2026

Accommodations Tax Funds Request Application

Organization Name: The First Tee of The Lowcountry

Project/Event Name: Increasing Visitors and Upgrading the First Tee Learning Center on Hilton Head Island

Executive Summary

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

2026

Accommodations Tax Funds Request Application

Date Received: 09/04/2025 Time Received: 05:37 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: The First Tee of The Lowcountry

Project/Event Name: Increasing Visitors and Upgrading the First Tee Learning Center on Hilton

Head Island

Contact Name: Pat Zuk Title: Executive Director

Address: 23 Plantation Park Dr., Suite 301, Bluffton, SC 29910

Email Address: pzuk@thefirstteelowcountry.org Contact Phone: 913-706-1631

Event Date(s): 1/1 - 12/31/2026 Event Location(s): Hilton Head island

Total Budget: \$114,550.00 **Grant Requested:** \$63,593.00

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

\$50,000 will be used for tourist advertising.

\$13,593 will be used to offset expenses for our Learning Center facility that is located at 151 Gumtree Rd. and is available for tourist use. The \$13,593 represents 46% (our 2025 tourist percentage) of the budgeted amount of \$29,550. This budgeted amount does not include payments to the independent contractor who serves as our superintendent or equipment repairs.

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

The chapter's driving range and Par 3 course provide visitor recreational opportunities year-round. It is a place for multi-generational play where families can enjoy time together learning, practicing or playing golf. The driving range and Par 3 golf course are open every day and are the only facilities of their kind open to the public, both locals and tourists in Beaufort County. Every guest is registered on our computer including their zip code to determine where they reside. Through August 31, 2025, our records show that 46% of our guests were from more than 50 miles away.

A. Total Number of Physical Tourists Served: 3273

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: 1044

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: 2782

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): 7099

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

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

B. DESCRIPTION OF OPERATIONS:

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

First Tee – The Lowcountry is a youth development organization that blends golf with life skills and character education, ensuring that all children—regardless of background—have access to opportunities for growth. As part of the internationally recognized First Tee network, we share in a mission that since 1997 has introduced millions of young people to the values of honesty, respect, and perseverance through the game of golf.

Locally, our chapter was established in 2013 through a partnership between the Boys & Girls Club of Hilton Head Island and The First Tee. With the support of both public and private partners, a \$1.5 million capital campaign funded the creation of our Learning Center, a 13-acre campus featuring a driving range, 8,500-square-foot putting green, and 6-hole par-3 course. Since opening in 2016, this facility has become a hub for learning, mentorship, and community engagement.

Our programs reach children across Beaufort and Jasper counties through classes, camps, and the First Tee School Program, which integrates our curriculum into physical education classes. This year alone, more than 14,000 young people will be positively impacted by our work—building confidence, resilience, and character that extend well beyond the golf course.

At First Tee – The Lowcountry, golf is the vehicle, but character is the outcome. By combining a safe, welcoming environment with caring adult mentors, we equip the next generation to make healthy choices, achieve their goals, and give back to their communities.

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

The Town of Hilton Head Island ATAX grant funds will be used for tourist-based marketing programs and to help defray the cost of maintaining our Learning Center.

We have seen a substantial increase in the number of out-of-town visitors to our property again in 2025, largely due to the effective use of the funding we received from the 2025 ATAX grant. By the end of this year, we are projecting the total number of visitors to the property will exceed 9,500 guests, an increase of 8% from 2024.

Successful marketing vehicles that we have used this year and would continue to use include print advertising, direct mail campaigns, email blasts and Facebook ads, brochures, rack cards, newsletters and TV and radio spots.

The increased use of the facility creates a greater impact each year on the maintenance of the Learning Center. We are requesting an additional \$13,593 for 2026. This represents 41% (our 2025 tourist rate) of our annual budget of \$29,550 for maintaining the facility. This budgeted amount **does not** include payments to the independent contractor that serves as the superintendent of the facility and equipment repairs.

We have always viewed our relationship with the ATAX program as a partnership. We have never requested to fully fund any part of our operations and continue to do so for 2026.

As noted earlier in this application the total cost for advertising and maintenance is \$109,550 we are requesting a total of \$63,593.

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)

Accommodation Tax funds will be used to expand marketing efforts that attract visitors and maintain the high-quality conditions of the First Tee – The Lowcountry Learning Center, recognized as the area's premier public practice facility. These funds will allow us to continue increasing awareness among both visitors and locals, sustaining the 8% growth in overall use achieved in 2025. To ensure strong operations, our organization will commit \$45,957 from our general revenue for facility upkeep and advertising. ATAX support is critical to sustaining visitor growth and protecting the facility's reputation for excellence. Advertising and maintenence are so intertwined that a reduction in one portends to a reduction in the other.

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

Vacationers look for unique, family-friendly experiences when choosing destinations, and our targeted outreach continues to attract new visitors. As of August 31, 2025, 7,099 tourists, 46.1% from more than 50 miles away, visited our facility, compared to 43.1% during the same period in 2024, a 3% increase. Our on-site registration terminal, staffed by employees or volunteers, records each visitor's information, including number of adults and children, home zip code, chosen amenity, and how they heard about us. This system provides accurate data to measure impact, track growth, and guide future marketing strategies that strengthen our role as a tourism destination.

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

Total:	100	%
7 - Operation of Visitor Information Centers Operating visitor information centers.	0	%
6 - Waterfront Erosion/Control/Repair Control and repair of waterfront erosion.	0	%
5 - Tourist Public Transportation Tourist shuttle transportation.	0	%
4 - Tourism-Related Public Services The criminal justice system, law enforcement, fire protection, solid waste collection and health facilities when required to serve tourists and tourist facilities. This is based on the estimated percentage of costs directly attributed to tourist. Also includes public facilities such as restrooms, dressing rooms, parks and parking lots.	0	%
3 - Tourism-Related Facilities Construction, maintenance and operation of facilities for civic and cultural activities including construction and maintenance of access and other nearby roads and utilities for the facilities.	21	%
2 - Tourism-Related Events Promotion of the arts and cultural events.	0	%
1 - Destination Advertising/Promotion Advertising and promotion of tourism so as to develop and increase tourist attendence through the generation of publicity.	79	%

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

Collaboration is at the heart of First Tee – The Lowcountry's success. From our co-marketing agreement with the Hilton Head Island Rec Center to our long-standing partnership with the Boys & Girls Club of Hilton Head Island, we work hand-in-hand with community organizations to expand access and awareness. The PGA TOUR Superstore in Bluffton also promotes our programs, demonstrating how local and national partners help amplify our reach.

Our Learning Center is one-of-a-kind: the only public Par-3 course on Hilton Head Island. With a family-friendly donation of just \$30 for all-day use of every amenity, it offers unmatched value for visitors. These collaborations, paired with a unique and affordable facility, ensure that families, tourists, and local youth alike benefit from a welcoming space that blends golf, character education, and community engagement. Our guiding philosophy—"Teams Win"—reflects the partnerships that sustain us, including support from The First Tee National, Boys & Girls Club, PGA TOUR, PGA of America, USGA, LPGA Girls Golf, Professional Golfers Career College, and 24 local schools. Together, we are building stronger kids and a stronger community.

7. <i>F</i>	7. Additional comments. (250 words or less)		
Į			

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

C. FUNDING:

First Tee – The Lowcountry is funded through a diverse mix of revenue streams that ensure both stability and community investment. Primary support comes from individual donors, corporate sponsors, private foundations, charitable trusts and government grants. Additional income is generated through program fees, special events, and modest facility-use donations, ensuring affordability for all families. This broad base of funding sustains our operations, maintains our facility, and provides scholarships so no child is turned away.

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

5 Government Sources	48	Private Contributions, Donations and Grants
5 Corporate Support, Sponsors	3	Membership, Dues, Subscriptions
Ticket Sales, or Sales 30 and Services	9	Other
Has the organization requested other ATAX or organizations? Yes No _X	r any ot	her funding from other public sources or
If so, please list top 3 sources and amounts.		
D. FINANCIAL INFORMATION:		
Fiscal Year Disclosure: Start Month: January El	nd Mon	th: December
Financial Statement Requirements:		
1. The upcoming fiscal year's operating budget	for the	organization.
Budget Provided: Yes		
The previous two fiscal years and current year organization.	r-to-date	e profit and loss reports for the
Current fiscal year Profit Loss Report Pr	rovided	Yes
Previous fiscal year Profit Loss Reports	Provide	ed:
2023- Previous FY 2 2024- Previous FY 1		
3. The previous two fiscal years and current year	-to-date	e balance sheets.
Current fiscal year Balance Sheet Providence	ded: Ye	es
Previous fiscal year Balanace Sheets Pr	rovided	:
2023 - Previous FY 2		
2024 - Previous FY 1		
2024 - Previous FY 2		
4. The provious two years and surrent year IDC	Farms 0	00 au 000T

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

Current year IRS Form 990 or 990T Provided: Yes

Previous IRS Form 990 or 990T Years Provided:

2022 - Previous FY 1

2023 - Previous FY 1

2023 - Previous FY 2

2024 - 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.

2025 \$50,000.00 Increasing Hilton Head Island Facility Visitations

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

In 2025, ATAX funds were used to expand marketing and promotional efforts for the First Tee – The Lowcountry Learning Center, including our driving range and Par-3 golf course. Funds supported advertising in Island Events Magazine and The Golf Guide, the production of postcards, rack cards, and handouts, as well as targeted social media initiatives. These included website enhancements showcasing amenities and programs, Facebook banner ads, and quarterly newsletters—all designed to reach both visitors and locals.

The impact of these efforts is clear. Visitor numbers have grown significantly, with 7,099 guests recorded through August 31, 2025, compared to 7,570 for all of 2024. We project an additional 2,500 guests by year-end, resulting in an estimated 9,500 total visitors—an 8% increase over 2024. Notably, 46% of visitors come from more than 50 miles away,

demonstrating that ATAX-funded outreach is successfully attracting tourists and enhancing Hilton Head Island's reputation as a family-friendly destination.

By strategically investing ATAX funds into consistent, high-quality marketing, we have not only achieved but exceeded our objectives: raising awareness of our unique public facility, increasing visitation, and supporting the Island's broader tourism economy.

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

ATAX funding directly strengthened the success of First Tee – The Lowcountry by expanding outreach and attracting more visitors to our Learning Center. With enhanced advertising, social media campaigns, and printed materials, awareness of our amenities grew significantly. Total visitor traffic through year-end in 2024 was 7,570 in 2024. Through August of 2025 we have had 7,099 with projections of 9,500 total by year-end—an 8% increase. Importantly, 46% of these visitors in 2025 traveled from more than 50 miles away, a 3% increase, confirming the facility's value as a tourism destination.

This growth benefits both our organization and the wider community. Increased visitation sustains program revenue, helping us provide scholarships so all children—regardless of background—can participate in our youth development programs. At the same time, tourists drawn to our facility contribute to the local economy through lodging, dining, and retail spending. The facility also provides affordable family recreation, with a full day's access for just \$30, ensuring Hilton Head remains welcoming to families of all income levels.

In short, ATAX funding elevated awareness, expanded access, and delivered lasting benefits to both youth and the community.

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

We measure our success by the increase in the number of visitors that use the property and by the number of kids that attend our programs. We gather this information as visitors register on a computer in our reception area and kids register for our programs on our website.

Visitors are projected to increase from 7,570 in 2024 to 9,500 in 2025.

Our percentage of patrons that are tourists has increased from 43.1% in 2024 to 46.1% in 2025.

Kids in The First Tee Programs at golf facilities are projected to increase from 573 in 2024 to @625 in 2025.

We have added three more schools to the existing 23 in the First Tee Schol program in 2025 bringing the total to 26.

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.

Signature: Patrick M Zuk

Title/Position: Executive Director

Mailing Address: 23 Plantation Park Dr., Suite 301, Bluffton, SC 29910

Email Address: pzuk@thefirstteelowcountry.org

Office Phone Number: 843-686-2680

Home Phone Number: 913-706-1631

ATAX EFFECTIVENESS MEASUREMENT

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

TOPIC	THE PLAN		BUDGET	AC	TUAL SPENT	RESULTS When possible, provide planned results vs. actual results, and/or current year vs. prior year results.
	All items listed below are intended to increase the number of visitiors and and the percentage of tourists at our Hilton Head Island Facility					
Adverttising	use golf guide menu guide, facebook , peachjar, social media, rack cards and print	\$	54,650.00	\$	32,007.00	
Printing, Postage	newsletter, brochures, cards, signs	\$	5,000.00	\$	816.00	
Marketing Consultant	planning, create marketing calendar, develop opportunities	\$	12,000.00	\$	11,713.00	
Copywriting, editing, etc		\$	6,000.00	\$	1,417.00	
Other Costs	website, misc	\$	2,350.00	\$	2,075.00	
Total	Website, mise	\$	80,000.00	\$	48,028.00	
Total		\$	-	\$	-	
Total		ې		Ų	- 1	
		1				

ATAX EFFECTIVENESS MEASUREMENT

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

Total Budget to Actual

\$ 80,000.00 \$

\$ 48,028.00



AUGUST 19, 2025 - Board Meeting Minutes

- The August meeting of the First Tee of The Lowcountry Board of Directors was held on August 19, at the First Tee Offices, 23 Plantation Park Drive, Bluffton, SC. Meeting was called to order at 2:05 PM by Chair Gaines.
 - o Attendance:
 - Directors Present: Chair Paul Gaines, Krista Dunton, Lynn King, Jackie Lambe, Chris Lane, Brad Taylor, Ed Tiscornia
 - Directors Not Present: Paul Rothwell, Grace Chu, Bill Fuge
 - Directors Present via Zoom Joe Datillo, John Farrell, Chuck Wiseman
 - Staff present: Pat Zuk (Zoom), Aaron Immel, Ryan Wolfe
- The Minutes of the May meeting were reviewed. After a discussion regarding the financial audit still not signed off as of this meeting, a motion to approve the minutes was made by Krista Dunton, seconded by Brad Taylor, and approved.

• Introduction of Special Guest

Paul Gaines introduced Bob Risk as a candidate interested in joining the FTLC Board. Bob shared his personal connection with the First Tee as he set up a scholarship fund in memory of a dear friend. After introductions, Lynn King made a motion to accept Bob Risk as a new board member, second was made by Chris Lane and motion was unanimously approved. An electronic vote will confirm his appointment.

Reports

- **4.1 Treasurer's Report** Jackie Lambe
 - Jackie Lambe and Ed Tiscornia discussed three CDs that were coming due in September and wanted Board direction regarding next steps. Also, the Board was reminded there was a balance of \$390,000 at Coastal States Bank and it was decided that money needed to be moved into the Fidelity money market.
 - Ed made a motion for
 - 1. #1 CD totaling less than \$320K to rollover for two years.
 - 2. #2 CD capital reserve around \$140K to rollover for two years
 - 3. CD #3 for about \$42K (scholarship account) to rollover for 1 yr.

Chris Lane seconded the motion, approved.

• **4.2 Executive Director Report** – Zuk

- Facility usage through July was up, as was tourist usage.
- Reviewed several ongoing projects at facility.
- Donor Update 217 total donors to date for 2025

ATAX application is being drafted by Pat, and the Board discussed its support. Jackie Lambe made a motion to approve the 2026 ATAX application as discussed, Chuck Wiseman seconded the motion and Board unanimously approved.

Discussed Schwab Challenge Grant Update projected 2026 requirements:

- 1. Total Donors needed: 557 (balance needed 217)
- 2. Total Dollars needed: \$643,700 (have \$506,251) need \$137,449.
- Pat mentioned Safe Sport/Background Checks and there are still a couple of board members that need to complete.
- John Farrell brought up a new program **First Tee Tuesdays** hosted by Sea Pines Resort at one of the Plantation courses which will be free lessons given by local golf professionals. Farrell is recruiting Sea Pines Pros, and other Island/Bluffton pros to be available to give "free" half hour lessons on Tuesdays. The program will be online registration and free of charge. Pat/John will put together the plan, start date and circulate to the Board as it comes together.

• 4.3 Program Director's Report – Immel

- Reported it was a good summer across all programs; four of eight camps were filled.
- FTLC has had up to 350 participants so far in 2025 through the summer session.
- Immel shared a new Boys & Girls Club/Bluffton pilot program at Pinecrest for 10–12-year-olds. Mid-September is the target date for kickoff.
- Ryan shared FTLC kids are going to Pawleys Island to participate in a SCJGA All Star Tournament; Paul Gaines asked for some marketing coverage.
- Ryan discussed the Tour Card induction program currently have 27 (goal is 50)
- Suggestion was made to have a Tour Challenge for players to work towards making; John Farrell offered the support of Sea Pines/Harbour Town Golf Links in December as a season ending championship.
- Krista Dunton discussed the FTLC girls/LPGA Golf Program more to come.

• 4.4 Development Specialist's Report – Pat Zuk (for Cari Schmidt

- Key focus for remainder of 2025 highlight students, celebrate donors, support the Golf Tournament, promote HHI facility and FTLC programs.
- Quarterly campaigns include:
 - a. Back to School, Back to Golf
 - b. Fall sign-ups.
 - c. First Tee Tuesdays at SP Plantation Club
 - d. HHIJGA Awards Ceremony
 - e. Promote HH facility.
 - f. Share coaches' stories.
- Local Life Magazine and online
 - a. Summer tourism campaign wraps up.
 - b. Q4 measurements will come from Heather.
- HHI/Bluffton Sun

- a. Monthly article about HHIJGA Awards Ceremony
- Print Campaigns CHS/CB2
 - a. September Back to School, Back to FTLC
 - b. October Spotlight on key donor: Blank Foundation
- HH Livin' Influencers:
 - a. Day at First Tee reels Campus Fall 2025
 - b. Things to Do at First Tee reels Campus Fall 2025
- HHI-Bluffton Chamber Cocktails & Conversation event Palmetto Hall October 23rd is wonderful opportunity as FTLC is the charity beneficiary of the event (Board was encouraged to attend).
- Annual Impact Report has been drafted, few updates needed, will be approved by Grace Chu and Pat Zuk
- Reported continued improvements being made to the website.
- Speaking Engagements continue to be scheduled throughout HHI/Bluffton
- Qualifying Prospects continue for Game Changers, Building Futures

• 5.1 Program Report – Brad Taylor

Discussion of The Landings conversations and progress on coming to some sort of opportunity to proceed; there does not seem to be any "deal breakers;" Taylor/Zuk will keep board informed.

- 5.2 Marketing Report Grace Chu was absent.
- 5.3 Champions Tournament Joe Dattilo
 - Sponsors 12 lead totaling \$43,000 to date.
 - Hole Sponsorships need to increase \$7700 to date (goal is 12K-20K) push is on
 - Registration fees 108 players (27 foursomes); revenue is \$55,000.
 - Auction items 74 items (\$73K fair market value)

• 5.4 Finance – Jackie Lambe/Pat Zuk

Reports that 2026 budget is being drafted and will be presented at October board meeting for discussion and approval.

• 5.4 KPI Update

- a. Discussion about Donor Retention which appears to be 30%.
- b. Paul Gaines asked for more clarification of donor retention from Pat.
- c. Discussions on LPGA Girls Program; Parent/Child Tournament; Volunteer Events (Sept/Dec)
- d. Discussed more "Meet and Greets" to get us into other golf communities to reach prospective donors.

Meeting adjourned at 4:00 PM

Next Board Meeting – October 21st – 2:00 PM at First Tee Lowcountry Office

	2026 Bud	get - First To	ee - The Lowcountry	
Income				Budget
4000	0 · Operatir	ng Income		
Tot	al 41000 · I	Donations		160,000.00
Tot	al 42000 · S	Special Ever	nts	315,000.00
Tot	al 43000 · 0	Corporate S	ponsorships	60,000.00
Tot	al 44000 · 0	Grants		165,000.00
Tot	al 45000 · I	Programs		68,000.00
Tot	al 46000 · 0	Golf Facility		65,000.00
Tot	al 49000 · I	Miscellaneo	us Income	45,000.00
Total	40000 · Op	erating Inco	ome	878,000.00
Expense				
Busir	ness Opera	ting Expense	es	
Tot	al 61000 · I	Payroll Expe	nses	298,000.00
Tot	:al 62000 · I	Marketing		95,000.00
Tot	:al 63000 · I	Professiona	l Services	75,000.00
Tot	al 64000 · I	Building & G	round Main.	95,000.00
Tot	al 65000 · A	Administrati	on	160,000.00
Tot	al 67000 · I	ents		135,000.00
68	500 · Capita	al Reserve		15,000.00
Total	Business C	perating Ex	penses	873,000.00
Net Inco	me			5,000.00

	2025 Budget - First Tee - The Lowcountry					
Income				Budget		
4000	0 · Operatir	ng Income				
Tot	al 41000 · I	Donations		157,100.00		
Tot	al 42000 · S	Special Ever	nts	314,000.00		
Tot	al 43000 · (Corporate S	ponsorships	60,000.00		
Tot	al 44000 · (Grants		163,000.00		
Tot	al 45000 · I	Programs		35,500.00		
Tot	al 46000 · (Golf Facility		58,000.00		
Tot	al 49000 · I	Miscellaneo	us Income	45,000.00		
Total	40000 · Op	erating Inco	ome	832,600.00		
Expense						
Busir	ness Opera	ting Expense	es			
Tot	al 61000 · F	Payroll Expe	nses	290,034.00		
Tot	al 62000 · I	Marketing		85,888.00		
Tot	al 63000 · I	Professiona	l Services	73,754.00		
Tot	al 64000 · I	Building & G	round Main.	82,850.00		
Tot	al 65000 · <i>I</i>	Administrati	on	155,114.20		
Tot	al 67000 · I	Events		129,500.00		
68	500 · Capita	al Reserve		15,000.00		
Total	Business C	perating Ex	penses	832,140.20		
Net Inco	me			459.80		

	Jul 25	Budget	Jan - Jul 25	YTD Budget	Annual Budget
rdinary Income/Expense					
Income					
40000 · Operating Income					
41000 · Donations					
41100 · General	89,110.35	2,995.56	222,493.73	25,022.25	40,000.00
41150 · Trustee Donations	0.00	0.00	50,000.00	50,000.00	75,000.00
41300 · Memorials	103.00	500.00	1,952.00	3,500.00	6,000.00
41400 · Golf Club/Ball Sales	7,300.00	2,333.00	28,850.00	16,331.00	28,000.00
41800 · End of Year Appeal	0.00	0.00	0.00	0.00	8,100.00
Total 41000 · Donations	96,513.35	5,828.56	303,295.73	94,853.25	157,100.00
42000 · Special Events					
42100 · Champions Tournament	16,473.50	5,000.00	26,346.36	10,000.00	220,000.00
42200 · Awards Banquet	0.00	0.00	75,221.95	55,000.00	55,000.00
42300 · Palmetto Bluff Event-	0.00	0.00	0.00	25,000.00	25,000.00
42400 · HHIJGA	140.00	8,855.00	9,430.00	10,940.00	14,000.00
Total 42000 · Special Events	16,613.50	13,855.00	110,998.31	100,940.00	314,000.00
43000 · Corporate Sponsorships					
43200 · PGA Tour	25.097.00	0.00	30.097.00	5.000.00	5.000.00
43300 · Other	0.00	5,000.00	0.00	40,000.00	55,000.00
Total 43000 · Corporate Sponsorships	25,097.00	5,000.00	30,097.00	45,000.00	60,000.00
44000 · Grants					
44200 · Local Government ATAX	0.00	0.00	0.00	0.00	50,000.00
44300 · Grants	8,500.00	3.000.00	61,860.00	42.000.00	84,000.00
44400 · Schwab Challenge Grant	0.00	0.00	30,000.00	0.00	0.00
44500 · Schwab Grant	0.00	0.00	0.00	29,000.00	29,000.00
Total 44000 · Grants	8,500.00	3,000.00	91,860.00	71,000.00	163,000.00
45000 · Programs					
45100 · Program Fees	820.00	1,360.00	20,173.93	23,120.00	34,000.00
45150 · Scholarship Program Fees	-320.00	0.00	-2,550.00	0.00	0.00
Total 45000 · Programs	500.00	1,360.00	17,623.93	23,120.00	34,000.00
46000 · Golf Facility					
46100 · Golf/Range Revenue	6,774.00	4,060.00	57,901.92	40,600.00	58,000.00
46200 · Unused	0.00	0.00	0.00	0.00	0.00
40200 · Ullu560		0.00	0.00	0.00	0.00

