</u> 867	+	3	± <i>Z</i> ,	610
	Other		V solumn (D) line 40				+	2	42	610
ı otal	. Add lines 1a through 1e. (Column (d) must	equai Form 990, Pan	$\triangle$ , column (B), line 100	٠٠/				<u> </u>	14,	<u>610</u>

	Form 990) 2022 Hilton Head Symphony	Orchestra	Inc	57-0761297	Page 3
Part VII	Investments – Other Securities.  Complete if the organization answered "Yes" on	Form 990, Part I\	/, line	11b. See Form 990, Part >	ζ, line 12.
	(a) Description of security or category	(b) Book value		(c) Method of valuati	
	(including name of security)			Cost or end-of-year mark	et value
(1) Financial	derivatives				
	eld equity interests				
(3) Other					
		_			
			-		
(D)			-+		
<b>/C</b> \			-		
(H)					
	nn (b) must equal Form 990, Part X, col. (B) line 12.)				
Part VIII		1			
	Complete if the organization answered "Yes" on	Form 990. Part I\	/. line	11c. See Form 990. Part X	(. line 13.
	(a) Description of investment	(b) Book value	1,	(c) Method of valuati	
				Cost or end-of-year marke	et value
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
	nn (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 I\	√, line	11d. See Form 990, Part >	ζ, line 15.
	(a) Description				(b) Book value
(1)	Right of Use Asset				201,917
(2)	Security deposits				17,790
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
	nn (b) must equal Form 990, Part X, col. (B) line 15.)				219,707
Part X	Other Liabilities.  Complete if the organization answered "Yes" on	Form 990, Part IV	V, line	11e or 11f. See Form 990,	, Part X,
1	line 25.  (a) Description of liability				(b) Rock value
1. (1) Fodoral	income taxes				(b) Book value
· /	ating Lease Liability				201,917
	ued Payroll liabilities				10,683
( )	aca rayrori riabilities				10,003
(4)					
(6)					
(7)					
(8)					
(9)					
	nn (b) must equal Form 990, Part X, col. (B) line 25.)				212,600
	uncertain tax positions. In Part XIII, provide the text of the foo	otnote to the organiza	tion's fir	nancial statements that reports the	
-	liability for uncertain tax positions under FASB ASC 740. Chec	•		·	

Schedule D (Fo	orm 990) 2022	Hilton	1 Head	Symphony	Orchestra	${\tt Inc}$	57-0761297	Page <b>5</b>
Part XIII	Supplement	al Inform	ation (cor	ntinued)	Orchestra			
			, , ,	,				

## SCHEDULE G (Form 990)

Department of the Treasury Internal Revenue Service

### Supplemental Information Regarding Fundraising or Gaming Activities

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

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Open to Public

Name of the organization Employer identification number Hilton Head Symphony Orchestra Inc 57-0761297 Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Part I Form 990-EZ filers are not required to complete this part. Indicate whether the organization raised funds through any of the following activities. Check all that apply. а Mail solicitations Solicitation of non-government grants Internet and email solicitations Solicitation of government grants b Phone solicitations Special fundraising events C In-person solicitations 2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. (III) Did fund-(v) Amount paid to (vi) Amount paid to raiser have (i) Name and address of individual (iv) Gross receipts (or retained by) (or retained by) custody or (ii) Activity or entity (fundraiser) from activity fundraiser listed in organization control of contributions? col. (i) Yes No 1 3 6 8 10 **Total** List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

Schedule G (Form 990) 2022 Hilton Head Symphony Orchestra Inc 57-0761297 Page 2

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

		gross receipts g	greater than \$5,000.			
			(a) Event #1	<b>(b)</b> Event #2	(c) Other events	(d) Total events
			Other fundraisi		None	(add col. (a) through
			(event type)	(event type)	(total number)	col. <b>(c)</b> )
Revenue						
eve	1	Gross receipts	30,061			30,061
œ						
		Less: Contributions				
	3	Gross income (line 1 minus	30 061			20 061
		line 2)	30,061			30,061
	<b> </b>	Cash prizes				
	•	Odom phi200				
	5	Noncash prizes				
ses	6	Rent/facility costs				
ben						
Ж	7	Food and beverages	<u> </u>			
Direct Expenses		Futantain manut				
⊡	8	Entertainment				
	9	Other direct expenses	10,756			10,756
	ľ	Caron amout expenses				
	10	Direct expense summary.	Add lines 4 through 9 in column (d	1)		10,756
	11		btract line 10 from line 3, column (c	d)		
P	art		plete if the organization answ	ered "Yes" on Form 990,	Part IV, line 19, or report	rted more than
	Ι	\$15,000 on Fo	rm 990-EZ, line 6a.		<u> </u>	<u> </u>
ne			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Revenue				Billigo/progressive billigo		con (a) amough con (cy)
å	1	Gross revenue				
		0.000 10101100				
SS	2	Cash prizes				
Expenses						
Α̈́	3	Noncash prizes				
ect	١.		1			+
Ë	4	<b>5</b> . # . W.				
		Rent/facility costs				
		Rent/facility costs Other direct expenses	Yes %	Yes %	Yes %	
	5	Other direct expenses	Yes %	Yes %	Yes %	
	5				H	
	5	Other direct expenses  Volunteer labor		No	No	
	5 6 7	Other direct expenses  Volunteer labor  Direct expense summary.	No  Add lines 2 through 5 in column (d	No No	No	
	5 6 7	Other direct expenses  Volunteer labor  Direct expense summary.	No	No No	No	
	5 6 7 8	Other direct expenses  Volunteer labor  Direct expense summary.  Net gaming income summ	No  Add lines 2 through 5 in column (dinary. Subtract line 7 from line 1, column	No  lumn (d)	No	
9	5 6 7 8	Other direct expenses  Volunteer labor  Direct expense summary.  Net gaming income summare state (s) in which the	No  Add lines 2 through 5 in column (denary. Subtract line 7 from line 1, column e organization conducts gaming act	No  lumn (d)  ivities:	No	
а	5 6 7 8 Entitle 1s 1	Other direct expenses  Volunteer labor  Direct expense summary.  Net gaming income summare the state(s) in which the the organization licensed to	No  Add lines 2 through 5 in column (denary. Subtract line 7 from line 1, column e organization conducts gaming act to conduct gaming activities in each	No lumn (d) ivities: of these states?	No	
а	5 6 7 8 Entitle 1s 1	Other direct expenses  Volunteer labor  Direct expense summary.  Net gaming income summare the state(s) in which the the organization licensed to	No  Add lines 2 through 5 in column (denary. Subtract line 7 from line 1, column e organization conducts gaming act	No lumn (d) ivities: of these states?	No	
a b	5 6 7 8 Entitle 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Other direct expenses  Volunteer labor  Direct expense summary.  Net gaming income summ  Inter the state(s) in which the the organization licensed to "No," explain:	No  Add lines 2 through 5 in column (dinary. Subtract line 7 from line 1, column e organization conducts gaming act o conduct gaming activities in each	No  lumn (d)  ivities: of these states?	No	Yes No
a b 10a	5 6 7 8 Entitle 11 11 11 11 11 11 11 11 11 11 11 11 11	Other direct expenses  Volunteer labor  Direct expense summary.  Net gaming income summare the state(s) in which the organization licensed to "No," explain:	No  Add lines 2 through 5 in column (denary. Subtract line 7 from line 1, column e organization conducts gaming act to conduct gaming activities in each	No  lumn (d)  ivities: of these states?	No	Yes No
a b 10a	5 6 7 8 Entitle 11 11 11 11 11 11 11 11 11 11 11 11 11	Other direct expenses  Volunteer labor  Direct expense summary.  Net gaming income summ  Inter the state(s) in which the the organization licensed to "No," explain:	No  Add lines 2 through 5 in column (dinary. Subtract line 7 from line 1, column e organization conducts gaming act o conduct gaming activities in each	No  lumn (d)  ivities: of these states?	No	Yes No
a b 10a	5 6 7 8 Entitle 11 11 11 11 11 11 11 11 11 11 11 11 11	Other direct expenses  Volunteer labor  Direct expense summary.  Net gaming income summare the state(s) in which the organization licensed to "No," explain:	No  Add lines 2 through 5 in column (dinary. Subtract line 7 from line 1, column e organization conducts gaming act o conduct gaming activities in each	No  lumn (d)  ivities: of these states?	No	Yes No

Sche	edule G (Form 990) 2022 Hilton Head Symphony Orchestra Inc 57-0761297			Page 3
11	Does the organization conduct gaming activities with nonmembers?		Yes	No
12	Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity		_	_
	formed to administer charitable gaming?		Yes	S No
13	Indicate the percentage of gaming activity conducted in:			
а	The organization's facility	13a		%_
b	An outside facility	13b		%_
14	Enter the name and address of the person who prepares the organization's gaming/special events books and			
	records:			
	Name			
	Address			
15a	Does the organization have a contract with a third party from whom the organization receives gaming			
	revenue?		Yes	S No
b	If "Yes," enter the amount of gaming revenue received by the organization \$			
	amount of gaming revenue retained by the third party \$			
С	If "Yes," enter name and address of the third party:			
	Name			
	Address			
4.0	Coming manager information.			
16	Gaming manager information:			
	Nama			
	Name			
	Gaming manager compensation \$			
	Carning manager compensation \$\psi\$			
	Description of services provided			
	Description of services provided			
	Director/officer Employee Independent contractor			
17	Mandatory distributions:			
а	Is the organization required under state law to make charitable distributions from the gaming proceeds to			
	retain the state gaming license?		Yes	s No
b	Enter the amount of distributions required under state law to be distributed to other exempt organizations or		_	_
	spent in the organization's own exempt activities during the tax year \$			
Pa	<b>Supplemental Information.</b> 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 info	rmatior	۱.	
	See instructions.			

## SCHEDULE L

(Form 990)

Department of the Treasury Internal Revenue Service

## **Transactions With Interested Persons**

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

OMB No. 1545-0047

Open To Public Inspection

Go to  $\ensuremath{\textit{www.irs.gov/Form990}}$  for instructions and the latest information.

Name of the organ			_					yer ider		on nun	nber		
Part I	Hilton Head Symph			F04/a	\( \ \ \ \ \			7612		—	—		
raiti	Excess Benefit Transacti Complete if the organization answ												
	Complete if the organization answ		nship between disq				1 330 LZ, 1 art v,	11110 40	<i>.</i>		(d)	Correc	ted?
1	(a) Name of disqualified person	(b) Rolatio	organization		poro	on and	(c) Description of tr	ansactio	n		Yes		No
(1)			0.9020.0								1.00	+	
(2)												+	
(3)												+	
(4)												$\top$	
(5)												$\top$	
(6)												$\top$	
2 Enter th	e amount of tax incurred by the orga	anization manager	s or disqualifie	d pers	sons	s during the year		\$	,				
3 Enter th	ection 4958	pove, reimbursed b	by the organiza	tion				\$					
Part II	Loans to and/or From Int	aractad Baras	no.										
rait II	Complete if the organization answ			+ \/ lis	no 1	392 or Form 000	Part IV line 26:	or if th	20				
	organization reported an amount of				ne s	56a 01 F01111 990	, Fait IV, lille 20,	OI II II	IE				
	(a) Name of interested person	(b) Relationship	(c) Purpose of	(d) L	oan	(e) Original	(f) Balance due	(g) In	default?	<b>(h)</b> Ar	proved	(i) V	/ritten
		with organization	loan	to or f		principal amount					ard or nittee?	agree	ment?
				To F				Yes	No	Yes	No	Yes	No
				10 1	10111			1.00		1.00	1.0	1.00	
(1)													
													$\vdash$
(2)													
(3)													
(4)													
(5)													
(6)										<u> </u>	<u> </u>	<u> </u>	L
_(7)										<u> </u>	<u> </u>	<u> </u>	╙
_(8)				+	_			-		├	<u> </u>		⊢
(0)													
(9)					_			+		-	├	-	₩
(10)													
(10) Total						\$							
Part III	Grants or Assistance Ber	nefiting Intere	stad Parson	ne		Φ							
i dit iii	Complete if the organization answ				27								
	(a) Name of interested person		ship between intere			(c) Amount of	(d) Type of assistance	$\Box$	(0)	Purpose	o of act	eistance	
	(a) Name of interested person	1 ' '	and the organization			assistance	(u) Type of assistance		(6)	ruipose	; UI ass	iistai ice	,
(1)								$\top$					
(2)								$\neg$					
(3)								$\neg$					
(4)										-			
(5)													
(6)													
(7)													
(8)													

(9)

## SCHEDULE O (Form 990)

## Supplemental Information to Form 990 or 990-EZ

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

OMB No. 1545-0047

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

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

Open to Public Inspection

Name of the organization

Hilton Head Symphony Orchestra Inc

Employer identification number 57-0761297

Form 990 - Organization's Mission or Most Significant Activities

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

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

The Orchestra utilizes the services of an independent public accounting

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

federal income tax return Form 990.

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

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

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

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

possible conflict of interest, an individual must disclose the conflict

(financial or otherwise), be given the opportunity to disclose all material
facts to the directors and members of related committees.

The governing board or committee shall decide if a material conflict

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

Schedule O (Form 990) 2022 Page 2

Name of the organization

Hilton Head Symphony Orchestra Inc

57-0761297

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

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

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

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

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

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

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

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

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

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

2801 10/11/2023 10:21 AM Schedule O (Form 990) 2022 Page 2 Employer identification number Name of the organization Hilton Head Symphony Orchestra Inc 57-0761297 Form 990 (Public Disclosure Copy) on its website. Form 990, Part IX, Line 11g - Other Fees for Services Description Mgt & General Tot/Prog Service Fundraising Guest artist fees 109,503 Music Director & Conductor 125,700 All Other 71,534 Fundraising Consultant 6,373 Total 306,737 6,373 44,608 Form 990, Part XI, Line 9 - Other Changes in Net Assets Explanation Revenue for fundraising activities 10,756 Expenses for fundraising activities -10,756

Department of the Treasury Internal Revenue Service

## **Depreciation and Amortization**

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

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

OMB No. 1545-0172

Attachment Sequence No 179

Name(s) shown on return

Hilton Head Symphony Orchestra Inc

Identifying number 57-0761297

		11000 2711121					0 7 0.	
	ess or activity to which this form relate							
	ndirect Depreciat			4=0				
Pa		-	erty Under Section		ananiata Dant			
			, complete Part V b	etore you c	complete Part	<u>l.</u>		1,080,000
1	Maximum amount (see instruction		o instructions)				2	1,000,000
2	Total cost of section 179 property Threshold cost of section 179 pro	placed in service (se	e instructions)				3	2,700,000
ა 4	Reduction in limitation. Subtract li	perty before reduction	i in iimilalion (see instru	ictions)			4	2,700,000
5	Dollar limitation for tax year. Subtract li						5	
6	(a) Description			Cost (business use		Elected cost	1 3	
	(a) 2000 p.a.	c. p.opo.ty	(2)	2001 (200000 000	Sy) (S)			
7	Listed property. Enter the amount	from line 29			7			
8	Total elected cost of section 179	property. Add amount	s in column (c), lines 6 a	 and 7			8	
9	Tentative deduction. Enter the <b>sn</b>						9	
10	Carryover of disallowed deduction						10	
11	Business income limitation. Enter						11	
12	Section 179 expense deduction. A						12	
13	Carryover of disallowed deduction				13			
Note	: Don't use Part II or Part III below							
Pa	rt II Special Depreciat	ion Allowance a	nd Other Deprecia	tion (Don't	include listed	proper	ty. Se	e instructions.)
14	Special depreciation allowance fo	r qualified property (or	ther than listed property)	placed in ser	vice			
	during the tax year. See instruction	ons					14	
15	Property subject to section 168(f)	(1) election					15	
16	Other depreciation (including ACF	RS)					16	129,601
Pa	rt III MACRS Deprecia	tion (Don't includ	e listed property. S	ee instruction	ons. <b>)</b>			
			Section A					
17	MACRS deductions for assets pla	aced in service in tax	years beginning before 2	2022			17	0
18	If you are electing to group any assets place							
	Section B—/		vice During 2022 Tax `	Year Using th	e General Depr	eciation S	System	
	(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only-see instructions)	(d) Recovery period	(e) Convention	(f) Met	hod	(g) Depreciation deduction
19a	3-year property							
b	5-year property							
c	7-year property							
d	10-year property							
	15-year property							
	20-year property			0.5		0.11		
	25-year property			25 yrs.	D 4D 4	S/L		
h	Residential rental property			27.5 yrs.	MM	S/L		
	· · · ·			27.5 yrs.	MM	S/L		
'	Nonresidential real property			39 yrs.	MM MM	S/L S/L	$\overline{}$	
	· · ·	seate Placed in Servi	ce During 2022 Tax Ye	ar Heina the				n
20a	Class life	Sets Flaced III Servi	ce builing 2022 Tax Te	ar osing the	Alternative Dep	S/L		
	12-year			12 yrs.		S/L	-	
	30-year			30 yrs.	MM	S/L	-	
d	40-year			40 yrs.	MM	S/L		
	rt IV Summary (See in:	 structions )		10 yis.	1 141141		-	
21	Listed property. Enter amount from						21	
22	<b>Total.</b> Add amounts from line 12,		ines 19 and 20 in colum	n (g), and line	21. Enter		<del>-</del> -	
	here and on the appropriate lines						22	129,601
23	For assets shown above and place	•	he current year, enter th					
	portion of the basis attributable to	section 263A costs		23	1			

Form **990** 

## **Event Income and Deduction Worksheet**

2022

Name

Income & Expense Summary:

Description Other fundraising

Taxpayer Identification Number 57-0761297

Hilton Head Symphony Orchestra Inc

1. Gross receipts or sales 1. 30,061

2. Advertising income 2.

3. Circulation income 3.

**4.** Other income **4.** \_\_\_\_\_

5. Returns and allowances 5.

Use this worksheet to verify data entered for a specific activity on your form 990/990EZ Expense Details - Indirect Expense: Advertising and promotion \_\_\_\_\_\_ Printing/publication/postage \_\_\_\_\_\_ Info technology/Maintenance ..... Royalties & License Fees ..... Occupancy/Real Estate Taxes

6. Contributions received 6		Occupancy/Real Estate Taxes	
7. Total revenue. Add lines 1 through 6 7	30,061	Travel & Repairs	
8. Cost of Goods Sold 8		Travel/entertainment (officials)	
9. Employment Expense 9		Conferences/meetings	
10. Fees for services 10		Interest	
11. Indirect Expense 11		Insurance	
12. Depreciation Expense 12		Total Indirect Expense	
13. Exempt Activity Expense 13			
14. Fundraising Expense 14		Expense Details - Depreciation Expense:	
15. Total expenses. Add lines 8 through 1415	10,756	On investment property	
16. Net Income/Loss. Line 7 minus Line 1516	19,305	On non-investment property	
••		Amortization	
		Depletion	
Expense Details - Cost of Goods Sold:		Total Depreciation Expense	
Beginning inventory		· · · · · · · · · · · · · · · · · · ·	
Purchases		Expense Details - Exempt Activity Expense	<b>)</b> :
Labor		Repairs and Maintenance	
Section 263A costs		Bad debts	
Other costs		Taxes/licenses	
Ending inventory		Charitable contributions	
Total Cost of Goods Sold		Dividend recd deductions	
		Readership costs	
Expense Details - Employment Expense:		Other expenses	
Compensation of officers		Total Exempt Activity Expense	
Other salaries and wages			
Pension plan contributions		Expense Details - Fundraising Expense:	
Other employee benefits		Cash prizes	
Payroll taxes		Non-cash prizes	
Total Employment Expense		Rent and facility costs	
		Food & beverages (Part II only)	
Expense Details - Fees for Services:		Entertainment (Part II only)	
Management		Other direct expenses	10,7
Legal		Total Fundraising Expense	
Accounting	· · <del>· · · · · · · · · · · · · · · · · </del>		
Lobbying	· · <del>· · · · · · · · · · · · · · · · · </del>		
Professional fundraising	· · <del>· ·</del>		
Investment management	· · <del>· ·</del>		
Other			
Total Fees for Services	· · <del>· · · · · · · · · · · · · · · · · </del>		
	· · · · · · · · · · · · · · · · · · ·		
Information is indicated for use on Form 9	90-T, Schedule A:	Allocation of Expense to Program Service	Accomplishments
Schedule A, UBIT Activity Code	Seq #	First	•
Part V, Debt Financing		Second	
Part VI, Controlled Org Income		Third	
Part VII, Investments for C(7)(9)(17)		All other	
Part VIII, Exploited Activities			
Part IX, Advertising Income			