	Jul 25	Budget	Jan - Jul 25	YTD Budget	Annual Budget
49000 · Miscellaneous Income 49300 · Interest Earned 49350 · CFL Investment Gains/Losses	1,184.88 0.00	4,484.58 0.00	13,482.71 0.00	31,392.06	53,815.00
Total 49000 · Miscellaneous Income	1,184.88	4,484.58	13,482.71	31,392.06	53,815.00
Total 40000 · Operating Income	155,182.73	37,588.14	625,259.60	406,905.31	839,915.00
Total Income	155,182.73	37,588.14	625,259.60	406,905.31	839,915.00
Expense Business Operating Expenses 61000 · Payroll Expenses					
61290 · Admin. Assistant	3.527.00	1,818.18	22,835.25	10,909.08	20.000.00
61100 · Executive Director	6,500.00	6,500.00	45,500.00	45,500.00	78,000.00
61200 · Program Director	4,012.50	4,012.50	28,087.50	28,087.50	48,150.00
61250 · Unused	0.00	0.00	0.00	0.00	0.00
61275 · Operations Manager	3,718.76	3,718.75	26,031.32	26,031.25	44,625.00
61280 · Program Manager	3,718.76	3,718.75	26,031.32	26,031.25	44,625.00
61300 · Payroll Taxes	2,055.19	2,709.10	12,622.02	19,654.70	31,834.00
61400 · Payroll Benefits	205.54	1,066.67	4,560.14	7,466.69	12,800.00
61500 · QB Payroll Processing Fees	0.00	0.00	0.00	0.00	0.00
61000 · Payroll Expenses - Other	0.00	0.00	0.00	0.00	10,000.00
Total 61000 · Payroll Expenses	23,737.75	23,543.95	165,667.55	163,680.47	290,034.00
62000 · Marketing					
62100 · Advertising / Promotion	3,618.84	3,700.00	42,304.50	49,685.00	80,000.00
62200 · Website	0.00	0.00	0.00	2,680.00	2,680.00
62300 · Database	223.00	59.00	3,568.00	2,913.00	3,208.00
Total 62000 · Marketing	3,841.84	3,759.00	45,872.50	55,278.00	85,888.00
63000 · Professional Services					
63300 · Tax/Financial Services	0.00	0.00	4,200.00	5,500.00	5,500.00
63400 · Development Specialist	4,964.00	4,068.67	36,040.00	28,480.69	48,824.00
63600 · Accounting & IT Services	190.16	452.50	4,696.31	3,167.50	5,430.00
63650 · Development Services	0.00	0.00	0.00	0.00	0.00
63700 · Coach Training	105.00	0.00	1,637.94	4,000.00	4,000.00
63750 · Instructor Payments	4,807.50	4,500.00	8,982.50	9,000.00	10,000.00
Total 63000 · Professional Services	10,066.66	9,021.17	55,556.75	50,148.19	73,754.00
64000 · Building & Ground Maintenance					
64300 · Equipment Repairs	440.54	566.67	12,548.47	3,966.69	6,800.00
64450 · Depreciation	0.00	625.00	0.00	4,375.00	7,500.00
64500 · Ground Maintenance	3,250.00	3,250.00	22,750.00	22,750.00	39,000.00

	Jul 25	Budget	Jan - Jul 25	YTD Budget	Annual Budget
64600 · Course Maintenance					
64610 · Plant Seed Sod	0.00	0.00	0.00	250.00	1,500.00
64620 · Sand & Top Dressing	874.46	0.00	874.46	1,100.00	2,200.00
64630 · Fertilizer	0.00	700.00	394.00	3,500.00	3,500.00
64640 · Fuel, Gas, Oil	183.28	277.50	684.70	1,202.50	1,850.00
64650 · Chemicals	161.12	322.00	7,085.59	4,975.00	7,500.00
64670 · Other Maintenance	0.00	333.33	0.00	2,333.31	4,000.00
64690 · Course Labor	1,228.50	810.00	6,579.00	7,020.00	9,000.00
64600 · Course Maintenance - Other	0.00		2,044.87		
Total 64600 · Course Maintenance	2,447.36	2,442.83	17,662.62	20,380.81	29,550.00
Total 64000 · Building & Ground Maintenance	6,137.90	6,884.50	52,961.09	51,472.50	82,850.00
65000 · Administration					
65100 · Insurance					
65110 · General & Liability	0.00	0.00	12,968.54	14,584.06	22,437.02
65120 · Directors & Officers	0.00	0.00	880.00	1,865.60	1,865.60
65150 · Workers Comp	0.00	0.00	320.48	3,861.58	3,861.58
Total 65100 · Insurance	0.00	0.00	14,169.02	20,311.24	28,164.20
65200 · Travel					
65210 · Mileage Reimbursement	0.00	50.00	0.00	350.00	500.00
65220 · Conferences	0.00	0.00	2,386.39	0.00	3,000.00
Total 65200 · Travel	0.00	50.00	2,386.39	350.00	3,500.00
65300 · Utilities					
65310 · Telephone	177.02	183.26	1,212.48	1,283.70	2,200.00
65320 · Electric	113.00	260.00	463.00	685.00	1,250.00
65330 · Utilities - New Office	293.21	299.88	3,516.16	2,100.60	3,600.00
Total 65300 · Utilities	583.23	743.14	5,191.64	4,069.30	7,050.00
65400 · Membership Fees & Subscriptions					
65430 · Subscriptions	270.00	442.00	2,374.74	2,958.00	3,400.00
Total 65400 · Membership Fees & Subscriptions	270.00	442.00	2,374.74	2,958.00	3,400.00
65500 · Other Administrative Expenses					
65506 · Bank / Investment Fees	5.00	0.00	1,990.07	0.00	0.00
65505 · Credit Card Processing	462.37	720.00	3,318.47	3,660.00	6,000.00
65510 · BGC Rental	1,500.00	1,500.00	10,602.88	10,500.00	18,000.00
65513 · Rent - New Office	2,600.00	2,600.00	15,600.00	18,200.00	31,200.00
65515 · Office Supplies	593.28	331.00	5,232.11	2,646.00	4,300.00
65520 · Postage	12.79	50.00	612.01	800.00	1,500.00
65525 · Printing	355.12	150.00	2,574.54	1,550.00	3,000.00
65528 · Custodial Services	0.00	280.00	140.00	2,240.00	3,640.00
65530 · Meals/Entertainment	73.14	125.00	232.31	875.00	1,500.00

	Jul 25	Budget	Jan - Jul 25	YTD Budget	Annual Budget
65550 · Program Supplies & Costs	486.36	1,000.00	3,772.34	4,200.00	8,000.00
65553 · School Program	0.00	0.00	1,850.00	12,000.00	21,000.00
65556 · Background Checks	0.00	0.00	266.50	840.00	1,500.00
65558 · Moving Expenses	0.00	0.00	8,499.01	15,000.00	15,000.00
65560 · Miscellaneous	683.95	0.00	1,590.05	4,250.00	5,000.00
Total 65500 · Other Administrative Expenses	6,772.01	6,756.00	56,280.29	76,761.00	119,640.00
65000 · Administration - Other	0.00	0.00	0.00	0.00	0.00
Total 65000 · Administration	7,625.24	7,991.14	80,402.08	104,449.54	161,754.20
67000 · Events					
67100 · Champions Tournament	4,451.16	1,000.00	4,451.16	1,000.00	64,000.00
67200 · Awards Banquet	2,500.00	0.00	41,567.20	45,000.00	45,000.00
67400 · New Stewardship Event	0.00	0.00	0.00	7,500.00	7,500.00
67600 · HHIJGA	824.15	1,500.00	2,536.04	3,500.00	11,000.00
67800 · Volunteer Appreciation	0.00	0.00	0.00	1,000.00	2,000.00
Total 67000 · Events	7,775.31	2,500.00	48,554.40	58,000.00	129,500.00
68500 ⋅ Capital Reserve	0.00	0.00	15,448.43	0.00	15,000.00
Total Business Operating Expenses	59,184.70	53,699.76	464,462.80	483,028.70	838,780.20
68400 · College Scholarship Expense	0.00	0.00	370.00	0.00	0.00
Total Expense	59,184.70	53,699.76	464,832.80	483,028.70	838,780.20
Net Ordinary Income	95,998.03	-16,111.62	160,426.80	-76,123.39	1,134.80
Other Income/Expense Other Expense					
80000 · Ask My Accountant	0.00	0.00	5,228.03	0.00	0.00
Total Other Expense	0.00	0.00	5,228.03	0.00	0.00
Net Other Income	0.00	0.00	-5,228.03	0.00	0.00
Net Income	95,998.03	-16,111.62	155,198.77	-76,123.39	1,134.80

The First Tee of the Lowcountry Balance Sheet

As of July 31, 2025

	Jul 31, 25
ASSETS	
Current Assets	
Checking/Savings	
10000 · Cash Funds	
10105 · CSB Operating Acct #412	250,364.51
10120 · CSB MM Operating Account	19,671.95
10130 · CSB Operating Reserve CD	107,973.39
10700 · Cash at Facility	100.00
Total 10000 · Cash Funds	378,109.85
10205 · Fidelity - Investment Accounts	
10210 · Fidelity Operating MM #6361	209,954.82
10310 · Fid Participant Scholar CD#1186	42,297.76
10410 · Fid. College Scholars CD #1683	34.35
10510 · Fidelity Cap Reserve CD #9386	151,171.12
10610 · Fidelity Oper Oper Res CD #1036	318,259.29
Total 10205 · Fidelity - Investment Accounts	721,717.34
10250 · Community Foundation of the LC	180,564.69
Total Checking/Savings	1,280,391.88
Total Current Assets	1,280,391.88
Fixed Assets	
13000 · Leasehold Improvements	
13400 · Bunker Renovation	8,876.43
13100 · Irrigation System	10,997.41
13200 · Drainage System	7,991.81
13300 · Window Film	2,428.00
Total 13000 · Leasehold Improvements	30,293.65
14000 · Buildings	4,558.00
15000 · Furniture and Equipment	
15100 · MX Utility Vehicle	5,000.00
15200 · Exhibition Tent	2,778.01
15300 ⋅ Signage	9,261.82
15400 · Mower Deck	4,348.12
15500 · Z-Spayer	19,713.88
15600 · Driving Range Picker	19,043.96
15000 · Furniture and Equipment - Other	1,256.34
Total 15000 · Furniture and Equipment	61,402.13

The First Tee of the Lowcountry Balance Sheet

As of July 31, 2025

	Jul 31, 25
17999 · Accumulated Depreciation	-31,340.84
Total Fixed Assets	64,912.94
TOTAL ASSETS	1,345,304.82
LIABILITIES & EQUITY Liabilities Current Liabilities Accounts Payable 20000 · Accounts Payable	9,525.50
Total Accounts Payable	9,525.50
Other Current Liabilities 24000 · Payroll Liabilities 24500 · Health Insurance	3,708.71 -2,764.35
Total Other Current Liabilities	944.36
Total Current Liabilities	10,469.86
Total Liabilities	10,469.86
Equity 26100 · Participant Scholars Restr. 26102 · End of Year Appeal 26100 · Participant Scholars Restr Other	13,950.93 28,360.72
Total 26100 · Participant Scholars Restr.	42,311.65
26200 · College Scholars Restricted 31100 · Operating Reserve Restricted 31200 · Capital Reserve Restricted 31400 · CFL College Scholars Restricted 32000 · Unrestricted Net Assets 33000 · Fidelity-Unrealized Gain/(Loss) 10131 · CSB Unrealized Loss CD 10311 · FID Unrealized Loss CD Part Sch 10411 · FID Unrealized Loss CD Coll Sch 10511 · FID Unrealized Loss CD Cap Res 10611 · FID Unrealized Loss CD Opr Res	33.58 107,973.39 148,264.82 180,564.69 691,531.42 1,087.43 -2,793.96 -42.85 376.41 10,329.61
Total 33000 · Fidelity-Unrealized Gain/(Loss)	8,956.64
Net Income	155,198.77
Total Equity	1,334,834.96
TOTAL LIABILITIES & EQUITY	1,345,304.82

Continue Continue		Dec 24	Budget	Jan - Dec 24	YTD Budget	Annual Budget
41000 - Operating Income						
### ### ### ### ### ### ### ### ### ##	40000 · Operating Income					
### ### ### ### ### ### ### ### ### ##		0.005 = :	0.405.77	40.005 :=	00.005	00.05
41300 Memorials 0.00 500.00 7,280.65 6,000.00 18,000.00 18,000.00 18,000.00 18,000.00 18,000.00 18,000.00 18,000.00 18,000.00 18,000.00 18,000.00 18,000.00 18,000.00 18,000.00 18,000.00 18,000.00 18,000.00 19,000		.,				
### 41400 - Gerf CluirBall Sales				-,	,	,
### ### ### ### ### ### ### ### ### ##						
A 1000		,	,	,		,
4200 - Special Events						
Action Champions Tournament 1,500,00 15,000,00 199,990,31 230,000,00 240,000 4200 Awards Banquet 0,00 0,00 47,067,73 46,000,00 46,000,00 4200 HHIUGA 0,00 0,00 13,665,00 2,500,000 2,500,000 15,000,00 1	Total 41000 · Donations	11,007.54	13,166.63	305,482.80	220,050.00	220,050.00
42200 - Awards Banquet 0.00 0.00 47,082.73 46,000.00 46,000.00 42300 - Palmetto Bilff Event. 0.00 0.00 15,000.00 2,500.00 2,500.00 7 or Jan 42000 - Special Events 1,500.00 15,000.00 260,718,54 283,500.00 2,500.00 43000 - Corporate Sponsorships 43200 - PGA Tour 0.00 5,000.00 40,000.00 5,000.00 5,000.00 35,000.00 40,000.00 40,000.00 35,000.00 40,000.00	42000 · Special Events					
A 2300 Palmetto Bluff Event	•					
				,		
Total 42000 - Special Events						
A3000 - Corporate Sponsorships A3200 - CAP Tour	•				<u> </u>	
	•	1,500.00	15,000.00	260,718.54	293,500.00	293,500.00
		0.00	0.00	5 000 00	5 000 00	5 000 00
Total 43000 · Corporate Sponsorshi 0.00 5,000.00 45,000.00 40,000.00 40,000.00 44000 · Grants 23,300.00 0.00 40,000.00 40,000.00 40,000.00 70,000.00 4300 · Grants 23,300.00 1,000.00 78,798.95 74,000.00 74,000.00 4400 · Schwab Challenge Grant 0.00 0.00 15,403.00 28,000.00 74,000.00 7014 44000 · Grants 23,300.00 1,000.00 134,199.95 142,000.00 142,000.00 45000 · Programs 402.40 150.00 22,625.00 22,000.00 25,000.00 45100 · Program Fees 402.40 150.00 29,999.81 56,000.00 20,000.00 45000 · Golf Facility 252.40 2,150.00 29,999.81 56,000.00 56,000.00 46000 · Golf Facility 2,533.00 4,166.63 60,817.47 50,000.00 50,000.00 43000 · Miscellaneous income 43600 · Golf Facility 2,533.00 4,241.63 60,987.47 50,000.00 50,000.00 49000 · Miscellaneous income 43,300 · Mas				,		,
A4000 - Grants A4200 - Carlos Car	Total 43000 · Cornorate Sponsorshi	0.00	5 000 00	 .	<u> </u>	
		0.00	0,000.00	10,000.00	10,000.00	13,000.00
May May		0.00	0.00	40 000 00	40 000 00	40,000,00
Total 44000 - Schwab Challenge Grant Co.00 Co.00					,	
		,	,	,		
45100 - Program Fees	Total 44000 · Grants	23,300.00	1,000.00	134,199.95	142,000.00	142,000.00
45100 - Program Fees	45000 · Programs					
A 150 Scholarship Program Fees -150.00 2,000.00 -2,625.00 22,000.00 22,000.00 Total 45000 Programs 252.40 2,150.00 29,999.81 56,000.00 56,000.00 A 46000 Golf Facility 46100 GolffRange Revenue 2,533.00 4,166.63 60,817.47 50,000.00 900.00 900.00 A 46200 Unused 0.00 75.00 170.00 900.00 900.00 Total 46000 Golf Facility 2,533.00 4,241.63 60,987.47 50,900.00 50,900.00 A 49000 Miscellaneous Income 49300 Interest Earned 5,758.75 2,839.00 41,093.35 34,052.00 34,052.00 A 49300 Interest Earned 5,758.75 2,839.00 41,716.28 34,052.00 34,052.00 Total 49000 Miscellaneous Income 6,334.96 2,839.00 41,716.28 34,052.00 34,052.00 Total 49000 Operating Income 44,927.90 43,397.26 878,104.85 836,502.00 836,502.00 Total Income 44,927.90 43,397.26 878,104.85 836,502.00 836,502.00 Expense Business Operating Expenses 61000 Payroll Expenses 8100 Payroll Expenses 8100 Payroll Expenses 8100 Payroll Expenses 8100 Payroll Expenses 1,880.40 15,555.00 81200 Program Director 5,750.00 3,750.00 47,000.00 45,000.00 45,000.00 81200 Program Manager 1,880.40 15,555.00 81200 Payroll Taxes 2,217.97 2,148.92 17,639.81 24,864.36 24,864.36 24,864.36 81400 Payroll Expenses C1000 Payroll Expenses C100		402 40	150.00	32 624 81	34 000 00	34 000 00
Total 45000 · Programs 252.40 2,150.00 29,999.81 56,000.00 56,000.00 46000 · Golf Facility 46100 · Golf/Range Revenue 2,533.00 4,166.63 60,817.47 50,000.00 50,000.00 46200 · Unused 0.00 75.00 170.00 900.00 50,900.00 Total 46000 · Golf Facility 2,533.00 4,241.63 60,987.47 50,900.00 50,900.00 49300 · Interest Earned 5,758.75 2,839.00 41,093.35 34,052.00 34,052.00 49330 · Interest Earned 5,758.75 2,839.00 41,716.28 34,052.00 34,052.00 Total 49000 · Miscellaneous Income 6,334.96 2,839.00 41,716.28 34,052.00 34,052.00 Total 10000 · Operating Income 44,927.90 43,397.26 878,104.85 836,502.00 836,502.00 Expense Business Operating Expenses 61000 · Payroll Expenses 61000 · Payroll Expenses 6250.00 75,000.00 75,000.00 75,000.00 75,000.00 75,000.00 75,000.00 75,000.00 75,000.00 75,000.00 75,000.00 <th></th> <td></td> <td></td> <td>,</td> <td></td> <td></td>				,		
46100 - Golf/Range Revenue 46200 - Unused 2,533.00 0.00 4,166.63 75.00 60,817.47 170.00 50,000.00 900.00 50,000.00 900.00 Total 46000 - Golf Facility 2,533.00 4,241.63 60,987.47 50,900.00 50,900.00 49000 - Miscellaneous Income 49300 - Interest Earned 49350 - CPL Investment Gains/Lo 576.21 2,839.00 41,093.35 622.93 34,052.00 34,052.00 34,052.00 Total 49000 - Miscellaneous Income 6,334.96 2,839.00 41,716.28 34,052.00 34,052.00 Total 1ncome 44,927.90 43,397.26 878,104.85 836,502.00 836,502.00 Expense Business Operating Expenses 61000 - Payroll Expenses 61000 - Payroll Expenses 61000 - Payroll Expenses 61000 - Payroll Expenses 61200 - Program Director 6,250.00 5,750.00 6,250.00 3,750.00 75,000.00 47,000.00 75,000.00 45,000.00 75,000.00 45,000.00 45,000.00 45,000.00 45,000.00 45,000.00 42,500.00 42,500.00 61230 - Payroll Expenses 16100 - Payrol		252.40	2,150.00			
46100 - Golf/Range Revenue 46200 - Unused 2,533.00 0.00 4,166.63 75.00 60,817.47 170.00 50,000.00 900.00 50,000.00 900.00 Total 46000 - Golf Facility 2,533.00 4,241.63 60,987.47 50,900.00 50,900.00 49000 - Miscellaneous Income 49300 - Interest Earned 49350 - CPL Investment Gains/Lo 576.21 2,839.00 41,093.35 622.93 34,052.00 34,052.00 34,052.00 Total 49000 - Miscellaneous Income 6,334.96 2,839.00 41,716.28 34,052.00 34,052.00 Total 1ncome 44,927.90 43,397.26 878,104.85 836,502.00 836,502.00 Expense Business Operating Expenses 61000 - Payroll Expenses 61000 - Payroll Expenses 61000 - Payroll Expenses 61000 - Payroll Expenses 61200 - Program Director 6,250.00 5,750.00 6,250.00 3,750.00 75,000.00 47,000.00 75,000.00 45,000.00 75,000.00 45,000.00 45,000.00 45,000.00 45,000.00 45,000.00 42,500.00 42,500.00 61230 - Payroll Expenses 16100 - Payrol	46000 - Golf Facility					
A6200 · Unused D.00 75.00 170.00 900.00 900.00 900.00		2 533 00	4 166 63	60 817 47	50 000 00	50 000 00
A9000 Miscellaneous Income A9300 Interest Earned A9300 Interest Earned A9350 CFL Investment Gains/Lo 576.21 C			,			
Ag300 - Interest Earned 5,758.75 2,839.00 41,093.35 34,052.00 34,052.00 Ag350 - CFL Investment Gains/Lo 576.21 576.21 622.93 34,052.00 34,052.00 34,052.00 Total 49000 · Miscellaneous Income 6,334.96 2,839.00 41,716.28 34,052.00 34,052.00 34,052.00 Total 40000 · Operating Income 44,927.90 43,397.26 878,104.85 836,502.00 836,502.00 836,502.00 Expense Business Operating Expenses 61000 · Payroll Expenses 61100 · Executive Director 6,250.00 6,250.00 75,000.00 75,000.00 75,000.00 75,000.00 61200 · Program Director 5,750.00 3,750.00 47,000.00 45,000.00 45,000.00 45,000.00 61250 · Unused 3,541.66 3,541.63 42,499.92 42,500.00 42,500.00 61275 · Operations Manager 1,880.40 15,555.90 61280 · Program Manager 3,541.66 3,336.00 21,249.96 30,000.00 30,000.00 61300 · Payroll Taxes 2,217.97 2,148.92 17,639.81 24,864.36 24,864.36 61400 · Payroll Benefits 7,672.33 1,800.00 11,182.67 20,700.00 20,700.00 61500 · QB Payroll Processing F 0.00 8,000.00 592.76 8,000.00 8,000.00 61000 · Payroll Expenses - Other 0.00 0.00 592.76 8,000.00 8,000.00 592.76 8,000.00 8,000.00 61000 · Payroll Expenses - Other 0.00 0.00 592.76 8,000.00 3,000.00 61000 · Payroll Expenses - Other 0.00 0.00 592.76 8,000.00 3,000.00 61000 · Payroll Expenses - Other 0.00 0.00 592.76 8,000.00 3,000.00 61000 · Payroll Expenses - Other 0.00 0.00 592.76 8,000.00 3,000.00 6200 · Warketing 62100 · Advertising / Promotion 7,711.50 6,250.00 82,301.33 75,000.00 3,990.00 3,990.00 62200 · Website 0.00 100.00 2,530.00 3,990.00 3,990.00 3,990.00 62300 · Database 59.00 59.00 59.00 3,648.00 3,708.00 3,	Total 46000 · Golf Facility	2,533.00	4,241.63	60,987.47	50,900.00	50,900.00
Ag300 - Interest Earned 5,758.75 2,839.00 41,093.35 34,052.00 34,052.00 Ag350 - CFL Investment Gains/Lo 576.21 576.21 622.93 34,052.00 34,052.00 34,052.00 Total 49000 · Miscellaneous Income 6,334.96 2,839.00 41,716.28 34,052.00 34,052.00 34,052.00 Total 40000 · Operating Income 44,927.90 43,397.26 878,104.85 836,502.00 836,502.00 836,502.00 Expense Business Operating Expenses 61000 · Payroll Expenses 61100 · Executive Director 6,250.00 6,250.00 75,000.00 75,000.00 75,000.00 75,000.00 61200 · Program Director 5,750.00 3,750.00 47,000.00 45,000.00 45,000.00 45,000.00 61250 · Unused 3,541.66 3,541.63 42,499.92 42,500.00 42,500.00 61275 · Operations Manager 1,880.40 15,555.90 61280 · Program Manager 3,541.66 3,336.00 21,249.96 30,000.00 30,000.00 61300 · Payroll Taxes 2,217.97 2,148.92 17,639.81 24,864.36 24,864.36 61400 · Payroll Benefits 7,672.33 1,800.00 11,182.67 20,700.00 20,700.00 61500 · QB Payroll Processing F 0.00 8,000.00 592.76 8,000.00 8,000.00 61000 · Payroll Expenses - Other 0.00 0.00 592.76 8,000.00 8,000.00 592.76 8,000.00 8,000.00 61000 · Payroll Expenses - Other 0.00 0.00 592.76 8,000.00 3,000.00 61000 · Payroll Expenses - Other 0.00 0.00 592.76 8,000.00 3,000.00 61000 · Payroll Expenses - Other 0.00 0.00 592.76 8,000.00 3,000.00 61000 · Payroll Expenses - Other 0.00 0.00 592.76 8,000.00 3,000.00 6200 · Warketing 62100 · Advertising / Promotion 7,711.50 6,250.00 82,301.33 75,000.00 3,990.00 3,990.00 62200 · Website 0.00 100.00 2,530.00 3,990.00 3,990.00 3,990.00 62300 · Database 59.00 59.00 59.00 3,648.00 3,708.00 3,	49000 · Miscellaneous Income					
Total 49000 ⋅ Miscellaneous Income 6,334.96 2,839.00 41,716.28 34,052.00 34,052.00 Total 40000 ⋅ Operating Income 44,927.90 43,397.26 878,104.85 836,502.00 836,502.00 Expense Business Operating Expenses 836,502.00 836,502.00 836,502.00 Expense Business Operating Expenses 61000 ⋅ Payroll Expenses 61100 ⋅ Executive Director 6,250.00 6,250.00 75,000.00 75,000.00 75,000.00 75,000.00 75,000.00 75,000.00 40,000.00 45,000.00 45,000.00 42,500.00 42,600.00		5,758.75	2,839.00	41,093.35	34,052.00	34,052.00
Total 40000 · Operating Income 44,927.90 43,397.26 878,104.85 836,502.00 836,502.00 Total Income 44,927.90 43,397.26 878,104.85 836,502.00 836,502.00 Expense Business Operating Expenses 61000 · Payroll Expenses 61100 · Executive Director 6,250.00 75,000.00 75,000.00 75,000.00 75,000.00 75,000.00 46,000.00 45,000.00 42,500.00 42,500.00 42,500.00 42,500.00 42,500.00 42,500.00 42,500.00 42,500.00 42,500.00 42,500.00 30,000.00 61280 · Program Manager 1,880.40 15,555.90 30,000.00 30,000.00 30,000.00 30,000.00 30,000.00 30,000.00 42,864.36 24,864.36 24,864.36 24,864.36 24,864.36 24,864.36 24,864.36 24,8	49350 · CFL Investment Gains/Lo	576.21		622.93		
Total Income	Total 49000 · Miscellaneous Income	6,334.96	2,839.00	41,716.28	34,052.00	34,052.00
Expense Business Operating Expenses 61000 · Payroll Expenses 61000 · Payroll Expenses 61000 · Payroll Expenses 61000 · Executive Director 6,250.00 3,750.00 75,000.00 75,000.00 75,000.00 75,000.00 61200 · Program Director 5,750.00 3,750.00 47,000.00 45,000.00 45,000.00 61250 · Unused 3,541.66 3,541.63 42,499.92 42,500.00 42,500.00 61275 · Operations Manager 1,880.40 15,555.90 61280 · Program Manager 3,541.66 3,336.00 21,249.96 30,000.00 30,000.00 61300 · Payroll Taxes 2,217.97 2,148.92 17,639.81 24,864.36 24,864.36 61400 · Payroll Benefits 7,672.33 1,800.00 11,182.67 20,700.00 20,700.00 61500 · QB Payroll Processing F 0.00 8,000.00 592.76 8,000.00 8,000.00 61000 · Payroll Expenses 30,854.02 28,826.55 230,721.02 246,064.36 246,064.36 62000 · Marketing 62100 · Advertising / Promotion 7,711.50 6,250.00 82,301.33 75,000.00 75,000.00 62200 · Website 0.00 100.00 2,530.00 3,990.00 3,990.00 62300 · Database 59.00 59.00 3,648.00 3,708.00 3,708.00	Total 40000 · Operating Income	44,927.90	43,397.26	878,104.85	836,502.00	836,502.00
Business Operating Expenses 61000 · Payroll Expenses 61100 · Executive Director 6,250.00 6,250.00 75,000.00 75,000.00 75,000.00 61200 · Program Director 5,750.00 3,750.00 47,000.00 45,000.00 45,000.00 61250 · Unused 3,541.66 3,541.63 42,499.92 42,500.00 42,500.00 61275 · Operations Manager 1,880.40 15,555.90 61280 · Program Manager 3,541.66 3,336.00 21,249.96 30,000.00 61300 · Payroll Taxes 2,217.97 2,148.92 17,639.81 24,864.36 24,864.36 61400 · Payroll Benefits 7,672.33 1,800.00 11,182.67 20,700.00 20,700.00 61500 · QB Payroll Processing F 0.00 8,000.00 592.76 8,000.00 61000 · Payroll Expenses 30,854.02 28,826.55 230,721.02 246,064.36 246,064.36 62000 · Marketing 62100 · Advertising / Promotion 7,711.50 6,250.00 82,301.33 75,000.00 75,000.00 62200 · Website 0.00 100.00 2,530.00 3,990.00 3,990.00 62300 · Database 59.00 59.00 3,648.00 3,708.00 3,708.00	Total Income	44,927.90	43,397.26	878,104.85	836,502.00	836,502.00
61000 · Payroll Expenses 61100 · Executive Director 6,250.00 6,250.00 75,000.00 75,000.00 75,000.00 61200 · Program Director 5,750.00 3,750.00 47,000.00 45,000.00 45,000.00 61250 · Unused 3,541.66 3,541.63 42,499.92 42,500.00 42,500.00 61275 · Operations Manager 1,880.40 15,555.90 61280 · Program Manager 3,541.66 3,336.00 21,249.96 30,000.00 30,000.00 61300 · Payroll Taxes 2,217.97 2,148.92 17,639.81 24,864.36 24,864.36 61400 · Payroll Benefits 7,672.33 1,800.00 11,182.67 20,700.00 20,700.00 61500 · QB Payroll Processing F 0.00 8,000.00 592.76 8,000.00 61000 · Payroll Expenses Other 0.00 Total 61000 · Payroll Expenses 30,854.02 28,826.55 230,721.02 246,064.36 246,064.36 62000 · Marketing 62100 · Advertising / Promotion 7,711.50 6,250.00 82,301.33 75,000.00 75,000.00 62200 · Website 0.00 100.00 2,530.00 3,990.00 3,990.00 62300 · Database 59.00 59.00 3,648.00 3,708.00 3,708.00	•					
61100 · Executive Director 6,250.00 6,250.00 75,000.00 75,000.00 75,000.00 61200 · Program Director 5,750.00 3,750.00 47,000.00 45,000.00 45,000.00 61250 · Unused 3,541.66 3,541.63 42,499.92 42,500.00 42,500.00 61275 · Operations Manager 1,880.40 15,555.90 61280 · Program Manager 3,541.66 3,336.00 21,249.96 30,000.00 30,000.00 61300 · Payroll Taxes 2,217.97 2,148.92 17,639.81 24,864.36 24,864.36 61400 · Payroll Benefits 7,672.33 1,800.00 11,182.67 20,700.00 20,700.00 61500 · QB Payroll Processing F 0.00 8,000.00 592.76 8,000.00 8,000.00 61000 · Payroll Expenses - Other 0.00 0.00 0.00						
61200 · Program Director 5,750.00 3,750.00 47,000.00 45,000.00 45,000.00 61250 · Unused 3,541.66 3,541.63 42,499.92 42,500.00 42,500.00 61275 · Operations Manager 1,880.40 15,555.90 30,000.00 30,000.00 61280 · Program Manager 3,541.66 3,336.00 21,249.96 30,000.00 30,000.00 61300 · Payroll Taxes 2,217.97 2,148.92 17,639.81 24,864.36 24,864.36 61400 · Payroll Benefits 7,672.33 1,800.00 11,182.67 20,700.00 20,700.00 61500 · QB Payroll Processing F 0.00 8,000.00 592.76 8,000.00 8,000.00 61000 · Payroll Expenses - Other 0.00 0.00 246,064.36 246,064.36 62000 · Marketing 62100 · Advertising / Promotion 7,711.50 6,250.00 82,301.33 75,000.00 75,000.00 62200 · Website 0.00 100.00 2,530.00 3,990.00 3,990.00 62300 · Database 59.00 59.00 3,648.00 3,708.00		6 250 00	6 250 00	75 000 00	75 000 00	75 000 00
61250 · Unused 3,541.66 3,541.63 42,499.92 42,500.00 42,500.00 61275 · Operations Manager 1,880.40 15,555.90 30,000.00 30,000.00 61280 · Program Manager 3,541.66 3,336.00 21,249.96 30,000.00 30,000.00 61300 · Payroll Taxes 2,217.97 2,148.92 17,639.81 24,864.36 24,864.36 61400 · Payroll Benefits 7,672.33 1,800.00 11,182.67 20,700.00 20,700.00 61500 · QB Payroll Processing F 0.00 8,000.00 592.76 8,000.00 8,000.00 61000 · Payroll Expenses - Other 0.00 0.00 246,064.36 246,064.36 Colopic Marketing 62100 · Advertising / Promotion 7,711.50 6,250.00 82,301.33 75,000.00 75,000.00 62200 · Website 0.00 100.00 2,530.00 3,990.00 3,990.00 62300 · Database 59.00 59.00 3,648.00 3,708.00 3,708.00						
61275 · Operations Manager 1,880.40 15,555.90 61280 · Program Manager 3,541.66 3,336.00 21,249.96 30,000.00 30,000.00 61300 · Payroll Taxes 2,217.97 2,148.92 17,639.81 24,864.36 24,864.36 61400 · Payroll Benefits 7,672.33 1,800.00 11,182.67 20,700.00 20,700.00 61500 · QB Payroll Processing F 0.00 8,000.00 592.76 8,000.00 8,000.00 61000 · Payroll Expenses - Other 0.00 0.00 0.00 246,064.36 246,064.36 62000 · Marketing 62100 · Advertising / Promotion 7,711.50 6,250.00 82,301.33 75,000.00 75,000.00 62200 · Website 0.00 100.00 2,530.00 3,990.00 3,990.00 62300 · Database 59.00 59.00 3,648.00 3,708.00 3,708.00	•		-,			
61300 · Payroll Taxes 2,217.97 2,148.92 17,639.81 24,864.36 24,864.36 61400 · Payroll Benefits 7,672.33 1,800.00 11,182.67 20,700.00 20,700.00 61500 · QB Payroll Processing F 0.00 8,000.00 592.76 8,000.00 8,000.00 61000 · Payroll Expenses - Other 0.00 28,826.55 230,721.02 246,064.36 246,064.36 62000 · Marketing 62100 · Advertising / Promotion 7,711.50 6,250.00 82,301.33 75,000.00 75,000.00 62200 · Website 0.00 100.00 2,530.00 3,990.00 3,990.00 62300 · Database 59.00 59.00 3,648.00 3,708.00 3,708.00			-,-		,	,
61400 · Payroll Benefits 7,672.33 1,800.00 11,182.67 20,700.00 20,700.00 61500 · QB Payroll Processing F 0.00 8,000.00 592.76 8,000.00 8,000.00 Total 61000 · Payroll Expenses 30,854.02 28,826.55 230,721.02 246,064.36 246,064.36 62000 · Marketing 62100 · Advertising / Promotion 7,711.50 6,250.00 82,301.33 75,000.00 75,000.00 62200 · Website 0.00 100.00 2,530.00 3,990.00 3,990.00 62300 · Database 59.00 59.00 3,648.00 3,708.00 3,708.00	61280 · Program Manager	3,541.66	3,336.00	21,249.96	30,000.00	30,000.00
61500 · QB Payroll Processing F 61000 · Payroll Expenses - Other 0.00 0.00 8,000.00 0.00 592.76 0.00 8,000.00 0.00 8,000.00 246,064.36 </th <th></th> <th>2,217.97</th> <th>2,148.92</th> <th></th> <th>24,864.36</th> <th></th>		2,217.97	2,148.92		24,864.36	
61000 · Payroll Expenses - Other 0.00 0.00 Total 61000 · Payroll Expenses 30,854.02 28,826.55 230,721.02 246,064.36 246,064.36 62000 · Marketing 62100 · Advertising / Promotion 62200 · Website 7,711.50 0.00 6,250.00 100.00 82,301.33 2,530.00 75,000.00 3,990.00 75,000.00 3,990.00 62300 · Database 59.00 59.00 3,648.00 3,708.00 3,708.00				,		
62000 · Marketing 62100 · Advertising / Promotion 7,711.50 6,250.00 82,301.33 75,000.00 75,000.00 62200 · Website 0.00 100.00 2,530.00 3,990.00 3,990.00 62300 · Database 59.00 59.00 3,648.00 3,708.00 3,708.00			8,000.00		8,000.00	8,000.00
62100 · Advertising / Promotion 7,711.50 6,250.00 82,301.33 75,000.00 75,000.00 62200 · Website 0.00 100.00 2,530.00 3,990.00 3,990.00 62300 · Database 59.00 59.00 3,648.00 3,708.00 3,708.00	Total 61000 · Payroll Expenses	30,854.02	28,826.55	230,721.02	246,064.36	246,064.36
62100 · Advertising / Promotion 7,711.50 6,250.00 82,301.33 75,000.00 75,000.00 62200 · Website 0.00 100.00 2,530.00 3,990.00 3,990.00 62300 · Database 59.00 59.00 3,648.00 3,708.00 3,708.00	62000 · Marketing					
62200 · Website 0.00 100.00 2,530.00 3,990.00 3,990.00 62300 · Database 59.00 59.00 3,648.00 3,708.00 3,708.00		7,711.50	6,250.00	82,301.33	75,000.00	75,000.00
	62200 · Website	0.00	100.00	2,530.00	3,990.00	3,990.00
Total 62000 · Marketing 7,770.50 6,409.00 88,479.33 82,698.00 82,698.00	62300 · Database	59.00	59.00	3,648.00	3,708.00	3,708.00
	Total 62000 · Marketing	7,770.50	6,409.00	88,479.33	82,698.00	82,698.00

	Dec 24	Budget	Jan - Dec 24	YTD Budget	Annual Budget
63000 · Professional Services					
63300 · Tax/Financial Services	0.00	0.00	5.301.85	5,250.00	5,250.00
63600 · Accounting & IT Services	740.16	600.00	8,887.92	7,200.00	7,200.00
63650 · Development Services	5,610.00		5,610.00		
63700 · Coach Training	197.00	0.00	1,737.74	4,000.00	4,000.00
63750 · Instructor Payments	0.00	0.00	9,790.00	8,800.00	8,800.00
Total 63000 · Professional Services	6,547.16	600.00	31,327.51	25,250.00	25,250.00
64000 · Building & Ground Mainten					
64300 · Equipment Repairs	246.54	600.00	6,991.39	6,800.00	6,800.00
64450 · Depreciation	747.37	625.00	8,968.44	7,500.00	7,500.00
64500 · Ground Maintenance	3,000.00	3,000.00	36,000.00	36,000.00	36,000.00
64600 · Course Maintenance	0.00	0.00	0.00	4 500 00	4 500 00
64610 · Plant Seed Sod	0.00	0.00 0.00	0.00	1,500.00	1,500.00
64620 · Sand & Top Dressing 64630 · Fertilizer	0.00 0.00	0.00	2,478.33 2,379.41	2,200.00 2,800.00	2,200.00 2,800.00
64640 · Fuel, Gas, Oil	68.45	50.00	2,097.34	1,855.00	1,855.00
64650 · Chemicals	1,597.23	650.00	9,089.30	7,800.00	7,800.00
64670 · Other Maintenance	0.00	500.00	2,290.14	6,000.00	6,000.00
64690 · Course Labor	126.00	665.00	8,686.00	8,385.00	8,385.00
64600 · Course Maintenance	0.00	0.00	69.88	0.00	0.00
Total 64600 · Course Maintenance	1,791.68	1,865.00	27,090.40	30,540.00	30,540.00
Total 64000 · Building & Ground Ma	5,785.59	6,090.00	79,050.23	80,840.00	80,840.00
65000 · Administration 65100 · Insurance					
65110 · General & Liability	1,210.03	0.00	22,377.03	15,330.00	15,330.00
65120 · Directors & Officers	0.00	0.00	880.00	880.00	880.00
65150 · Workers Comp	0.00	0.00	3,643.00	755.00	755.00
Total 65100 · Insurance	1,210.03	0.00	26,900.03	16,965.00	16,965.00
65200 · Travel					
65210 · Mileage Reimbursement	0.00	50.00	138.00	950.00	950.00
65220 · Conferences	1,518.31	2,500.00	4,521.20	7,250.00	7,250.00
Total 65200 · Travel	1,518.31	2,550.00	4,659.20	8,200.00	8,200.00
65300 · Utilities					
65310 · Telephone	177.18	175.00	2,121.28	2,100.00	2,100.00
65320 · Electric	142.00	90.00	1,517.00	1,080.00	1,080.00
65330 · Utilities - New Office	320.00	600.00	320.00	5,400.00	5,400.00
Total 65300 · Utilities	639.18	865.00	3,958.28	8,580.00	8,580.00
65400 · Membership Fees & Sub	0.00	75.00	0.750.04	0.000.00	0.000.00
65430 · Subscriptions	0.00	75.00	2,752.91	2,200.00	2,200.00
Total 65400 · Membership Fees &	0.00	75.00	2,752.91	2,200.00	2,200.00
65500 · Other Administrative Exp	0.00		4.550.50		
65506 · Bank / Investment Fees	0.00	E00.00	1,552.50	6 000 00	6 000 00
65505 · Credit Card Processing 65510 · BGC Rental	86.91 1,500.00	500.00 1,500.00	5,231.13 19,361.00	6,000.00 18,000.00	6,000.00 18,000.00
65513 · Rent - New Office	5,200.00	4,000.00	5,200.00	36,000.00	36,000.00
65515 · Office Supplies	347.94	350.00	5,127.75	4,200.00	4,200.00
65520 · Postage	268.79	470.00	1,787.99	1,990.00	1,990.00
65525 · Printing	461.31	1,700.00	1,613.50	7,000.00	7,000.00
65530 · Meals/Entertainment	4.38	125.00	701.53	1,500.00	1,500.00
65550 · Program Supplies & C	78.89	666.63	6,512.73	8,000.00	8,000.00
65553 · School Program	0.00	1,750.00	0.00	21,000.00	21,000.00
65556 · Background Checks	0.00	0.00	1,353.00	700.00	700.00
65558 · Moving Expenses 65560 · Miscellaneous	913.34 335.30	0.00 416.63	913.34 9,921.32	10,000.00 5,000.00	10,000.00 5,000.00
Total 65500 · Other Administrativ	9,196.86	11,478.26	59,275.79	119,390.00	119,390.00
65000 · Administration - Other	0.00		19.20		
Total 65000 · Administration	12,564.38	14,968.26	97,565.41	155,335.00	155,335.00

11:35 AM 02/11/25 Accrual Basis

The First Tee of the Lowcountry Profit & Loss Budget Performance

	Dec 24	Budget	Jan - Dec 24	YTD Budget	Annual Budget
67000 · Events					
67100 · Champions Tournament	0.00	26,500.00	61,232.65	64,500.00	64,500.00
67200 · Awards Banquet	0.00	0.00	44,369.48	29,000.00	29,000.00
67400 · New Stewardship Event	0.00	0.00	0.00	4,000.00	4,000.00
67600 · HHIJGA	0.00	0.00	4,627.22	3,500.00	3,500.00
67800 · Volunteer Appreciation	0.00	0.00	1,856.83	2,000.00	2,000.00
Total 67000 · Events	0.00	26,500.00	112,086.18	103,000.00	103,000.00
Total Business Operating Expenses	63,521.65	83,393.81	639,229.68	693,187.36	693,187.36
68400 · College Scholarship Expense	-5,000.00	0.00	130,000.00	130,000.00	130,000.00
Total Expense	58,521.65	83,393.81	769,229.68	823,187.36	823,187.36
Net Ordinary Income	-13,593.75	-39,996.55	108,875.17	13,314.64	13,314.64
Other Income/Expense Other Expense					
80000 · Ask My Accountant	0.00		0.00		
Total Other Expense	0.00		0.00		
Net Other Income	0.00	0.00	0.00	0.00	0.00
Net Income	-13,593.75	-39,996.55	108,875.17	13,314.64	13,314.64

The First Tee of the Lowcountry Balance Sheet

As of December 31, 2024

	Dec 31, 24
ASSETS	
Current Assets	
Checking/Savings	
10000 · Cash Funds	
10100 · CSB Checking Account	51,099.94
10120 · CSB MM Operating Account	79,070.39
10130 · CSB Operating Reserve CD	107,973.39
10700 · Cash at Facility	100.00
Total 10000 · Cash Funds	238,243.72
10205 · Fidelity - Investment Accounts	
10210 Fidelity Operating MM #6361	305,080.93
10310 · Fid Participant Scholar CD#1186	42,311.65
10410 Fid. College Scholars CD #1683	33.58
10510 · Fidelity Cap Reserve CD #9386	148,264.82
10610 Fidelity Oper Oper Res CD #1036	211,862.59
Total 10205 · Fidelity - Investment Accounts	707,553.57
10250 · Community Foundation of the LC	180,564.69
Total Checking/Savings	1,126,361.98
Total Current Assets	1,126,361.98
Fixed Assets	
13000 · Leasehold Improvements	
13400 · Bunker Renovation	8,876.43
13100 · Irrigation System	10,997.41
13200 · Drainage System	7,991.81
13300 · Window Film	2,428.00
Total 13000 · Leasehold Improvements	30,293.65
14000 · Buildings	4,558.00
15000 · Furniture and Equipment	
15100 · MX Utility Vehicle	5,000.00
15200 Exhibition Tent	2,778.01
15300 · Signage	9,261.82
15400 · Mower Deck	4,348.12
15500 · Z-Spayer	19,713.88
15600 · Driving Range Picker	19,043.96
15000 · Furniture and Equipment - Other	1,256.34
Total 15000 · Furniture and Equipment	61,402.13

The First Tee of the Lowcountry Balance Sheet

As of December 31, 2024

	Dec 31, 24
17999 · Accumulated Depreciation	-31,340.84
Total Fixed Assets	64,912.94
TOTAL ASSETS	1,191,274.92
LIABILITIES & EQUITY Liabilities Current Liabilities Accounts Payable 20000 · Accounts Payable	7,360.00
Total Accounts Payable	7,360.00
Other Current Liabilities 24000 · Payroll Liabilities	7,223.30
Total Other Current Liabilities	7,223.30
Total Current Liabilities	14,583.30
Total Liabilities	14,583.30
Equity 26100 · Participant Scholars Restr. 26102 · End of Year Appeal 26100 · Participant Scholars Restr Other Total 26100 · Participant Scholars Restr. 26200 · College Scholars Restricted 31100 · Operating Reserve Restricted 31200 · Capital Reserve Restricted 31400 · CFL College Scholars Restricted 32000 · Unrestricted Net Assets 33000 · Fidelity-Unrealized Gain/(Loss) 10131 · CSB Unrealized Loss CD 10311 · FID Unrealized Loss CD Coll Sch 10411 · FID Unrealized Loss CD Cap Res 10611 · FID Unrealized Loss CD Opr Res	13,950.93 28,360.72 42,311.65 33.58 107,973.39 148,264.82 180,564.69 452,656.25 1,087.43 -2,772.85 -42.85 1,205.23 6,535.11
Total 33000 · Fidelity-Unrealized Gain/(Loss)	6,012.07
Net Income	238,875.17
Total Equity	1,176,691.62
TOTAL LIABILITIES & EQUITY	1,191,274.92

	Dec 23	Budget	Jan - Dec 23	YTD Budget	Annual Budget
Ordinary Income/Expense					
Income					
40000 · Operating Income					
41000 · Donations					
41100 · General	4,575.00	3,166.63	30,489.15	38,000.00	38,000.00
41300 · Memorials	1,568.30	0.00	18,664.05	2,000.00	2,000.00
41400 · Golf Club/Ball Sales	3,250.00	1,225.00	23,690.00	14,700.00	14,700.00
41800 · End of Year Appeal	4,366.75	8,000.00	4,924.25	8,050.00	8,050.00
Total 41000 · Donations	13,760.05	12,391.63	77,767.45	62,750.00	62,750.00
42000 · Special Events					
42100 · Champions Tournament	1,888.99	5,500.00	197,825.96	150,000.00	150,000.00
42200 · Awards Banquet	0.00	0.00	46,249.55	26,500.00	26,500.00
42300 Palmetto Bluff Event	0.00	0.00	14,197.77	12,500.00	12,500.00
42400 · Other Events	0.00	0.00	1,000.00	2,500.00	2,500.00
Total 42000 · Special Events	1,888.99	5,500.00	259,273.28	191,500.00	191,500.00
43000 · Corporate Sponsorships					
43200 · PGA Tour	0.00	0.00	5,000.00	5,000.00	5,000.00
43300 · Other	5,000.00	0.00	20,000.00	30,000.00	30,000.00
Total 43000 · Corporate Sponsorships	5,000.00	0.00	25,000.00	35,000.00	35,000.00
44000 · Grants					
44200 · Local Government ATAX	0.00	40,000.00	40,000.00	40,000.00	40,000.00
44300 · Grants	23,100.00	1,000.00	70,544.00	74,000.00	74,000.00
44400 · Schwab Challenge Grant	0.00	0.00	27,987.00	30,000.00	30,000.00
Total 44000 · Grants	23,100.00	41,000.00	138,531.00	144,000.00	144,000.00
45000 · Programs					
45100 · Program Fees	564.80	150.00	34,106.38	34,000.00	34,000.00
45150 · Scholarship Program Fees	18,530.80	2,000.00	20,191.46	22,000.00	22,000.00
Total 45000 · Programs	19,095.60	2,150.00	 54,297.84	56,000.00	56,000.00
46000 · Golf Facility					
46100 · Golf/Range Revenue	2,300.00	3,500.00	53,449.50	42,000.00	42,000.00
46200 · Disc Golf Revenue	20.00	100.00	873.00	1,200.00	1,200.00
Total 46000 · Golf Facility	2,320.00	3,600.00	54,322.50	43,200.00	43,200.00
49000 · Miscellaneous Income					
49300 · Interest Earned	377.25	29.00	4,620.11	348.00	348.00
Total 49000 · Miscellaneous Income	377.25	29.00	4,620.11	348.00	348.00
Total 40000 · Operating Income	65,541.89	64,670.63	613,812.18	532,798.00	532,798.00
Total Income	65,541.89	64,670.63	613,812.18	532,798.00	532,798.00