Form

Department of the Treasury Internal Revenue Service

**Return of Organization Exempt From Income Tax** 

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

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

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

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

<u>A</u>	For the	e 2021 calendar year, or tax year beginning $07/01/21$ , :	and ending $06/30/2$	2	_			
В	Check if a	Check if applicable: C Name of organization				D Employer identification number		
	Address c	hange Hilton Head Symphony	Hilton Head Symphony Orchestra Inc					
$\Box$	Name cha	Doing business as				57-0761297		
H		Number and street (or P.O. box if mail is not delivered to street address)		Room/suite	E Telephone number			
Щ	Initial retur				043-0	842-2055		
	Final retur terminated							
$\Box$	Amended	Hilton Head Island SC 29928			<b>G</b> Gross rece	eipts \$ 2,970,969		
님		r Name and address of principal officer.		LIVe) le thic a e	roup return for si	ubordinates? Yes X No		
Ш	Application	· ·   IIIaii ooraaii		n(a) is uiis a y	Toup return for Si	= =		
		7 Lagoon Road, Suite 100		H(b) Are all su	ubordinates inclu	uded? Yes No		
		Hilton Head Island SC 29	928	If "No	," attach a list.	See instructions		
$\overline{}$	Tax-exem	npt status: <b>X</b> 501(c)(3) 501(c) ( ) <b>◄</b> (insert no.)	947(a)(1) or 527	1				
<u>.</u>	Website:		5 ··· (=)(··) ··· 5=:	H(c) Group ex	emption number	. •		
<u></u>		organization: X Corporation Trust Association Other	ı Vo	ar of formation:		M State of legal domicile: SC		
	Part I		L TE	al Ol IOITIation. =		M State of legal dofflictie.		
		Summary						
	1 1 5	Briefly describe the organization's mission or most significant activities	es:					
8		See Schedule O						
Jan								
Governance								
်	2 (	Check this box $lacktriangle$ if the organization discontinued its operations of	-					
∞ ∞	3 1	Number of voting members of the governing body (Part VI, line 1a)			3	18		
		Number of independent voting members of the governing body (Part	VI, line 1b)		4	15		
Ę	5 7	Total number of individuals employed in calendar year 2021 (Part V,	line 2a)		5	121		
Activities	6 7	Tatal management and analysis and faction at it is a consequent			ا م ا	348		
∢	7a1	Total unrelated business revenue from Part VIII, column (C), line 12			7a	0		
	h.	Net unrelated business taxable income from Form 990-T, Part I, line	11		7b	0		
_	<del>  "</del>	vet unrelated business taxable income nonn ronn 990-1, r art i, inte	11	Prior Y		Current Year		
	8 (	Contributions and grants (Part VIII, line 1h)			7,376	2,325,019		
e	9 F	December coming reviews (Dest VIII line 25)			2,774	538,343		
Revenue	10	nycotment income (Dort VIII column (A) lines 2 4 and 7d)			3,406	25,947		
Re	10 1				5,492	60,944		
		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11		1,352,236		2,950,253		
		Total revenue – add lines 8 through 11 (must equal Part VIII, column	(A), line 12)	1,33	2,230			
	1					0		
		Benefits paid to or for members (Part IX, column (A), line 4)				0		
S	15 5	Salaries, other compensation, employee benefits (Part IX, column (A	), lines 5–10)	70	7,587	1,096,121		
Expenses	16a F	Professional fundraising fees (Part IX, column (A), line 11e)				0		
<u>s</u>		Total fundraising expenses (Part IX, column (D), line 25) ▶	12,843					
ω	17 (	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		84	0,123	1,355,454		
	18 7	Total expenses. Add lines 13-17 (must equal Part IX, column (A), lin	e 25)					
	1	Revenue less expenses. Subtract line 18 from line 12				498,678		
or	ses			Beginning of Co	urrent Year	End of Year		
Net Assets or	20 7	Total assets (Part X, line 16)	L	1,51	4,551	1,962,762		
Ass	<u>21</u> 21	Total liabilities (Part X, line 26)		38	5,154	462,873		
₹.	∄ <b>22</b> N	Net assets or fund balances. Subtract line 21 from line 20		1,12	9,397	1,499,889		
	Part II	Signature Block		_		•		
		nalties of perjury, I declare that I have examined this return, including accomp	nanying schedules and statemen	ts and to the h	est of my kno	owledge and helief it is		
		ect, and complete. Declaration of preparer (other than officer) is based on all	, ,		•	owioago ana bollot, it io		
		<u> </u>						
e:	~~	Signature of officer			I Date			
	gn	• •	D					
He	ere	Alan Jordan	Presid	lent an	d CEO			
		Type or print name and title				<b>—</b> 1		
_		Print/Type preparer's name Preparer's signature		Date	Check	if PTIN		
Pa		Patrick P. Carey, Jr., CPA Patrick P. C	arey, Jr., CPA		self-emp	•		
	eparer	Firm's name			Firm's EIN	57-0927046		
Us	e Only	70 Main Street, Suite	100					
		Firm's address > Hilton Head Island, SC	29926		Phone no.	843-681-4430		
Ma	v the IR	RS discuss this return with the preparer shown above? See instruction				X Yes No		

Form	990 (2021) Hilton Head Sym	phony Orchestra Inc	57-0761297	Page <b>2</b>
Pa	rt III Statement of Program Se	rvice Accomplishments		
	Check if Schedule O contai	ns a response or note to any line i	n this Part III	
1	Briefly describe the organization's mission:	,		
У	he HHSO inspires audio outh programming and o n arts and cultural do	community performances		owcountry as
2	Did the organization undertake any significal	nt program services during the year which	were not listed on the	
_		in program convices during the year which		Yes X No
	If "Yes," describe these new services on Sc			🗀 🗀
3	Did the organization cease conducting, or m		any program	
	aon dago?			Yes X No
	If "Yes," describe these changes on Schedu			
4	Describe the organization's program service		est program services, as measured by	
	expenses. Section 501(c)(3) and 501(c)(4) of the total expenses, and revenue, if any, for	organizations are required to report the amo	· · · · · · · · · · · · · · · · · · ·	
P H J S	rovided 61 live perfor ilton Head Internation azz In The Park preser upper Club performance hamber Music Institute	al Piano Competition ntations, 2 Symphony s, a Youth Concerto	Orchestra Series conevents, 8 free Outd Under The Stars conc Competition, and a 1	certs, 14 loor Pops and erts, 10 LO-day
	*			
4h	(Code: ) (Expenses \$	including grants of \$	) (Revenue \$	
	·/ <b>Z</b>			
-	5			
	• • • • • • • • • • • • • • • • • • • •			
	• • • • • • • • • • • • • • • • • • • •			
	•			
	•			
	•			
	•			
		including grants of \$	) (Revenue \$	)
N	'/A			
	•			
	*			
	*			
	•			
	•			
4d	Other program services (Describe on Sched	ule O.)		
		icluding grants of \$	) (Revenue \$	)
4e	Total program service expenses ▶	1,790,959	/ \	
	<u> </u>			

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"			
	complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to			
	candidates for public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)			
	election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,			
	assessments, or similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors			
	have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If			37
_	"Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	۱ ـ		х
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			х
_	complete Schedule D, Part III	8		
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or			
	debt magatistics comices 2.16 W/co. " complete Calculute D. Dout IV	9		х
10	debt negotiation services? If "Yes," complete Schedule D, Part IV  Did the organization, directly or through a related organization, hold assets in donor-restricted endowments	<del>"</del>		
10	or in guardi and automanta? If "Voa." complete Schodule 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,	10		
••	VII, VIII, IX, or X, as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes,"</i>			
-	complete School de D. Dort VII	11a	x	
b	Did the organization report an amount for investments—other securities in Part X, line 12, that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		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		X
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets			
	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	X	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	X	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If			
	"Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,			
	fundraising, business, investment, and program service activities outside the United States, or aggregate			
	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or			
	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other	١.,		37
	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	4-		v
40	Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on	40	х	
10	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?	10		x
202	If "Yes," complete Schedule G, Part III	19		X
20a b	Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i> 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		
۱ ۵	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		х
	demostic gereniment en i att izt, column p tj. ine 1: ii 100, complete concluie i, i alto i alto ii			

No

Yes

2801 11/14/2022 1:32 PM Form 990 (2021) Hilton Head Symphony Orchestra Inc 57-0761297 Checklist of Required Schedules (continued) 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 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 Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a **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

X 22 X 23 X 24b to defease any tax-exempt bonds? 24c d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? 24d 25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I X b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior vear, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? X If "Yes," complete Schedule L, Part I 25b 26 Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II X 26 27 Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these 27 Х persons? If "Yes," complete Schedule L, Part III Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV, instructions for applicable filing thresholds, conditions, and exceptions): A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV 28a **b** A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If "Yes," complete Schedule L, Part IV 28c Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M 29 30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I 31 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," X complete Schedule N, Part II 32 33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I 33 X Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, 34 or IV, and Part V, line 1 X 35a Did the organization have a controlled entity within the meaning of section 512(b)(13)? 35a If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable X related organization? If "Yes," complete Schedule R, Part V, line 2 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 X 37 Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and Х 38 19? Note: All Form 990 filers are required to complete Schedule O.

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

					Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable	1a	44			
b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable	1b	0			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and					
	reportable gaming (gambling) winnings to prize winners?			1c	X	

Pa	rt V Statements Regarding Other IRS Filings and Tax Compliance (continued)		Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			
	Statements, filed for the calendar year ending with or within the year covered by this return 2a 121			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X	
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. See instructions.			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over,			
	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X
b	If "Yes," enter the name of the foreign country ▶			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			
	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		_X_
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or	l		
_	gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods	_	v	
	and services provided to the payor?	7a	X	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			х
a	required to file Form 8282?  If "Yes," indicate the number of Forms 8282 filed during the year  7d	7c		Λ
d	If "Yes," indicate the number of Forms 8282 filed during the year  Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		Х
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		X
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		X
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the	7		
	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on Part VIII, line 12			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
11	Section 501(c)(12) organizations. Enter:			
а	Gross income from members or shareholders 11a			
b	Gross income from other sources. (Do not net amounts due or paid to other sources			
	against amounts due or received from them.)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
_	Note: See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which			
_	the organization is licensed to issue qualified health plans  13b	-		
C	Enter the amount of reserves on hand	140		~
14a	Did the organization receive any payments for indoor tanning services during the tax year?  If "Yes" has it filed a Form 720 to report these payments? If "No " provide an explanation on School Q.	14a 14b		_X_
b 15	If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation on Schedule O</i> Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or	140		
13	and the state of t	15		x
	If "Yes," see instructions and file Form 4720, Schedule N.	13		22
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		X
	If "Yes," complete Form 4720, Schedule O.	.,		
17	Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in			
-	activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953?	17		
	If "Yes," complete Form 6069.			

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

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

Section A. Governing Body and Management

<u>3ec</u>	tion A. Governing Body and Wanagement					
		ا ما	10		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	18	_		
	If there are material differences in voting rights among members of the governing body, or					
	if the governing body delegated broad authority to an executive committee or similar					
	committee, explain on Schedule O.	,,	15			
b	Enter the number of voting members included on line 1a, above, who are independent	1b	13	_		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with					v
_	any other officer, director, trustee, or key employee?			2		_X_
3	Did the organization delegate control over management duties customarily performed by or under the direct					37
	supervision of officers, directors, trustees, or key employees to a management company or other person?			3		_ <u>X</u> _
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed	?		4		<u>X</u>
5	Did the organization become aware during the year of a significant diversion of the organization's assets?			5		X
6	Did the organization have members or stockholders?			6		_X_
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint					
	one or more members of the governing body?			7a		_X_
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,					
	stockholders, or persons other than the governing body?			7b		_X_
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year	ar by th	ne following	:		
а	The governing body?			8a	X	
b	Each committee with authority to act on behalf of the governing body?			8b	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at					
	the organization's mailing address? If "Yes," provide the names and addresses on Schedule O					_X_
Sec	tion B. Policies (This Section B requests information about policies not required by the Inter	nal K	evenue (	Code.)		
					Yes	No
10a	Did the organization have local chapters, branches, or affiliates?			10a		_X_
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,					
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing	the fo	rm?	11a		_X_
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.					
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13			12a	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give ris	e to co	nflicts?	12b	Х	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"					
	describe on Schedule O how this was done			12c	Х	
13	Did the organization have a written whistleblower policy?			13		_X_
14	Did the organization have a written document retention and destruction policy?			14		_X_
15	Did the process for determining compensation of the following persons include a review and approval by					
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?					
а	The organization's CEO, Executive Director, or top management official			15a	X	
b	Other officers or key employees of the organization			15b	Х	
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.					
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement					
	with a taxable entity during the year?			16a		<u> </u>
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?	<u></u>		16b		L
Sec	tion C. Disclosure					
17	List the states with which a copy of this Form 990 is required to be filed ▶ SC					
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 6104 or 1024-A, if applicable), 990	ection (	501(c)			
	(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.					
	X Own website Another's website X Upon request Other (explain on Schedule O)					
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of inter	est po	icy, and			
	financial statements available to the public during the tax year.					
20	State the name, address, and telephone number of the person who possesses the organization's books and reco	rds 🕨				
Sເ	ısan Strange 7 Lagoon Road					
H:	ilton Head Island SC 2992	8	84	3-84	2-2	005

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

Page 7

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

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

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

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

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

<b>(A)</b> Name and title	(B) Average hours per week	box	k, unle icer ai	Pos check ess pe nd a	rson i	than one is both ar or/trustee)	ր )	( <b>D</b> ) Reportable compensation from the	<b>(E)</b> Reportable compensation from related	<b>(F)</b> Estimated amount of other compensation
	(list any hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/ 1099-MISC/ 1099-NEC)	organizations (W-2/ 1099-MISC/ 1099-NEC)	from the organization and related organizations
(1) Alan Jordan										
President and CEO	40.00	x		x				139,986	o	0
(2) Mario Incorvaia	0.00	^		^				139,900	0	<u> </u>
Board Member	40.00	x						85,876	0	0
(3) Mona Huff								-		
	20.00								_	_
Board Member	0.00	Х						30,900	0	0
(4) Sandra Benson	3.00									
Treasurer	0.00	х		x				0	0	0
(5) Rabbi Brad Bloom		^		^			$\dashv$	0	0	0
(5) Rabbi Bida Bida	2.00									
Board Member	0.00	x						0	0	0
(6) James Collett										
•	3.00									
V-Chair Strategic Pl	0.00	X		X				0	0	0
(7) Joan Dattelbaum										
	2.00							_	_	
Board Member	0.00	Х						0	0	0
(8) Ralph Drayer	3.00									
V-Chair Resource Dev	0.00	x		x				0	0	0
(9) Charles Frost	0.00	Λ		^			$\dashv$	0	<u> </u>	<u> </u>
(3) CHALLED 11050	2.00									
Board Member	0.00	x						0	0	0
(10) Michael Harter										
	5.00									
President	0.00	X		X				0	0	0
(11) Barbara Holmes										
<u></u>	2.00							_	_	
Board Member	0.00	X						0	0	Form <b>990</b> (2021)

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

Part VII Section A. Officers	, Directors, Tru	stee	s, K	ey E	mpl	oyee	es,	and Highest Compensated	Employees (continued)				
<b>(A)</b> Name and title	(B) Average hours	bo	x, unle	Pos check ess pe	rson i	than c s both or/trust	an	(D) Reportable compensation	(E) Reportable compensation from related		<b>(F)</b> imated an of other ompensati	r	
	per week (list any hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	from the organization (W-2/ 1099-MISC/ 1099-NEC)	organizations (W-2/ 1099-MISC/ 1099-NEC)	org	from the ganization ed organi:	e and	
(12) Candice Hough						_							
Board Member	2.00 0.00	x						0	o				0
(13) Martin Lesch									<u>_</u>				
Board Member	2.00 0.00	x						0	0				0
(14) Michael Levin		Λ						0	<u> </u>				
	2.00												
Board Member	0.00	X						0	0				0
(15) Eric Magnin	3.00												
Secretary	0.00	x		х				0	0				0
(16) Mary Princing	7												
Board Member	2.00 0.00	x						0	o				0
(17) Alice Walton													
Doord Mombon	2.00 0.00	x						0	o				0
Board Member (18) Blake White	0.00	^						0	<u> </u>				
	2.00												
Board Member	0.00	X						0	0				0
										<u> </u>			
1b Subtotal	oto to Port VII (		 ion /					256,762					
d Total (add lines 1b and 1c)		3 <del>6</del> 61		• 			<b>•</b>	256,762					
2 Total number of individuals (in reportable compensation from				thos	e lis	ted a	abov	ve) who received more than	\$100,000 of				
reportable compensation from	the organization	1 💌										Yes	No
3 Did the organization list any for employee on line 1a? If "Yes,"									d		3		х
4 For any individual listed on line	e 1a, is the sum	of r	eport	able	con	pens	sati	ion and other compensation					
organization and related orgar individual	nizations greater	thar	1 \$15	50,00	)0? <i>I</i>	f "Ye	es,"	complete Schedule J for su	ch		4		х
5 Did any person listed on line 1									individual		_		v
for services rendered to the or Section B. Independent Contractor	U	res, "	com	piete	e Sci	neau	ie .	J for such person		<u></u>	5		X
1 Complete this table for your five	ve highest comp												
compensation from the organiz	(A) business address	ompe	ensat	ion i	or tr	ie ca	llen		in the organization's tax year (B) ion of services	ar.	Comu	(C) pensatio	
John Morris Russell	Dusiness address			(	c/c	7	L	agoon Rd, Ste 10			Comp	perisalio	11
Hilton Head Islam	nd so	: 2	99	28				Music Director	?	$\longrightarrow$		128,	000
										$\longrightarrow$			
2 Total number of independent of received more than \$100,000									1				

1 0	ii V		Schedule O cor	ntains a	a respor	nse or note	to any line in this	s Part VIII		
					<u> </u>		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
ts ts	1a	Federated camp	paigns	1a	Π					
iran	b	Membership due	•	16						
Ğ,Ğ	c	Fundraising eve	nto	10						
iifts ar /	q	Related organiz		1d						
ni. Bii	e	Government grants (co		1e	1.	,111,177				
Contributions, Gifts, Grants and Other Similar Amounts	f	All other contributions,				,213,842				
rrib Offi Offi Offi Offi Offi Offi Offi Of	g	Noncash contributions lines 1a-1f	included in	. 1g	\$	9,068				
a Co	h		1a–1f				2,325,019			
						Business Code				
ь	2a	Ticket sal	es				276,678	276,678		
Program Service Revenue	b	Subscription					191,682	191,682		
se B	С	Application					69,983	69,983		
am	d	· · · · Ŧ F · · · · · · · · · · · ·					-	-		
Sd.	e									
Ā	f		m service revenue							
			2a–2f			-	538,343			
			me (including divide							
		other similar am					25,947			25,947
	4		restment of tax-exen							
	5			•	•					
		rtoyanoo	(i) Rea			Personal				
	6a	Gross rents	6a	<u> </u>	()					
	b	Less: rental expenses	6b							
	C	Rental inc. or (loss)	6c							
	d		ne or (loss)		<u> </u>					
		Gross amount from	(i) Securit			i) Other				
		sales of assets			(11	) Outci				
4		other than inventory	7a							
Other Revenue	b	Less: cost or other	76							
eve	_	basis and sales exps.	7b							
ď		Gain or (loss)	7c							
the		Net gain or (loss	,	<u></u>	<u></u>	······				
0	oa		n fundraising events							
		(not including \$								
		of contributions rep				01 660				
		1c). See Part IV, lir				81,660 20,716				
		Less: direct exp		8b			60,944			
		•	loss) from fundraisin	g events	;		00,344			
	Уa	Gross income fr								
		activities. See P		. 9a						
		Less: direct exp		9b						
		-	loss) from gaming a	ctivities .	<u></u> T					
	10a	Gross sales of i	•							
		returns and allow		10a						
		Less: cost of go		10b						
	С	Net income or (I	loss) from sales of ir	nventory						
S.						Business Code				
e ee	11a									
e la	b									
Miscellaneous Revenue	С									
Ξ			e							
			11a–11d	<u> </u>			0.050.555	<b>500</b> 545		05.07=
	12	Total revenue.	See instructions			▶	2,950,253	538,343	0	25,947

Sect	ion 501(c)(3) and 501(c)(4) organizations must com			olete column (A).	
	Check if Schedule O contains a respons				X
	not include amounts reported on lines 6b, 7b, Pb, and 10b of Part VIII.	(A) Total expenses	(B) Program service	(C) Management and	(D) Fundraising
1	Grants and other assistance to domestic organizations		expenses	general expenses	expenses
•	and domestic governments. See Part IV, line 21				
2					
_	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
•	organizations, foreign governments, and				
	foreign individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees	256,762	174,599	79,597	2,566
6	Compensation not included above to disqualified	,	<i>'</i>	•	•
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	709,596	482,575	220,129	6,892
8	Pension plan accruals and contributions (include	,	<i>'</i>	•	•
-	section 401(k) and 403(b) employer contributions)	42,852	42,852		
9	Other employee benefits	,	,		
10	Payroll taxes	86,911	59,104	26,989	818
11	Fees for services (nonemployees):		• • •	, , , , ,	
а	Management				
b	Legal				
С	Accounting	9,563		9,563	
d		_		-	
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g					
	(A) amount, list line 11g expenses on Schedule O.)	284,383	272,533	11,850	
12	Advertising and promotion	130,609	65,305	65,304	
13	Office expenses	45,041	7,702	34,772	2,567
14	Information technology				
15	Royalties				
16	Occupancy	343,271	263,118	80,153	
17	Travel	61,965	61,965		
18	Payments of travel or entertainment expenses				<u> </u>
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates				
22	• • • • • • • • • • • • • • • • • • • •	129,450	90,615	38,835	
23	Insurance				
24	Other expenses. Itemize expenses not covered				
	above (List miscellaneous expenses on line 24e. If				
	line 24e amount exceeds 10% of line 25, column				
	(A) amount, list line 24e expenses on Schedule O.)	154 055	154 055		
а	• • • • • • • • • • • • • • • • • • • •	154,277	154,277	64.056	
b	Other expenses	93,458	28,482	64,976	
C	Prizes, judges and awards	87,832	87,832	15 605	
d	Bank Charges	15,605		15,605	
	All other expenses	2,451,575	1 700 050	647 773	12 0/2
25 26	Total functional expenses. Add lines 1 through 24e	4,451,5/5	1,790,959	647,773	12,843
20	organization reported in column (B) joint costs				
	from a combined educational campaign and				
	fundraising solicitation. Check here ► ☐ if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

				<b>(A)</b> Beginning of year		<b>(B)</b> End of year				
1	Cash—non-interest-bearing			95,599	1	548,267				
2				263,010	2	214,074				
3				•	3	•				
4				29,955	4	1,500				
5						•				
	trustee, key employee, creator or founder, substanti									
	controlled entity or family member of any of these p		<u> </u>		5					
6										
,	under section 4958(f)(1)), and persons described in				6					
7					7					
ž   8			8							
9					9	13,482				
10	<b>a</b> Land, buildings, and equipment: cost or other									
	basis. Complete Part VI of Schedule D	10a	978,458							
1	<b>b</b> Less: accumulated depreciation	1 1	507,264	595,291	10c	471,194				
11				512,906	11	696,455				
12					12					
13					13					
14					14					
15	Other coasts Cas Dort IV line 11									
16				1,514,551	16	1,962,762				
17	Accounts payable and accrued expenses			67,514	17	17,941				
18				18						
19			107,457	19	431,702					
20	Tay ayamet hand liabilities				20					
21					21					
22 م										
	trustee, key employee, creator or founder, substantia	al contributor	, or 35%							
<u> </u>	controlled entity or family member of any of these p	ersons			22					
<sup>3</sup>   23	Secured mortgages and notes payable to unrelated	third parties			23					
24				201,600	24					
25	Other liabilities (including federal income tax, payable	es to related	third							
	parties, and other liabilities not included on lines 17-	24). Comple	e Part X							
	of Schedule D			8,583	25	13,230				
26	J			385,154	26	462 <b>,</b> 873				
	Organizations that follow FASB ASC 958, check	here ▶ X								
<u> </u>	and complete lines 27, 28, 32, and 33.									
27 28 28	Net assets without donor restrictions			353,481	27	589,363				
ទី   28			<u></u>	775,916	28	910,526				
<b>₽</b>	Organizations that do not follow FASB ASC 958,	check here	▶ ∐							
	and complete lines 29 through 33.									
29 30 31	Capital stock or trust principal, or current funds				29					
ខ្ល័   30	1 1 / / 11		30							
	Retained earnings, endowment, accumulated incom	e, or other fo	ınds		31					
រ្មី 32	Total net assets or fund balances			1,129,397	32	1,499,889				
-   33	Total liabilities and net assets/fund balances			1,514,551	33	1,962,762				

Form **990** (2021)

Pa	art XI Reconciliation of Net Assets				,			
	Check if Schedule O contains a response or note to any line in this Part XI					$\mathbf{x}$		
1	Total revenue (must equal Part VIII, column (A), line 12)	1		2,95	50,2	253		
2	Total expenses (must equal Part IX, column (A), line 25)	2		2,45	51,5	575		
3	Revenue less expenses. Subtract line 2 from line 1	3		49	98,6	678		
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4		1,12	29,3	397		
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			17,4	466		
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line							
	32, column (B))	10		1,49	99,8	889		
Pa	art XII Financial Statements and Reporting							
	Check if Schedule O contains a response or note to any line in this Part XII							
					Yes	No		
1	Accounting method used to prepare the Form 990: Cash X Accrual Other							
	If the organization changed its method of accounting from a prior year or checked "Other," explain on							
	Schedule O.							
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?			2a		X		
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or							
	reviewed on a separate basis, consolidated basis, or both:							
	Separate basis Consolidated basis Both consolidated and separate basis							
b	Were the organization's financial statements audited by an independent accountant?			2b	X			
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a							
	separate basis, consolidated basis, or both:							
	X Separate basis Consolidated basis Both consolidated and separate basis							
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of							
	the audit, review, or compilation of its financial statements and selection of an independent accountant?			2c	X			
	If the organization changed either its oversight process or selection process during the tax year, explain on							
	Schedule O.							
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the							
	Single Audit Act and OMB Circular A-133?			3a		X		
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the							
	required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits			3b				

Form **990** (2021)

#### SCHEDULE A

(Form 990)

Department of the Treasury Internal Revenue Service

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

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

▶ Attach to Form 990 or Form 990-EZ.

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

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

2021

Open to Public Inspection

Name of the organization

Hilton Head Symphony Orchestra Inc

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

Employer identification number 57-0761297

1	Ш	A church, co	nvention of churches, or ass	ociation of churches described	in <b>sectio</b> i	170(b)(	1)(A)(i).	
2		A school des	cribed in section 170(b)(1)(	A)(ii). (Attach Schedule E (Forn	n 990).)			
3		A hospital or	a cooperative hospital service	ce organization described in se	ction 170	(b)(1)(A)	(iii).	
4		A medical res	search organization operated	I in conjunction with a hospital	described	in <b>sectio</b>	on 170(b)(1)(A)(iii). Enter the h	nospital's name,
		city, and state	e:					
5		An organizati	on operated for the benefit of	of a college or university owned	or operat	ed by a g	povernmental unit described in	
		section 170	(b)(1)(A)(iv). (Complete Part	II.)				
6		A federal, sta	ate, or local government or g	overnmental unit described in s	section 1	70(b)(1)( <i>A</i>	\)(v).	
7		An organizati	on that normally receives a	substantial part of its support fro	om a gove	ernmental	unit or from the general public	
	$\equiv$	described in	section 170(b)(1)(A)(vi). (C	omplete Part II.)				
8		A community	trust described in section	<b>170(b)(1)(A)(vi).</b> (Complete Part	t II.)			
9	$\sqcup$			cribed in <b>section 170(b)(1)(A)(</b> i				ge
		or university university:	or a non-land-grant college o	of agriculture (see instructions).	Enter the	name, ci	ty, and state of the college or	
10	X	An organizati	on that normally receives (1)	) more than 33 1/3% of its supp	oort from	contribution	ons, membership fees, and gro	SS
		receipts from	activities related to its exem	pt functions, subject to certain	exceptions	s; and (2)	no more than 331/3% of its	
			· ·	d unrelated business taxable in	`		,	
	$\overline{}$		· ·	0, 1975. See <b>section 509(a)(2)</b> .			,	
11	Ц	Ū	•	exclusively to test for public safe	•		` '` '	
12				exclusively for the benefit of, to				
				ions described in section 509(a				
			<u>-</u>	scribes the type of supporting or	•		•	
	а			erated, supervised, or controlled				ng
				ver to regularly appoint or elect on the complete Part IV, Sections A at		or the di	rectors or trustees or the	
	b		•	pervised or controlled in connect		ite eunno	arted organization(s) by having	
	b			ting organization vested in the			. , , ,	
			ion(s). You must complete	0 0	barrio por	ono mar	contact of manage the cupper.	ou
	С	$\Box$	•	supporting organization operated	d in conne	ection with	n, and functionally integrated w	vith.
	•	its suppo	orted organization(s) (see ins	structions). You must complete	Part IV,	Sections	A, D, and E.	,
	d	Type III	non-functionally integrated	I. A supporting organization ope	erated in o	connection	n with its supported organization	on(s)
		that is no	ot functionally integrated. The	e organization generally must sa	atisfy a di	stribution	requirement and an attentiven	ess
		requireme	ent (see instructions). <b>You n</b>	nust complete Part IV, Section	ns A and	D, and P	art V.	
	е			eived a written determination fro			s a Type I, Type II, Type III	
			• •	n-functionally integrated suppor	ting orgar	nization.		
	f		mber of supported organizati					
	g		1	ne supported organization(s).	Ta		Т	I
(i)		e of supported janization	(ii) EIN	(iii) Type of organization	' '	organization ur governing	(v) Amount of monetary	(vi) Amount of other support (see
	org	gariizatiori		(described on lines 1–10 above (see instructions))	1	ment?	support (see instructions)	instructions)
				, , , , , ,	Yes	No	,	,
(A)								
( ',								
(B)								
(-)								
(C)								
(0)								
(D)								
(ט)								
(E)								
(=)								
Total	ı							
i Utal	lone	nuerle Deductio	n Act Notice and the Instruct	ione for Form 000 or 000 F7			<u> </u>	Cabadula A (Farma 200) 2024

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						<sub>1</sub> uaiii y	under	
Sec	tion A. Public Support	, ,		,		/_			_
	dar year (or fiscal year beginning in)	(a) 2017	<b>(b)</b> 2018	(c) 2019	(d) 2020	<b>(e)</b> 202	1	(f) Total	_
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")								
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf								
3	The value of services or facilities furnished by a governmental unit to the organization without charge								
4	Total. Add lines 1 through 3								
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)								
6	Public support. Subtract line 5 from line 4								
Sec	tion B. Total Support	•	•	•		•			
Caler	dar year (or fiscal year beginning in)	(a) 2017	<b>(b)</b> 2018	(c) 2019	(d) 2020	<b>(e)</b> 202	1	(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	<b>Total support.</b> Add lines 7 through 10								
12	Gross receipts from related activities, etc.	(see instructions)					12		
13	First 5 years. If the Form 990 is for the o	rganization's first,	second, third, four	h, or fifth tax year	as a section 501(c	:)(3)		_	
	organization, check this box and stop her						<u></u>	<b>&gt;</b>	
<u>Sec</u>	tion C. Computation of Public S	upport Percer	ntage						
14	Public support percentage for 2021 (line 6	, column (f) divide	d by line 11, colun	nn (f))			14	%	)
15	Public support percentage from 2020 Sche	edule A, Part II, Iir	ne 14				15	%	)
16a	33 1/3% support test—2021. If the organ	ization did not che	eck the box on line	13, and line 14 is	33 1/3% or more,	check this		-	
	box and <b>stop here.</b> The organization qual	ifies as a publicly	supported organiz	ation				▶ [	
b	33 1/3% support test—2020. If the organ				15 is 33 1/3% or m	ore, check		-	_
	this box and <b>stop here.</b> The organization								
17a	10%-facts-and-circumstances test—202	-							
	10% or more, and if the organization meets the facts-and-circumstances test, check this box and <b>stop here.</b> 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—202								
	15 is 10% or more, and if the organization	meets the facts-a	and-circumstances	test, check this bo	x and <b>stop here.</b>	Explain			
	in Part VI how the organization meets the	facts-and-circums	stances test. The o	organization qualifie	s as a publicly su	pported		_	_
	organization							▶[	
18	<b>Private foundation.</b> If the organization did							<b>.</b> [	_

### 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.)

Sec	tion A. Public Support	quality arraor ar	2 10010 110104 2	olott, ploade et	ompioto i art iii	/	
	ndar year (or fiscal year beginning in)	(a) 2017	<b>(b)</b> 2018	(c) 2019	(d) 2020	<b>(e)</b> 2021	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	1,596,740	1,402,546	1,484,435	1,087,376	1,453,425	7,024,522
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose	875,136	755,593	646,409	278,505	790,417	3,346,060
3	Gross receipts from activities that are not an unrelated trade or business under section 513		60,343				60,343
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5	2,471,876	2,218,482	2,130,844	1,365,881	2,243,842	10,430,925
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons	113,575	254,654	125,032	83,300	75,400	651,961
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year	376,638					376,638
С	Add lines 7a and 7b	490,213	254,654	125,032	83,300	75,400	1,028,599
8	<b>Public support.</b> (Subtract line 7c from line 6.)						9,402,326
Sec	tion B. Total Support		•	•		•	
Cale	ndar year (or fiscal year beginning in)	(a) 2017	<b>(b)</b> 2018	(c) 2019	(d) 2020	<b>(e)</b> 2021	(f) Total
9	Amounts from line 6	2,471,876	2,218,482	2,130,844	1,365,881	2,243,842	10,430,925
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	66,920	14,155	4,633	173,300	-119,705	139,303
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
С	Add lines 10a and 10b	66,920	14,155	4,633	173,300	-119,705	139,303
11	Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13	<b>Total support.</b> (Add lines 9, 10c, 11, and 12.)	2,538,796	2,232,637	2,135,477	1,539,181	2,124,137	10,570,228
14	First 5 years. If the Form 990 is for the o						
	organization, check this box and stop her	e					▶ _
Sec	tion C. Computation of Public Se	upport Percent	age				
15	Public support percentage for 2021 (line 8						88.95 %
<u>16</u>	Public support percentage from 2020 School					16	86.60 %
Sec	tion D. Computation of Investme					1 1	
17	Investment income percentage for 2021 (I			, column (f))			1 %
18	Investment income percentage from 2020						3 %
19a	33 1/3% support tests—2021. If the organization is not more than 33 1/3%, check this but the support tests—2021.						<b>&gt;</b> X
b	33 1/3% support tests—2020. If the orga	nization did not che	ck a box on line 1	4 or line 19a, and l	line 16 is more tha	n 33 1/3%, and	_
	line 18 is not more than 33 1/3%, check the	•	ū		,	· ·	_
20	Private foundation. If the organization did	d not check a box o	n line 14, 19a, or	19b, check this box	x and see instructi	ons	▶ _

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

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

#### Section A. All Supporting Organizations

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

1			Yes	No
2 3a 3b 3c 4a 4b 4c 5a 5b 5c 6 7 8 9a 9b 9c				
2 3a 3b 3c 4a 4b 4c 5a 5b 5c 6 7 8 9a 9b 9c		1		
3a 3b 3c 4a 4b 4c 5a 5b 5c 6 7 8 9a 9b 9c				
3a 3b 3c 4a 4b 4c 5a 5b 5c 6 7 8 9a 9b 9c		2		
3b 3c 4a 4b 4b 5a 5b 5c 6 7 8 9a 9b 9c				
3c 4a 4b 4c 5a 5b 5c 6 7 8 9a 9b 9c 10a		3a		
3c 4a 4b 4c 5a 5b 5c 6 7 8 9a 9b 9c 10a				
4a 4b 4c 5a 5b 5c 6 7 8 9a 9b 9c		3b		
4a 4b 4c 5a 5b 5c 6 7 8 9a 9b 9c		20		
4b  4c  5a  5b  5c  6  7  8  9a  9b		30		
4b  4c  5a  5b  5c  6  7  8  9a  9b  9c  10a		4a		
4c 5a 5b 5c 6 7 8 9a 9b 9c				
5a 5b 5c 6 7 8 9a 9b 9c		4b		
5a 5b 5c 6 7 8 9a 9b 9c				
5a 5b 5c 6 7 8 9a 9b 9c		4c		
5b 5c 6 7 8 9a 9b 9c				
5b 5c 6 7 8 9a 9b 9c		5a		
5c 6 7 8 9a 9b 9c 10a				
6 7 8 9a 9b 9c 10a				
7 8 9a 9b 9c		5с		
7 8 9a 9b 9c				
9a 9b 9c 10a		6		
9a 9b 9c 10a				
9a 9b 9c		7		
9a 9b 9c		o		
9b 9c 10a		0		
9c 10a		9a		
9c 10a		0.		
10a		9b		
		9с		
10b Schedule A (Form 990) 2021		10a		
Schedule A (Form 990) 2021		10h		
	Sche	dule A	(Form 9	90) 2021

Par	t IV Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and			
	11c below, the governing body of a supported organization?	11a		
b	A family member of a person described on line 11a above?	11b		
С	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c,			
	provide detail in Part VI.	11c		
Secti	on B. Type I Supporting Organizations			
			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or			
	more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers,			
	directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s)			
	effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported			
	organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the			
	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part			
	VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Secti	on C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Secti	on D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described on line 2, above, did the organization's supported organizations have			
	a significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		l
Secti	on E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions)			
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 instru	ıctions)	·	
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.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
	trustees of each of the supported organizations? If "Yes" or "No," provide details in Part VI.	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		ı

Part V Type III N	on-Functionally Integrated 509(a)(3) Supporting C			2), rage 0				
	organization satisfied the Integral Part Test as a qualifying trust on			See				
instructions. All o	ther Type III non-functionally integrated supporting organizations r	must comple	ete Sections A through E					
Section A – Adjusted Net Income  (A) Prior Year  (B) Current Year (optional)								
1 Net short-term capital	gain	1						
2 Recoveries of prior-ye	ear distributions	2						
3 Other gross income (	see instructions)	3						
4 Add lines 1 through 3		4						
5 Depreciation and dep	letion	5						
6 Portion of operating e	xpenses paid or incurred for production or collection							
of gross income or fo	r management, conservation, or maintenance of							
property held for prod	luction of income (see instructions)	6						
7 Other expenses (see	instructions)	7						
8 Adjusted Net Income	(subtract lines 5, 6, and 7 from line 4)	8						
Section B – Minimum Ass			(A) Prior Year	(B) Current Year (optional)				
	value of all non-exempt-use assets (see							
	ax year or assets held for part of year):							
<b>a</b> Average monthly value	e of securities	1a						
<b>b</b> Average monthly cash	n balances	1b						
<b>c</b> Fair market value of o	other non-exempt-use assets	1c						
d Total (add lines 1a, 1	b, and 1c)	1d						
e Discount claimed for	blockage or other factors							
(explain in detail in Pa	art VI):							
2 Acquisition indebtedne	ess applicable to non-exempt-use assets	2						
3 Subtract line 2 from line	ne 1d.	3						
4 Cash deemed held fo	r exempt use. Enter 0.015 of line 3 (for greater amount,							
see instructions).		4						
5 Net value of non-exer	npt-use assets (subtract line 4 from line 3)	5						
6 Multiply line 5 by 0.03	5.	6						
7 Recoveries of prior-ye	ear distributions	7						
8 Minimum Asset Amo	ount (add line 7 to line 6)	8						
Section C – Distributable	Amount			Current Year				
1 Adjusted net income f	or prior year (from Section A, line 8, column A)	1						
2 Enter 0.85 of line 1.		2						
3 Minimum asset amou	nt for prior year (from Section B, line 8, column A)	3						
4 Enter greater of line 2		4						
5 Income tax imposed in		5						
•	nt. Subtract line 5 from line 4, unless subject to							
	reduction (see instructions).	6						
	current year is the organization's first as a non-functionally integral		supporting organization	-				
(see instructions).								