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

		Dec 23	Budget	Jan - Dec 23	YTD Budget	Annual Budget
6520 Electric 197.00 62.50 1,362.00 750.00 750.00 Total 65300 Utilities 399.32 237.50 3,492.11 2,850.00 2,250.00 65430 Membership Feas & Subscriptions 0.00 0.00 2,230.50 1,800.00 1,800.00 Total 65400 Membership Feas & Subscriptions 0.00 0.00 2,230.50 1,800.00 1,800.00 65500 Other Administrative Expenses 300.00 1,500.00 1,500.00 1,810.00 3,000.00 65501 - Gloc Rental 1,500.00 1,500.00 1,812.00 3,000.00 3,000.00 65515 - Gloc Rental 1,500.00 1,500.00 1,812.00 1,800.00 1,800.00 65515 - Gloc Rental 1,500.00 1,500.00 1,812.00 3,000.00 4,000.00 65515 - Gloc Rental 1,500.00 1,500.00 4,111.87 4,500.00 4,500.00 65515 - Gloc Rental 1,077.36 375.00 1,722.00 5,740.61 7,000.00 2,000.00 65525 - Printing 2,397.80 1,700.00 5,740.61 7,00		000.00	475.00	0.400.44	0.400.00	0.400.00
Total 65300 - Utilities	•					
65400 · Membership Fees & Subscriptions 0.00 0.00 2.230.50 1,800.00 1,800.00 Total 65400 · Membership Fees & Subscriptions 0.00 0.00 2,230.50 1,800.00 1,800.00 65500 · Other Administrative Expenses 65505 · Credit Card Processing 310.45 1500.00 6,481.42 3,000.00 3,000.00 65510 · BGC Rottal 1,500.00 1,500.00 18,129.06 18,000.00 18,000.00 65510 · BGC Rottal 1,500.00 1,500.00 4,311.87 4,500.00 4,500.00 65520 · Potsage 1,333.70 470.00 2,221.02 1,990.00 1,990.00 65520 · Potsage 1,333.70 1,700.00 5,740.61 7,000.00 7,000.00 65520 · Potsage 1,333.70 1,700.00 5,740.61 7,000.00 7,000.00 65520 · Potsage 1,333.70 1,700.00 1,072.53 900.00 900.00 65520 · Potsage 3,651.03 1,000.00 1,382.50 28,000.00 29,000.00 65520 · Potsage 3,051.03 1,000.00 52,000.0						
65430 · Subscriptions 0.00 0.00 2.230.50 1,800.00 1,800.00 Total 65400 · Membership Fees & Subscriptions 0.00 0.00 2.230.50 1,800.00 1,800.00 65500 · Other Administrative Expenses 85805 · Credit Card Processing 310.45 100.00 6,481.42 3,000.00 3,000.00 65510 · BGC Rental 1,500.00 1,500.00 16,129.06 18,000.00 4,500.00 65520 · Postage 1,333.70 470.00 2,221.02 1,990.00 1,990.00 65530 · Meals/Entertainment 46.24 75.00 1,072.23 300.00 29,000.00 65530 · Meals/Entertainment 46.24 75.00 1,082.23 300.00 29,000.00 65530 · Meals/Entertainment 46.24 75.00 1,082.33 300.00 29,000.00 65530 · Meals/Entertainment 46.24 75.00 1,082.33 300.00 29,000.00 65530 · Meals/Entertainment 46.24 75.00 1,082.23 300.00 29,000.00 65530 · Meals/Entertainment 161.22 100.00	Total 65300 · Utilities	399.32	237.50	3,492.11	2,850.00	2,850.00
Total 65400 - Membership Fees & Subscriptions 0.00 0.00 2.230.50 1,800.00 1,800.00 1,800.00 1,800.00 1,800.00 1,800.00 1,800.00 3,000.00 3,	· · · · · · · · · · · · · · · · · · ·					
65500 · Other Administrative Expenses 310.45 100.00 6.481.42 3,000.00 3,000.00 65510 · BGC Rental 1,500.00 1,500.00 18,129.66 18,000.00 18,000.00 65510 · BGC Rental 1,077.36 375.00 4,311.87 4,500.00 1,500.00 65520 · Postage 1,333.70 470.00 2,221.02 1,990.00 1,990.00 65525 · Printing 2,397.90 1,700.00 5,740.61 7,000.00 7,000.00 65530 · Masia/Entertainment 46,24 75.00 1,072.53 900.00 900.00 65550 · Program Supplies & Costs 3,051.03 1,000.00 82.00 1,200.00 29,000.00 65556 · Background Checks 205.00 100.00 82.00 1,200.00 2,450.00 65556 · Miscellaneous 151.26 100.00 5,498.28 5,450.00 7,040.00 Total 65500 · Other Administrative Expenses 10,072.84 5,420.00 51,372.9 71,040.00 7,040.00 67000 · Events 4 1,289.48 5,707.50 82,849.6 <t< th=""><th>65430 · Subscriptions</th><th>0.00</th><th>0.00</th><th>2,230.50</th><th>1,800.00</th><th>1,800.00</th></t<>	65430 · Subscriptions	0.00	0.00	2,230.50	1,800.00	1,800.00
6550 - Credit Card Processing 310.45 100.00 6,481.42 3,000.00 3,000.00 65510 - BGC Rental 1,500.00 1,500.00 1,500.00 1,800.00 1,800.00 65515 - Office Supplies 1,077.36 375.00 4,311.87 4,500.00 4,500.00 65520 - Postage 1,333.70 470.00 2,221.02 1,990.00 1,990.00 65530 - Meals/Entertainment 46.24 75.00 1,072.53 900.00 29,000.00 65530 - Meals/Entertainment 46.24 75.00 1,072.53 900.00 29,000.00 65550 - Program Supplies & Costs 3,051.03 1,000.00 13,862.50 29,000.00 29,000.00 65550 - Program Supplies & Costs 3,051.03 1,000.00 520.00 1,200.00 29,000.00 29,000.00 65550 - Program Supplies & Costs 3,051.03 1,000.00 520.00 1,200.00 29,000.00 29,000.00 29,000.00 29,000.00 29,000.00 29,000.00 1,200.00 4,400.00 3,6550 1,200.00 3,6550 1,200.00 3,6550	Total 65400 · Membership Fees & Subscriptions	0.00	0.00	2,230.50	1,800.00	1,800.00
6551 - BGC Rental 1,500.00 1,500.00 18,129.06 18,000.00 18,000.00 6551 - Office Supplies 1,077.36 375.00 4,311.87 4,500.00 1,990.00 1,900.00 2,900.00 2,900.00 2,900.00 2,900.00 2,900.00 2,900.00 2,500.00 1,900.00 1,900.00 1,900.00 1,900.00 1,900.00 1,900.00 1,90						
65515 - Office Supplies 1.077.36 375.00 4.311.87 4.500.00 4.500.00 65520 - Pootsage 1.333.70 470.00 2.221.02 1.990.00 7.000.00 65525 - Printing 2.397.80 1.700.00 5.740.61 7.000.00 7.000.00 65550 - Program Supplies & Costs 3.051.03 1.000.00 13,862.50 29,000.00 29,000.00 65550 - Program Supplies & Costs 3.051.03 1.000.00 820.00 1.200.00 1.200.00 65550 - Program Supplies & Costs 2.05.00 100.00 820.00 1.200.00 1.200.00 65550 - Sackground Checks 2.05.00 100.00 820.00 1.200.00 1.200.00 65550 - Will Sincellaneous 151.26 100.00 5.490.28 5.450.00 7.1,040.00 Total 65500 - Other Administrative Expenses 10,072.84 5.420.00 58.137.29 71,040.00 71,040.00 67000 - Events 41,737.16 22,500.00 57,401.63 44,000.00 44,000.00 44,000.00 44,000.00 47,000.00 20,000.00 2,500.00 <th></th> <th></th> <th></th> <th></th> <th></th> <th></th>						
65520 - Postage 1,333.70 470.00 2,221.02 1,990.00 1,990.00 65525 - Printing 2,397.80 1,700.00 5,740.61 7,000.00 7,000.00 65530 - Meals/Entertainment 46,24 75.00 1,072.53 900.00 290.00 65550 - Program Supplies & Costs 3,051.03 1,000.00 13,862.50 29,000.00 29,000.00 65555 - Background Checks 205.00 100.00 820.00 1,200.00 1,200.00 65550 - Whiscellaneous 151.26 100.00 5,498.28 5,450.00 71,040.00 Total 6500 - Other Administrative Expenses 10,072.84 5,420.00 58,137.29 71,040.00 71,040.00 6700 - Events 41,737.16 22,500.00 57,401.63 44,000.00 44,000.00 6700 - Events 67100 - Champions Tournament 41,737.16 22,500.00 57,401.63 44,000.00 44,000.00 67200 - Awards Banquet 0.00 0.00 32,019.6 2,500.00 2,500.00 2,500.00 2,500.00 2,500.00 2,500.00 2,500.0						
65525 - Printing 2,397.80 1,700.00 5,740.61 7,000.00 7,000.00 65530 - Moals/Enterlainment 46,24 75,00 1,072.53 900.00 900.00 65550 - Program Supplies & Costs 3,051.03 1,000.00 13,862.50 29,000.00 29,000.00 65550 - Miscellaneous 151.26 100.00 820.00 1,200.00 1,200.00 6550 - Other Administrative Expenses 10,072.84 5,420.00 58,137.29 71,040.00 71,040.00 Total 65000 - Administration 11,289.48 5,707.50 82,824.96 96,305.00 96,305.00 67000 - Events 5700.00 57,401.63 44,000.00 44,000.00 44,000.00 44,000.00 67200 - 40,000 44,000.00 44,000.00 67200 - 57,401.63 44,000.00 20,000.00 <th></th> <th></th> <th></th> <th></th> <th></th> <th></th>						
65530 Meals/Entertainment 46.24 75.00 1.072.53 900.00 900.00 65556 Program Supplies & Costs 3,051.03 1,000.00 13.862.50 29,000.00 29,000.00 65556 Background Checks 205.00 100.00 820.00 1,200.00 1,200.00 65560 Miscellaneous 151.26 100.00 5,489.28 5,450.00 71,040.00 Total 65500 Chter Administrative Expenses 10,072.84 5,420.00 58,137.29 71,040.00 71,040.00 67000 Events 67100 Champions Tournament 41,737.16 22,500.00 57,401.63 44,000.00 44,000.00 67200 Awards Banquet 0.00 0.00 57,401.63 44,000.00 20,000.00 67300 Palmetto Bluff Event 0.00 0.00 3,201.96 2,500.00 7,500.00 67400 New Stewardship Event 0.00 0.00 1,879.40 7,500.00 7,500.00 Total 67000 Events 41,737.16 22,500.00 91,528.69 74,000.00 7,500.00 68000 Operating Reserve 0.00 0.00 0.00 <th></th> <th></th> <th></th> <th></th> <th></th> <th></th>						
65550 · Program Supplies & Costs 6556 · Background Checks 205.00 100.00 100.00 820.00 1,200.00 1,	65525 · Printing					
65556 · Background Checks 205,00 100,00 620,00 1,200,00 1,200,00 5,450,00 5,450,00 5,450,00 5,450,00 5,450,00 5,450,00 5,450,00 5,450,00 5,450,00 5,450,00 5,450,00 5,450,00 5,450,00 5,450,00 71,040,00 71,040,00 71,040,00 71,040,00 71,040,00 71,040,00 71,040,00 71,040,00 96,305,						
65560 · Miscellaneous 151.26 100.00 5.498.28 5,450.00 5,450.00 Total 65500 · Other Administrative Expenses 10,072.84 5,420.00 58,137.29 71,040.00 71,040.00 Total 65000 · Administration 11,289.48 5,707.50 82,824.96 96,305.00 96,305.00 67000 · Events 87100 · Champions Tournament 41,737.16 22,500.00 57,401.63 44,000.00 44,000.00 67200 · Awards Banquet 0.00 0.00 29,045.70 20,000.00 20,000.00 67300 · Palmetto Bluff Event 0.00 0.00 3,201.96 2,500.00 2,500.00 67400 · New Stewardship Event 0.00 0.00 1,879.40 7,500.00 7,500.00 Total 67000 · Events 41,737.16 22,500.00 91,528.69 74,000.00 7,500.00 68000 · Operating Reserve 0.00 1,000.00 0.00 1,000.00 1,000.00 12,000.00 12,000.00 12,000.00 12,000.00 56,844.00 56,844.00 56,844.00 56,844.00 56,844.00 56,844.00 56,844.00	65550 · Program Supplies & Costs					
Total 65500 · Other Administrative Expenses 10,072.84 5,420.00 58,137.29 71,040.00 71,040.00 Total 65000 · Administration 11,289.48 5,707.50 82,824.96 96,305.00 96,305.00 67000 · Events 67100 · Champions Tournament 41,737.16 22,500.00 57,401.63 44,000.00 44,000.00 67200 · Awards Banquet 0.00 0.00 29,045.70 20,000.00 2,500.00 67300 · Palmetto Bluff Event 0.00 0.00 3,201.96 2,500.00 2,500.00 67400 · New Stewardship Event 0.00 0.00 1,879.40 7,500.00 7,500.00 Total 67000 · Events 41,737.16 22,500.00 91,528.69 74,000.00 74,000.00 68000 · Operating Reserve 0.00 0.00 0.00 1,000.00 12,000.00 12,000.00 68000 · Operating Reserve 0.00 0.00 0.00 12,000.00 12,000.00 12,000.00 12,000.00 12,000.00 12,000.00 12,000.00 12,000.00 12,000.00 12,000.00 12,000.00 12		205.00				
Total 65000 · Administration 11,289.48 5,707.50 82,824.96 96,305.00 96,305.00 67000 · Events 67100 · Champions Tournament 67100 · Champions Tournament 41,737.16 22,500.00 57,401.63 44,000.00 44,000.00 67200 · Awards Banquet 67300 · Palmetto Bluff Event 67400 · New Stewardship Event 0.00 0.00 29,045.70 20,000.00 20,000.00 67400 · New Stewardship Event 7040 · New Stewardship Event 0.00 0.00 1,879.40 7,500.00 7,500.00 Total 67000 · Events 86000 · Operating Reserve 68000 · Operating Reserve 9000 · Depreciation 0.00 0.00 0.00 10,000 12,000.00 12,000.00 68000 · Operating Reserve 9000 · Depreciation 0.00 1,000.00 0.00 12,000.00 </th <th>65560 · Miscellaneous</th> <th>151.26</th> <th>100.00</th> <th>5,498.28</th> <th>5,450.00</th> <th>5,450.00</th>	65560 · Miscellaneous	151.26	100.00	5,498.28	5,450.00	5,450.00
67000 · Events 41,737.16 22,500.00 57,401.63 44,000.00 44,000.00 67200 · Awards Banquet 0.00 0.00 29,045.70 20,000.00 20,000.00 67300 · Palmetto Bluff Event 0.00 0.00 3,201.96 2,500.00 2,500.00 67400 · New Stewardship Event 0.00 0.00 1,879.40 7,500.00 7,500.00 Total 67000 · Events 41,737.16 22,500.00 91,528.69 74,000.00 74,000.00 68000 · Operating Reserve 0.00 0.00 0.00 12,000.00 12,000.00 68500 · Capital Reserve 0.00 1,000.00 0.00 12,000.00 12,000.00 69000 · Depreciation 8,968.47 8,968.47 8,968.47 526,844.00 526,844.00 Total Business Operating Expenses 95,777.69 61,001.12 496,768.71 526,844.00 526,844.00 Net Ordinary Income -30,235.80 3,669.51 117,043.47 5,954.00 5,954.00	Total 65500 · Other Administrative Expenses	10,072.84	5,420.00	58,137.29	71,040.00	71,040.00
67100 · Champions Tournament 67200 · Awards Banquet 41,737.16 22,500.00 57,401.63 44,000.00 44,000.00 (20,000.00) 44,000.00 (20,000.00) 44,000.00 (20,000.00) 44,000.00 (20,000.00) 44,000.00 (20,000.00) 44,000.00 (20,000.00) 20,000.00 (20,000.00) 20,000.00 (20,000.00) 20,000.00 (20,000.00) 20,000.00 (20,000.00) 20,000.00 (20,000.00) 20,000.00 (20,000.00) 20,000.00 (20,000.00) 20,000.00 (20,000.00) 7,500.00 (20,000.00) 1,000.00 (20,000.00) 1,000.00 (20,000.00) 1,000.00 (20,000.00) 1,000.00 (20,000.00) 1,000.00 (20,000.00) 1,000.00 (20,000.00) 1,000.00 (20,000.00) 1,000.00 (20,000.00) 1,000.00	Total 65000 · Administration	11,289.48	5,707.50	82,824.96	96,305.00	96,305.00
67200 · Awards Banquet 0.00 0.00 29,045.70 20,000.00 20,000.00 67300 · Palmetto Bluff Event 0.00 0.00 3,201.96 2,500.00 2,500.00 67400 · New Stewardship Event 0.00 0.00 1,879.40 7,500.00 7,500.00 Total 67000 · Events 41,737.16 22,500.00 91,528.69 74,000.00 74,000.00 68000 · Operating Reserve 68500 · Capital Reserve 68500 · Capital Reserve 69000 · Depreciation 0.00 8,968.47 1,000.00 0.00 0.00 12,000.00 12,000.00 Total Business Operating Expenses 95,777.69 61,001.12 496,768.71 526,844.00 526,844.00 Net Ordinary Income -30,235.80 3,669.51 117,043.47 5,954.00 5,954.00	67000 · Events					
67300 · Palmetto Bluff Event 67400 · New Stewardship Event 0.00 0.00 0.00 0.00 3,201.96 1,879.40 2,500.00 7,500.00 2,500.00 7,500.00 Total 67000 · Events 41,737.16 22,500.00 91,528.69 74,000.00 74,000.00 68000 · Operating Reserve 68500 · Capital Reserve 68500 · Capital Reserve 69000 · Depreciation 0.00 0.00 0.00 1,000.00 0.00 8,968.47 12,000.00 12,000.00 12,000.00 12,000.00 Total Business Operating Expenses 95,777.69 61,001.12 496,768.71 526,844.00 526,844.00 Net Ordinary Income -30,235.80 3,669.51 117,043.47 5,954.00 5,954.00		41,737.16	22,500.00			
67400 · New Stewardship Event 0.00 0.00 1,879.40 7,500.00 7,500.00 Total 67000 · Events 41,737.16 22,500.00 91,528.69 74,000.00 74,000.00 68000 · Operating Reserve 68500 · Capital Reserve 69000 · Depreciation 0.00 0.00 0.00 1,000.00 0.00 8,968.47 12,000.00 8,968.47 12,000.00 8,968.47 Total Business Operating Expenses 95,777.69 61,001.12 496,768.71 526,844.00 526,844.00 Total Expense 95,777.69 61,001.12 496,768.71 526,844.00 526,844.00 Net Ordinary Income -30,235.80 3,669.51 117,043.47 5,954.00 5,954.00	67200 · Awards Banquet	0.00	0.00	29,045.70	20,000.00	20,000.00
Total 67000 · Events 41,737.16 22,500.00 91,528.69 74,000.00 74,000.00 68000 · Operating Reserve 68500 · Capital Reserve 69000 · Depreciation 0.00 0.00 8,968.47 1,000.00 0.00 8,968.47 12,000.00 12,000.00 12,000.00 12,000.00 Total Business Operating Expenses 95,777.69 61,001.12 61,001.12 496,768.71 496,768.71 526,844.00 526,844.00 526,844.00 526,844.00 Net Ordinary Income -30,235.80 3,669.51 117,043.47 5,954.00 5,954.00	67300 · Palmetto Bluff Event	0.00	0.00	3,201.96	2,500.00	2,500.00
68000 · Operating Reserve 0.00 1,000.00 0.00 12,000.00 12,000.00 68500 · Capital Reserve 0.00 1,000.00 0.00 12,000.00 12,000.00 69000 · Depreciation 8,968.47 61,001.12 496,768.71 526,844.00 526,844.00 Total Expense 95,777.69 61,001.12 496,768.71 526,844.00 526,844.00 Net Ordinary Income -30,235.80 3,669.51 117,043.47 5,954.00 5,954.00	67400 · New Stewardship Event	0.00	0.00	1,879.40	7,500.00	7,500.00
68500 · Capital Reserve 69000 · Depreciation 0.00 8,968.47 1,000.00 8,968.47 0.00 8,968.47 12,000.00 12,000.00 Total Business Operating Expenses 95,777.69 61,001.12 496,768.71 526,844.00 526,844.00 Total Expense 95,777.69 61,001.12 496,768.71 526,844.00 526,844.00 Net Ordinary Income -30,235.80 3,669.51 117,043.47 5,954.00 5,954.00	Total 67000 · Events	41,737.16	22,500.00	91,528.69	74,000.00	74,000.00
69000 · Depreciation 8,968.47 8,968.47			1 000 00		12 000 00	12,000,00
Total Expense 95,777.69 61,001.12 496,768.71 526,844.00 526,844.00 Net Ordinary Income -30,235.80 3,669.51 117,043.47 5,954.00 5,954.00			1,000.00		12,000.00	12,000.00
Net Ordinary Income -30,235.80 3,669.51 117,043.47 5,954.00 5,954.00	Total Business Operating Expenses	95,777.69	61,001.12	496,768.71	526,844.00	526,844.00
· · · · · · · · · · · · · · · · · · ·	Total Expense	95,777.69	61,001.12	496,768.71	526,844.00	526,844.00
Net Income -30,235.80 3,669.51 117,043.47 5,954.00 5,954.00	Net Ordinary Income	-30,235.80	3,669.51	117,043.47	5,954.00	5,954.00
	Net Income	-30,235.80	3,669.51	117,043.47	5,954.00	5,954.00

The First Tee of the Lowcountry Balance Sheet

As of December 31, 2023

	Dec 31, 23
ASSETS	
Current Assets	
Checking/Savings	
10000 · Cash Funds	75 090 06
10100 · CSB Checking Account 10120 · CSB MM Operating Account	75,089.06 150,972.59
10130 · CSB Operating Reserve CD	100,197.53
10131 · CSB Unrealized Gn/Loss CD	-197.53
10132 · CSB Core Acct MM Oper Res	2,737.26
10210 · Fidelity Operating MM	120,781.86
10310 · Fidelity Participant Scholar CD	40,050.40
10311 · FID Unrealized Gn/Loss CD Part	-50.40
10312 · FID Core Acct MM Part Sch	4,257.82
10410 · Fidelity College Scholars CD	50,063.00
10411 · FID Unrealized Gn/Loss CD Coll	-63.00
10412 · FID Core Acct MM Coll Sch	767.34
10510 · Fidelity Cap Reserve CD	140,432.60
10511 · FID Unrealized Gn/Loss CD Cap	-432.60
10512 · FID Core Acct MM Cap Res	-2,953.22
10610 · Fidelity Oper Oper Res CD	200,722.00
10611 · FID Unrealized Gn/Loss CD Opr	-722.00
10700 · Cash at Facility	100.00
Total 10000 · Cash Funds	881,752.71
Total Checking/Savings	881,752.71
Total Current Assets	881,752.71
Fixed Assets	
13000 · Leasehold Improvements	
13100 · Irrigation System	10,997.41
13200 · Drainage System	7,991.81
13300 · Window Film	2,428.00
Total 13000 · Leasehold Improvements	21,417.22
14000 · Buildings	4,558.00
15000 · Furniture and Equipment	
15100 · MX Utility Vehicle	5,000.00
15200 · Exhibition Tent	2,778.01
15300 · Signage	9,261.82
15400 · Mower Deck	4,348.12
15500 · Z-Spayer	19,713.88
15600 · Driving Range Picker	19,043.96
15000 · Furniture and Equipment - Other	1,256.34
Total 15000 · Furniture and Equipment	61,402.13
17999 · Accumulated Depreciation	-22,372.40
Total Fixed Assets	65,004.95
TOTAL ASSETS	946,757.66
LIABILITIES & EQUITY Liabilities Current Liabilities Other Current Liabilities	
24000 · Payroll Liabilities	6,283.88
Total Other Current Liabilities	6,283.88
Total Current Liabilities	6,283.88
Total Liabilities	6,283.88

3:07 PM 01/14/24 Accrual Basis

The First Tee of the Lowcountry Balance Sheet

As of December 31, 2023

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

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

SEP 15 2014

Date

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

Dear Applicant:

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

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

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

HILTON HEAD ISLAND FOUNDATION TO

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

Sincerely,

emera Kinggele)