Schedule A (Form 990) 2021

Par	t V Type III Non-Functionally Integrated 509(a)(3)	Supporting Organiza	tions (continued)	
Sect	ion D – Distributions			Current Year
1_	Amounts paid to supported organizations to accomplish exempt purpo-	ses		
2	Amounts paid to perform activity that directly furthers exempt purposes	s of supported		
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purposes of supp	orted organizations		
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required—provide deta	ails in Part VI)		
6_	Other distributions (describe in Part VI). See instructions.			
	<b>Total annual distributions.</b> Add lines 1 through 6.			
8	Distributions to attentive supported organizations to which the organizations	ation is responsive		
	(provide details in Part VI). See instructions.			
9	Distributable amount for 2021 from Section C, line 6			
10	Line 8 amount divided by line 9 amount	1		
Sect	ion E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2021	(iii) Distributable Amount for 2021
1_	Distributable amount for 2021 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2021			
	(reasonable cause required-explain in Part VI). See			
	instructions.			
3	Excess distributions carryover, if any, to 2021			
	From 2016			
	From 2017			
	From 2018			
	From 2019			
	From 2020			
	Total of lines 3a through 3e			
	Applied to underdistributions of prior years			
	Applied to 2021 distributable amount			
<del></del>	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: \$ Applied to underdistributions of prior years			
	1 2			
	Applied to 2021 distributable amount			
<u>c</u>	Remainder. Subtract lines 4a and 4b from line 4.  Remaining underdistributions for years prior to 2021, if			
Э	any. Subtract lines 3g and 4a from line 2. For result			
	•			
6	greater than zero, explain in Part VI. See instructions.			
0	Remaining underdistributions for 2021 Subtract lines 3h			
	and 4b from line 1. For result greater than zero, <i>explain in</i> Part VI. See instructions.			
7	Excess distributions carryover to 2022. Add lines 3j and 4c.			
8	Breakdown of line 7:			
	Tuesday (1997)			
	Excess from 2017  Excess from 2018			
	Fueres from 2010			
	Excess from 2020			
	Excess from 2021			

Schedule A (Form 990) 2021

Schedule A (For					Inc 57-0761297	
Part VI	III, line 12; Part IV B, lines 1 and 2; 3a, and 3b; Part V	/, Section A, lines 1 Part IV, Section C, V, line 1; Part V, Se	I, 2, 3b, 3c, 4b, 4d line 1; Part IV, Se ection B, line 1e; F	c, 5a, 6, 9a, 9b, 9c, ection D, lines 2 and	line 10; Part II, line 17a 11a, 11b, and 11c; Part 3; Part IV, Section E, lin les 5, 6, and 8; and Part See instructions)	IV, Section es 1c, 2a, 2b,
		7 acc complete and	part for any addi	aonar imormadoni (e	500 mondonomo.)	
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Schedule B (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

#### Schedule of Contributors

Attach to Form 990 or Form 990-PF.

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

OMB No. 1545-0047

2021

Employer identification number

Hilton Head Symphony Orchestra Inc 57-0761297 Organization type (check one): Filers of: Section: Form 990 or 990-EZ **X** 501(c)( 3 ) (enter number) organization 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation 527 political organization Form 990-PF 501(c)(3) exempt private foundation 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundation Check if your organization is covered by the General Rule or a Special Rule. Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions General Rule For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions. Special Rules X For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 331/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year \$ Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it must answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line

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

Name of organization

Hilton Head Symphony Orchestra Inc

Employer identification number 57-0761297

Part I	Contributors (see instructions). Use duplicate copies of Pa	art I if additional space is ne	eded.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
.1		\$ 309,122	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2		\$ <b>470,889</b>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
3		\$ 201,600	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No	Name, address, and ZIP + 4	Total contributions  \$ 112,985	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
	Tamo, address, and an TT	\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

#### SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

▶ Attach to Form 990.

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

OMB No. 1545-0047 Open to Public

Inspection

Employer identification number Name of the organization

			F
H:	ilton Head Symphony Orchestra Inc		57-0761297
Pa	organizations Maintaining Donor Advised Fun		Accounts.
	Complete if the organization answered "Yes" on F		
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in writing that		П., П.,
	funds are the organization's property, subject to the organization's excl		Yes   No
6	Did the organization inform all grantees, donors, and donor advisors in		
	only for charitable purposes and not for the benefit of the donor or donor		П., П.,
			Yes No
Pa	conservation Easements. Complete if the organization answered "Yes" on F	Form 990, Part IV, line 7.	
1	Purpose(s) of conservation easements held by the organization (check	all that apply).	
	Preservation of land for public use (for example, recreation or educ	ation) Preservation of a historically i	mportant land area
	Protection of natural habitat	Preservation of a certified his	toric structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualified conse	rvation contribution in the form of a conse	rva <u>tion</u>
	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
С	Number of conservation easements on a certified historic structure inclu-	uded in (a)	2c
d	Number of conservation easements included in (c) acquired after 7/25/0	06, and not on a	
	historic structure listed in the National Register		2d
3	Number of conservation easements modified, transferred, released, ext	inguished, or terminated by the organizati	on during the
	tax year ▶		
4	Number of states where property subject to conservation easement is I	ocated >	
5	Does the organization have a written policy regarding the periodic mon		
	violations, and enforcement of the conservation easements it holds?		
6	Staff and volunteer hours devoted to monitoring, inspecting, handling o	f violations, and enforcing conservation ea	asements during the year
7	Amount of expenses incurred in monitoring, inspecting, handling of viol	ations and enforcing conservation easem	ents during the year
•	> \$	adone, and emercing concervation eacon	one daming the year
8	Does each conservation easement reported on line 2(d) above satisfy	the requirements of section 170(h)(4)(B)(i)	
	and aartian 470/h)/4)/D)/ii)2		□ Vos □ No
9	In Part XIII, describe how the organization reports conservation easeme		
	balance sheet, and include, if applicable, the text of the footnote to the	organization's financial statements that de-	escribes the
	organization's accounting for conservation easements.		
Pa	organizations Maintaining Collections of Art, Complete if the organization answered "Yes" on F		Similar Assets.
1.	If the organization elected, as permitted under FASB ASC 958, not to r		a about works
ıa	of art, historical treasures, or other similar assets held for public exhibit	•	
	service, provide in Part XIII the text of the footnote to its financial state		or public
b	If the organization elected, as permitted under FASB ASC 958, to report		neet works of
.,	art, historical treasures, or other similar assets held for public exhibition		
	provide the following amounts relating to these items:	, sussaidi, di roccardi ili farificialice di	p.2.2.2 0011100,
	(i) Revenue included on Form 990, Part VIII, line 1		<b>▶</b> \$
	(") A ( '		► \$
2	If the organization received or held works of art, historical treasures, or	other similar assets for financial gain pro-	
_	following amounts required to be reported under FASB ASC 958 relating	- · ·	1100 1110
а	Revenue included on Form 990, Part VIII, line 1	~	<b>&gt;</b> \$
	Assets included in Form 990 Part X		····· \$

Description of property	(a) Cost or other basis	(b) Cost or other basis	(c) Accumulated	(d) Book value
	(investment)	(other)	depreciation	İ
1a Land				
<b>b</b> Buildings				
c Leasehold improvements				
<b>d</b> Equipment				l
e Other		978,458	507,264	471,19
Total. Add lines 1a through 1e. (Column (d) must eq	ual Form 990, Part X, colu	mn (B), line 10c.)		471,19

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.  (g) Particular (particular particular particul	Part VII	Investments – Other Securities.  Complete if the organization answered "Ves" on	Form 990 Part IV lin	ne 11h. See Form 990. F	Part X line 12
Coal or creat/spars makes value		-			
(1) Francial derivatives (2) Closely held equity interests (3) Other (4) (5) (6) (7) (8) (9) (9) (1) (1) (9) (1) (1) (1) (1) (1) (1) (1) (2) (3) (4) (5) (6) (7) (6) (9) (7) (9) (9) (9) (9) (1) (1) (1) (1) (2) (3) (4) (5) (6) (7) (8) (9) (9) (7) (9) (9) (7) (9) (9) (7) (9) (9) (7) (9) (9) (7) (9) (9) (7) (9) (9) (7) (9) (9) (7) (9) (9) (7) (9) (9) (7) (9) (9) (7) (9) (9) (7) (9) (9) (7) (9) (9) (7) (9) (9) (9) (9) (9) (1) (1) (1) (1) (2) (2) (3) (4) (5) (6) (7) (7) (8) (9) (9) (7) (9) (9) (7) (9) (9) (9) (1) (1) (1) (1) (2) (2) (3) (4) (5) (5) (6) (7) (7) (8) (9) (9) (7) (9) (9) (7) (9) (9) (7) (9) (9) (9) (1) (1) (1) (2) (2) (3) (4) (5) (6) (7) (7) (8) (9) (9) (7) (9) (9) (7) (9) (9) (9) (9) (1) (1) (1) (2) (2) (3) (4) (5) (5) (6) (7) (7) (8) (9) (9) (7) (9) (9) (9) (9) (9) (9) (9) (9) (9) (9			(b) Book value		
(2) Closely held equily interests	(1) Financial	dorivativos			
(g) Other					
(A) (B) (C)	(2) Other				
(G) (C) (P) (P) (P) (P) (P) (P) (P) (P) (P) (P					
Complete   The organization answered Yes' on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.					
(E) (F) (F) (F) (F) (F) (F) (F) (F) (F) (F					
(E) (F) (F) (F) (F) (F) (F) (F) (F) (F) (F					
(F) (G) (H) (G) (G) (G) (G) (G) (G) (G) (G) (G) (G					
(if) Total. (Column (b) must equal Form 990, Part X, col. (8) 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.  (b) Description of investments (c) Description of investments (d) Description of investments (e) Brook value (c) Method of variation: (Cost or end-of-year market value (e) 4.9 (g) 7.0 (g) 8 (g) 7.0 (g) 8 (g) 7 (g) 7 (g) 8 (g) 8 (g) 8 (g) 8 (g) 9 (g					
Control   Column   (b)   must equal Form 990, Part X, col. (B)   line 12.)					
Part VIII   NewStments - Program Related. Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.  (b) Descriptor of investment (b) Brook value (c) Method of valuation (Cost or end-d-lyear market value)  (c) (e) (form (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.  (e) (e) (form (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.  (g) Description (line) must equal Form 990, Part X, col. (B) line 15.)  Part X   Other Labilities. Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 15.  Part X   Other Labilities. Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 15.  Part X   Other Labilities. Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 15.  1. (a) Description of lability (line 15.)  Part X   Other Labilities. Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 15.  1. (a) Description of lability (line 15.)  1. (b) Description of lability (line 15.)  1. (a) Description of lability (line 15.)  1. (a) Description of lability (line 15.)  1. (b) Description of lability (line 15.)  1. (a) Description of lability (line 15.)  1. (b) Description of lability (line 15.)  1. (a) Description of lability (line 15.)  1. (b) Description of lability (line 15.)  1. (c) Blook value (line 12.)  1. (a) Description of lability (line 15.)  1. (b) Description of lability (line 15.)  1. (c) Blook value (line 12.)  1. (a) Description of lability (line 15.)  1. (b) Description of lability (line 15.)  1. (c) Blook value (line 12.)  1. (d) Description of lability (line 15.)  1. (e) Descript					
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.  (b) Book value   (c) Menor of rend-organization or end-organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.  (c) Book value   (c) Menor of rend-organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.  (d) Book value   (d) Menor of the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.  (e) Book value   (d) Menor of the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.  (e) Book value   (d) Menor of the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.  (e) Book value   (d) Menor of the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 15.  (e) Book value   (e) Menor of the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.  (a) Decorption of linelity   (d) Book value   (d) Book value   (e) Menor of the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.  (a) Decorption of linelity   (d) Book value   (d) Book value   (e) Menor of the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 12.  (a) Decorption of linelity   (d) Book value   (d) Book value   (e) Menor of the organization answered   (e) Menor of the organization answered   (e) Menor of the organization answered   (e) Menor of the organization and latements that reports the   (e) Menor of the organization and latements that reports the   (e) Menor of the organization and latements that reports the   (e) Menor of the organization is financial statements that reports the   (e) Menor of the organization is financial statements that reports the   (e) Menor of the organization is financial statements that reports the   (e) Menor of the organiza		in (h) must equal Form 000 Part Y col (R) line 12.)			
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) Medical of valualistics					
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(1)		· •			
(1) (2) (3) (4) (5) (6) (7) (8) (9) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 13.) (9) Part IX Other Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15. (9) Cescription (1) (2) (3) (4) (9) (9) Column (b) must equal Form 990, Part X, col. (B) line 15.)  Part X Other Liabilities. Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.  1. (a) Description (b) Book value (c) (c) (d) (e) (e) (f) (e) (f) (g) (g) (g) (g) (g) (g) (g) (g) (g) (g		(a) Description of investment	(b) Book value		
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Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)  Part X Other Liabilities.  Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.  1. (a) Description of liability (b) Book value  (1) Federal income taxes  (2) Accrued Payroll liabilities 13,23  (3)  (4)  (5)  (6)  (7)  (8)  (9)  Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)  1. 13,23  2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the					
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Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.  1. (a) Description of liability (b) Book value  (1) Federal income taxes  (2) Accrued Payroll liabilities 13,23  (3) (4) (5) (6) (7) (8) (9)  Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) 13,23  2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the					
Iine 25.   (a) Description of liability   (b) Book value   (1) Federal income taxes   (2)   Accrued   Payroll   1iabilities   13,23   (3)   (4)   (5)   (6)   (6)   (7)   (8)   (9)   (7)   (8)   (9)   (7)   (8)   (7)   (8)   (7)   (8)   (7)   (8)   (9)   (7)   (8)   (7)   (8)   (7)   (8)   (7)   (8)   (7)   (8)   (7)   (8)   (7)   (8)   (7)   (8)   (8)   (9)   (8)   (9)   (8)   (8)   (9)   (8)   (8)   (9)   (8)   (			Form 990. Part IV. lir	ne 11e or 11f. See Form	990. Part X.
1. (a) Description of liability (b) Book value  (1) Federal income taxes  (2) Accrued Payroll liabilities 13,23  (3) (4) (5) (6) (7) (8) (9) (9) (7) (8) (9) (10) (10) (10) (10) (10) (10) (10) (10		•			, ,
(1) Federal income taxes         (2) Accrued Payroll liabilities       13,23         (3)         (4)         (5)         (6)         (7)         (8)         (9)         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	1.				(b) Book value
(2) Accrued Payroll liabilities       13,23         (3)       (4)         (5)       (6)         (7)       (8)         (9)       (9)         Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)       ▶       13,23         2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the		• • • • • • • • • • • • • • • • • • • •			. ,
(3) (4) (5) (6) (7) (8) (9)  Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)  13,23  2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the					13,230
(4) (5) (6) (7) (8) (9)  Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)  13,23  2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the					
(5) (6) (7) (8) (9)  Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)  Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the					
(6) (7) (8) (9)  Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)  13,23  2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the					
(7) (8) (9)  Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)  13,23  2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the					
(8) (9)  Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)  13,23  2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the	•				
(9)  Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)  13,23  2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the					
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)  13,23  2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the					
2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the		(A)		<u> </u>	12 22
				<b>&gt;</b>	
	-		_		

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

# SCHEDULE G (Form 990)

Department of the Treasury Internal Revenue Service

#### Supplemental Information Regarding Fundraising or Gaming Activities

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

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Open to Public

Name of the organization Employer identification number Hilton Head Symphony Orchestra Inc 57-0761297 Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Part I Form 990-EZ filers are not required to complete this part. Indicate whether the organization raised funds through any of the following activities. Check all that apply. Mail solicitations Solicitation of non-government grants Solicitation of government grants Internet and email solicitations b Phone solicitations Special fundraising events C In-person solicitations 2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. (iii) Did fund-(v) Amount paid to (vi) Amount paid to raiser have (i) Name and address of individual (iv) Gross receipts (or retained by) (or retained by) custody or (ii) Activity fundraiser listed in or entity (fundraiser) from activity organization control of contributions? col. (i) Yes No 1 3 6 10 Total List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

Schedule G (Form 990) 2021 Hilton Head Symphony Orchestra Inc 57-0761297 Page 2

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

		gross receipts o	greater than \$5,000.			
			(a) Event #1	(b) Event #2	(c) Other events	
Revenue			Other fundraisi		None	(d) Total events (add col. (a) through
			(event type)	(event type)	(total number)	col. <b>(c)</b> )
			, ,,,	, ,,,	,	
	1	Gross receipts	81,660			81,660
Ř						
	2	Less: Contributions				
	3	Gross income (line 1 minus	01.660			01 660
		line 2)	81,660			81,660
	4	Cash prizes				
	5	Noncash prizes				
Expenses	6	Rent/facility costs				
t Expe	7	Food and beverages				
Direct	8	Entertainment				
	9	Other direct expenses	20,716			20,716
	10	Direct expense summary.	. Add lines 4 through 9 in column (	(d)	•	20,716
		Net income summary. Su	ubtract line 10 from line 3, column	(d)		20,716 60,944
P	art		plete if the organization ans	wered "Yes" on Form 990,	Part IV, line 19, or report	ed more than
		\$15,000 on Fo	rm 990-EZ, line 6a.	T		
ne			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Revenue				biligo/progressive biligo		coi. (a) through coi. (c))
ፚ	1	Gross revenue				
ses	2	Cash prizes				
Expenses	2	Noncach prizos				
	3	Noncash prizes				
Direct	4	Rent/facility costs				
	5	Other direct expenses				
		•	Yes %	Yes %	Yes %	
	6	Volunteer labor	No	No	No	
	7	Direct expense summary.	. Add lines 2 through 5 in column (	(d)	<b>&gt;</b>	
	۰	Not gaming income aumn	mary. Subtract line 7 from line 1, o	olumn (d)		
	- 8	ivet gaming income sumin	nary. Subtract line 7 from line 1, or	olumin (a)		
9	Fn	ter the state(s) in which the	e organization conducts gaming a	ctivities:		
	ls 1	the organization licensed to	o conduct gaming activities in each	of these states?		Yes No
			· · · · · · · · · · · · · · · · · · ·			
			's gaming licenses revoked, suspe	nded, or terminated during the tax	x year?	Yes No
b	If "	'Yes," explain:				

Sche	edule G (Form 990) 2021 Hilton Head Symphony Orchestra Inc 57-076129	7 Page 3
11	Does the organization conduct gaming activities with nonmembers?	
12	Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity	
	formed to administer charitable gaming?	Yes No
13	Indicate the percentage of gaming activity conducted in:	1 1
а	The organization's facility	13a %
b	An outside facility	13b %
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records:	
	Name ▶	
	Address ▶	
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?	☐ Yes ☐ No
b	the state of the s	·····
	amount of gaming revenue retained by the third party ▶ \$	
С	If "Yes," enter name and address of the third party:	
	Name ▶	
	Address ▶	
16	Gaming manager information:	
	Name ▶	
	Gaming manager compensation ▶ \$	
	Description of services provided ▶	
	Director/officer Employee Independent contractor	
17	Mandatory distributions:	
а	Is the organization required under state law to make charitable distributions from the gaming proceeds to	
	retain the state gaming license?	Yes No
b	Enter the amount of distributions required under state law to be distributed to other exempt organizations or	
	spent in the organization's own exempt activities during the tax year ▶ \$	
Pa	Supplemental Information. Provide the explanations required by Part I, line 2b, columns Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional i See instructions.	. , . , ,
	CCCon wonorio.	

Schedule G (Form 990) 2021

# SCHEDULE O (Form 990)

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

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

OMB No. 1545-0047

ZUZ I

Department of the Treasury Internal Revenue Service

► Attach to Form 990 or Form 990-EZ.

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

Open to Public Inspection

Name of the organization

Hilton Head Symphony Orchestra Inc

Employer identification number 57-0761297

Form 990, Part VI, Line 11b - Organization's Process to Review Form 990  The Orchestra utilizes the services of an independent public accounting firm for the audit of its financial statements and the preparation of its federal income tax return Form 990.
Upon completion of Form 990 by the accounting firm, a copy of the 990 is reviewed by the Orchestra's Finance Manager and CEO. This copy is also made available to the finance committee or board of directors for their inspection before the 990 is filed.
Once the Orchestra's Finance Manager and CEO have reviewed and approved the 990, the authorization to electronically file is signed by an authorized representative of the Orchestra.
Form 990, Part VI, Line 12c - Enforcement of Conflicts Policy  The Orchestra has adopted the policy that in connection with any actual or  possible conflict of interest, an individual must disclose the conflict  (financial or otherwise), be given the opportunity to disclose all material facts to the directors and members of related committees.
The governing board or committee shall decide if a material conflict exists. If the board determines that a conflict of interest does exist,

the individual will be given the opportunity to resolve the conflict of

Schedule O (Form 990) 2021 Page 2

Name of the organization

Hilton Head Symphony Orchestra Inc

57-0761297

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

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

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

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

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

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

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

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

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

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

Hilton Head Symphony Orchestra Inc						57-0761297						
Form 990 (Public Disclosure Copy) on its website.												
Form 990, Par	t IX,	Line 11g - C	other Fees	for Services								
Description												
T	ot/Pro	g Service	Mgt	& General	Fun	draising						
Guest artist	fees											
	\$	144,533	\$	0	\$	0						
Music Directo	r & Co	onductor										
	\$	128,000	\$	0	\$	0						
All Other												
	\$	0	\$	11,850	\$	0						
Tota	al											
	\$	272,533	\$	11,850	\$	0						
Form 990, Par	t XI,	Line 9 - Oth	ner Changes	in Net Asse	ts Explanat	ion						
Revenue for f	undra	sing activit	ies		\$	81,600						
Expenses for	fundra	aising activi	ties		\$	-64,134						
Total					\$	17,466						
					Dogo 0	of 2						
					Page 2	<u> </u>						

Form **4562** 

Department of the Treasury
Internal Revenue Service (99)

#### **Depreciation and Amortization**

(Including Information on Listed Property)

▶ Attach to your tax return.

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

OMB No. 1545-0172 **2021** 

tachment quence No. 17

Name(s) shown on return Identifying number Hilton Head Symphony Orchestra Inc 57-0761297 Business or activity to which this form relates Indirect Depreciation Part I Election To Expense Certain Property Under Section 179 Note: If you have any listed property, complete Part V before you complete Part I. Maximum amount (see instructions) 1,050,000 Total cost of section 179 property placed in service (see instructions) 2 2 Threshold cost of section 179 property before reduction in limitation (see instructions) 2,620,000 3 3 4 Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-4 Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions 5 (a) Description of property (b) Cost (business use only) 6 7 Listed property. Enter the amount from line 29 Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7 8 Tentative deduction. Enter the **smaller** of line 5 or line 8 9 9 Carryover of disallowed deduction from line 13 of your 2020 Form 4562 10 Business income limitation. Enter the smaller of business income (not less than zero) or line 5. See instructions 11 11 12 Section 179 expense deduction. Add lines 9 and 10, but don't enter more than line 11 Carryover of disallowed deduction to 2022. Add lines 9 and 10, less line 12 Note: Don't use Part II or Part III below for listed property. Instead, use Part V. Special Depreciation Allowance and Other Depreciation (Don't include listed property. See instructions.) 14 Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year. See instructions Property subject to section 168(f)(1) election 15 15 129,450 Other depreciation (including ACRS) MACRS Depreciation (Don't include listed property. See instructions.) Section A MACRS deductions for assets placed in service in tax years beginning before 2021 17 If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here Section B-Assets Placed in Service During 2021 Tax Year Using the General Depreciation System (b) Month and year (c) Basis for depreciation (d) Recovery (a) Classification of property (business/investment use (e) Convention (f) Method (a) Depreciation deduction only-see instructions) service 19a 3-year property b 5-year property C 7-year property 10-year property е 15-year property 20-year property 25-year property 25 yrs. Residential rental 27.5 yrs. MM S/L property 27.5 yrs. MM S/L MM S/L 39 yrs. i Nonresidential real property MM S/L Section C-Assets Placed in Service During 2021 Tax Year Using the Alternative Depreciation System 20a Class life S/I 12-year S/L 12 yrs. 30-year 30 yrs. MM S/L 40-year MM S/L 40 yrs. Part IV Summary (See instructions.) Listed property. Enter amount from line 28 21 21 Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter 129,450 here and on the appropriate lines of your return. Partnerships and S corporations—see instructions ..... For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs 23

990

Department of the Treasury Internal Revenue Service

**Return of Organization Exempt From Income Tax** 

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

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

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

OMB No. 1545-0047 2020 Open to Public Inspection

<u>A</u>	For the	2020 calendar year, or tax year beginning 07	/01/20 , and ending	06/30/21	_				
В	Check if ap	eck if applicable: C Name of organization D Employer identification number							
Ш	Address ch	ange Hilton Head	Hilton Head Symphony Orchestra Inc						
$\Box$	Name char	Doing business as							
片		Number and street (or P.O. box if mail is not delivered		F	Room/suite	E Telephone			
Ш	Initial return	_				843-	842-2055		
	Final return terminated		• .						
П		Hilton Head Island	SC 29928			<b>G</b> Gross rec	eipts		
닏	Amended r	F Name and address of principal officer:				_			
	Application	pending Alan Jordan			H(a) Is this a gr	oup return for s	subordinates? Yes X No		
		7 Lagoon Road, Suite	≥ 100		H(b) Are all su	bordinates incl	uded? Yes No		
		Hilton Head Island	SC 29928		If "No,	" attach a list.	See instructions		
_	Tay ayana	₩		F07					
<u>'</u>	Tax-exem		nsert no.) 4947(a)(1) or	527					
<u>J</u>	Website:		1 .		H(c) Group exe				
	Form of or		Other	L Yea	r of formation: 1	.982	M State of legal domicile: SC		
F	Part I	Summary							
	<b>1</b> B	riefly describe the organization's mission or most s	ignificant activities:						
ø		See Schedule O							
auc	'								
Ĭ	· · ·								
Governance	2 0	heck this box I if the organization discontinued	l its operations or disposed o	of more than 25%	of its net as	sets			
	2 1		t \ //			ا م ا	20		
∘ŏ		umber of voting members of the governing body (P				🗀	17		
ties	4 N	umber of independent voting members of the gover	ning body (Part VI, line 1b)			4			
Activities	5 T	otal number of individuals employed in calendar yea	ar 2020 (Part V, line 2a) $_{\dots}$				116		
Aci	6 T	otal number of volunteers (estimate if necessary) $_{\dots}$				6	300		
	7a ⊤	otal unrelated business revenue from Part VIII, colu	mn (C), line 12			. 7a	0		
	b N	et unrelated business taxable income from Form 99	00-T, Part I, line 11			7b	0		
					Prior Year		Current Year		
ø	8 C	ontributions and grants (Part VIII, line 1h)				4,435	1,087,376		
Ž	<b>9</b> P					6,918	242,774		
Revenue		evestment income (Part VIII, column (A), lines 3, 4,			4,633		-3,406		
8					76,003		25,492		
		otal revenue – add lines 8 through 11 (must equal F		I		1,989	1,352,236		
			\ !'		2,05	1,000	1/332/230		
		irants and similar amounts paid (Part IX, column (A					0		
		enefits paid to or for members (Part IX, column (A),			1 01				
es	<b>15</b> S	alaries, other compensation, employee benefits (Pa	rt IX, column (A), lines 5–10	) <u> </u>	T,01	7,558	707,587		
ÜS	<b>16a</b> P	rofessional fundraising fees (Part IX, column (A), lir	ne 11e)				0		
Expenses	. b T	otal fundraising expenses (Part IX, column (D), line	25) <b>▶</b> 12,	36 <b>4</b>					
Ш	17 C	other expenses (Part IX, column (A), lines 11a-11d,	11f-24e)		1,29	8,464	840,123		
	18 T	otal expenses. Add lines 13–17 (must equal Part IX	, column (A), line 25)		2,31	6,022	1,547,710		
	1	evenue less expenses. Subtract line 18 from line 12				4,033	-195,474		
JO.		,			Beginning of Cu		End of Year		
Net Assets or	<b>₫ 20</b> T	otal assets (Part X, line 16)			1,66	6,134	1,514,551		
Ass	<sup>⊠</sup> 21 T	-4-1 E-1-19E (D4 V E 00)				7,969	385,154		
Net	3 22 N	et assets or fund balances. Subtract line 21 from lir		<b>I</b>		8,165	1,129,397		
	Part II	Signature Block	10 20			J / 1 U J	1/12/05/		
		alties of perjury, I declare that I have examined this return ct, and complete. Declaration of preparer (other than office				•	owledge and belief, it is		
	T	t, and complete. Declaration of preparer (other than office	is based on all illionnation of	Willcii preparei na	s arry knowieu	<del>Jc.</del>			
Sig	gn	Signature of officer				Date			
He	ere	Alan Jordan		Presid	ent and	1 CEO			
		Type or print name and title							
_		Print/Type preparer's name	Preparer's signature		Date	Check	if PTIN		
Pai	id			CDA		self-em	□"		
_	eparer		Patrick P. Carey, Jr.,	CFA					
	e Only	Firm's name			ı	irm's EIN ▶	57-0927046		
US	Comy	70 Main Street,		-			040 601 4400		
		Firm's address		)	F	Phone no.	843-681-4430		
Ma	v the IRS	S discuss this return with the preparer shown above	2 See instructions				X Yes No		

		Page <b>2</b>
Pa	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:	
	he HHSO inspires audiences with musical excellence, enriches lives thro	ugh
	outh programming and community performances, and unites the Lowcountry	
	n arts and cultural destination.	<u></u>
a	n arts and curtural destination.	
2	Did the organization undertake any significant program services during the year which were not listed on the	_
	prior Form 990 or 990-EZ?	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	
		7 N.
	services?	- NO
	If "Yes," describe these changes on Schedule O.	
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by	
	expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others,	
	the total expenses, and revenue, if any, for each program service reported.	
	the total expenses, and revenue, in any, for each program service reported.	
	1 005 050	74
	(Code: ) (Expenses $\$$ 1,025,859 including grants of $\$$ ) (Revenue $\$$ 242,7)	<b>/4</b> )
P	rovided three live orchestral concerts, more than 50 live-stream	
р	resentations from Soundwaves, nine live piano festival events, two virt	ual
	pecial events, dozens of education and community outreach programs, and	
	intual shambon music institute for vouns musicions	
V	irtual chamber music institute for young musicians.	
	•	
	•	
4 h	(Code: ) (Expenses © including groups of © ) (December ©	
	(Code: ) (Expenses \$ including grants of \$ ) (Revenue \$	)
IA	/A	
	•	
	***************************************	
4c	(Code: ) (Expenses \$ including grants of \$ ) (Revenue \$	)
	/A	
	*	
	•	
	*	
	•	
4.1	Other program convices (Describe on Schedule O.)	
<b>4</b> 0	Other program services (Describe on Schedule O.)	
	(Expenses \$ including grants of \$ ) (Revenue \$ )	
4e	Total program service expenses ▶ 1,025,859	

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"			
	complete Schedule A	1_	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to			
	candidates for public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		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		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors			
	have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If			
	"Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			
	complete Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a			
	custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or			3.5
4.0	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	40	х	
44	or in quasi endowments? If "Yes," complete Schedule D, Part V	10	^	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"			
а	complete Schoolule 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	<del></del>		
-	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		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		X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	X	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a	x	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If			
	"Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		Х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,			
	fundraising, business, investment, and program service activities outside the United States, or aggregate			
	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		_X_
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or			37
	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		<u> </u>
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other	40		v
4-7	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on	17		х
18	Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I See instructions  Did the organization report more than \$15,000 total of fundraising event gross income and contributions on	17		
10	Don't VIII lines do and 0-2 K IV/co II complete Cabadyla C. Don't II	18	х	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?	10	42	
	If "Yes," complete Schedule G, Part III	19		Х
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		х

	Glecklist of Required Schedules (Continued)		ı	
22	Did the examination report more than \$5,000 of grants or other assistance to or far demostic individuals on		Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on	22		x
23	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III  Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the	22		
23	organization's current and former officers, directors, trustees, key employees, and highest compensated			
	employees? If "Yes," complete Schedule J	23		x
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than			
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b			
	through 24d and complete Schedule K. If "No," go to line 25a	24a		х
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year			
	to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior			
	year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?			
	If "Yes," complete Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%	l		٦,
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key			
	employee, creator or founder, substantial contributor or employee thereof, a grant selection committee			
	member, or to a 35% controlled entity (including an employee thereof) or family member of any of these	27		x
28	persons? If "Yes," complete Schedule L, Part III  Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part	27		
20	IV instructions, for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If</i>			
u	"Yes," complete Schedule L, Part IV	28a	x	
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		х
С	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If			
	"Yes," complete Schedule L, Part IV	28c		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		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"			
	complete Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III,			
	or IV, and Part V, line 1	34		X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a			
00	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	20		x
27	related organization? If "Yes," complete Schedule R, Part V, line 2  Did the organization conduct more than 5% of its activities through an entity that is not a related organization	36		
37	and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>	37		x
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and	31		21
30	19? <b>Note:</b> All Form 990 filers are required to complete Schedule O.	38	x	
P	art V Statements Regarding Other IRS Filings and Tax Compliance	1 55		
	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 29			
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			
	reportable gaming (gambling) winnings to prize winners?	1c	X	
				_

га	Statements Regarding Other INS Fillings and Tax Compliance (Continue	ucu)			ı	г -
22	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax				Yes	No
Za	Statements, filed for the calendar year ending with or within the year covered by this return	2a	116			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax return		110	2b	х	
D	<b>Note:</b> If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> (see instructions			20		
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	)		3a		х
b	If "Yes," has it filed a Form 990-T for this year? <i>If "No" to line 3b, provide an explanation on Schedule</i>			3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other a		hy over	30		
74	a financial account in a foreign country (such as a bank account, securities account, or other financial			4a		x
b	If "Yes," enter the name of the foreign country	aoooa		-Tu		
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial A		ts (FRAR)			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	1000uii	,	5a		х
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction that it was or is a party to a prohibited tax shelter transaction.	tion?		5b		X
c	15/04 15 15 15 15 15 15 15 15 15 15 15 15 15					
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	 e		5c		
-	organization solicit any contributions that were not tax deductible as charitable contributions?	•		6a		x
b	If "Yes," did the organization include with every solicitation an express statement that such contribution	ns or		<u> </u>		
-	gifts were not tax deductible?			6b		
7	Organizations that may receive deductible contributions under section 170(c).					
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for g	noods				
_	and conjugate provided to the power?			7a	х	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?			7b	Х	
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it wa	s				
	required to file Form 8282?			7c		x
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d				
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit or		?	7e		х
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contra			7f		х
g	g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?					х
h	h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?					х
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.					
а	Did the sponsoring organization make any taxable distributions under section 4966?			9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?			9b		
10	Section 501(c)(7) organizations. Enter:					
а	Initiation fees and capital contributions included on Part VIII, line 12	10a				
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b				
11	Section 501(c)(12) organizations. Enter:					
а	Gross income from members or shareholders	11a				
b	Gross income from other sources (Do not net amounts due or paid to other sources					
	against amounts due or received from them.)	11b				
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form	1041?	<b>)</b>	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b		4		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.					
а	Is the organization licensed to issue qualified health plans in more than one state?			13a		
	Note: See the instructions for additional information the organization must report on Schedule O.					
b	Enter the amount of reserves the organization is required to maintain by the states in which					
	the organization is licensed to issue qualified health plans	13b		-		
С	Enter the amount of reserves on hand	13c				
14a				14a		X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule			14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuner	ration c	or			
	excess parachute payment(s) during the year?			15		X
	If "Yes," see instructions and file Form 4720, Schedule N.					
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment	incom	e?	16		X
	If "Yes," complete Form 4720, Schedule O.					

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

<u>360</u>	tion A. Governing Body and Management				.,	
		1 . 1	20		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	20	_		
	If there are material differences in voting rights among members of the governing body, or					
	if the governing body delegated broad authority to an executive committee or similar					
	committee, explain on Schedule O.		1 11			
b	Enter the number of voting members included on line 1a, above, who are independent	1b	17	_		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with					
	any other officer, director, trustee, or key employee?			2		X
3	Did the organization delegate control over management duties customarily performed by or under the direct					
	supervision of officers, directors, trustees, or key employees to a management company or other person?			3		<u> </u>
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed'	?		4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?			5		X
6	Did the organization have members or stockholders?			6		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint					
	one or more members of the governing body?			7a		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,					
	stockholders, or persons other than the governing body?			7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year	ar by th	ne following			
а	The governing body?			8a	X	
b	Each committee with authority to act on behalf of the governing body?			8b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at					
	the organization's mailing address? If "Yes," provide the names and addresses on Schedule O			9		X
Sec	tion B. Policies (This Section B requests information about policies not required by the Inter	nal R	evenue (	Code.)		
				-	Yes	No
10a	Did the organization have local chapters, branches, or affiliates?			10a		Х
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,					
				10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing			11a	Х	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			1.0		
12a	Did the organization have a written conflict of interest policy? <i>If "No," go to line 13</i>			12a	x	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise	e to co	nflicts?	12b	X	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"	0 10 00		120		
·	describe in Schodule O how this was done			12c	x	
13	Did the organization have a written which blower policy?			13		х
14	Did the organization have a written document retention and destruction policy?			14		X
15	Did the process for determining compensation of the following persons include a review and approval by			14		
13						
•	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			150	Х	
a b	The organization's CEO, Executive Director, or top management official  Other officers or key employees of the organization			15a 15b	X	_
D				130	Λ	
16-	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).					
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?			40-		х
	* * * * * * * * * * * * * * * * * * * *			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			4.01		
	organization's exempt status with respect to such arrangements?			16b		
	tion C. Disclosure					
17	List the states with which a copy of this Form 990 is required to be filed ▶ SC					
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (S	ection	501(c)			
	(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.					
	X Own website					
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of inter	est po	icy, and			
	financial statements available to the public during the tax year.					
20	State the name, address, and telephone number of the person who possesses the organization's books and reco	rds 🕨				
	usan Strange 7 Lagoon Road					
H	ilton Head Island SC 2992	8	84	3-84	2-2	005

orm 990 (2020)	Hilton	Head	Symphony	Orchestra	Tnc	57-0761297
-01111 990 (2020)	11 <b>1</b> 1 CO11	Heau	DATIDITATION	OTCITEDITE	TIIC	J/-U/UII/

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

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

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
  - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. See instructions for the order in which to list the persons above.