Director, Exempt Organizations

Form

Return of Organization Exempt From Income Tax

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

OMB No. 1545-0047 **2024** Open to Public Inspection

Department of the Treasury Internal Revenue Service

Go to www.irs.gov/Form990 for instructions and the latest information. For the 2024 calendar year, or tax year beginning and ending D Employer identification number C Name of organization Hilton Head Island Foundation to Check if applicable: Address change Support Youth Sports, Inc. Doing business as The First Tee of the LowCountry 46-5117877 Name change Number and street (or P.O. box if mail is not delivered to street address) Room/suite 843-384-1751 Initial return 23 Plantation Park Drive, Suite 301 City or town, state or province, country, and ZIP or foreign postal code Final return/ Bluffton SC 29910 875,357 **G** Gross receipts\$ Amended return Name and address of principal officer: H(a) Is this a group return for subordinates? Application pending Grace Chu 23 Plantation Park Drive, Suite 301 H(b) Are all subordinates included? If "No," attach a list. See instructions Bluffton 29910 X 501(c)(3) 4947(a)(1) or 501(c) (Tax-exempt status:) (insert no.) http://www.thefirstteelowcountry.org/ Website: H(c) Group exemption number Year of formation: 2014 SC Form of organization: X Corporation Trust Association Other M State of legal domicile: Summary 1 Briefly describe the organization's mission or most significant activities: The First Tee helps shape the lives of kids and teens from all walks of Governance life by introducing them to values inherent in the game of golf. Values like integrity, respect and perseverance 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) 15 5 Total number of individuals employed in calendar year 2024 (Part V, line 2a) 14 5 6 Total number of volunteers (estimate if necessary) 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 <u>226</u>,939 8 Contributions and grants (Part VIII, line 1h) 455,864 Revenue 9 Program service revenue (Part VIII, line 2g) 132,310 119,807 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 2,950 38,967 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 167,744 150,490 12 Total revenue – add lines 8 through 11 (must equal Part VIII, column (A), line 12) 529,943 765,128 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 182,830 14 Benefits paid to or for members (Part IX, column (A), line 4) 0 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 166,687 230,722 16a Professional fundraising fees (Part IX, column (A), line 11e) 0 **b** Total fundraising expenses (Part IX, column (D), line 25) 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 238,555 301,122 405,242 714,674 18 Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25) 124,701 50,454 19 Revenue less expenses. Subtract line 18 from line 12. Beginning of Current Year End of Year 5 1,009,931 945,166 20 Total assets (Part X, line 16) 21 Total liabilities (Part X, line 26) 6,284 14,583 22 Net assets or fund balances. Subtract line 21 from line 20 . 938,882 995,348 Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. Signature of officer Sian Treasurer Here Jacqueline Lambe Type or print name and title Preparer's name Preparer's signature PTIN 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

29926

Hilton Head Island, SC May the IRS discuss this return with the preparer shown above? See instructions 843-681-4430

DAA		<u>-</u>		Form 990 (2024)
4e	Total program service expenses	490,200		
	(Expenses \$ 182,830 inc	luding grants of \$ 182,830) (Revenue \$)
4d	Other program services (Describe on Schedu			
	•			
	• • • • • • • • • • • • • • • • • • • •			
	•			
	•			
N	/A			
	(Code:) (Expenses \$	including grants of \$) (Revenue \$)
	(O-1-			
	•			
	•			
	·			
	·			
	•			
	•			
IA	/A			
	(Code:) (Expenses \$	including grants of \$) (Revenue \$)
4,	(O. d		\ (D	
	*			
	• • • • • • • • • • • • • • • • • • • •			
5	cacement.			
	tatomont		Outlined in mission	L
4a ←	(Code:) (Expenses \$ 5 perating driving range	for use in objectives) (Revenue \$	90,987)
	(Code:) (F	207 370 in alluding arrange of \$	\ (D	90 997 1
	the total expenses, and revenue, if any, for early	ach program service reported.		
	expenses. Section 501(c)(3) and 501(c)(4) or		of grants and allocations to others,	
4	Describe the organization's program service a	accomplishments for each of its three largest	program services, as measured by	
	If "Yes," describe these changes on Schedule			
•	continue?	ne digililloant changes in now it conducts, and		Yes X No
3	Did the organization cease conducting, or ma		v program	
	prior Form 990 or 990-EZ? If "Yes," describe these new services on School Scho	adula O		res 🕰 NO
2	Did the organization undertake any significant			Yes X No
2	Did the organization undertake any cignificant	program conject during the year which were	anot listed on the	

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"			
	complete Schedule A	1_	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to			
	candidates for 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,	l _		37
_	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			х
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	10		х
11	or in quasi-endowments? If "Yes," complete Schedule D, Part V 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. Dout VII	11a	х	
b	Did the organization report an amount for investments—other securities in Part X, line 12, that is 5% or more			
~	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		х
С	Did the organization report an amount for investments—program related in Part X, line 13, that is 5% or more	11.2		
	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		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		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		7.7	
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	X	

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 **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 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," 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 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. 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 **b** Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 0 Did the organization comply with backup withholding rules for reportable payments to vendors and X reportable gaming (gambling) winnings to prize winners?

	South Control of Property Other Designation and Top Complete (Control					age C
_	rt V Statements Regarding Other IRS Filings and Tax Compliance (contin	iuea) T			Yes	No
2a	, , , , , , , , , , , , , , , , , , , ,		1.4			
	Statements, filed for the calendar year ending with or within the year covered by this return	2a	14		v	
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns the appropriate the resource of \$20.000 consequents the resource of \$20.0000 consequents the resourc	rns?		2b	X	х
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?					
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule			3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other		•	4-		x
L	a financial account in a foreign country (such as a bank account, securities account, or other financial	ii accou	unit)?	4a		
b	If "Yes," enter the name of the foreign country					
E o	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial A Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			5a		х
5a		otion?		- Eb		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction of the same of the organization file Form 8886-T?			5c		
C 62	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			30		
6a	organization policit any contributions that were not toy deductible as charitable contributions?			6a		x
b	If "Yes," did the organization include with every solicitation an express statement that such contributions			·· Oa		
b	gifts were not tax deductible?	0113 01		6b		
7	Organizations that may receive deductible contributions under section 170(c).			00		
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for g	annde				
ч	and continue provided to the pover?	_		7a	х	
b					X	
C	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was					
•	required to file Form 8282?			7c		x
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d				
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit of	$\overline{}$	t?	7e		х
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contr			76		Х
g	If the organization received a contribution of qualified intellectual property, did the organization file Fo			7g		Х
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization	ation file	e a Form 1098-C?	7h		Х
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintaine	d by th	ne			
	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:		1			
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:		1			
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	1 1	? I	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b		_		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.					
а				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	ایما				
	the organization is licensed to issue qualified health plans	13b		_		
C 140	Enter the amount of reserves on hand	13c		14-		х
14a						
b 15	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedul Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remune			140		\vdash
15				15		x
	excess parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N.			13		
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment	t incom	ne?	16		х
	If "Yes," complete Form 4720, Schedule O.	. IIICOII	···	10		
17	Section 501(c)(21) organizations. Did the trust, any disqualified or other person, engage in any acti	vities				
	that would result in the imposition of an excise tax under section 4951, 4952, or 4953?			17		
	If "Yes," complete Form 6069.					

Form 990 (2024) Hilton Head Island Foundation to 46-5117877 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 No 15 1a Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O. Enter the number of voting members included on line 1a, above, who are independent 15 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with 2 any other officer, director, trustee, or key employee? X 2 3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person? 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? Did the organization become aware during the year of a significant diversion of the organization's assets? 5 Did the organization have members or stockholders? 6 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? b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? X 7b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: The governing body? 8a **b** Each committee with authority to act on behalf of the governing body? X 8b Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O X Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) 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, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? X 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? **b** Describe on Schedule O the process, if any, used by the organization to review this Form 990. Did the organization have a written conflict of interest policy? If "No," go to line 13 12a X **b** Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12b c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done Х 12c Did the organization have a written whistleblower policy? X 13 13 Did the organization have a written document retention and destruction policy? 14 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? The organization's CEO, Executive Director, or top management official X 15a X Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions. Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? 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 organization's exempt status with respect to such arrangements? Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed SC 17 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c) (3)s only) available for public inspection. Indicate how you made these available. Check all that apply. Own website Another's website X Upon request Other (explain on Schedule O) Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year. State the name, address, and telephone number of the person who possesses the organization's books and records.

2 Corpus Christi Place # 2

SC 29928

843-785-4018 Form **990** (2024)

Tammy Novak

Hilton Head Island

orm 000 (2024)	Hilton	Head	Tgland	Foundation	to

46-5117877

Page 7

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

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

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

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

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

(A) Name and title	(B) Average		(C) Position (do not check more than one box, unless person is both an		(D) Reportable	(E) Reportable compensation	(F) Estimated amount			
	hours per week (list any hours for related organizations below dotted line)	officer and Office		ord a conficer	Key employee			compensation from the organization (W-2/ 1099-MISC/ 1099-NEC)	from related organizations (W-2/ 1099-MISC/ 1099-NEC)	of other compensation from the organization and related organizations
(1) Patrick M Zuk	40.00									
Executive Director	40.00	-		x				75,000	0	11,183
(2) Grace Chu	0.00							75,000	<u> </u>	11,105
(=, == == ====	5.00									
Chair	0.00	X		х				0	0	0
(3) Bob Curri										
	5.00							_	_	_
Board Member	0.00	X						0	0	0
(4) Joseph Dattilo	F 00									
Board Member	5.00 0.00	X						o	0	0
(5) Krista Dunton	0.00	^						U	U	0
(3) KI IBCA DUICOII	5.00									
Board Member	0.00	x						0	0	0
(6) John Farrell										
.,	5.00									
Board Member	0.00	X						0	0	0
(7) Bill Fuentes										
	5.00									
Board Member	0.00	X						0	0	0
(8) Bill Fuge										
	5.00								•	
Board Member	0.00	X						0	0	0
(9) Paul Gaines	5.00									
Vice-Chair	0.00	x		х				o	0	0
(10) Lynn King	0.00	^		^				0	<u> </u>	0
(10) 11) 1111111111111111111111111111111	5.00									
Board Member	0.00	X						0	0	0
(11) Jacqueline Lambe										
	5.00									
Treasurer	0.00	X		X				0	0	0 Form 990 (2024)

DAA

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)													
(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	bo	x, unle	Pos check ess pe	rson i	than construction of the state	an	(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/ 1099-MISC/ 1099-NEC)	org	(F) imated a of other compensa from the ganization ed organ	er ition e n and	
(12) Chris Lane (12) Secretary	5.00	x	ĕ	x		Ited		0	0				0
(13) Paul Rothwell (13) Board Member		x						0	0				0
(14) Brad Taylor (14) Board Member (15) Ed Tiscornia	5.00	x						0	0				0
(15) Board Member (16) Chuck Wiseman	5.00 0.00	x						0	0				0
Board Member	5.00									0			
(17)													
(19)													
to Total from continuation sheet Total (add lines 1b and 1c) Total number of individuals (in	ets to Part VII,	Sect imite	ion A					75,000 75,000 e) who received more than	\$100,000 of		11,183		
 reportable compensation from Did the organization list any for employee on line 1a? If "Yes," For any individual listed on line organization and related organization and related organization. 	ormer officer, din complete Schere 1a, is the sum nizations greater	recto dule of re thar	J for eport 1 \$15	suc table 50,00	h ind com 00? I	dividu npens f "Ye	ual satio s," c	on and other compensation complete Schedule J for su	from the		3 4	Yes	No X
5 Did any person listed on line for services rendered to the of Section B. Independent Contractor	rganization? <i>If "</i>) ors	es,"	com	plete	Sci	hedu	le J	for such person			5		х
Complete this table for your fire compensation from the organi. Name and								lar year ending with or with		ear.	Con	(C)	 on
2 Total number of independent received more than \$100,000								se listed above) who	0				

Form 990 (2024) Hilton Head Island Foundation to 46-5117877 Part VIII Statement of Revenue Check if Schedule O contains a response or note to any line in this Part VIII (C) (A) (B) Related or exempt (D) Revenue excluded Unrelated Total revenue function revenue from tax under 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) 40,000 Contributions, and Other Simi **f** All other contributions, gifts, grants, 415,864 1f and similar amounts not included above **g** Noncash contributions included in 1<u>g</u> lines 1a-1f 455,864 h Total. Add lines 1a-1f. Business Code 60,817 60,817 Golf Range ... Program Service Revenue 30,000 30,000 Program Fees 28,990 28,990 Pro Shop Sales f All other program service revenue 119,807 g Total. Add lines 2a-2f. 3 Investment income (including dividends, interest, and other similar amounts) 38,967 38,967 Income from investment of tax-exempt bond proceeds Royalties (i) Real (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. 7с c Gain or (loss) d Net gain or (loss) **8a** Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18 260,719 **b** Less: direct expenses 110,229 150,490 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 11a d All other revenue e Total. Add lines 11a-11d ...

765,128

119,807

0

Total revenue. See instructions .

Part IX Statement of Functional Expenses

Sect	ion 501(c)(3) and 501(c)(4) organizations must comp Check if Schedule O contains a respons			lete column (A).	
D- "	· ·	(A)	(B)	(C)	(D)
	not include amounts reported on lines 6b, 7b, Pb, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to domestic organizations		expenses	general expenses	ехрепоез
•	and domestic governments. See Part IV, line 21	182,830	182,830		
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	75,000	60,000	7,500	7,500
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	126,306	110,750	15,556	
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)	45.50	2 245		
9	Other employee benefits	11,182	8,946	1,118	1,118 679
10	Payroll taxes	18,234	16,876	679	679
11	Fees for services (nonemployees):				
a	Management				
b	Legal	14 100		14 100	
С.	Accounting	14,190		14,190	
d	, , , , , , , , , , , , , , , , , , , ,				
e	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	, 3				
12	(A), amount, list line 11g expenses on Schedule O.)	82,301			82,301
13	•	3,402	1,614	1,788	02,301
14	Office expenses Information technology	3/102	1,011	1,700	
15					
16	Royalties Occupancy	19,361		19,361	
17	Travel	5,361		5,361	
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		9,747	9,653	94	
23	Insurance	26,900		26,900	
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.)	25 222	26.000		
а	· · · · · · · · · · · · · · · · · · ·	36,000	36,000		
b	Course labor	27,090	27,090	01 000	
C	Other	21,023	11 500	21,023	
d	Coach Training	11,528	11,528	17 440	1 057
	All other expenses	44,219	24,913 490,200	17,449 131,019	1,857 93,455
25 26	Total functional expenses. Add lines 1 through 24e	714,674	430,200	131,019	33,435
-0	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)				

	Check if Schedule O contains a response or no	ote to any line in	this Part X		<u></u>	
				(A) Beginning of year		(B) End of year
	Cook non interest hearing			348,095	1	420,351
1	9			532,066	2	510,446
2				332,000	3	15,000
3	A			4	13,000	
5					-	
'	trustee, key employee, creator or founder, substantia					
	controlled entity or family member of any of these pe				5	
6						
	under section 4958(f)(1)), and persons described in				6	
Assets			7			
Ass 8	Investados for cala an vas				8	
9					9	
	a Land, buildings, and equipment: cost or other					
'	basis. Complete Part VI of Schedule D	102	96,254			
Ι,			32,120	65,005	10c	64,134
11				03,003	11	01/101
12					12	
13					13	
14	later vible accets				14	
15	-				15	
16		 a 33)		945,166	16	1,009,931
17				2 - 2 / - 2 2	17	7,360
18					18	,
19				19		
20				20		
21		V of Schedule D			21	
_ω 22						
Liabilities	trustee, key employee, creator or founder, substantia		35%			
api	controlled entity or family member of any of these pe				22	
∃ ₂₃					23	
24		d parties			24	
25						
	parties, and other liabilities not included on lines 17-2	24). Complete Pa	art X			
	of Schedule D			6,284	25	7,223
26	Total liabilities. Add lines 17 through 25			6,284	26	14,583
	Organizations that follow FASB ASC 958, check I	nere X				
Ses	and complete lines 27, 28, 32, and 33.					
<u>k</u> 27	Net assets without donor restrictions			848,490	27	953,002
Balances 28	No. 1 Control of the			90,392	28	42,346
Fund	Organizations that do not follow FASB ASC 958,					
띤	and complete lines 29 through 33.					
Assets or 30 31					29	
% 30					30	
	•	, or other funds			31	
절 32				938,882	32	995,348
- 33	Total liabilities and net assets/fund balances			945,166	33	1,009,931

Form **990** (2024)

Schedule O.

orn	1 990 (2024) Hilton Head Island Foundation to 46-5117877			Pa	ge 12
Pa	art XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1	7	65,	128
2	Total expenses (must equal Part IX, column (A), line 25)	2	7	14,	674
3	Revenue less expenses. Subtract line 2 from line 1	1 .		50,	454
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	9	38,	882
5	Net unrealized gains (losses) on investments	5		6,	012
6	Donated services and use of facilities	6			
7	Investment expenses	I - I			
8	Prior period adjustments				
9	Other changes in net assets or fund balances (explain on Schedule O)				
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line				
	32, column (B))	. 10	9	95,	348
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	х	
	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?

If the organization changed either its oversight process or selection process during the tax year, explain on

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?

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

Form **990** (2024)

X

2c

3a

3b

SCHEDULE A

(Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

Public Charity Status and Public Support

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

Attach to Form 990 or Form 990-EZ.

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

Hilton Head Island Foundation to

2008 NO. 1545-0047

Employer identification number

Open to Public Inspection

Support Youth Sports, Inc. 46-5117877 Reason for Public Charity Status. (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). 4 A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, 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). X An organization that normally receives a substantial part of its support from a governmental unit or from the general public 7 described in section 170(b)(1)(A)(vi). (Complete Part II.) 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college 9 or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or 10 An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) 11 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B.

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 II, Type III

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

Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with,

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

f Enter the number of supported organizations

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

organization(s). You must complete Part IV, Sections A and C.

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

Page 2

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

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

Sec	tion A. Public Support				-			
Caler	ndar year (or fiscal year beginning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	\Box	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	160,706	178,858	253,670	226,940	455,8	64	1,276,038
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	160,706	178,858	253,670	226,940	455,8	64	1,276,038
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)						+	477,634
6	Public support. Subtract line 5 from line 4 tion B. Total Support							798,404
	ndar year (or fiscal year beginning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	\neg	(f) Total
		` ′	` ′	` ,	` ,		_	
7 8	Amounts from line 4 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	160,706	178,858 480	253,670 384	226,940 2,950	455,8 38,9		1,276,038 43,196
9	Net income from unrelated business activities, whether or not the business is regularly carried on							
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)							
11	Total support. Add lines 7 through 10							1,319,234
12	Gross receipts from related activities, etc.	(see instructions)				1	2	1,636,762
13	First 5 years. If the Form 990 is for the o	rganization's first, s	econd, third, fourth	n, or fifth tax year a	as a section 501(c))(3)		
	organization, check this box and stop her						<u></u>	
Sec	tion C. Computation of Public St	<u> </u>						
14	Public support percentage for 2024 (line 6	, column (f), divide	d by line 11, colun	nn (f))		1	4	60.52%
15	Public support percentage from 2023 Sche	edule A, Part II, line	e 14				5	68.30 %
16a	33 1/3% support test — 2024. If the orga	nization did not che	eck the box on line	e 13, and line 14 is	33 1/3% or more,	check this		_
	box and stop here. The organization qual							X
b	33 1/3% support test — 2023. If the orga	nization did not che	eck a box on line 1	3 or 16a, and line	15 is 33 1/3% or r	more, check		
	this box and stop here. The organization							
17a	10%-facts-and-circumstances test — 20							
	10% or more, and if the organization mee				-			
	Part VI how the organization meets the fa 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 box	x and stop here. I	Explain		
	in Part VI how the organization meets the	facts-and-circumst	ances test. The or	rganization qualifie	s as a publicly sup	ported		
	organization							L
18	Private foundation. If the organization did							_
	instructions							L

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	9000				,	
	ndar year (or fiscal year beginning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")				, ,		
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that are not an unrelated trade or business under section 513						
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons						
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
8	Add lines 7a and 7b Public support. (Subtract line 7c from						
Sec	tion B. Total Support						
Caler	ndar year (or fiscal year beginning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
9	Amounts from line 6	(2) 2020	(6) 2021	(6) 2022	(d) 2023	(6) 2024	(i) Total
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
С	Add lines 10a and 10b						
11	Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)						
14	First 5 years. If the Form 990 is for the or organization, check this box and stop here	•			,	, , ,	
Sec	tion C. Computation of Public Su	upport Percen	tage				
15	Public support percentage for 2024 (line 8,			mn (f))		15	%
16	Public support percentage from 2023 Sche						%
	tion D. Computation of Investme						
17	Investment income percentage for 2024 (li			3, column (f))		17	%
18	Investment income percentage from 2023		III line 17			10	%
19a	33 1/3% support tests — 2024. If the org						-
	17 is not more than 33 1/3%, check this bo						
b	33 1/3% support tests — 2023. If the org		=				
	line 18 is not more than 33 1/3%, check the	is box and stop h	ere. The organiza	tion qualifies as a	publicly supported	organization	Ц
20	Private foundation. If the organization did	not check a box	on line 14, 19a, or	19b, check this bo	ox and see instruct	tions	

Schedule A (Form 990) 2024

Supporting Organizations Part IV

(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.
- Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination.
- Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.
- Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B)
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- Substitutions only. Was the substitution the result of an event beyond the organization's control? 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 disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI.
- Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- Was the organization subject to the excess business holdings rules of section 4943 because of section 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		
ŀ	4a		
	4b		
	4c		
	5a		
	5b		
ļ	5c		
	6		
ļ	7		
}	8		
}	9a		
	O.		
ŀ	9b		
	9с		
	10a		
j	. Ju		
Sche	10b dule A	(Form 9	990) 2024

	ule A (Form 990) 2024 HIICOIT REACT ISTAIR FOUNDATION CO TO STITTO			Page 3
Par	rt IV Supporting Organizations (continued)		Ve -	N.
44	Lieu the consciention accounted a mitting contribution from any of the following manages		Yes	No
11 a	Has the organization accepted a gift or contribution from any of the following persons? A person who directly or indirectly controls, either alone or together with persons described on lines 11b and			
a	11c below, the governing body of a supported organization?	11a		
b		11b		
c	A 35% controlled entity of a person described on line 11a or 11b above? <i>If "Yes" to line 11a, 11b, or 11c,</i>	110		
Ŭ	provide detail in Part VI.	11c		
Sect	ion B. Type I Supporting Organizations	1		
	<u> </u>		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		
Sect	ion 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		
Sect	ion D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s), or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI			
	how the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described on line 2, above, did the organization's supported organizations have			
	a significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
<u> </u>	supported organizations played in this regard.	3		
	ion 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 b	The organization satisfied the Activities Test. Complete line 2 below. The organization is the parent of each of its supported organizations. Complete line 3 below.			
C	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instr	uctions,).	
_	Astritics Test Anguar lines 2s and 2h halau		Yes	No
2	Activities Test. Answer lines 2a and 2b below.			
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 each of its supported organizations, and how the organization determined	2a		
	that these activities constituted substantially all of its activities.			
b	Did the activities described on line 2a, above, constitute activities that, but for the organization's			
	involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would	O.L.		
	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		

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations									
1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). See									
instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E.									
Section A – Adjusted Net Income (A) Prior Year (B) Current									
		(71) Thoi Tour	(optional)						
1 Net short-term capital gain	1								
2 Recoveries of prior-year distributions	2								
3 Other gross income (see instructions)	3								
4 Add lines 1 through 3.	4								
5 Depreciation and depletion	5								
6 Portion of operating expenses paid or incurred for production or collection									
of gross income or for management, conservation, or maintenance of									
property held for production of income (see instructions)	6								
7 Other expenses (see instructions)	7								
8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8								
Section B – Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)						
1 Aggregate fair market value of all non-exempt-use assets (see									
instructions for short tax year or assets held for part of year):									
a Average monthly value of securities	1a								
b Average monthly cash balances	1b								
c Fair market value of other non-exempt-use assets	1c								
d Total (add lines 1a, 1b, and 1c)	1d								
e Discount claimed for blockage or other factors									
(explain in detail in Part VI):									
2 Acquisition indebtedness applicable to non-exempt-use assets	2								
3 Subtract line 2 from line 1d.	3								
4 Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,									
see instructions).	4								
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5								
6 Multiply line 5 by 0.035.	6								
7 Recoveries of prior-year distributions	7								
8 Minimum Asset Amount (add line 7 to line 6)	8								
Section C – Distributable Amount			Current Year						
1 Adjusted net income for prior year (from Section A, line 8, column A)	1								
2 Enter 0.85 of line 1.	2								
3 Minimum asset amount for prior year (from Section B, line 8, column A)	3								
4 Enter greater of line 2 or line 3.	4								
5 Income tax imposed in prior year	5								
6 Distributable Amount. Subtract line 5 from line 4, unless subject to									
emergency temporary reduction (see instructions).	6								
7 Check here if the current year is the organization's first as a non-functionally integrated	Type II	I supporting organization							
(see instructions).		,. . .							