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

(A) Name and title	(B) Average hours per week (list any	box	x, unle icer ar	Pos check ess pe	more rson i	than one s both ar or/trustee	n	(D)  Reportable compensation from the organization	(E)  Reportable compensation from related organizations	(F) Estimated amount of other compensation from the
	hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(W-2/1099-MISC)	(W-2/1099-MISC)	organization and related organizations
(1) Alan Jordan										
	40.00							125 206	_	
President and CEO	0.00	X		X		$\vdash$	_	135,306	0	0
(2) Mario Incorvaia	40.00									
COO	0.00	x		х				84,466	0	0
(3) Mona Huff	0.00							01,100		
(-,	20.00									
Board Member	0.00	X						30,000	0	0
(4) Sandra Benson										
	3.00									
Treasurer	0.00	X		X				0	0	0
(5) Rabbi Brad Bloom										
	2.00	l							•	
Board Member	0.00	X					_	0	0	0
(6) James Collett	3.00									
V-Chair Strategic Pl	0.00	x		х				0	0	0
(7) Beth Corry	0.00	_						0	0	0
(i) Beell Colly	2.00									
Board Member	0.00	x						0	0	0
(8) Joan Dattelbaum										
(1, 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	2.00									
Board Member	0.00	X						0	0	0
(9) Ralph Drayer										
	3.00									
V-Chair Resource Dev	0.00	X		X				0	0	0
(10) Charles Frost										
	2.00							•	•	
Board Member	0.00	X			_	$\vdash$		0	0	0
(11) Carolyn Hack	2.00									
Board Member	0.00	x						0	0	0
Posta Member	1 0.00	1	l					U	U	Form <b>990</b> (2020)

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

Part VII Section A. Officers	, Directors, Tru	stee	s, K	ey E	mpl	oyee	s, a	and Highest Compensated	Employees (continued)			
(A) Name and title	(B) Average hours per week (list any	bo	x, unle	Pos check ess pe	rson i	than o	an	(D) Reportable compensation from the organization	(E)  Reportable  compensation  from related  organizations		(F) imated amou of other ompensation from the	
	hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(W-2/1099-MISC)	(W-2/1099-MISC)		ganization an ed organizati	
(12) Michael Harte	5.00											
President	0.00	x		x				0	0			0
(13) Barbara Holme												
Board Member	2.00 0.00	x						0	o			0
(14) Candice Hough	1											
Board Member	2.00 0.00	x						0	0			0
(15) Martin Lesch	0.00								0			
	2.00											_
Board Member (16) Michael Levin	0.00	X						0	0			0
(10) MICHAEL LEVII	2.00											
Board Member	0.00	x						0	0			0
(17) Eric Magnin	3.00											
Secretary	0.00	x		x				0	0			0
(18) Mary Princing	7											
Board Member	2.00 0.00	x						0	o			0
(19) Alice Walton												
Board Member	0.00	x						0	0			0
1b Subtotal	0.00	14					<b> </b>	249,772	0			
c Total from continuation shee	ets to Part VII,	Secti	ion /	٩			<b>•</b>					
d Total (add lines 1b and 1c)  Total number of individuals (in	cluding but not l	imita	d to	thos		ted a	boy	249,772	\$100,000 of			
reportable compensation from				11103	C 113		DOV	c) who received more than	Ψ100,000 01			
3 Did the organization list any fo	ormer officer. dir	ecto	r. tru	stee	. kev	/ emi	plov	ee. or highest compensated	d	Г	Yes	s No
employee on line 1a? If "Yes,"	complete Sche	dule	J for	suc	h ind	dividi.	ial				3	X
4 For any individual listed on line organization and related organ												
<ul><li>individual</li><li>5 Did any person listed on line 1</li></ul>	1a receive or ac		com	 nens		fror	 n ar	nv unrelated organization or	 individual		4	X
for services rendered to the or											5	X
<ul><li>Section B. Independent Contractor</li><li>1 Complete this table for your five</li></ul>		oneo	ntod	indor	aond	ont o	conti	ractors that received more t	than \$100,000 of			
compensation from the organization	zation. Report co							dar year ending with or with	in the organization's tax ye	ear.	(0)	
	(A) business address						<u> </u>		(B) tion of services		(C) Compen	sation
John Morris Russell Hilton Head Islan	nd SC	: 2	99		C/C	7		agoon Rd, Ste 100 Music Director			1	19,000
11110011 11000 15101		_					_	222000	•			19,000
							_					
							<u> </u>			$\longrightarrow$		
2 Total number of independent or received more than \$100,000								se listed above) who	1			
TOUCHTON THOIR MAIN \$100,000	or compensation	. 1101	ii uk	2 016	jai 11Z	auUII			<u>L</u>			

-orm 990	(2020)	HIICOII	пеац	Symphony	Orchestra	THE	37-0
Dort VII		Ctatamant a	f Dayon				

		Check if	Sch	edule O cont	ains a i	respons	e or note	to any line in this	s Part VIII		
						·		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
ts	1a	Federated camp	paigns		1a						
Contributions, Gifts, Grants and Other Similar Amounts	b	Membership due			1b						
β. F. G.	c	Fundraising eve			1c						
ifts ar	d	Related organiz			1d						
£,Ω ⊟.Θ	e	Government grants (c			1e	2	277,523				
ons Sign	f	All other contributions,									
žtį.	-	and similar amounts no			1f	ε	309,853				
ξō	а	Noncash contributions	included	in lines 1a-1f	1g \$		48,800				
Sep	9 h	Total. Add lines						1,087,376			
<u></u>		Total: 7 da ililoo	14 11				Business Code				
4.	2a	Ticket sal					Jusiness Code	231,629	231,629		
Program Service Revenue	b							11,145	11,145		
Ser	C	* 7									
am Sver	4										
ogra	u _										
P	f	All other prograr		vice revenue							
		Total. Add lines				_	<b>•</b>	242,774			
	3	Investment inco						,			
		other similar am						-3,406			-3,406
	4	Income from inv	estme	nt of tax-exemn	t hond n	roceeds		0,100			
	5	Royalties									
		rtoyanico		(i) Real		(ii) Pe					
	6a	Gross rents	6a	(,) . (50.		(,	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				
	b		6b				$\overline{}$				
		Rental inc. or (loss)	6c				-				
		Net rental incom		loss)			•				
		Gross amount from		(i) Securities		(ii) (	Other				
		sales of assets	70	(i) Occurred	9	(11)	Juici				
a)	<b>L</b>	other than inventory	7a								
Revenue	В	Less: cost or other	76								
eve	_	basis and sales exps.	7b 7c								
ď		Gain or (loss)					<b></b>				
Other		Net gain or (loss Gross income from			· · · · · · · ·						
0	oa			aising events							
		(not including \$ of contributions rep									
		•	,	•	0.		35,731				
	<b>L</b>	See Part IV, line 18			8a 8b		10,239				
		Less: direct exp						25,492			
		Net income or (I		_	events .			23,432			
	Эa	Gross income from	`	_	00						
	<b>L</b>	See Part IV, line 19			9a 9b						
		Less: direct exp Net income or (									
		Gross sales of i			ivilles						
	iua			•	100						
		returns and allow			10a						
		Less: cost of go			10b						
		Net income or (I	055) 11	OIII Sales OI IIIV	entory		Business Code				
ns	110						24311033 0000				
nec	11a	*									
ella	b						+				
Miscellaneous Revenue	۲ 0	All other revenue					+				
Σ		Total. Add lines				_					
		Total revenue						1.352.236	242.774	0	-3.406

Part IX Statement of Functional Expenses

Sect	ion 501(c)(3) and 501(c)(4) organizations must com Check if Schedule O contains a respons			niete column (A).	X
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations				·
	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees				
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
_	persons described in section 4958(c)(3)(B)	607.076	205 027	274 000	C 250
7	Other salaries and wages	607,076	325,937	274,889	6,250
8	Pension plan accruals and contributions (include	20 257	20 257		
_	section 401(k) and 403(b) employer contributions)	20,357	20,357		
9	Other employee benefits	26,639 53,515	26,639 28,732	24,232	551
10	Payroll taxes	33,313	20,732	24,232	221
11	Fees for services (nonemployees):				
a					
b	<u> </u>	9,150		9,150	
d	Accounting	7,130		7/130	
u a	Lobbying Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
	Other. (If line 11g amount exceeds 10% of line 25, column				
9	(A) amount, list line 11g expenses on Schedule O.)	253,191	249,912	129	3,150
12	Advertising and promotion	35,646	35,646		- 7
13	Office expenses	41,129	7,312	31,404	2,413
14	Information technology		•	,	•
15	Royalties				
16	Occupancy	231,096	139,182	91,914	
17	Travel	16,214	16,214		
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	128,392	89,874	38,518	
23	Insurance				
24	Other expenses. Itemize expenses not covered				
	above (List miscellaneous expenses on line 24e. If				
	line 24e amount exceeds 10% of line 25, column				
	(A) amount, list line 24e expenses on Schedule O.)	05 014	05 014		
a	*	85,214	85,214	27 722	
b	Other expenses	28,263	540	27,723	
C	Bank Charges	11,528 300	300	11,528	
d	Prizes, judges and awards	300	300		
e 25	All other expenses	1,547,710	1,025,859	509,487	12,364
25 26	Total functional expenses. Add lines 1 through 24e	1,3±1,1±0	1,023,033	309,401	12,301
<u>-</u> U	organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here   if following SOP 98-2 (ASC 958-720)				

Pa	art X	K Balance Sheet					
		Check if Schedule O contains a response or	note to any	line in this Part X			
					(A)		(B)
					Beginning of year	_	End of year
	1				444,317	1	95,599
	2	Savings and temporary cash investments			211,412	2	263,010
	3	Pledges and grants receivable, net			20 702	3	20 055
	4				20,703	4	29,955
	5	Loans and other receivables from any current or fo					
		trustee, key employee, creator or founder, substan		or, or 35%		_	
	_	controlled entity or family member of any of these				5	
	6	Loans and other receivables from other disqualified					
ets	_	under section 4958(f)(1)), and persons described i				7	
Assets	7	Notes and loans receivable, net				8	
`	8	Donald company and defended absence			10,690	9	
	9			1	10,090	9	
	ıua	Land, buildings, and equipment: cost or other	400	973,105			
	<b>h</b>	basis. Complete Part VI of Schedule D  Less: accumulated depreciation	401-		682,697	10c	595,291
		harman francische auch Baha, das da da an anniette a			279,811	11	512,906
	11 12	Investments—publicly traded securities  Investments—other securities. See Part IV, line 11			2///011	12	312,300
	13	Investments—program-related. See Part IV, line 1	' 1			13	
	14	lada a silata da a a a da				14	
	15	Other accets Cos Port IV line 11		16,504	15	17,790	
	16	Total assets. Add lines 1 through 15 (must equal 1	1,666,134	16	1,514,551		
	17	Accounts payable and accrued expenses	14,501	17	67,514		
	18	0				18	0,,011
	19	Defermed necessity			451,910	19	107,457
	20	Tay exampt hand liabilities				20	
	21	Escrow or custodial account liability. Complete Par		dule D		21	
		Loans and other payables to any current or former					
Liabilities		trustee, key employee, creator or founder, substan					
ig		controlled entity or family member of any of these	noroono	,		22	
==	23	Secured mortgages and notes payable to unrelated				23	
		Unsecured notes and loans payable to unrelated the			47,387	24	201,600
	25	Other liabilities (including federal income tax, paya					
		parties, and other liabilities not included on lines 1					
		of Schedule D			4,171	25	8,583
	26	Total liabilities. Add lines 17 through 25			517,969	26	385,154
		Organizations that follow FASB ASC 958, check	k here ▶ X				
ses		and complete lines 27, 28, 32, and 33.					
and	27	Net assets without donor restrictions		532,746	27	353,481	
Ва	28	Net assets with donor restrictions			615,419	28	775,916
pu		Organizations that do not follow FASB ASC 958	8, check hei	re 🕨 🔛			
Assets or Fund Balances		and complete lines 29 through 33.					
0 0	29	Capital stock or trust principal, or current funds				29	
set	30	Paid-in or capital surplus, or land, building, or equi	•			30	
As	31	Retained earnings, endowment, accumulated incor	me, or other	funds		31	
Net	32	Total net assets or fund balances			1,148,165	32	1,129,397
	33	Total liabilities and net assets/fund balances			1,666,134	33	1,514,551

Form **990** (2020)

Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				X
1	Total revenue (must equal Part VIII, column (A), line 12)	1	1,3	52,2	236
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,5	47,7	710
3	Revenue less expenses. Subtract line 2 from line 1	3	-195,474		
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	1,14	48,1	165
5	Net unrealized gains (losses) on investments	5	1'	76,	706
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain on Schedule O)	9			
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line				
	32, column (B))	10	1,1	29,3	397
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII	<u></u>			
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain in				
	Schedule O.				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or				
	reviewed on a separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	X	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a				
	separate basis, consolidated basis, or both:				
	X Separate basis Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of				
	the audit, review, or compilation of its financial statements and selection of an independent accountant?		2c	X	
	If the organization changed either its oversight process or selection process during the tax year, explain on				
	Schedule O.				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the				
	Single Audit Act and OMB Circular A-133?		3a		Х
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the				
	required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits	<u></u>	3b		

Form **990** (2020)

JU 1 11/11/2021 12.7/ 1 W	_					
Form 990 (2020) <b>H</b>	ilton	Head	Symphony	Orchestra	Inc	57-0761297

Part	VII Section A. Officers	, Directors, Tru	stee	s, K	ey E	mpl	oyee	es, a	and Highest Compensated	l Employees (continued)			
	(A) Name and title	(B) Average hours per week (list any	of	x, unle	Pos check ess pe nd a	rson i	than o	an ee)	(D)  Reportable compensation from the organization	(E)  Reportable compensation from related organizations (W-2/1099-MISC)	Estimated of oth compens from organizati	amount ner sation the	
		hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(W-2/1099-MISC)	(W-2/Tuss-MISC)	related orga		
(20)	Blake White												
Boar	d Member	2.00 0.00	х						0	0			0
	Subtotal							<b>•</b>					
	Total from continuation shee							<b>&gt;</b>					
2	Total number of individuals (in reportable compensation from	cluding but not li	imite	d to	thos	e lis	ted a	bov	e) who received more than	\$100,000 of			
3 [	Did the organization list any <b>fo</b>	ormer officer, dir	ecto	r, tru	stee	, key	/ em	ploy	ee, or highest compensated	d		Yes N	No
4	employee on line 1a? <i>If "Yes,"</i> For any individual listed on line organization and related organ	e 1a, is the sum	of r	eport	table	con	npen	satic	on and other compensation	from the	3		
	individual										4		
	Did any person listed on line 1 for services rendered to the or										5		
	n B. Independent Contracto Complete this table for your five			otod.	indo	2000	lont d		rectors that received more t	than \$100,000 of			
	compensation from the organiz	zation. Report co							dar year ending with or with	in the organization's tax ye		(0)	
	Name and	(A) business address							Descript	(B) tion of services	Cc	(C) empensation	
	Total number of independent or received more than \$100,000								se listed above) who				

#### SCHEDULE A

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

# **Public Charity Status and Public Support**

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

▶ Attach to Form 990 or Form 990-EZ.

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

Open to Public Inspection

Employer identification number Name of the organization Hilton Head Symphony Orchestra Inc 57-0761297 Reason for Public Charity Status. (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). 4 A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, 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.) 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) 9 An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or X 10 An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 331/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) 11 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization. Enter the number of supported organizations Provide the following information about the supported organization(s). (i) Name of supported (ii) EIN (iii) Type of organization (iv) Is the organization (v) Amount of monetary (vi) Amount of listed in your governing organization (described on lines 1-10 support (see other support (see document? above (see instructions)) instructions) instructions) Yes No (A) (B) (C)

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

Schedule A (Form 990 or 990-EZ) 2020

(D)

(E)

Total

Part II	Form 990 or 990-EZ) 2020 H11  Support Schedule for O			Orchestra Sections 170(b			Page 2 i)
	(Complete only if you ched						
	Part III. If the organization						,
Section A	A. Public Support				•	,	
alendar yea	ar (or fiscal year beginning in)	(a) 2016	<b>(b)</b> 2017	(c) 2018	<b>(d)</b> 2019	<b>(e)</b> 2020	(f) Total
memb	grants, contributions, and pership fees received. (Do not e any "unusual grants.")						
2 Tax re	evenues levied for the nization's benefit and either paid expended on its behalf						
furnish organ	alue of services or facilities hed by a governmental unit to the ization without charge						
4 Total.	Add lines 1 through 3						
each govern suppo line 1	portion of total contributions by person (other than a nmental unit or publicly orted organization) included on that exceeds 2% of the amount on line 11, column (f)						
	support. Subtract line 5 from line 4						
	3. Total Support						
alendar yea	ar (or fiscal year beginning in)	(a) 2016	<b>(b)</b> 2017	(c) 2018	(d) 2019	<b>(e)</b> 2020	(f) Total
<b>7</b> Amou	nts from line 4						
8 Gross paymerents,	income from interest, dividends, ents received on securities loans, royalties, and income from r sources						
activit	ncome from unrelated business ies, whether or not the business ularly carried on						
loss fi	income. Do not include gain or rom the sale of capital assets ain in Part VI.)						
	support. Add lines 7 through 10						
2 Gross	receipts from related activities, etc.	(see instructions)				12	
	<b>5 years.</b> If the Form 990 is for the or					c)(3)	
	ization, check this box and stop here						▶
	C. Computation of Public Su						
4 Public	support percentage for 2020 (line 6,	column (f) divided	by line 11, colum	ın (f))		14	%
	support percentage from 2019 Sche		- 11			4.5	%
6a 33 1/3	3% support test—2020. If the organi	zation did not ched	k the box on line	13, and line 14 is 3	33 1/3% or more,	check this	
hov a	nd <b>stop here.</b> The organization quali	fice as a nublicly s	unnorted organiza	ation			ĺ

ı	Fubilic Support percentage from 2019 Scriedule A, Fart II, line 14	13		70	,
16a	33 1/3% support test—2020. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this				
	have and other bear. The conveniention wellfor an exhibite convented association		r	<b>⊾</b> Γ	_

b 33 1/3% support test—2019. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check

this box and **stop here**. The organization qualifies as a publicly supported organization 10%-facts-and-circumstances test—2020. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is

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

b 10%-facts-and-circumstances test—2019. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported

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

Schedule A (Form 990 or 990-EZ) 2020

## 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.)

Sec	tion A. Public Support			, ,	<b>!</b>	/	
	ndar year (or fiscal year beginning in)	(a) 2016	<b>(b)</b> 2017	(c) 2018	(d) 2019	<b>(e)</b> 2020	(f) Total
1	Gifts, grants, contributions, and membership fees	(4, 2010	(4) = 0 11	(0) = 0.10	(0,) = 0.10	(0, 2020	(-)
•	received. (Do not include any "unusual grants.")	1,056,829	1,596,740	1,402,546	1,484,435	1,087,376	6,627,926
2	Gross receipts from admissions, merchandise						
	sold or services performed, or facilities furnished in any activity that is related to the						
	organization's tax-exempt purpose	748,607	875,136	755,593	646,409	278,505	3,304,250
3	Gross receipts from activities that are not an unrelated trade or business under section 513			60,343			60,343
4	Tax revenues levied for the						
	organization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5	1,805,436	2,471,876	2,218,482	2,130,844	1,365,881	9,992,519
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons	98,577	113,575	254,654	125,032	83,300	675,138
b	Amounts included on lines 2 and 3	30,377	1137373	231,031	123,032	037300	0737130
	received from other than disqualified						
	persons that exceed the greater of \$5,000						
_	or 1% of the amount on line 13 for the year	227	376,638	254 654	105 000	02.200	376,865
с 8	Add lines 7a and 7b  Public support. (Subtract line 7c from	98,804	490,213	254,654	125,032	83,300	1,052,003
0	line 6.)						8,940,516
Sec	tion B. Total Support						8,940,510
	ndar year (or fiscal year beginning in)	(a) 2016	<b>(b)</b> 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
9	Amounts from line 6	1,805,436	2,471,876	2,218,482	2,130,844	1,365,881	9,992,519
10a	Gross income from interest, dividends,	, ,	•		,	,,	
·ou	payments received on securities loans, rents,						
	royalties, and income from similar sources	71,906	66,920	14,155	4,633	173,300	330,914
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
С	Add lines 10a and 10b	71,906	66,920	14,155	4,633	173,300	330,914
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11,					T	
	and 12.)	1,877,342	2,538,796	2,232,637	2,135,477	1,539,181	10,323,433
14	First 5 years. If the Form 990 is for the o		econd, third, fourth	n, or fifth tax year a	as a section 501(c)	(3)	, _
500	organization, check this box and stop her						
	tion C. Computation of Public St	<del></del>		(f)		145	0/
15	Public support percentage for 2020 (line 8						86.60 %
16 Soc	Public support percentage from 2019 Schotion D. Computation of Investme					16	80.23 %
17	Investment income percentage for 2020 (I			R column (f))		17	3 %
18	Investment income percentage from 2019		U 47			امدا	2 %
19a	33 1/3% support tests—2020. If the orga			14 and line 15 is		· · · · · · · · · · · · · · · · · · ·	2 /0
·Ju	17 is not more than 33 1/3%, check this b						<b>▶</b> X
b	33 1/3% support tests—2019. If the orga		=				······································
	line 18 is not more than 33 1/3%, check the						▶ □
20	Private foundation. If the organization did						