Schedule A (Form 990) 2024

Schedule A (Form 990) 2024

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 5 6 Other distributions (describe in Part VI). See instructions. Total annual distributions. Add lines 1 through 6. 7 8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions. 8 Distributable amount for 2024 from Section C, line 6 9

10	Line 8 amount divided by line 9 amount		10	
Sect	ion E – Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2024	(iii) Distributable Amount for 2024
1_	Distributable amount for 2024 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2024 (reasonable cause required–explain in Part VI). See instructions.			
3	Excess distributions carryover, if any, to 2024			
	From 2019			
b	From 2020			
	From 2021			
d	From 2022			
	From 2023			
f	Total of lines 3a through 3e			
g	Applied to underdistributions of prior years			
h	Applied to 2024 distributable amount			
i	Carryover from 2019 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4	Distributions for 2024 from			
	Section D, line 7: \$			
a	Applied to underdistributions of prior years			
b	Applied to 2024 distributable amount			
C	Remainder. Subtract lines 4a and 4b from line 4.			
5	Remaining underdistributions for years prior to 2024, 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 2024. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
7	Excess distributions carryover to 2025. Add lines 3j and 4c.			
8	Breakdown of line 7:			
	Excess from 2020			
	Excess from 2021			
	Excess from 2022			
	Excess from 2023			
	Excess from 2024			
	ZACCOC IICHI ZOZT			2

Schedule A (Form 990) 2024

Schedule A (Form					ation to		Page 8
Part VI	III, line 12; Part I'B, lines 1 and 2; 3a, and 3b; Part	V, Section A, line Part IV, Section V, line 1; Part V	es 1, 2, 3b, 3c C, line 1; Part , Section B, lin	, 4b, 4c, 5a, 6, 9 IV, Section D, e 1e; Part V, Se	9a, 9b, 9c, 11a, 11 lines 2 and 3; Part ection D, lines 5, 6	; Part II, line 17a or b, and 11c; Part IV, IV, Section E, lines , and 8; and Part V,	Section
	Section E, lines 2	2, 5, and 6. Also	complete this	part for any ac	Iditional information	n. (See instructions.)	
·							
• • • • • • • • • • • • • • • • • • • •							
•							
•							
•							
•							

Schedule B (Form 990)

(Rev. December 2024)) 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

Name of the organization

Hilton Head Island Foundation to

Employer identification number

46-5117877

Organization type (check one):

Support Youth Sports, Inc.

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

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

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

Schedule B (Form 990) (Rev. 12-2024)

Name of organization

Hilton Head Island Foundation to

 $\begin{array}{l} \text{Employer identification number} \\ 46-5117877 \end{array}$

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	Town of Hilton Head Island ATAX 1 Town Center Court Hilton Head Island SC 29928	\$ 40,000	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2	Breedlove Foundation 528 Patterson Road Hendersonville NC 28739	\$ 12,000	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
3	The Tiscornia Foundation 505 Pleasant Steet Saint Joseph MI 49085	\$ 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
4	Compass Group USA 2400 Yorkmont Road Charlotte NC 28127	\$ 10,300	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	Charles Schwab 67 Towne Dr Bluffton SC 29910	\$ 15,403	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
6	Johnston Family Foundation 40 Foundation Plaza Buffalo NY 14202	\$ 10,000	Person X Payroll Noncash (Complete Part II for noncash contributions.)

Hilton Head Island Foundation to

Employer identification number 46-5117877

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
7	John Bankhead 135 Seaport Blvd 1902 Boston MA 02210	\$ 200,000	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
8	Rick VanBenschoten 521 Fifth Avenue 15th Floor New York NY 10175	\$ 25,000	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
		\$	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.)
(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.)

SCHEDULE D (Form 990) (Rev. December 2024)

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

Support Youth Sports, Inc. Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts Complete if the organization answered "Yes" on Form 990, Part IV, line 6. 1 Total number at end of year 2 Aggregate value of combissions to (during year) 3 Aggregate value of grant from (during year) 4 Aggregate value of organization including search of year 5 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 donors advisor, or for any other purpose contenting immerisable purposes and not for the benefit of the donor or donors advisor, or for any other purpose contenting immerisable purposes and not for the benefit of the donor or donors advisor, or for any other purpose contenting immerisable purposes and not for the benefit of the donor or donors advisor, or for any other purpose contenting immerisable purposes and not for the benefit of the donor or donors advisor, or for any other purpose contenting immerisable purposes and not for the benefit of the donor or donors advisor, or for any other purpose contenting immerisable purposes and not for the benefit of the donor or donors advisor, or for any other purpose contenting immerisable purposes and not for the benefit of the donor or donors advisor, or for any other purpose contenting immerisable purposes and not for the benefit of the donor or donors advisor, or for any other purpose contenting immerisable purposes. Complete lifted organization assessments Complete lifted organization assessments Complete lifted organization assessments and the search of the donor or donors advisor of an advisor of the donors advisor of the search of the sea		of the organization		Employer	identification number		
Part I				46 5115055			
Complete if the organization answered "Yes" on Form 990, Part IV, line 6. Total number at end of year							
Total number at end of year 2 Aggregate value of contributions to (during year) 3 Aggregate value of grants from (cluring year) 4 Aggregate value at end of year 5 Did the organization inform all donors and donor arbivsors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?	Pa	rt I Organizations Maintaining Donor Advised For Complete if the organization answered "Yes" or	Account	s			
2 Aggregate value at end of year 4 Aggregate value at end of year 5 Dot the organization inform all donor and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? yes No donor advisors in writing that grant funds can be used only for chartable purposes and not for the benefit of the donor or donor advisors in writing that grant funds can be used only for chartable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermisable provides the property of the pr			(a) Donor advised funds	(b) Funds and other accounts		
3 Aggregate value of grants from (during year) 4 Aggregate velue at end of year 5 bit the organization inform all donors and donor advisors in writing that the assets held in donor advised hunds are the organization property, subject to the organization seek equal to 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 conference incomerisable provide benefit? Part II Conservation Easements Complete if the organization answered "Yes" on Form 990. Part IV, line 7. 1 Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of land for purpose 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 land for public use (for example, recreation or education) Preservation of a conflict historic structure Preservation of the last day of the tax year. Total number of conservation easements 2a Meld at the End of the Tax Year	1						
4 Aggregate value at end of year 5 Did the organization inform all discons and clonor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? Ob 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 confering impermissible private benefit? Conservation Easements Complete if the organization answered "Yes" on Form 990, Part IV, line 7. 1 Purpose(5) of conservation casements 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 Preservation of land for public use (for example, recreation or education) Preservation of a certified historic structure Preservation of approach of the last apply of the last year. 2 Complete lines 2 a through 2 of the organization held a qualified conservation contribution in the form of a conservation easements in the last day of the tax year. a Total number of conservation easements and the preservation of the preservation of a conservation or an activation easements. 2 b Total acreage restricted by conservation easements to a certified historic structure included on line 2 a conservation or on a historic structure listed in the National Register Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization buring the tax year Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization or an activation easement in located Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization easements during the year. Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year. Am	2						
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization inform all grantees, denores, 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? Conservation Easements Ves No.	3						
tunds are the organization's property, subject to the organization's exclusive legal control? Yes No 6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermisable private benefit? Yes No Part II Conservation Easements Perservation of land for public use (for example, recreation or education) Preservation of a historically important land area Preservation of land for public use (for example, recreation or education) Preservation of a certified historic structure Preservation of preservation or department Preservation of a certified historic structure Preservation of conservation easements Preservation of conservation easements Preservation of conservation easements Preservation Preservatio	4	Aggregate value at end of year					
6 Did the organization inform all grantess, 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, Iline 7. 1 Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of land for public use (for example, recreation or education) Preservation of a historically important land area Protection of natural habitat Preservation of open space 2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year: a Total number of conservation easements b Total acreage restricted by conservation easements c Number of conservation easements on a certified historic structure included on line 2a 2 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year 1 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year 2 Number of conservation have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easement is thods? 5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easement reported on line 2d above satisfy the requirements of section 170(h)(4)(6)(6)) 9 In Part XIII, describe how the organization reports conservation easements that describes the organization easement reported on line 2d above satisfy the requirements of section 170(h)(4)(6)(6)) 1 In Part XIII, describe how the organization reports conservation easements that describes the legislation elected, as permitted under FASB ASC 6S6 is not to rep	5	•					
only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? 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 certified historic structure Preservation of land for public use (for example, recreation or education) Preservation of a certified historic structure Preservation of page page Preservation of page page Preservation of a certified historic structure Preservation or the last day of the tax year. a Total number of conservation easements 2a 2a 2b 2d 2d 2d 2d 2d 2d 2d					Yes No		
Part II Conservation Easements Complete if the organization answered "Yes" on Form 990, Part IV, line 7. 1 Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of land for public use (for example, recreation or education) Preservation of a dore to public use (for example, recreation or education) Preservation of a certified historic structure Preservation of a dore to public use (for example, recreation or education) Preservation of a certified historic structure Preservation of a perservation of a perservation of a certified historic structure Preservation of a perservation of a certified historic structure Preservation of a perservation of a certified historic structure Preservation easements Preservation easements Preservation easements Preservation easements Preservation Pr	6						
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 Prosecution of natural habitat Preservation of pen space Preservation of pen space Preservation of pen space 2 Complete lines 2 althrough 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year. 2a Held at the End of the Tax Year a Total number of conservation easements 2a Preservation of conservation easements 2a Preservation easement 2a Preservation easement 2a Preservation 2a Pre		, ,					
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 spply). Preservation of a historically important land area Preservation of land for public use (for example, recreation or education) Preservation of a certified historic structure Preservation of a natural habitat Preservation of open space Preservation of a certified historic structure Preservation of a certified historic structure included on line 2a 2b 2b 2b 2c 2c 2d 2d 2d 2d 2d	_			<u></u>	Yes No		
Preservation of land for public use (for example, recreation or education) Preservation of partural habitat Preservation of a historically important land area Preservation of partural habitat Preservation of a certified historic structure Preservation of a certified historic structure Preservation of a certified historic structure included on line for a care included on line 2 a 2a Description Preservation Prese	Pä		Form 990, Part IV, line 7.				
Protection of natural habitat	1	Purpose(s) of conservation easements held by the organization (che	ck all that apply).				
Protection of natural habitat		Preservation of land for public use (for example, recreation or ed	ducation) Preservation of a historically	important	land area		
2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year. 2 Total number of conservation easements 2 Total acreage restricted by conservation easements 2 Number of conservation easements on a certified historic structure included on line 2a 2 Number of conservation easements on a certified historic structure included on line 2a 2 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year 4 Number of states where property subject to conservation easement is located 5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? 5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? 7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year 8 Does each conservation easement reported on line 2d above satisfy the requirements of section 170(h)(4)(B)(B)(B)(B)(B)(B)(B)(B)(B)(B)(B)(B)(B)				storic struc	ture		
a Total number of conservation easements b Total acreage restricted by conservation easements c Number of conservation easements on a certified historic structure included on line 2a d Number of conservation easements on a certified historic structure included on line 2a d Number of conservation easements included on line 2c acquired after July 25, 2006, and not on a historic structure listed in the National Register 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year 4 Number of states where property subject to conservation easement is located 5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? 6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conversation easements during the year 7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year 8 Does each conservation easement reported on line 2d above satisfy the requirements of section 170(h)(4)(B)(B)(B)(B)(B)(B)(B)(B)(B)(B)(B)(B)(B)		Preservation of open space	_				
a Total number of conservation easements b Total acreage restricted by conservation easements c Number of conservation easements on a certified historic structure included on line 2a d Number of conservation easements included on line 2c acquired after July 25, 2006, and not on a historic structure listed in the National Register 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year 4 Number of states where property subject to conservation easement is located 5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? 5 Add and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcement of the conservation easements it holds? 6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conversation easements during the year 7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year 8 Does each conservation easement reported on line 2d above satisfy the requirements of section 170(h)(4)(B) (i) and section 170(h)(4)(B)(B)(F) Per 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 easements. It 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 folionote to	2	Complete lines 2a through 2d if the organization held a qualified con	servation contribution in the form of a conse	ervation			
b Total acreage restricted by conservation easements con a certified historic structure included on line 2a		easement on the last day of the tax year.			Held at the End of the Tax Year		
b Total acreage restricted by conservation easements con a certified historic structure included on line 2a	а	Total number of conservation easements		2a			
d Number of conservation easements included on line 2c acquired after July 25, 2006, and not on a historic structure listed in the National Register 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year 4 Number of states where property subject to conservation easement is located 5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?	b	Total acreage restricted by conservation easements		2b			
on a historic structure listed in the National Register 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year 4 Number of states where property subject to conservation easement is located 5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? 6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conversation easements during the year 7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year 8 Does each conservation easement reported on line 2d above satisfy the requirements of section 170(h)(4)(B) (i) and section 170(h)(4)(B)(ii)? 9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting of 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 the 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) Revenu	С	Number of conservation easements on a certified historic structure in	ncluded on line 2a	2c			
Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year Number of states where property subject to conservation easement is located Description, handling of violations, and enforcement of the conservation easements it holds? Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conversation easements during the year Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Noes each conservation easement reported on line 2d above satisfy the requirements of section 170(h)(4)(B) in and section 170(h)(4)(B)(ii)? Yes No 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. It 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. 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. If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required t	d	Number of conservation easements included on line 2c acquired after	r July 25, 2006, and not				
the organization during the tax year Number of states where property subject to conservation easement is located		on a historic structure listed in the National Register		2d			
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? Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conversation easements during the year Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year No es 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. In 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. 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. 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 resea	3	Number of conservation easements modified, transferred, released,	extinguished, or terminated by				
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 conversation 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)(B)(B)(B)(B)(B)(B)(B)(B)(B)(B)(B)(B)		• • • • • • • • • • • • • • • • • • • •					
violations, and enforcement of the conservation easements it holds? Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conversation 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 XI 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 \$	4						
6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conversation easements during the year 7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year 8 Does each conservation easement reported on line 2d above satisfy the requirements of section 170(h)(4)(B) (i) and section 170(h)(4)(B)(ii)?	5				П., П.,		
conversation 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 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.					Yes No		
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 \$ 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.	6		_				
Conservation easements during the year B 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)? I 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 Organization's 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 X	_						
Does each conservation easement reported on line 2d above satisfy the requirements of section 170(h)(4)(B) (i) and section 170(h)(4)(B)(ii)? In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements. Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets Complete if the organization answered "Yes" on Form 990, Part IV, line 8. 1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items. b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items. (i) Revenue included on Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items. a Revenue included on Form 990, Part VIII, line 1 \$ Revenue included on Form 990, Part VIII, line 1 \$ Revenue included on Form 990, Part VIII, line 1	7		_		Φ		
(i) and section 170(h)(4)(B)(ii)? 9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements. Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets Complete if the organization answered "Yes" on Form 990, Part IV, line 8. 1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items. b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items. (i) Revenue included on Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part VIII, line 1 (iii) Assets included on Form 990, Part VIII, line 1 (iv) Assets included on Form 990, Part VIII, line 1 (iv) Revenue included on Form 990, Part VIII, line 1	•	conservation easements during the year	the analysis and a street at 470(h)(A)(D)		a		
9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements. Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets Complete if the organization answered "Yes" on Form 990, Part IV, line 8. 1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items. b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items. (i) Revenue included on Form 990, Part VIII, line 1 \$ (ii) Assets included in Form 990, Part X \$ 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items. a Revenue included on Form 990, Part VIII, line 1 \$ \$	8	(') and a stine A70(b)(A)(D)('')0			□ voc □ No		
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 X	•	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			····		
Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets Complete if the organization answered "Yes" on Form 990, Part IV, line 8. 1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items. b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items. (i) Revenue included on Form 990, Part VIII, line 1 \$ (ii) Assets included in Form 990, Part X 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items. a Revenue included on Form 990, Part VIII, line 1 \$ \$	9	•	·		ance		
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 X			iization statements that describes	uic			
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. If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items. (i) Revenue included on Form 990, Part VIII, line 1 \$ (ii) Assets included in Form 990, Part X \$ 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items. a Revenue included on Form 990, Part VIII, line 1 \$ \$	Pa	rt III Organizations Maintaining Collections of Art		Similar	Assets		
of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items. b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items. (i) Revenue included on Form 990, Part VIII, line 1 \$ (ii) Assets included in Form 990, Part X \$ 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items. a Revenue included on Form 990, Part VIII, line 1 \$	1-	· · · · · · · · · · · · · · · · · · ·		e shoot w	orke		
service, provide in Part XIII the text of the footnote to its financial statements that describes these items. b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items. (i) Revenue included on Form 990, Part VIII, line 1 \$ (ii) Assets included in Form 990, Part X \$ 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items. a Revenue included on Form 990, Part VIII, line 1 \$	Ia	, ,	•		OINS		
b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items. (i) Revenue included on Form 990, Part VIII, line 1 \$ (ii) Assets included in Form 990, Part X \$ 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items. a Revenue included on Form 990, Part VIII, line 1 \$				or public			
art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items. (i) Revenue included on Form 990, Part VIII, line 1 \$ (ii) Assets included in Form 990, Part X \$ 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items. a Revenue included on Form 990, Part VIII, line 1 \$	h	• •		neet works	s of		
provide the following amounts relating to these items. (i) Revenue included on Form 990, Part VIII, line 1 \$ (ii) Assets included in Form 990, Part X \$ 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items. a Revenue included on Form 990, Part VIII, line 1 \$	J						
(i) Revenue included on Form 990, Part VIII, line 1 \$ (ii) Assets included in Form 990, Part X \$ 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items. a Revenue included on Form 990, Part VIII, line 1 \$.s., saddaton, or robotron in futurorante of	Papilo 36			
 (ii) Assets included in Form 990, Part X 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items. a Revenue included on Form 990, Part VIII, line 1 \$ 		·			\$		
2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items. a Revenue included on Form 990, Part VIII, line 1 \$		(ii) Assets included in Form COO Dort V					
following amounts required to be reported under FASB ASC 958 relating to these items. a Revenue included on Form 990, Part VIII, line 1 \$	2	***************************************			*		
a Revenue included on Form 990, Part VIII, line 1 \$	-	-					
b Assets included in Form 990, Part X \$	а				\$		
		Assets included in Form 990, Part X			\$		

	dule D (Form 990) (Rev. 12-2024) Hiltor								age 2
	rt III Organizations Maintaining						(continu	ied)	
3	Using the organization's acquisition, accession collection items (check all that apply).	i, and other records, ch	neck any of the fo	ollowing that m	nake significant us	e of its			
а	Public exhibition	d Loa	n or exchange p	ogram					
b	Scholarly research	e Oth	er						
С	Preservation for future generations								
4	Provide a description of the organization's coll	ections and explain ho	w they further the	organization's	s exempt purpose	in Part			
	XIII.	·	•						
5	During the year, did the organization solicit or	receive donations of a	rt, historical treas	ures, or other	similar				
	assets to be sold to raise funds rather than to	be maintained as part	of the organization	on's collection?	?		Yes	; [No
Pa	rt IV Escrow and Custodial Arra	angements							
	Complete if the organization a	answered "Yes" or	Form 990, P	art IV, line 9	9, or reported a	an amount	on Form		
1a	Is the organization an agent, trustee, custodia	n or other intermediary	for contributions	or other asset	ts not				
	included on Form 990, Part X?						Yes	;	No
b	If "Yes," explain the arrangement in Part XIII a	and complete the follow	ing table.						_
	· · ·	·					Amount		
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 Fo	rm 990. Part X. line 21	. for escrow or cu	ustodial accour	nt liability?		Yes	. [No
	If "Yes," explain the arrangement in Part XIII.								
	rt V Endowment Funds	•							
	Complete if the organization	answered "Yes" or	Form 990, P	art IV, line	10.				
		(a) Current year	(b) Prior year	(c) Two yea		ree years back	(e) Four	years b	oack
1a	Beginning of year balance								
	Contributions								
	Net investment earnings, gains,								
	and losses								
d	Grants or scholarships								
	Other expenditures for facilities and								
·	programs								
f	Administrative expenses								
	End of year balance								
2	Provide the estimated percentage of the curre	nt year and halance (li	no 1g. column (a)) hold as:					
a	Board designated or quasi-endowment		ie rg, column (a)	i) Held as.					
b	Permanent endowment %								
	Term endowment %								
C	The percentages on lines 2a, 2b, and 2c shou	ild aqual 100%							
2-		•	4h-a4 h-al-l	d - d:-:-:	d fa., da.				
Зa	Are there endowment funds not in the possess	sion of the organization	that are new an	a administered	i for the		Г	Yes	No.
	organization by:							162	No
	(i) Unrelated organizations?						3a(i)		
	(ii) Related organizations?		Cabadula DO				3a(ii)		
	If "Yes" on line 3a(ii), are the related organization						. 3b		
4 Do	Describe in Part XIII the intended uses of the		ent funds.						
Pa	Land, Buildings, and Equip		F 000 D		14a Oaa Farra	000 David	V . E 47		
	Complete if the organization								
	Description of property	(a) Cost or other basis	1	r other basis	(c) Accumulate	ea	(d) Book v	alue	
		(investment)	(01	her)	depreciation				
1a	Land								
b	Buildings								
С	Leasehold improvements								

d Equipment

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

e Other

Schedule D (F	orm 990) (Rev. 12-2024)Hilton Head Island	Foundation	to	46-5117877	Page 3
Part VII	Investments - Other Securities				
	Complete if the organization answered "Yes" on I		line 11		
	(a) Description of security or category	(b) Book value		(c) Method of valuation	
	(including name of security)			Cost or end-of-year marke	t value
(1) Financial					
	ld equity interests				
(H)					
	n (b) must equal Form 990, Part X, line 12, col. (B))				
Part VIII	Investments – Program Related	Form 000 Dort IV	line 11	a Saa Farm 000 Bart V	lina 12
	Complete if the organization answered "Yes" on I		line 1		
	(a) Description of investment	(b) Book value		(c) Method of valuation Cost or end-of-year marke	
				Cost of end-of-year marke	t value
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)	(h) must sound Forms 2000 Port V. line 42, and (DI)				
Part IX	n (b) must equal Form 990, Part X, line 13, col. (B))	<u> </u>			
rait ix	Complete if the organization answered "Yes" on I	Form 000 Part IV	lino 11	d Soo Form 000 Part Y	lino 15
	(a) Description	OIIII 990, I ait IV,	IIIIC I	d. See Form 990, Fait A	(b) Book value
(1)	(a) 2000 pton				(b) Book value
(2)					
(3)					
(4)					
(5)					
(6)					
(7) (8)					
(9)					
	n (b) must equal Form 990, Part X, line 15, col. (B))				
Part X	Other Liabilities				
. 4.1.71	Complete if the organization answered "Yes" on I	Form 990. Part IV.	line 11	e or 11f. See Form 990.	Part X.
	line 25.				,
1.	(a) Description of liability				(b) Book value
	income taxes				
	ll Liabilities				7,223
(3)					-
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
	n (b) must equal Form 990, Part X, line 25, col. (B))				7,223
	uncertain tax positions. In Part XIII, provide the text of the foot	tnote to the organizatio	n's finan	cial statements that reports the	

Schedule D (Fo	orm 990) (Rev. 1	2-2024) Hilton	Head	Island	Foundatio	n to	46-5117877	Page 5
Part XIII	Supplement	2-2024)Hilton al Information	(continue	ed)				
2 200 2 2 2002			(00000000000000000000000000000000000000					
							• • • • • • • • • • • • • • • • • • • •	

SCHEDULE G (Form 990)

(Rev. December 2024) 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 Inspection

Hilton Head Island Foundation to Name of the organization Employer identification number 46-5117877 Support Youth Sports, Inc.

Pa	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				Check all that apply.		
а					ernment grants		
b	Internet and email solicitations			-	_		
С	Phone solicitations	g Special fun	_		_		
d	In-person solicitations			•			
2a	Did the organization have a written or oral agreement w						
L	or key employees listed in Form 990, Part VII) or entity in the 10 highest poid individuals or entities (fu				-		Yes No
D	If "Yes," list the 10 highest paid individuals or entities (fu compensated at least \$5,000 by the organization.	ndraisers) pursuar 			nents under which the	fundraiser is to be	
	(I) Name and address of individual			d fund- have	that Cross respires	(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	(or retained by) organization
			contribu			col. (i)	
			Yes	No			
1							
2							
3							
5							
4							
5							
c							
6							
7							
8							
9							
0							
Γota		<u> </u>					
3	List all states in which the organization is registered or lie	censed to solicit c	ontrib	utions	or has been notified i	t is exempt from	
	registration or licensing.						

Schedule G (Form 990) (Rev. 12-2024)Hilton Head Island Foundation to 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 **HHIJA** Awards Banquet (add col. (a) through col. (c)) (total_number) (event type) (event type) Revenue 47,063 13,666 199,990 260,719 1 Gross receipts 2 Less: Contributions **3** Gross income (line 1 47,063 13,666 199,990 260,719 minus line 2) 4 Cash prizes 5 Noncash prizes 6 Rent/facility costs Direct Expenses **7** Food and beverages 8 Entertainment 44,369 4,627 61,233 110,229 9 Other direct expenses 10 Direct expense summary. Add lines 4 through 9 in column (d) 110,229 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? **b** If "Yes," explain:

Sche	dule G (Form 990) (Rev. 12-2024)Hilton Head Island Foundation to 46-5117877			Page 3
11	Does the organization conduct gaming activities with nonmembers?		ΠY	es No
12	Is the organization a grantor, beneficiary, or trustee of a trust; or a member of a partnership or other entity		_ □ √	es No
40	formed to administer charitable gaming?		ш '	es No
13	Indicate the percentage of gaming activity conducted in:	ا ءمد ا		0/
а	The organization's facility	13a		<u>%</u>
. 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			′aa □ Na
_	revenue?		ш '	es No
D	If "Yes," enter the amount of gaming revenue received by the organization \$ and the			
	amount of gaming revenue retained by the third party \$			
С	If "Yes," enter tha 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			
u	retain the state gaming license?		Y	es 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 infor See instructions.	mation	۱.	
• • •				
• • •				
• • •				

SCHEDULE I (Form 990)

(Rev. December 2024)

Department of the Treasury Internal Revenue Service

Grants and Other Assistance to Organizations, Governments, and Individuals in the United States

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

Attach to Form 990.