#### Supporting Organizations

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

#### Section A. All Supporting Organizations

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

		Yes	No
	1		
	-		
	2		
	3a		
	3b		
	3с		
	4a		
	4b		
	4c		
	70		
	5a		
	Ju		
	5b		
	5c		
	6		
	7		
	8		
	9a		
	9b		
	9с		
	50		
	10a		
	10b		
A (Fo	rm 99	0 or 990-	EZ) 2020

Schedu	le A (Form 990 or 990-EZ) 2020 Hilton Head Symphony Orchestra Inc 57-076129	7		Page :
Par	t IV Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in lines 11b and 11c below, the governing body of a supported organization?	11a		
b	A family member of a person described in line 11a above?	11b		
	A 35% controlled entity of a person described in line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide	110		
·	detail in Part VI.	11c		
Secti	on B. Type I Supporting Organizations	1110		
			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or			
	more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers,			
	directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s)			
	effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported			
	organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the			
	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part			
	VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
O = 4:	supervised, or controlled the supporting organization.	2		
Secti	on C. Type II Supporting Organizations			T
	Many and the file and the file of the second of the file of the second of the file of the second of		Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).	1		
Secti	on D. All Type III Supporting Organizations			
<u> </u>	on primiting organizations		Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the		100	1,10
	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		
Secti	on E. Type III Functionally-Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions,	1.		
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.			
C	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instructions)	uctions		
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 in line 2a, above, constitute activities that, but for the organization's involvement,	La		
D	one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in			
	Part VI the reasons for the organization's position that its supported organization(s) would have engaged in			
	these activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer lines 3a and 3b below.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
	trustees of each of the supported organizations? If "Vas" or "No." provide details in Part VI	32		

**b** Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.

	le A (Form 990 or 990-EZ) 2020 Hilton Head Symphony Orchest			297 Page 6		
<u>Par</u>	t V Type III Non-Functionally Integrated 509(a)(3) Supporting Organic	<u>aniza</u>	tions			
1	1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). See					
	instructions. All other Type III non-functionally integrated supporting organizations must	t comp	plete Sections A through E	<u>.</u>		
Sect	ion A – Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)		
1	Net short-term capital gain	1				
2	Recoveries of prior-year distributions	2				
3	Other gross income (see instructions)	3				
4	Add lines 1 through 3.	4				
5	Depreciation and depletion	5				
6	Portion of operating expenses paid or incurred for production or collection of					
	gross income or for management, conservation, or maintenance of property					
	held for production of income (see instructions)	6				
7	Other expenses (see instructions)	7				
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8				
Sect	ion B – Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)		
1	Aggregate fair market value of all non-exempt-use assets (see					
	instructions for short tax year or assets held for part of year):					
a	Average monthly value of securities	1a				
b	Average monthly cash balances	1b				
с	Fair market value of other non-exempt-use assets	1c				
d	Total (add lines 1a, 1b, and 1c)	1d				
е	Discount claimed for blockage or other factors					
	(explain in detail in Part VI):					
2	Acquisition indebtedness applicable to non-exempt-use assets	2				
3	Subtract line 2 from line 1d.	3				
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,					
	see instructions).	4				
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5				
6	Multiply line 5 by 0.035.	6				
7	Recoveries of prior-year distributions	7				
8_	Minimum Asset Amount (add line 7 to line 6)	8				
Sect	ion C – Distributable Amount			Current Year		
1	Adjusted net income for prior year (from Section A, line 8, column A)	1				
2	Enter 0.85 of line 1.	2				
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3				
4	Enter greater of line 2 or line 3.	4				
5	Income tax imposed in prior year	5				
6	Distributable Amount. Subtract line 5 from line 4, unless subject to					
	emergency temporary reduction (see instructions).	6				
7	Check here if the current year is the organization's first as a non-functionally integrated	Type I	II supporting organization			

Schedule A (Form 990 or 990-EZ) 2020

(see instructions).

Page 7

Par	Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)						
Sect	ion D – Distributions			Current Year			
1_	Amounts paid to supported organizations to accomplish exempt purpos	ses					
2	Amounts paid to perform activity that directly furthers exempt purposes	of supported					
	organizations, in excess of income from activity						
3_	Administrative expenses paid to accomplish exempt purposes of support	orted organizations					
4	Amounts paid to acquire exempt-use assets						
5	Qualified set-aside amounts (prior IRS approval required—provide deta	ails in Part VI)					
6_	Other distributions (describe in Part VI). See instructions.						
	Total annual distributions. Add lines 1 through 6.						
8	Distributions to attentive supported organizations to which the organizations	tion is responsive					
	(provide details in Part VI). See instructions.						
9	Distributable amount for 2020 from Section C, line 6						
10	Line 8 amount divided by line 9 amount						
Sect	ion E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2020	(iii) Distributable Amount for 2020			
1_	Distributable amount for 2020 from Section C, line 6						
2	Underdistributions, if any, for years prior to 2020						
	(reasonable cause required-explain in Part VI). See						
	instructions.						
3	Excess distributions carryover, if any, to 2020						
	From 2015						
	From 2016						
	From 2017						
	From 2018						
	Total of lines 3a through 3e						
	Applied to underdistributions of prior years						
	Applied to 2020 distributable amount						
	Carryover from 2015 not applied (see instructions)						
<del></del>	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.						
4	Distributions for 2020 from						
7	Section D, line 7:						
a	Applied to underdistributions of prior years						
	Applied to 2020 distributable amount						
	Remainder. Subtract lines 4a and 4b from line 4.						
	Remaining underdistributions for years prior to 2020, if						
-	any. Subtract lines 3g and 4a from line 2. For result						
	greater than zero, explain in Part VI. See instructions.						
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						
	Excess from 2017						
	Excess from 2018						
	Excess from 2019						
	Excess from 2020						
<u> </u>			Sahadula	A (Form 990 or 990-FZ) 2020			

Schedule A (Form 990 or 990-EZ) 2020

D ( ) //	Cumplemental	In Co					<del></del>	
Part VI	III, line 12; Part I	IV, Section A, lin	nes 1, 2, 3	3b, 3c, 4b, 4c,	5a, 6, 9a, 9b, 9	9c, 11a, 1	0; Part II, line 17a or 1b, and 11c; Part IV, t IV, Section E, lines	Section
		۷, line 1; Part ۷	/, Section	B, line 1e; Pa	art V, Section D	, lines 5, 6	6, and 8; and Part V,	
				-				
•								
•								

Schedule B (Form 990, 990-EZ, or 990-PF)

Department of the Treasury Internal Revenue Service

Hilton Head Symphony Orchestra Inc

#### Schedule of Contributors

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

57-0761297

2020

Name of the organization Employer identification number

Organization type (check one): Filers of: Section: Form 990 or 990-EZ **X** 501(c)( 3 ) (enter number) organization 4947(a)(1) nonexempt charitable trust not treated as a private foundation 527 political organization Form 990-PF 501(c)(3) exempt private foundation 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundation Check if your organization is covered by the General Rule or a Special Rule. Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions General Rule X For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions. Special Rules For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 331/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year \$ Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), but it must answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

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

Schedule B (Form 990, 990-EZ, or 990-PF) (2020)

Hilton Head Symphony Orchestra Inc

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

Hilton Head Symphony Orchestra Inc

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.				
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
7		\$ 21,500	Person X Payroll Noncash (Complete Part II for noncash contributions.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
8		\$ 10,000	Person X Payroll Noncash (Complete Part II for noncash contributions.)		
(a)	(b)	(c)	(d)		
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution		
9		\$ 10,000	Person X Payroll Noncash (Complete Part II for noncash contributions.)		
(a)	(b)	(c)	(d)		
10	Name, address, and ZIP + 4	Total contributions  \$ 25,064	Person X Payroll Noncash (Complete Part II for noncash contributions.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
11		\$ 15,000	Person X Payroll Noncash (Complete Part II for noncash contributions.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
12		\$ 10,400	Person X Payroll Noncash (Complete Part II for noncash contributions.)		

Hilton Head Symphony Orchestra Inc

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.				
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
13		\$ 14,183	Person X Payroll Noncash (Complete Part II for noncash contributions.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
14	Name, address, and 2n + 4	\$ 11,750	Person X Payroll Noncash (Complete Part II for noncash contributions.)		
(a)	(b)	(c)	(d)		
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution		
15		\$ 15,000	Person X Payroll Noncash (Complete Part II for noncash contributions.)		
(a)	(b)	(c)	(d)		
16	Name, address, and ZIP + 4	Total contributions  \$ 16,000	Person X Payroll Noncash (Complete Part II for noncash contributions.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
17		\$ 25,000	Person X Payroll Noncash (Complete Part II for noncash contributions.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
18		\$ 25,000	Person X Payroll Noncash (Complete Part II for noncash contributions.)		

## Hilton Head Symphony Orchestra Inc

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.					
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
19		\$ 5,000	Person X Payroll Noncash (Complete Part II for noncash contributions.)			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
20		\$ 5,000	Person X Payroll Noncash (Complete Part II for noncash contributions.)			
(a)	(b)	(c)	(d)			
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution			
21		\$ 28,000	Person Payroll Noncash X (Complete Part II for noncash contributions.)			
(a)	(b)	(c)	(d)			
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution			
22	·	\$ 15,300	Person Payroll Noncash X (Complete Part II for noncash contributions.)			
(a)	(b)	(c)	(d)			
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution			
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)			
(a)	(b)	(c)	(d)			
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution			
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)			

Page 3

Name of organization

Hilton Head Symphony Orchestra Inc

Part II	Noncash Property (see instructions). Use duplicate	copies of Part II if additional spa	ce is needed.
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
21	Yamaha grand piano	\$ 28,000	07/28/20
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
22	temporary housing-various dates	\$ 15,300	06/30/21
(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 D (Form 990)

Department of the Treasury Internal Revenue Service

## Supplemental Financial Statements

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

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

OMB No. 1545-0047 Open to Public

Inspection Name of the organization Employer identification number Hilton Head Symphony Orchestra Inc 57-0761297 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6. (a) Donor advised funds Total number at end of year Aggregate value of contributions to (during year) Aggregate value of grants from (during year) Aggregate value at end of year ..... Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of land for public use (for example, recreation or education) Preservation of a historically important land area Protection of natural habitat Preservation of a certified historic structure Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year. Held at the End of the Tax Year a Total number of conservation easements ..... 2a **b** Total acreage restricted by conservation easements c Number of conservation easements on a certified historic structure included in (a) 2c d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the Number of states where property subject to conservation easement is located ▶ Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements. Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8. 1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items. b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenue included on Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items: a Revenue included on Form 990, Part VIII, line 1

Assets included in Form 990, Part X.

Part III Organizations Maintain	ng Collections of	Art, Historical Tre	easures, o	r Other	Similar	Assets	(contin	ued)	
3 Using the organization's acquisition, acce	ssion, and other records	s, check any of the follo	owing that ma	ke signific	ant use of	its			
collection items (check all that apply):									
a Public exhibition	<b>—</b>	Loan or exchange prog							
b Scholarly research	e	Other							
c Preservation for future generations									
4 Provide a description of the organization'	s collections and explain	now they further the o	organization's	exempt pu	ırpose ın F	art			
XIII.	nit or receive denotions	of ort biotorical tracques	aa ar athar ai	miler					
5 During the year, did the organization soli assets to be sold to raise funds rather th		•	-				☐ Ye	ъ Г	No
Part IV Escrow and Custodial		Dart of the organization	S COILECTION?					;S	NO
Complete if the organizat	_	on Form 990 Part	t IV line 9	or repo	rted an a	mount o	n Forn	n	
990, Part X, line 21.	ion anoworou 100	on 1 on 1 ooo, 1 an	, 0,	о. торо					
1a Is the organization an agent, trustee, cus	todian or other intermed	iary for contributions or	other assets	not					
included on Form 990, Part X?		-					☐ Ye	es	No
<b>b</b> If "Yes," explain the arrangement in Part	XIII and complete the fo	llowing table:							_
							Amoun	t	
<b>c</b> Beginning balance					10	:			
d Additions during the year					1c	ı			
e Distributions during the year					1e	•			
f Ending balance					<u>1f</u>				_
2a Did the organization include an amount of				-			Y€	_	No
b If "Yes," explain the arrangement in Part	XIII. Check here if the ex	xplanation has been pro	ovided on Par	t XIII					
Part V Endowment Funds.	:	F 000 D	4 IV / III 40	`					
Complete if the organizat	(a) Current year		(c) Two years		(d) Three ye	ava hask	(a) Fau	r years	h a alı
4e Designing of year balance		(b) Prior year 219,581		2,974	., ,	L7,798	· ·		966
1a Beginning of year balance		219,301	222	2,3/1	2.	17,790		200,	300
<ul><li>b Contributions</li><li>c Net investment earnings, gains, and</li></ul>									
	63,910	3,770	8	3,693		L7,215		22.	728
losses d Grants or scholarships		37170	`	7033		177213			720
e Other expenditures for facilities and									
programs	9,677	9,827	9	9,915		9,803		9,	791
f Administrative expenses		2,112		2,171		2,236		2,	106
g End of year balance		211,412	219	,581	2:	22,974		217,	798
2 Provide the estimated percentage of the		e (line 1g, column (a)) h	neld as:	•					
a Board designated or quasi-endowment	100.00%								
<b>b</b> Permanent endowment ▶	%								
c Term endowment ▶ %									
The percentages on lines 2a, 2b, and 2c	should equal 100%.								
3a Are there endowment funds not in the po	ssession of the organiza	tion that are held and a	administered f	for the					
organization by:								Yes	No
(i) Unrelated organizations							3a(i)	X	
(ii) Related organizations							3a(ii)		X
<b>b</b> If "Yes" on line 3a(ii), are the related orga							_3b_		
4 Describe in Part XIII the intended uses o		wment funds.							
Part VI Land, Buildings, and E		on Form 000 Dark	+ IV / line 11	0 800	Form 000	) Dort V	lino 1		
Complete if the organizat	(a) Cost or other b				cumulated	), Part A	(d) Book		
Description of property	(investment)	(other		. ,	eciation		(u) book	value	
		(5810)	,	2001					
1a Land b Buildings	• • • •								
<ul><li>b Buildings</li><li>c Leasehold improvements</li></ul>		84	1,252		319,6	57	5:	21.	595
d Equipment			31,855		58,1				698
e Other			0			0			
<b>Total.</b> Add lines 1a through 1e. (Column (d) mid		X, column (B), line 10d	c.)		<u></u>	<b>•</b>	5:	95,	293

	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 I	neld equity interests		
(3) Other			
(A)			
(B)			
/LI\			
	nn (b) must equal Form 990, Part X, col. (B) line 12.)	···	
Part VIII			
	Complete if the organization answered "Yes"	on Form 990. Part IV. line	11c. See Form 990. Part X. line 13.
	(a) Description of investment	(b) Book value	(c) Method of valuation:
			Cost or end-of-year market value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)	(b) word and Fam. 200 Bart V and (D) I'm 40		
Part IX	mn (b) must equal Form 990, Part X, col. (B) line 13.)  Other Assets.	. 🕨	
I alt IX	Complete if the organization answered "Yes"	on Form 000 Part IV line	11d See Form 990 Part X line 15
	<del>-</del>	off Form 990, Fait IV, line	(b) Book value
(1)	(a) Description	on Form 930, Fait IV, line	
	<del>-</del>	on Form 990, Fart IV, line	
(1) (2) (3)	<del>-</del>	on Form 990, Fart IV, line	
(2)	<del>-</del>	on Form 990, Fart IV, line	
(2)	<del>-</del>	on Form 990, Fait IV, line	
(2) (3) (4)	<del>-</del>	on Form 990, Fart IV, line	
(2) (3) (4) (5)	<del>-</del>	on Form 990, Fart IV, line	
(2) (3) (4) (5) (6)	<del>-</del>	on Form 990, Fait IV, line	
(2) (3) (4) (5) (6) (7) (8) (9)	(a) Description	on Form 990, Fart IV, line	
(2) (3) (4) (5) (6) (7) (8) (9) Total. (Columnia (Column	(a) Description  (a) Description	on Form 990, Fart IV, line	
(2) (3) (4) (5) (6) (7) (8) (9)	mn (b) must equal Form 990, Part X, col. (B) line 15.)  Other Liabilities.		(b) Book value
(2) (3) (4) (5) (6) (7) (8) (9) Total. (Columnia (Column	nn (b) must equal Form 990, Part X, col. (B) line 15.)  Other Liabilities.  Complete if the organization answered "Yes"		(b) Book value
(2) (3) (4) (5) (6) (7) (8) (9) Total. (Column Part X	(a) Description  (b) must equal Form 990, Part X, col. (B) line 15.)  Other Liabilities.  Complete if the organization answered "Yes" line 25.		(b) Book value
(2) (3) (4) (5) (6) (7) (8) (9) Total. (Column Part X	mn (b) must equal Form 990, Part X, col. (B) line 15.)  Other Liabilities.  Complete if the organization answered "Yes" line 25.  (a) Description of liability		(b) Book value
(2) (3) (4) (5) (6) (7) (8) (9) Total. (Column Part X	mn (b) must equal Form 990, Part X, col. (B) line 15.)  Other Liabilities.  Complete if the organization answered "Yes" line 25.  (a) Description of liability  I income taxes		(b) Book value
(2) (3) (4) (5) (6) (7) (8) (9) Total. (Column Part X)  1. (1) Federal (2) Accr	mn (b) must equal Form 990, Part X, col. (B) line 15.)  Other Liabilities.  Complete if the organization answered "Yes" line 25.  (a) Description of liability		(b) Book value
(2) (3) (4) (5) (6) (7) (8) (9) Total. (Column Part X)  1. (1) Federal (2) Accr (3)	mn (b) must equal Form 990, Part X, col. (B) line 15.)  Other Liabilities.  Complete if the organization answered "Yes" line 25.  (a) Description of liability  I income taxes		(b) Book value
(2) (3) (4) (5) (6) (7) (8) (9) Total. (Column Part X  1. (1) Federal (2) ACCM (3) (4)	mn (b) must equal Form 990, Part X, col. (B) line 15.)  Other Liabilities.  Complete if the organization answered "Yes" line 25.  (a) Description of liability  I income taxes		(b) Book value
(2) (3) (4) (5) (6) (7) (8) (9) Total. (Column Part X  1. (1) Federal (2) Accr (3) (4) (5)	mn (b) must equal Form 990, Part X, col. (B) line 15.)  Other Liabilities.  Complete if the organization answered "Yes" line 25.  (a) Description of liability  I income taxes		(b) Book value
(2) (3) (4) (5) (6) (7) (8) (9) Total. (Column Part X)  1. (1) Federal (2) ACCI (3) (4) (5) (6)	mn (b) must equal Form 990, Part X, col. (B) line 15.)  Other Liabilities.  Complete if the organization answered "Yes" line 25.  (a) Description of liability  I income taxes		(b) Book value
(2) (3) (4) (5) (6) (7) (8) (9) Total. (Column Part X)  1. (1) Federal (2) Accr. (3) (4) (5)	mn (b) must equal Form 990, Part X, col. (B) line 15.)  Other Liabilities.  Complete if the organization answered "Yes" line 25.  (a) Description of liability  I income taxes		(b) Book value
(2) (3) (4) (5) (6) (7) (8) (9) Total. (Column Part X)  1. (1) Federal (2) Accr (3) (4) (5) (6) (7)	mn (b) must equal Form 990, Part X, col. (B) line 15.)  Other Liabilities.  Complete if the organization answered "Yes" line 25.  (a) Description of liability  I income taxes		(b) Book value
(2) (3) (4) (5) (6) (7) (8) (9) Total. (Column Part X)  1. (1) Federal (2) Accr. (3) (4) (5) (6) (7) (8) (9)	mn (b) must equal Form 990, Part X, col. (B) line 15.)  Other Liabilities.  Complete if the organization answered "Yes" line 25.  (a) Description of liability  I income taxes		(b) Book value

Expenses for fundraising activities \$

10,239

Schedule D (Fo	orm 990) 2020	Hilton	n Head	Symphony	Orchestra	Inc	57-0761297	Page <b>5</b>
Part XIII	Supplement	al Inform	ation (cor	ntinued)			57-0761297	
1 4.1 7 7 1.1.1	Сыррыны		(00.	1411 141 441				

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

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

OMB No. 1545-0047

Open to Public

Department of the Treasury Internal Revenue Service Name of the organization

► Attach to Form 990 or Form 990-EZ. ▶ Go to www.irs.gov/Form990 for instructions and the latest information. Inspection Employer identification number

Hilton Head Sympho					57-07612	
<b>Part I</b> Fundraising Activities. Complete if Form 990-EZ filers are not required to				ed "Yes" on Form	990, Part IV, line	17.
1 Indicate whether the organization raised funds through a	any of the followin	g activ	ities.	Check all that apply.		
a Mail solicitations	e Solicitation	of no	n-gov	ernment grants		
<b>b</b> Internet and email solicitations				nent grants		
	g Special fu	•		•		
. 🗖 .	g opecial idi	MICION	ig cv	CITIS		
	ith any individual	(inclus	lina o	fficera directora tructo	00	
2a Did the organization have a written or oral agreement w or key employees listed in Form 990, Part VII) or entity	in connection with	n profe	ssiona	al fundraising services?	55, )	Yes No
b If "Yes," list the 10 highest paid individuals or entities (fu compensated at least \$5,000 by the organization.	ındraisers) pursua		_	nents under which the	fundraiser is to be	
		(iii) Di raiser	d fund- have		(v) Amount paid to	(vi) Amount paid to
(i) Name and address of individual or entity (fundraiser)	(ii) Activity	custo	dy or ol of	(iv) Gross receipts from activity	(or retained by) fundraiser listed in col. (i)	(or retained by) organization
		Yes	No			
1						
2						
3						
4						
•						
5						
6						
7						
8						
9						
10						
Total	ı		•			
List all states in which the organization is registered or li registration or licensing.		contrib	utions	or has been notified it	is exempt from	

Hilton Head Symphony Orchestra Inc Schedule G (Form 990 or 990-EZ) 2020 57-0761297 Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000. (a) Event #1 (b) Event #2 (c) Other events (d) Total events Other fundraisi None (add col. (a) through col. (c)) (event type) (event type) (total number) Revenue 35,731 35,731 1 Gross receipts 2 Less: Contributions **3** Gross income (line 1 minus 35,731 35,731 line 2) 4 Cash prizes 5 Noncash prizes ..... 6 Rent/facility costs ..... Direct Expenses **7** Food and beverages 8 Entertainment ..... 10,239 10,239 9 Other direct expenses 10 Direct expense summary. Add lines 4 through 9 in column (d) 10,239 11 Net income summary. Subtract line 10 from line 3, column (d) ... Gaming. Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than Part III \$15,000 on Form 990-EZ, line 6a. (b) Pull tabs/instant (d) Total gaming (add Revenue (a) Bingo (c) Other gaming bingo/progressive bingo col. (a) through col. (c)) 1 Gross revenue : 2 Cash prizes Expenses 3 Noncash prizes ..... Direct 4 Rent/facility costs ..... 5 Other direct expenses 6 Volunteer labor 7 Direct expense summary. Add lines 2 through 5 in column (d) 8 Net gaming income summary. Subtract line 7 from line 1, column (d) Enter the state(s) in which the organization conducts gaming activities: Is the organization licensed to conduct gaming activities in each of these states? Yes **b** If "No," explain: 10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? **b** If "Yes," explain:

Sche	dule G (Form 990 or 990-EZ) 2020	<u>Hi</u> lton	Head	Symphony	Orchestra	Inc 57	<u>'-07</u> 61297	Page 3
11	Does the organization conduct gaming							Yes No
12	Is the organization a grantor, beneficiary	or trustee of a	a trust, or a	a member of a par	tnership or other entit	у		
	formed to administer charitable gaming	?						Yes No
13	Indicate the percentage of gaming activ	ity conducted i	in:					
а	The organization's facility						13a	%
b	An outside facility						13b	<u>%</u>
14	Enter the name and address of the pers	son who prepa	res the org	ganization's gamino	special events books	s and		
	records:							
	Name ▶							
	Address >							
	Address •							
15a	Does the organization have a contract v	vith a third part	tv from wh	om the organizatio	n receives gaming			
	revenue?	·	•	•	-			Yes No
b	If "Yes," enter the amount of gaming rev	venue received	by the org	ganization ▶ \$		and the		
	amount of gaming revenue retained by	the third party	<b>\$</b>					
С	If "Yes," enter name and address of the		****					
	Name ▶							
	Address >							
16	Gaming manager information:							
	Nama N							
	Name ▶							
	Gaming manager compensation ▶ \$							
	· · · · · · · · · · · · · · · · · · ·							
	Description of services provided ▶							
	Director/officer Emp	loyee	Inde	ependent contract	or			
	<del>-</del>		<u> </u>					
17	Mandatory distributions:							
а	Is the organization required under state							
	retain the state gaming license?							Yes No
b	Enter the amount of distributions require	ed under state	law to be	distributed to other	exempt organizations	s or		
Da	spent in the organization's own exempt				ired by Dort L line	2h salumr	o (iii) and (v)	and .
Pa	rt IV Supplemental Informa Part III, lines 9, 9b, 10b,				•		. , ,	
	See instructions.	100, 100,	io, and	i / b, as applical	Die. Also provide	arry addition	ai iiiiOiiiiatiOii	•
	CCC IIIOU COLOTIO.							
• • •								
• • •								

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

Department of the Treasury Internal Revenue Service

### **Transactions With Interested Persons**

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

► Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Open To Public

Name	of	the	organization

Inspection

Name of the organ	nization							Employer	ider	ıtificati	on nun	nber		
	Hilton Head Sympho							57-076		97				
Part I	Excess Benefit Transaction													
	Complete if the organization answer						n 990-EZ, Pa	art V, lin	e 40	)b				
1	(a) Name of disqualified person	(b) Relati	onship between disqu		d pers	son and	(c) Description	on of trans	action	n		<u> </u>	Correc	
(1)			organization			-						Yes		No
(1)													+	
(2)													+	
(4)													+	
(5)													$\top$	
(6)													$\top$	
2 Enter th	ne amount of tax incurred by the orga	nization manage	rs or disqualified	d pei	rson	s during the year								
under s	section 4958ne amount of tax, if any, on line 2, abo								<b>&gt;</b> \$	<i>:</i>				
3 Enter th	ne amount of tax, if any, on line 2, abo	ove, reimbursed	by the organizat	tion				اا	<b>&gt;</b> \$					
Part II	Loans to and/or From Inte													
	Complete if the organization answer				line :	38a or Form 990	, Part IV, lin	e 26; or	' IT T	те				
	organization reported an amount of  (a) Name of interested person	(b) Relationship			Loan	(e) Original	(f) Balance	e due 10	a) In	default?	'l (h) Ar	proved	T (i) V	Vritten
	,	with organization		to or	from	principal amount	''	"	,			ard or		ement?
					org.? From			Τ,	Yes	No	Yes	No	Yes	No
				10	110111									
(1)														
(2)														
(3)				-						—	—	<u> </u>	₩	_
(1)														
(4)				-						_	$\vdash$	_	+	-
(5)														
(5)													_	+
(6)														
_(9)														1
(7)														
(8)										Ь	↓	<u> </u>	Ь—	<u> </u>
(-)														
(9)				-			1	-		├	$\vdash$	$\vdash$	+-	+
(10)														
(10) <b>Total</b>						▶ \$								
Part III	Grants or Assistance Ben	efiting Intere	sted Persor	าร.										
	Complete if the organization answer				27.									
	(a) Name of interested person	(b) Relation	nship between interes	sted	(c) A	mount of assistance	(d) Type of as:	sistance		(e)	Purpose	e of ass	sistance	
		person	and the organization											
(1)														
(2)									_					
(3)									-					
<u>(4)</u>									$\vdash$					
(5)									$\vdash$					
<u>(6)</u> <u>(7)</u>						+			+					
(8)									T					
		1												

(9)

Part IV		ess Transactions Involves if the organization answered "			20h or 20o				
		me of interested person	(b) Relationshi interested perso organiza	p between on and the	(c) Amount of transaction	(d) Descripti	on of transaction	(e) S of orever	haring org. nues?
(1) Custom	Audio	Video	board me		1,851	purchase	equipment	163	X
		. 1400	25020 1115		2,002	Pur criape	04012		
(3)									
(4)									
(5)									
(6)									
(8)									
(2) (3) (4) (5) (6) (7) (8) (9)									
10)									
Part V		emental Information. additional information for respon	nses to questions on S	Schedule L (s	ee instructions).				

Page 2

### SCHEDULE M (Form 990)

**Noncash Contributions** 

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

Attach to Form 990.

OMB No. 1545-0047

2020

Open To Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

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

Employer identification number Hilton Head Symphony Orchestra Inc 57-0761297

Pa	rt I Types of Property		T					
		(a)	(b)	(C)	(d)			
		Check if	Number of contributions or	Noncash contribution amounts reported on	Method of determining	ng		
		applicable	items contributed	Form 990, Part VIII, line 1g	noncash contribution am	ounts		
1	Art — Works of art							
2	Art — Historical treasures							
3	Art — Fractional interests							
4	Books and publications							
5	Clothing and household							
J	•							
_	goods							
6	Cars and other vehicles							
7	Boats and planes							
8	Intellectual property							
9	Securities — Publicly traded							
10	Securities — Closely held stock							
11	Securities — Partnership, LLC,							
	or trust interests							
12	Securities — Miscellaneous							
13	Qualified conservation							
	contribution — Historic							
	structures							
14	Qualified conservation							
	contribution — Other							
15	Real estate — Residential							
16	Real estate — Commercial							
17	Real estate — Other							
18	Collectibles							
19	Food inventory							
20	Drugs and medical supplies							
21	Taxidermy							
22	Historical artifacts							
23	Scientific specimens							
24	Archeological artifacts							
25	Other ▶( grand piano )	х	1	28,000	probate court re	eceip	t	
26	Other ▶( temp housing )	х	1		rental fair valu			
27	Other <b>(equipment/furn</b> )	х	2	5,500	estimated fair v	<i>r</i> alue	ļ	
28	Other ▶(			-				
29	Number of Forms 8283 received by	the organi	zation during the tax yea	r for contributions for				
	which the organization completed Fo	•			29			
	3	,	,	J			Yes	No
30a	During the year, did the organization	receive by	v contribution any proper	ty reported in Part I. lines 1	through			
	28, that it must hold for at least three				=			
	to be used for exempt purposes for the	•			·	30a	x	
b	If "Yes," describe the arrangement in		lolding period:		• • • • • • • • • • • • • • • • • • • •	Jou		
31	Does the organization have a gift ac		nolicy that requires the re	wiew of any nonetandard				
J 1	contributions?			-		31		x
322	Does the organization hire or use the			to colicit process or cell no		31	-+	
32a			-	·		222		Х
<b>L</b>						32a		Λ
b	If "Yes," describe in Part II.	naunt la -	olumn (a) for - time -f	anorty for which actions (-)	is shocked			
33	If the organization didn't report an ar	nount in co	olumn (c) for a type of pr	operty for which column (a)	) із спескеа,			
	describe in Part II.							

SCHEDULE O (Form 990 or 990-EZ)

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

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

OMB No. 1545-0047

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

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

Open to Public Inspection

Name of the organization

Hilton Head Symphony Orchestra Inc

Employer identification number 57-0761297

Form 990 - Organization's Mission or Most Significant Activities

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

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

The Orchestra utilizes the services of an independent public accounting

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

federal income tax return Form 990.

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

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

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

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

possible conflict of interest, an individual must disclose the conflict

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

facts to the directors and members of related committees.

Name of the organization

Hilton Head Symphony Orchestra Inc

Employer identification number

57-0761297

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

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

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

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

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

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

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

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

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

Name of the organization			Employer identifi	ication number
Hilton Head Symphony Orchestra Inc			57-07612	297
statements, and other governing docu	uments as	required in		
regulations related to the availabil	lity or s	uch document	s to the	general
public.				
Designing in EW21 the Orghostra no		£ -h		······
Beginning in FY21, the Orchestra pos	scs copie	s or the ann	iuai audi	t and
Form 990 (Public Disclosure Copy) or	n its web	site.		
Form 990, Part IX, Line 11g - Other	Fees for	Services		
	rees lor	Der viceb		
Description				
Tot/Prog Service	Mgt & G	eneral	Fun	draising
Guest artist fees				
Guest artist rees				
\$ 78,340	\$	0	\$	0
Music Director & Conductor				
\$ 119,000	\$	0	\$	0
\$ 119,000	<b>.</b>		<b>.</b>	0
All Other				
\$ 52,572	\$	129	\$	3,150
Total				
\$ 249,912	\$	129	\$	3,150
Form 990, Part XI, Line 9 - Other C	hanges in	Net Assets	Explanat	ion
Expenses for fundraising activities			\$	10,239
Expenses for fundraising activities			\$	-10,239

Form **4562** 

12

**Depreciation and Amortization** 

(Including Information on Listed Property)

OMB No. 1545-0172

► Attach to your tax return. Department of the Treasury ▶ Go to www.irs.gov/Form4562 for instructions and the latest information. Internal Revenue Service Name(s) shown on return Identifying number Hilton Head Symphony Orchestra Inc 57-0761297 Business or activity to which this form relates Indirect Depreciation Part I Election To Expense Certain Property Under Section 179 Note: If you have any listed property, complete Part V before you complete Part I. 1,040,000 Maximum amount (see instructions) Total cost of section 179 property placed in service (see instructions) 2 2 Threshold cost of section 179 property before reduction in limitation (see instructions) 2,590,000 3 3 4 Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-4 Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions . 5 (a) Description of property (b) Cost (business use only) 6 Listed property. Enter the amount from line 29 7 Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7 8 8 Tentative deduction. Enter the **smaller** of line 5 or line 8 9 9 Carryover of disallowed deduction from line 13 of your 2019 Form 4562 10 Business income limitation. Enter the smaller of business income (not less than zero) or line 5. See instructions 11 11

Note: Don't use Part II or Part III below for listed property. Instead, use Part V. Special Depreciation Allowance and Other Depreciation (Don't include listed property. See instructions.) Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year. See instructions Property subject to section 168(f)(1) election 15 15 128,391 Other depreciation (including ACRS) 16

▶ 13

MACRS Depreciation (Don't include listed property. See instructions.) Section A

Section 179 expense deduction. Add lines 9 and 10, but don't enter more than line 11

Carryover of disallowed deduction to 2021. Add lines 9 and 10, less line 12

17	MACRS deductions for assets placed in service in tax years beginning before 2020	17	
18	If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here		

	Section B—A	ssets Placed in Ser	rvice During 2020 Tax Yo	ear Using th	e General Depr	eciation System	1
	(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only–see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a	3-year property						
b	5-year property						
С	7-year property						
d	10-year property						
е	15-year property						
f	20-year property						
g	25-year property			25 yrs.		S/L	
h	Residential rental			27.5 yrs.	MM	S/L	
	property			27.5 yrs.	MM	S/L	
i	Nonresidential real			39 yrs.	MM	S/L	
	property				MM	S/L	
	Section C—As	sets Placed in Serv	ice During 2020 Tax Yea	ar Using the	Alternative Dep	reciation Syste	m
20a	Class life					S/I	

	Section C—Assets Placed in Service During 2020 Tax Year Using the Alternative Depreciation System								
<b>20</b> a	Class life					S/L			
b	12-year			12 yrs.		S/L			
С	30-year			30 yrs.	MM	S/L			
d	40-year			40 yrs.	MM	S/L			
	Part IV Summary (Soci instructions)								

**Summary** (See Instructions.)

21	Listed property. Enter amount from line 28	21	
22	Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter		
	here and on the appropriate lines of your return. Partnerships and S corporations—see instructions	22	

For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs

For Paperwork Reduction Act Notice, see separate instructions.

Form **4562** (2020)

128,391

Form **990** 

# Event Income and Deduction Worksheet Description Other fundraising

2020

Name

Hilton Head Symphony Orchestra Inc

Taxpayer Identification Number 57-0761297

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

income & Expense Summary:		Expense Details - Indirect Expense:
1. Gross receipts or sales 1.	<u>35,731</u>	Advertising and promotion
2. Advertising income 2		Office
3. Circulation income 3.		Printing/publication/postage
<b>4.</b> Other income <b>4.</b>		Info technology/Maintenance
5. Returns and allowances 5.		Royalties & License Fees
<b>6.</b> Contributions received <b>6.</b>		Occupancy/Real Estate Taxes
7. Total revenue. Add lines 1 through 6 7.	35,731	Travel & Repairs
8. Cost of Goods Sold 8.		Travel/entertainment (officials)
9. Employment Expense 9.		Conferences/meetings
10. Fees for services 10.		Interest
11. Indirect Expense 11.		Insurance
12. Depreciation Expense 12.		Total Indirect Expense
13. Exempt Activity Expense 13.		
14. Fundraising Expense 14.		Expense Details - Depreciation Expense:
15. Total expenses. Add lines 8 through 1415.	10,239	On investment property
16. Net Income/Loss. Line 7 minus Line 1516.		On non-investment property
		Amortization
		Depletion
Expense Details - Cost of Goods Sold:		Total Depreciation Expense
Beginning inventory		
Purchases		Expense Details - Exempt Activity Expense:
Labor		Repairs and Maintenance
Section 263A costs		Bad debts
Other costs		Taxes/licenses
Ending inventory		Charitable contributions
Total Cost of Goods Sold		Dividend recd deductions
		Readership costs
Expense Details - Employment Expense:		Other expenses
Compensation of officers		Total Exempt Activity Expense
Other salaries and wages		
Pension plan contributions		Expense Details - Fundraising Expense:
Other employee benefits		Cash prizes
Payroll taxes		Non-cash prizes
Total Employment Expense		Rent and facility costs
		Food & beverages (Part II only)
Expense Details - Fees for Services:		Entertainment (Part II only)
Management		Other direct expenses 10,239
Legal		Total Fundraising Expense 10,239
Accounting		
Lobbying		
Professional fundraising		
Investment management		
Other		
Total Fees for Services		
Information is indicated for use on Form 990-T,	Schedule A:	Allocation of Expense to Program Service Accomplishments:
Part V, Debt Financing		First
Part VI, Controlled Org Income		Second
Part VII, Investments for C(7)(9)(17)		Third
Part VIII, Exploited Activities		All other
Part IX, Advertising Income		