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization Hilton Head Island Foundation to						Employer identification number		
Support Youth Sport	-						46-5117877	
Part I General Information on Grants and 1 Does the organization maintain records to substantiate the and the selection criteria used to award the grants or assi 2 Describe in Part IV the organization's procedures for moni	e amount of the g stance? toring the use of	grant funds	in the United States.					
Part II Grants and Other Assistance to Do Part IV, line 21, for any recipient that re							nswered Yes on Form 990,	
(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description noncash assista		
(1) Community Foundation of the 4 Northridge Drive Hilton Head Island SC 29925			182,830					
(2)								
(3)								
(4)								
(5)								
(6)								
(7)								
(8)								
(9)								
2 Enter total number of section 501(c)(3) and government o		in the line	1 table					

	Part III can be duplicated if additi (a) Type of grant or assistance	(b) Number of	(c) Amount of	(d) Amount of	(e) Method of valuation (book,	(f) Description of noncash assistance
		recipients	cash grant	noncash assistance	FMV, appraisal, other)	
1						
2						
3						
4						
5						
6						
7						
Part IV	Supplemental Information. Prov	vide the information re	quired in Part I, line	2; Part III, column (b); and any other additional	information.

		<u>, , , , , , , , , , , , , , , , , , , </u>	, ,,,		
•	 	 		 	
*	 	 		 	
• • • • • • • • • • • • • • • • • • • •	 	 		 	
*	 	 		 	
•	 	 		 	
•	 	 		 	
·	 	 		 	
•	 	 		 	
•	 	 		 	

SCHEDULE O (Form 990)

(Rev. December 2024)

Department of the Treasury Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization Hilton Head Island Foundation to Employer identification number								
			46-5117877					
Schloarships provided	Form 990, Part III, Line 4d - All Other Accomplishments Schloarships provided by The First Tee.							
Form 990, Part VI, Lin Reviewed by Executive	Form 990, Part VI, Line 11b - Organization's Process to Review Form 990 Reviewed by Executive Director and Treasurer.							
Form 990, Part VI, Line 12c - Enforcement of Conflicts Policy All board members are required to review the Conflict of Interest Policy annually and reveal any conflicts and provide their signature as appropriate.								
Form 990, Part VI, Li No documents available	ne 19 - Governing D e to the public	ocuments Disclos	ure Explanation					
•								
·								
·								
• • • • • • • • • • • • • • • • • • • •								
•								

Form **4562**

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

Hilton Head Island Foundation to Name(s) shown on return Identifying number Support Youth Sports, Inc. 46-5117877 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. 1,220,000 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) 3,050,000 3 3 Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-4 4 Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions 5 (a) Description of property (b) Cost (business use only) Listed property. Enter the amount from line 29 7 Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7 8 Tentative deduction. Enter the **smaller** of line 5 or line 8 9 9 Carryover of disallowed deduction from line 13 of your 2023 Form 4562 10 Business income limitation. Enter the smaller of business income (not less than zero) or line 5. See instructions 11 11 Section 179 expense deduction. Add lines 9 and 10, but don't enter more than line 11 Carryover of disallowed deduction to 2025. 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 9,301 Other depreciation (including ACRS) MACRS Depreciation (Don't include listed property. See instructions.) Section A 446 MACRS deductions for assets placed in service in tax years beginning before 2024 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 2024 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 service only-see instructions) 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 vrs. 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 2024 Tax Year Using the Alternative Depreciation System 20a Class life S/L 12-year S/L 12 yrs. 30-year 30 yrs. MM S/L 40-year MM S/L Part IV **Summary** (See instructions.) Listed property. Enter amount from line 28 21 21 Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter 9,747 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

Form **990**

Name

Event Income and Deduction Worksheet

Description Champions Tournament

Hilton Head Island Foundation to

Taxpayer Identification Number

2024

46-5117877

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

Income & Expense Summary:		Expense Details - Indirect Expense:
1. Gross receipts or sales1	199,990	Advertising and promotion
2. Advertising income 2.		Office
3. Circulation income 3.		Printing/publication/postage
4. Other income 4.		Info technology/Maintenance
5. Returns and allowances 5.		Royalties & License Fees
6. Contributions received 6.		Occupancy/Real Estate Taxes
7. Total revenue. Add lines 1 through 6 7.	199,990	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.		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
		Total Depresion Expense
Beginning inventory		Expense Details - Exempt Activity Expense:
Purchases		Repairs and Maintenance
Labor		Rad dobte
Section 263A costs	61,233	Bad debts
Other costs		Taxes/licenses
Ending inventory	61,233	Charitable contributions
Total Cost of Goods Sold	01,233	Dividend recd deductions
Evenes Details - Employment Eveness		Readership costs
Expense Details - Employment Expense:		Other expenses
Compensation of officers		Total Exempt Activity Expense
Other salaries and wages		
Pension plan contributions		Expense Details - Fundraising Expense:
Other employee benefits		Cash prizes
Payroll taxes		Non-cash prizes
Total Employment Expense		Rent and facility costs
		Food & beverages (Part II only)
Expense Details - Fees for Services:		Entertainment (Part II only)
Management		Other direct expenses
Legal		Total Fundraising Expense
Accounting		
Lobbying		
Professional fundraising		
Investment management		
Other		
Total Fees for Services		
Information is indicated for use on Form 990-1	Γ, Schedule A:	Allocation of Expense to Program Service Accomplishments:
Schedule A, UBIT Activity Code Se	q #	First
Part V, Debt Financing		Second
Part VI, Controlled Org Income		Third
Part VII, Investments for C(7)(9)(17)		All other
Part VIII, Exploited Activities		
Part IX, Advertising Income		

Form **990**

Name

Event Income and Deduction Worksheet

Description **HHIJA**

Taxpayer Identification Number

2024

Hilton Head Island Foundation to

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

Part VIII, Exploited Activities Part IX, Advertising Income

46-5117877

Use this worksheet to verify data entered for a specific activity on your form 990/990EZ Income & Expense Summary: Expense Details - Indirect Expense: Advertising and promotion ________ 13,666 1. Gross receipts or sales 1. 2. Advertising income 2. 3. Circulation income 3. Printing/publication/postage Info technology/Maintenance **4.** Other income **4.** ___ Royalties & License Fees____ 5. Returns and allowances 5. __ Occupancy/Real Estate Taxes **6.** Contributions received **6.** _____ 7. Total revenue. Add lines 1 through 6 7. 13,666 Travel & Repairs Travel/entertainment (officials) **8.** Cost of Goods Sold **8. 4,627** Conferences/meetings ______ **9.** Employment Expense **9.** ____ 10. Fees for services ______10. Interest ___ Insurance _______ 11. Indirect Expense 11. Total Indirect Expense ______ 12. Depreciation Expense 12. ___ 13. Exempt Activity Expense 13. 14. Fundraising Expense14. Expense Details - Depreciation Expense: 4,627 On investment property _______ 15. Total expenses. Add lines 8 through 1415. 9,039 On non-investment property ______ 16. Net Income/Loss. Line 7 minus Line 1516. Amortization _______ Depletion ______ Total Depreciation Expense ______ Expense Details - Cost of Goods Sold: Beginning inventory ______ Purchases _____ Expense Details - Exempt Activity Expense: Repairs and Maintenance Section 263A costs Bad debts ______ Other costs Charitable contributions Ending inventory 4,627Total Cost of Goods Sold Dividend recd deductions ______ Readership costs Other expenses ______ **Expense Details - Employment Expense:** Total Exempt Activity Expense_ Compensation of officers Other salaries and wages Pension plan contributions Expense Details - Fundraising Expense: Other employee benefits Cash prizes Non-cash prizes _____ Payroll taxes _____ Total Employment Expense Rent and facility costs Food & beverages (Part II only) Expense Details - Fees for Services: Entertainment (Part II only) _______ Other direct expenses ______ Management _____ Total Fundraising Expense Accounting Professional fundraising Investment management Total Fees for Services Information is indicated for use on Form 990-T, Schedule A: Allocation of Expense to Program Service Accomplishments: Schedule A, UBIT Activity Code Seq # First Part V, Debt Financing Second _____ Part VI, Controlled Org Income Third _____

All other

Form **990**

Event Income and Deduction Worksheet

Description Awards Banquet

Taxpayer Identification Number

2024

Name

Hilton Head Island Foundation to

Part VIII, Exploited Activities Part IX, Advertising Income

46-5117877

Income & Expense Summary:		Expense Details - Indirect Expense:
1. Gross receipts or sales 1.	47,063	Advertising and promotion
2. Advertising income 2.		Office
3. Circulation income 3.		Printing/publication/postage
4. Other income 4.		Info technology/Maintenance
5. Returns and allowances 5.		Royalties & License Fees
6. Contributions received 6.		Occupancy/Real Estate Taxes
7. Total revenue. Add lines 1 through 6 7.		Travel & Repairs
8. Cost of Goods Sold 8.		Travel/entertainment (officials)
9. Employment Expense 9.		Conferences/meetings
10. Fees for services 10.		Interest
11. Indirect Expense 11.		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.		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	44,369	Taxes/licenses
Ending inventory	- 	Charitable contributions
Total Cost of Goods Sold	44,369	Dividend recd deductions
	- 	Readership costs
Expense Details - Employment Expense:		Other expenses
Compensation of officers		Total Exempt Activity Expense
Other salaries and wages		
Pension plan contributions		Expense Details - Fundraising Expense:
Other employee benefits		Cash prizes
Payroll taxes		Non-cash prizes
Total Employment Expense		Rent and facility costs
		Food & beverages (Part II only)
Expense Details - Fees for Services:		Entertainment (Part II only)
Management		Other direct expenses
Legal		Total Fundraising Expense
Accounting	· · · · · · · · · · · · · · · · · · · 	
Lobbying	-	
Professional fundraising	-	
Investment management		
Other		
Total Fees for Services		
Information is indicated for use on Form 99	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

	CHEDULE G	F	undraising Other Ev	ents		2024
(Form 990 or 990-EZ)		For calendar year 2024, or tax yea	2024			
Nan				,	Employer Id	entification Number
		Island Foundation h Sports, Inc.	to		46-511	7877
_	uppolo loue	(a) Other event	(b) Other event	(c) Other event		
Revenue		Champions Tourn				(d) Total other events (add col. (a) through
		(event type)	(event type)	(event type)		col. (c))
	 Gross receipts Less: Charitable 	199,990				199,990
	contributions					
	3 Gross income (line 1 minus line 2)	199,990				199,990
	4 Cash prizes					
	5 Noncash prizes					
suses	6 Rent/facility costs					
Direct Expenses	7 Food/beverages					
Direct	8 Entertainment					
	9 Other expenses	61,233				61,233

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

June 30, 2024

CONFIDENTIAL

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

Dear Board Members:

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

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

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

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

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

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

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

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

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

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

June 30, 2024

CONFIDENTIAL

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

Dear Board Members:

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

Return of Organization Exempt From Income Tax (Form 990)

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

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

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

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

Sincerely,

Carey & Company P.A.

33. Number of volunteers

Two Year Comparison Report 2022 & 2023 Form **990** For calendar year 2023, or tax year beginning ending Taxpayer Identification Number Name Hilton Head Island Foundation to Support Youth Sports, Inc. 46-5117877 Differences 2022 2023 1. Contributions, gifts, grants 186,939 3,269 1. 183,670 2. 2. Membership dues and assessments 70,000 -30,000 40,000 3. 3. Government contributions and grants 5,503 4. Program service revenue 126,807 132,310 4. 5. Investment income 384 2,950 2,566 5. 6. Proceeds from tax exempt bonds 6. 7. Net gain or (loss) from sale of assets other than inventory \dots 7. 8. Net income or (loss) from fundraising events $167, \overline{744}$ 142,128 8. 25,616 9. Net income or (loss) from gaming 9. 10. **10.** Net gain or (loss) on sales of inventory **11.** Other revenue 11. 522,989 6,954 529,943 12. Total revenue. Add lines 1 through 11 12. 13. Grants and similar amounts paid 13. 14. Benefits paid to or for members 14. 5,600 71,000 76,600 **15.** Compensation of officers, directors, trustees, etc. 15. 84,296 90,087 5,791 **16.** Salaries, other compensation, and employee benefits 16. 17. Professional fundraising fees 17. **18.** Other professional fees 14,537 12,400 -2,13718. 18,061 18,129 68 **19.** Occupancy, rent, utilities, and maintenance 19. 8,970 3,994 20. Depreciation and Depletion 4,976 20. 166,743 199,056 <u>32,313</u> 21. **22. Total expenses.** Add lines 13 through 21 22. 359,613 405,242 45,629 163,376 124,701 -38,67523. Excess or (Deficit). Subtract line 22 from line 12 23. 522,989 529,943 24. Total exempt revenue 24. 6,954 25. Total unrelated revenue 25. 26. Total excludable revenue 127,191 <u>135,260</u> 8,069 26. 27. Total assets 818,785 945,166 126,381 27. **28.** Total liabilities 28. 6,672 6,284 -388 29. Retained earnings 938,882 29. 812,113 126,769 30. Number of voting members of governing body 30. 15 16 15 **31.** Number of independent voting members of governing body 31. 16 32. Number of employees 14 5

32.

75

Form 990		Tax Re	Tax Return History			2023
Name Hilton Suppor	Head Island Fou t Youth Sports,	ndation to Inc.			Employer 46-51	Employer Identification Number 46-5117877
	2019	2020	2021	2022	2023	2024
Contributions, gifts, grants	214,938	160,706	178,858	253,670	226,939	
Membership dues Program service revenue	48,950	67,658	82,979	126,807	132,310	
Capital gain or loss						
Investment income	348	415	480	384	2,950	
Fundraising revenue (income/loss)	96	87,744	124,311	142,128	167,744	
Gaming revenue (income/loss)						
Other revenue		31,708	31,708			
Total revenue	360,846	348,231	418,336	522,989	529,943	
Grants and similar amounts paid	aid					
Benefits paid to or for members	S					
Compensation of officers, etc.		59,177	62,475	71,000	16,600	
Other compensation	130,405	114,452	78,381	84,296	180,06	
Professional fees	13,423	12,018	10,601	14,537	12,400	
Occupancy costs				18,061	18,129	
Depreciation and depletion	688	910	2,370	4,976	8,970	
Other expenses	119,755	117,466	168,849	166,743	199,056	
Total expenses	263,972	304,083	322,676	359,613	405,242	
Excess or (Deficit)	96,874	44,148	92'660	163,376	124,701	
Total exempt revenue	360,846	348,231	418,336	522,989	529,943	
Total unrelated revenue		J		J	J	
Total excludable revenue	49,298	99,781	115,167	127,191	135,260	
Total Assets	529,379	560,777	655,322	818,785	945,166	
Total Liabilities	85,297	72,547	71,256	6,672	6,284	
Net Fund Balances	444,082	488,230	584,066	812,113	938,882	

Filing Instructions

Hilton Head Island Foundation to Support Youth Sports, Inc.

Exempt Organization Tax Return

Taxable Year Ended December 31, 2023

Date Due: November 15, 2024

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

balance due.

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

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

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

organization and returned to:

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

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

8879-TE has been received by this office.

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

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

processing of your return.

Name of file

Form **8879-TF**

IRS E-file Signature Authorization for a Tax Exempt Entity

OMB	No.	1545-004	7
OIVID	INO.	1545-004	

2023

For calendar year 2023, or fiscal year beginning

....., 2023, and ending

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

Department of the Treasury Internal Revenue Service

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

EIN or SSN

Support Youth Sports, Inc.

46-5117877

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

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

appli	cable line below. Do not complete	mor	e tha	an one line in Part I.		
1a	Form 990 check here	X	b	Total revenue, if any (Form 990, Part VIII, column (A), line 12)	1b	529,943
2a	Form 990-EZ check here	L	b	Total revenue, if any (Form 990-EZ, line 9)	2b	
	Form 1120-POL check here	L	b	Total tax (Form 1120-POL, line 22)	3b	
4a	Form 990-PF check here		b	Tax based on investment income (Form 990-PF, Part V, line 5)	4b	
	Form 8868 check here		b	Balance due (Form 8868, line 3c)	5b	
6a	Form 990-T check here	L	b	Total tax (Form 990-T, Part III, line 4)	6b	
7a	Form 4720 check here	L		Total tax (Form 4720, Part III, line 1)		
8a	Form 5227 check here	-	b	FMV of assets at end of tax year (Form 5227, Item D)	8b	
9a	Form 5330 check here		b	Tax due (Form 5330, Part II, line 19)	9b	
10a	Form 8038-CP check here		b	Amount of credit payment requested (Form 8038-CP, Part III, line 22)	10b	
Pa	art II Declaration and S	Sign	atu	re Authorization of Officer or Person Subject to Tax		
Unde	er penalties of perjury, I declare that	at X		I am an officer of the above entity or I am a person subject to tax w	vith respec	ct to (name
of er				, (EIN) and that I have ex		1 7
2023	electronic return and accompanyi	ng so	ched	ules and statements, and, to the best of my knowledge and belief, they are	true, cor	rect, and
comp	olete. I further declare that the amo	unt i	n Pa	art I above is the amount shown on the copy of the electronic return. I conse	ent to allo	w my
	P 4 1 1 1 1 10					IDO ()

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

PIN: check one box only

X	I authorize	Carey	&	Company P.A.	to enter my PIN	12345
_				ERO firm name		Enter five num

as my signature bers. but

on the tax year 2023 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

As an officer or person subject to tax with respect to the entity, I will enter my PIN as my signature on the tax year 2023 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Signature of officer or person subject to tax

Part III **Certification and Authentication**

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

57507812345

Do not enter all zeros

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

Patrick P. Carey, Jr., CPA

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

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

Do not enter social security numbers on this form as it may be made public. Go to www.irs.gov/Form990 for instructions and the latest information.

2023 Open to Public Inspection

<u>A</u>	For the	e 2023 calendar year, or tax year beginning , and ending		_					
В	Check if a	applicable: C Name of organization Hilton Head Island Foundation to		D Employe	r identification number				
	Address of	change Support Youth Sports, Inc.							
=		Doing business as The First Too of the TowCountry		46-5	117877				
닏	Name cha	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	E Telephon	e number				
$\mathbf{-}$	Initial retu			843-3	384-1751				
	Final retur terminated								
		Hilton Head Island SC 29925		G Gross red	eipts\$ 621,472				
님	Amended	F Name and address of principal officer:		<u>-</u>					
Ш	Application	Jacqueline Lambe	H(a) Is this a g	roup return for	subordinates? Yes X No				
		53 Magnolia Blossom Dr.	H(b) Are all su	bordinates inc	luded? Yes No				
		Bluffton SC 29910	If "No	," attach a list.	See instructions				
$\overline{}$	Tax-exen	mpt status: X 501(c)(3) 501(c) () (insert no.) 4947(a)(1) or 527							
1	Website:		H(c) Group ex	emption numb	er				
<u>, </u>			Year of formation: 2		M State of legal domicile: SC				
	art I	Summary	_ Teal of formation. Z	014	M State of legal dofflicite.				
-	T	Briefly describe the organization's mission or most significant activities:							
a	' '	The First Tee helps shape the lives of kids and tee	na fram al	1 *** 11					
ũ									
Ē		life by introducing them to values inherent in the game of golf. Values							
Governance	_ :	like integrity, respect and perseverance							
		Check this box if the organization discontinued its operations or disposed of more than			1.0				
త	3 1	Number of voting members of the governing body (Part VI, line 1a)		3	16				
ties	4 1	Number of independent voting members of the governing body (Part VI, line 1b)		4	16				
Activities	5 7	Total number of individuals employed in calendar year 2023 (Part V, line 2a) $_{\dots}$. 5	14				
Ac	6 7	Total number of volunteers (estimate if necessary)		. 6	75				
	7a ⊺	Total unrelated business revenue from Part VIII, column (C), line 12		. 7a	0				
	1 d	Net unrelated business taxable income from Form 990-T, Part I, line 11		7b	0				
	l		Prior Ye		Current Year				
ne	8 (Contributions and grants (Part VIII, line 1h)		3,670	226,939				
Revenue	9 F	Program service revenue (Part VIII, line 2g)		6,807	132,310				
è	10 li	nvestment income (Part VIII, column (A), lines 3, 4, and 7d)		384	2,950				
_		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		2,128	167,744				
		Total revenue – add lines 8 through 11 (must equal Part VIII, column (A), line 12)		2,989	529,943				
	13 (Grants and similar amounts paid (Part IX, column (A), lines 1–3)			0				
		Benefits paid to or for members (Part IX, column (A), line 4)			0				
Se	15 5	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)		5,296	166,687				
Expenses	16a F	Professional fundraising fees (Part IX, column (A), line 11e) Total fundraising expenses (Part IX, column (D), line 25) 60,938			0				
xbe	b⊺	Total fundraising expenses (Part IX, column (D), line 25) 60,938							
Ш	17 (Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	204	4,317	238,555				
	18 7	Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)		9,613	405,242				
	19 F	Revenue less expenses. Subtract line 18 from line 12		3,376	124,701				
Net Assets or Find Balances	<u> </u>		Beginning of Cu		End of Year				
386t	20 ⊺	Total assets (Part X, line 16)		3,785	945,166				
¥5	21 ⊺	Total liabilities (Part X, line 26)		6,672	6,284				
		Net assets or fund balances. Subtract line 21 from line 20	812	2,113	938,882				
P	art II	Signature Block							
		nalties of perjury, I declare that I have examined this return, including accompanying schedules and s	,		y knowledge and belief, it is				
tr	ue, corre	ect, and complete. Declaration of preparer (other than officer) is based on all information of which pre	parer has any know	rledge.					
Siç	gn	Signature of officer		Date					
He	re	Jacqueline Lambe Treasure	2						
_		Type or print name and title							
		Print/Type preparer's name Preparer's signature	Date	Check	if PTIN				
Pai	d	Patrick P. Carey, Jr., CPA Patrick P. Carey, Jr., CPA		self-em	ployed P00033247				
Pre	parer	Firm's name Carey & Company P.A.	. I F	irm's EIN	57-0927046				
Use	Only	70 Main Street, Suite 100	·						
		Firm's address Hilton Head Island, SC 29926		Phone no.	843-681-4430				
May	, the ID	2S discuss this return with the preparer shown above? See instructions	1.		Y Vos No				

	990 (2023) Hilton Head Isla t III Statement of Program Se	rvice Accomplishments	46-5117877	Page 2
T: 1	Check if Schedule O contain Briefly describe the organization's mission: ne First Tee helps shaife by introducing the ike integrity, respect	m to values inheren	ds and teens from a	olf. Values
	Did the organization undertake any significan prior Form 990 or 990-EZ? If "Yes," describe these new services on Sch			Yes X No
	If "Yes," describe these changes on Schedul	e O.		Yes X No
	Describe the organization's program service expenses. Section 501(c)(3) and 501(c)(4) or the total expenses, and revenue, if any, for expenses is a service or the total expenses.	rganizations are required to report the a		
0	(Code:)(Expenses \$ 2 perating driving range tatement.	40,388 including grants of \$ for use in objecti		ssion
		including grants of\$) (Revenue \$)
N,	/A			
	(Code:) (Expenses \$ /A	including grants of\$) (Revenue \$	
4d	Other program services (Describe on Sched	,		
4e	(Expenses \$ inc Total program service expenses	luding grants of \$ 240 , 388) (Revenue \$)

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	х	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to			
	candidates for public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)			
	election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,			
	assessments, or similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors			
	have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If			
	"Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		_X_
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			
	complete Schedule D, Part III	8		_X_
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a			
	custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or			
	debt negotiation services? If "Yes," complete Schedule D, Part IV	9		<u>X</u>
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi-endowments? If "Yes," complete Schedule D, Part V	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,			
	VII, VIII, IX, or X, as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"			
	complete Schedule D, Part VI	11a	X	
b	Did the organization report an amount for investments—other securities in Part X, line 12, that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
С	Did the organization report an amount for investments—program related in Part X, line 13, that is 5% or more			3.5
	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	44.1		3.7
_	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	х	X
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	11f		v
120	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i> Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete</i>	- 111		<u> </u>
12a	Schedule D, Parts XI and XII	12a		Х
h	Was the organization included in consolidated, independent audited financial statements for the tax year? If	12a		
b	"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 agreement in maintain an office ampleyees or agents systems of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,	1 4 a		- 22
~	fundraising, business, investment, and program service activities outside the United States, or aggregate			
	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		Х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or			
	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		Х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other			
	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		Х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on			
	Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. 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	Х	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?			
	If "Yes," complete Schedule G, Part III	19		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

Form **990** (2023)

	art IV Checklist of Required Schedules (continued)		Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the			
	organization's current and former officers, directors, trustees, key employees, and highest compensated			
	employees? If "Yes," complete Schedule J	23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than			
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b			l
	through 24d and complete Schedule K. If "No," go to line 25a	24a	ļ	X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		┼
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year			
	to defease any tax-exempt bonds?	24c		
	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	05-		.,
	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?	05%		32
00	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%	26		х
27	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	20		_^
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee			
	member, or to a 35% controlled entity (including an employee thereof) or family member of any of these			
	persons? If "Yes," complete Schedule L, Part III	27		х
28	Was the organization a party to a business transaction with one of the following parties? (See the Schedule			
20	L, Part IV, instructions for applicable filing thresholds, conditions, and exceptions).			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If</i>			
u	White I remarks Oaks Alak I. Dod W.	28a		х
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
c	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If			
	"Yes" complete Schedule I Part IV	28c		Х
29	Did the organization receive more than \$25,000 in noncash contributions? If "Yes," complete Schedule M			X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
••	conservation contributions? If "Yes," complete Schedule M	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I			X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If</i> "Yes,"			1
	complete Schedule N, Part II	32		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III,			
	or IV, and Part V, line 1	34		X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a			
	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable			
	related organization? If "Yes," complete Schedule R, Part V, line 2	36		Х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and			
	19? Note: All Form 990 filers are required to complete Schedule O.	38		X
P	art V Statements Regarding Other IRS Filings and Tax Compliance			_
	Check if Schedule O contains a response or note to any line in this Part V	<u></u>	<u> </u>	<u></u>
	f. I		Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable			
b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and			

reportable gaming (gambling) winnings to prize winners?

	990 (2023) Hilton Head Island Foundation to 46-5117877		Р	age 5
<u> Pa</u>	rt V Statements Regarding Other IRS Filings and Tax Compliance (continued)		Yes	No
2a				
	Statements, filed for the calendar year ending with or within the year covered by this return 2a 14			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over,			
	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		Х
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	Most the aggregation a port, to a prohibited toy shelter transaction at any time during the tay 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
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	30		
va	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		х
L	•	- Oa		
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or	C.		
_	gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods			
	and services provided to the payor?	7a	X	├──
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	X	
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			
	required to file Form 8282?	7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		X
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		X
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on Part VIII, line 12			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
11	Section 501(c)(12) organizations. Enter:			
а	Gross income from members or shareholders			
h	Gross income from other sources. (Do not net amounts due or paid to other sources			
b	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		
		120		
b 13	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
		420		
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			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b		├──
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			
	excess parachute payment(s) during the year?	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		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 activities			
	that would result in the imposition of an excise tax under section 4951, 4952 or 4953?	17		
	If "Yes," complete Form 6069.			
		Form	990	(2023)

DAA

Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI Section A. Governing Body and Management Yes No 1a Enter the number of voting members of the governing body at the end of the tax year 16 If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O. 16 Enter the number of voting members included on line 1a, above, who are independent Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? 2 X 3 Did the organization delegate control over management duties customarily performed by or under the direct X supervision of officers, directors, trustees, or key employees to a management company or other person? Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4 Did the organization become aware during the year of a significant diversion of the organization's assets? Did the organization have members or stockholders? 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? X b Are any governance decisions of the organization reserved to (or subject to approval by) members, X stockholders, or persons other than the governing body? Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following The governing body? X Each committee with authority to act on behalf of the governing body? Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O X Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) No 10a Did the organization have local chapters, branches, or affiliates? 10a X b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? 10b Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11a **b** Describe on Schedule O the process, if any, used by the organization to review this Form 990. 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 12a b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12b X c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done 12c X Did the organization have a written whistleblower policy? Did the organization have a written document retention and destruction policy? 14 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? a The organization's CEO, Executive Director, or top management official X Other officers or key employees of the organization X If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions. Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? 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? Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed SC Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c) (3)s only) available for public inspection. Indicate how you made these available. Check all that apply. Own website Another's website X Upon request Other (explain on Schedule O) Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year. State the name, address, and telephone number of the person who possesses the organization's books and records. 20 Tammy Novak 2 Corpus Christi Place # 2 Hilton Head Island SC 29928

Form **990** (2023)

		• - .	_			_	
Form 9	90 (2023)	Hilton	Head	Island	Foundation	to	46-5117877

Page 7

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

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

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

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

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

	Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.									
(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	box	k, unle cer ar	ss pe	ition more rson i	than o is both or/trusted Highest compensated employee	an	(D) Reportable compensation from the organization (W-2/ 1099-MISC/ 1099-NEC)	(E) Reportable compensation from related organizations (W-2/ 1099-MISC/ 1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
(1) Patrick M Zuk Executive Director	40.00			х				76,600	0	7,465
(2) Grace Chu								,		, , = 00
Chair	5.00	x		x				o	0	0
(3) Bob Curri	0.00	^		Λ		H		<u> </u>	<u> </u>	<u> </u>
Board Member	5.00 0.00	x						0	0	0
(4) Joe Datillo										
Board Member	5.00 0.00	x						0	0	0
(5) Krista Dunton										
Board Member	5.00 0.00	x						0	0	0
(6) Chuck Eberly	5.00									
Board Member	0.00	X						0	0	0
(7) John Farrell Board Member	5.00 0.00	x						0	0	0
(8) Bill Fuentes	0.00	^				H		0	0	0
Board Member	5.00 0.00	x						0	0	0
(9) Bill Fuge		1				П				
Board Member	5.00 0.00	х						0	0	0
(10) Paul Gaines	- 00									
Vice-Chair	5.00 0.00	x		х				o	0	0
(11) Jacqueline Lamb	e - ^^									
Treasurer	5.00	x						0	0	0

Form **990** (2023)

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

Part VII Section A Officers Directors Trustees Key Familians and VIII Section 1 (2015)

Part VII	Section A. Officers	s, Directors, 1	ruste	ees,	Key	Em	ipioy	ees	s, and Hignest Compens	ated Employees (continu	ea)		
(A) Name and title		(B) Average hours per week	box offi	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)			s both or/trust	an ee)	(D) Reportable compensation from the	(E) Reportable compensation from related	(F) Estimated amount of other compensation		
		(list any hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/ 1099-MISC/ 1099-NEC)	organizations (W-2/ 1099-MISC/ 1099-NEC)	from the organization and related organizations		
(12) C	hris Lane	5.00											
Secreta	_	0.00	х		х				0	0	(
(13) D. (13)	arcie Patri	ck 5.00											
Board M	Member	0.00	x						0	0			
	aul Rothwel	1											
(14) Board M	 Iember	5.00 0.00	x						0	0			
	rad Taylor	0.00	Λ							0			
(15)		5.00								•			
Board M	<u>lember</u> d Tiscornia	0.00	Х						0	0	(
(16)	u 110001111u	5.00											
Board M		0.00	Х						0	0	(
(17) C:	huck Wisema	5.00											
Board M	Member	0.00	Х						0	0	(
(18)													
(19)													
	tal								76,600		7,465		
	from continuation she (add lines 1b and 1c)	ets to Part VII							76,600		7,465		
2 Total r				ed to	tho	se li	sted	abo	ve) who received more that	an \$100,000 of			
											Yes No		
	e organization list any fo yee on line 1a? <i>If "Yes,</i> "								yee, or highest compensa	ted	3 X		
									ion and other compensation ion and other complete Schedule J for a	n from the			
individ	ual										4 X		
	• •				•				any unrelated organization J for such person		5 X		
Section B.	Independent Contract	tors											
									ntractors that received more ndar year ending with or w		c year.		
		(A) business address								(B) tion of services	(C) Compensation		
-													
	number of independent								ose listed above) who				
receive	ed more than \$100,000	of compensation	n fro	om th	ne o	rgani	ızatic	n		0	- 000		

Part VIII Statement of Revenue Check if Schedule O contains a response or note to any line in this Part VIII (B) Related or exempt (A) (C) (D) Unrelated business revenue Revenue excluded Total revenue from tax under sections 512-514 1a Federated campaigns **b** Membership dues 1b **c** Fundraising events 1c **d** Related organizations 1d e Government grants (contributions) 40,000 1e f All other contributions, gifts, grants, and similar amounts not included above . . . 1f 186,939 **q** Noncash contributions included in lines 1a-1f 1g 226,939 h Total. Add lines 1a-1f . 53,450 53,450 Program Service Revenue Golf Range ... 34,106 34,106 Program Fees 24,562 24,562 Pro Shop Sales 20,192 20,192 Scholarship Program Fees **f** All other program service revenue 132,310 g Total. Add lines 2a-2f 3 Investment income (including dividends, interest, and other similar amounts) 2,950 2,950 Income from investment of tax-exempt bond proceeds **5** Royalties (i) Real (ii) Personal 6a Gross rents 6a **b** Less: rental expenses 6b C Rental inc. or (loss) 6c d Net rental income or (loss) 7a Gross amount from sales of assets other than inventory Revenue **b** Less: cost or other basis and sales exps. 7b c Gain or (loss) 7c Other d Net gain or (loss) **8a** Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18 259,273 **b** Less: direct expenses 91,529 c Net income or (loss) from fundraising events 167,744 9a Gross income from gaming activities. See Part IV, line 19 9a **b** Less: direct expenses 9b c Net income or (loss) from gaming activities 10a Gross sales of inventory, less returns and allowances 10a **b** Less: cost of goods sold 10b c Net income or (loss) from sales of inventory Business Code iscellaneous Revenue 11a d All other revenue e Total. Add lines 11a-11d 529,943 2,950 132,310 **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 76,600 61,280 7,660 7,660 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Other salaries and wages 70,158 23,758 46,400 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) Other employee benefits 7,463 5,971 746 746 9,312 Payroll taxes 12,466 2,485 669 10 Fees for services (nonemployees): a Management **b** Legal 12,400 12,400 c Accounting **d** Lobbying 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.) 51,863 51,863 12 Advertising and promotion 5,741 5,741 13 Office expenses Information technology Royalties 15 18,129 18,129 Occupancy 16 4,756 4,756 17 Payments of travel or entertainment expense 18 for any federal, state, or local public officials Conferences, conventions, and meetings 19 20 Payments to affiliates 21 Depreciation, depletion, and amortization 8,970 8,844 126 22 15,281 23 Insurance 15,281 24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.) 36,000 36,000 a Ground Maintenance Program Services 13,863 13,863 9,702 7,501 54,349 Coach Training 9,702 7,501 35,774 d Course labor e All other expenses 18,575 405,242 240,388 103,916 60,938 25 Total functional expenses. Add lines 1 through 24e Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here if following SOP 98-2 (ASC 958-720)

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

945,166 Form 990 (2023)

818,785

33

Total liabilities and net assets/fund balances .

-orm	1990 (2023) Hilton Head Island Foundation to 46-511/8//			Pag	ge 12
Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				X
1	Total revenue (must equal Part VIII, column (A), line 12)	1		29,9	
2	Total expenses (must equal Part IX, column (A), line 25)	2		(5, 2)	
3	Revenue less expenses. Subtract line 2 from line 1	3		24,7	
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	81	.2,1	<u> 113</u>
5	Net unrealized gains (losses) on investments	5		2,0	<u> </u>
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			2
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line				
	32, column (B))	10	93	38,8	382
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				Ш
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain on				
	Schedule O.				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or				
	reviewed on a separate basis, consolidated basis, or both.				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	X	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a				
	separate basis, consolidated basis, or both.				
	X Separate basis Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of				
	the audit, review, or compilation of its financial statements and selection of an independent accountant?		2c	X	
	If the organization changed either its oversight process or selection process during the tax year, explain on				
	Schedule O.				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the				
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?		3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the				
	required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b		

Form **990** (2023)

SCHEDULE A (Form 990)

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

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

Attach to Form 990 or Form 990-EZ.

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

Name of the organization

Hilton Head Island Foundation to Support Youth Sports, Inc.

Employer identification number

46-5117877 **Reason for Public Charity Status.** (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, An organization operated for the benefit of a college or university owned or operated by a governmental unit described in 5 section 170(b)(1)(A)(iv). (Complete Part II.) 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross 10 receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) 11 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization. Enter the number of supported organizations Provide the following information about the supported organization(s). (i) Name of supported (iv) Is the organization (iii) Type of organization (v) Amount of monetary (vi) Amount of organization (described on lines 1-10 listed in your governing support (see other support (see above (see instructions)) document? instructions) instructions) (A) (B) (C) (D)

(E)

Total

Page 2

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.) Section A. Public Support Calendar year (or fiscal year beginning in) (a) 2019 **(b)** 2020 (c) 2021 (d) 2022 (e) 2023 (f) Total Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") 214,938 160,706 178,858 253,670 226,940 1,035,112 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 **Total.** Add lines 1 through 3 214,938 160,706 178,858 253,670 226,940 1,035,112 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) 324,974 Public support. Subtract line 5 from line 4 710,138 Section B. Total Support Calendar year (or fiscal year beginning in) (a) 2019 **(b)** 2020 (c) 2021 (d) 2022 (e) 2023 (f) Total Amounts from line 4 214,938 160,706 178,858 253,670 226,940 1,035,112 Gross income from interest, dividends. payments received on securities loans, rents, royalties, and income from 348 415 480 384 2.950 4,577 similar sources Net income from unrelated business activities, whether or not the business is regularly carried on Other income. Do not include gain or 10 loss from the sale of capital assets (Explain in Part VI.) 11 **Total support.** Add lines 7 through 10 1,039,689 Gross receipts from related activities, etc. (see instructions) 12 1,457, 366 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here Section C. Computation of Public Support Percentage Public support percentage for 2023 (line 6, column (f) divided by line 11, column (f)) 14 14 68.30 % Public support percentage from 2022 Schedule A, Part II, line 14 15 15 71.62 % 16a 33 1/3% support test — 2023. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here**. The organization qualifies as a publicly supported organization X 33 1/3% support test — 2022. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization 17a 10%-facts-and-circumstances test — 2023. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and **stop here.** Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported 10%-facts-and-circumstances test — 2022. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported 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) 2023

Page 3

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

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

		-1					
	tion A. Public Support		T		T	1	,
<i>J</i> alen	dar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that are not an unrelated trade or business under section 513						
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5	<u> </u>					
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons						
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
с 8	Add lines 7a and 7b Public support. (Subtract line 7c from						
200	tion B. Total Support						
		(-) 0040	(h) 0000	(=) 0004	(4) 2000	(=) 0000	(6) T-4-1
	dar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
9	Amounts from line 6						
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources.						
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
С	Add lines 10a and 10b						
11	Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11,						
	and 12.)					1(1)(2)	<u> </u>
14	First 5 years. If the Form 990 is for the organization, check this box and stop he	•	, second, third, fou	irth, or titth tax yea	ar as a section 50	1(c)(3)	
Sec	organization, check this box and stop he tion C. Computation of Public S		entage				
15	Public support percentage for 2023 (line 8			ımn (fl)		15	%
16	Public support percentage from 2022 Sch		P. 45			16	%
	tion D. Computation of Investm						70
17	Investment income percentage for 2023 (13. column (f))		17	%
	nvestment income percentage from 2022					10	%
	33 1/3% support tests — 2023. If the or			line 14, and line	15 is more than 33		
-	17 is not more than 33 1/3%, check this b						
b	33 1/3% support tests — 2022. If the or	ganization did not	check a box on li	ne 14 or line 19a,	and line 16 is mo	e than 33 1/3%, a	nd
	line 18 is not more than 33 1/3%, check the					-	
20	Private foundation. If the organization d	id not check a box	x on line 14, 19a,	or 19b, check this	box and see instr	uctions	

Schedule A (Form 990) 2023 Part IV **Supporting Organizations**

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

Section A. All Supporting Organizations

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

		Yes	No
	1		
	'		
	2		
	3a		
	3b		
	3с		
	30		
	4a		
	4b		
	4c		
	5a		
	Ju		
	5b		
	5c		
	6		
	-		
	7		
	8		
	J		
	9a		
	9b		
	9с		
	46		
	10a		
	10h		
che	dule A	(Form 9	90) 2023
			•

- b Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.
- Parent of Supported Organizations. Answer lines 3a and 3b below.
 - a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? If "Yes" or "No," provide details in Part VI.
 - b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.

Schedu	ıle A (Form 990) 2023 Hilton Head Island Foundati			877 Page 6
Par	t V Type III Non-Functionally Integrated 509(a)(3) Supporting O	rgan	izations	
1	Check here if the organization satisfied the Integral Part Test as a qualifying trust on N	ov. 20	, 1970 (explain in Part VI). See
	instructions. All other Type III non-functionally integrated supporting organizations mu	ıst cor	mplete Sections A through	<u>Е.</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		
c	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	l Type	III supporting organizatio	

Schedule A (Form 990) 2023

(see instructions).

Par	t V Type III Non-Functionally Integrated 509(a)(3)	Supporting Organ	izations (continue	ed)	
Sec	ion D – Distributions				Current Year
1	Amounts paid to supported organizations to accomplish exempt purp	oses		1	
2	Amounts paid to perform activity that directly furthers exempt purpose	es of supported			
	organizations, in excess of income from activity			2	
3	Administrative expenses paid to accomplish exempt purposes of sup	ported organizations		3	
4	Amounts paid to acquire exempt-use assets			4	
5	Qualified set-aside amounts (prior IRS approval required—provide de	etails in Part VI)		5	
6	Other distributions (describe in Part VI). See instructions.			6	
7	Total annual distributions. Add lines 1 through 6.			7	
8	Distributions to attentive supported organizations to which the organizations	zation 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	
Sec	tion E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2023	S	(iii) Distributable Amount for 2023
1	Distributable amount for 2023 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2023 (reasonable cause required–explain in Part VI). See instructions.				
3	Excess distributions carryover, if any, to 2023				
а	From 2018				
b	From 2019				
С	From 2020				
d	From 2021				
	From 2022				
	Total of lines 3a through 3e				
	Applied to underdistributions of prior years				
	Applied to 2023 distributable amount				
i	Carryover from 2018 not applied (see instructions)				
i	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2023 from				
	Section D, line 7: \$				
а	Applied to underdistributions of prior years				
b	Applied to 2023 distributable amount				
	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2023, if			П	
	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				
	Excess from 2023				
				-	chedule A (Form 990) 2023

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

DAA Schedule A (Form 990) 2023

Schedule B (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

Hilton Head Island Foundation to

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

Schedule of Contributors

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

OMB No. 1545-0047

Employer identification number

Schedule B (Form 990) (2023)

2023

46-5117877 Support Youth Sports, Inc. Organization type (check one): Filers of: Section: **X** 501(c)(Form 990 or 990-EZ **3**) (enter number) organization 4947(a)(1) nonexempt charitable trust not treated as a private foundation 527 political organization Form 990-PF 501(c)(3) exempt private foundation 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundation Check if your organization is covered by the General Rule or a Special Rule. Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions. General Rule For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions. Special Rules X For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 331/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it must answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990).

Name of organization

Hilton Head Island Foundation to

Employer identification number 46-5117877

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

Name of organization

Hilton Head Island Foundation to

Employer identification number 46-5117877

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

	of the organization		Employer identification number
	ilton Head Island Foundation to		
<u> </u>	upport Youth Sports, Inc.		46-5117877
Pa	rt I Organizations Maintaining Donor Advised Complete if the organization answered "Yes" of	Funds or Other Similar Funds on Form 990, Part IV, line 6.	or Accounts
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in writing		
	funds are the organization's property, subject to the organization's $\boldsymbol{\varepsilon}$	exclusive legal control?	Yes No
6	Did the organization inform all grantees, donors, and donor advisors	in writing that grant funds can be used	
	only for charitable purposes and not for the benefit of the donor or o	onor advisor, or for any other purpose	
	conferring impermissible private benefit?		Yes No
Pa	rt II Conservation Easements		
	Complete if the organization answered "Yes" of	on Form 990, Part IV, line 7.	
1	Purpose(s) of conservation easements held by the organization (che	eck all that apply).	
	Preservation of land for public use (for example, recreation or e	ducation) Preservation of a historically	important land area
	Protection of natural habitat	Preservation of a certified hi	istoric structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualified con	nservation contribution in the form of a cor	nservation
	easement on the last day of the tax year.		Held at the End of the Tax Year
а	Total number of conservation easements		. 2a
b			
С	Number of conservation easements on a certified historic structure is		. 2c
d	Number of conservation easements included on line 2c acquired after	er July 25, 2006, and not	
			2d
3	Number of conservation easements modified, transferred, released,	extinguished, or terminated by the organiz	zation during the
	tax year		
4	Number of states where property subject to conservation easement		
5	Does the organization have a written policy regarding the periodic n		П, П,
_	violations, and enforcement of the conservation easements it holds'	[?]	Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting, handling	g of violations, and enforcing conservation	easements during the year
_			
7	Amount of expenses incurred in monitoring, inspecting, handling of	violations, and enforcing conservation easi	ements during the year
_			(1)
8	Does each conservation easement reported on line 2d above satisf		`'
_	and section 170(h)(4)(B)(ii)?		Yes No
9	In Part XIII, describe how the organization reports conservation easisheet, and include, if applicable, the text of the footnote to the organization.		
	organization's accounting for conservation easements.	ilization's ilitaticial statements that describe	es ule
P	rt III Organizations Maintaining Collections of A	rt Historical Treasures or Othe	or Similar Assots
	Complete if the organization answered "Yes" of	on Form 990. Part IV. line 8.	or Ommar Assets
12	If the organization elected, as permitted under FASB ASC 958, not		unce sheet works
	of art, historical treasures, or other similar assets held for public ext	•	
	service, provide in Part XIII the text of the footnote to its financial st		
b	If the organization elected, as permitted under FASB ASC 958, to re		sheet works of
-	art, historical treasures, or other similar assets held for public exhibit	•	
	provide the following amounts relating to these items.	and the second s	
	(i) Revenue included on Form 990, Part VIII, line 1		\$
2	If the organization received or held works of art, historical treasures	or other similar assets for financial gain	
-	following amounts required to be reported under FASB ASC 958 rel		p. 31.40 410
а	Revenue included on Form 990, Part VIII, line 1	•	\$
	Assets included in Form 990, Part X		

Sche	dule D (Form 990) 2023 Hilton H	<u> Head Island</u>	d Foundatio	n to	46-511	7877		Page 2
Pa	art III Organizations Maintaini	ng Collections	of Art, Historica	l Treasure	es, or Othe	r Similar Ass	sets (con	tinued)
3	Using the organization's acquisition, access collection items (check all that apply).	sion, and other reco	rds, check any of the	following tha	at make signific	ant use of its		-
а	Public exhibition	d \square	Loan or exchange p	rogram				
b	Scholarly research	e H		-				
c	Preservation for future generations	- Ш	• • • • • • • • • • • • • • • • • • • •					
	Provide a description of the organization's	collections and expl	ain how they further t	he organizati	on's exempt p	urpose in Part		
-	XIII.	oonoonono ana oxp.		o.gaa				
5	During the year, did the organization solici	it or receive donation	s of art historical tres	seures or oth	ner similar			
·			·	-			Yes	☐ No
Pa	assets to be sold to raise funds rather than to be maintained as part of the organization's collection?							
	Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form							
	990, Part X, line 21.							
	Is the organization an agent, trustee, custo	odian or other interm	ediany for contribution	s or other as	seats not			
	-						Yes	□No
h								
b	b If "Yes," explain the arrangement in Part XIII and complete the following table.					Amount		
•	Paginning halance					10	7 11100111	
	Beginning balance							
u	Additions during the year							
e	Distributions during the year							
t o-	Ending balance					1f		
	Did the organization include an amount on						Yes	∐ No
	If "Yes," explain the arrangement in Part X	III. Check here if the	explanation has beel	n provided or	η Paπ XIII			
Pa	ert V Endowment Funds	on anawarad "V	as" as Farm 000	Dort IV / Ii	ina 10			
	Complete if the organizati					N.T	T	
		(a) Current year	(b) Prior year	(c) Two ye	ears back (d) Three years back	(e) Four ye	ars dack
1a	Beginning of year balance			1			 	
b	Contributions						 	
С	Net investment earnings, gains, and							
	losses						 	
d	Grants or scholarships						 	
е	Other expenditures for facilities and							
	programs						 	
	Administrative expenses						<u> </u>	
g	End of year balance							
2	Provide the estimated percentage of the co		nce (line 1g, column (a)) held as:				
	Board designated or quasi-endowment							
b	Permanent endowment %							
С	Term endowment %							
	The percentages on lines 2a, 2b, and 2c s	•						
3a	Are there endowment funds not in the pos	session of the organ	ization that are held a	and administe	ered for the		_	
	organization by:						Y	es No
	(i) Unrelated organizations?						3a(i)	
	(ii) Related organizations?						3a(ii)	
b	If "Yes" on line 3a(ii), are the related organ	nizations listed as red	quired on Schedule R	?			3b	
4	Describe in Part XIII the intended uses of	the organization's er	ndowment funds.					
Pa	ort VI Land, Buildings, and Ed	quipment						
	Complete if the organizati	on answered "Ye	es" on Form 990,	Part IV, li	ne 11a. See	Form 990, P	<u>'art X, line</u>	e 10.
	Description of property	(a) Cost or other	basis (b) Cost or	other basis	(c) Accur	nulated	(d) Book val	lue
		(investment) (ot	her)	depreci	ation		
1a	Land							
	Buildings							
	Leasehold improvements					İ		
	Equipment					İ		
	Other					†		
	I. Add lines 1a through 1e. (Column (d) mus		Part X, line 10c, colum	n (B))				

Sche	dule D (Form 990) 2023 Hilton Head Island Foundation	on to 46-511	.7877	Page 4
Pa	rt XI Reconciliation of Revenue per Audited Financial Stater	ments With Revenue	e per Return	
	Complete if the organization answered "Yes" on Form 990,	Part IV, line 12a.		
1	Total revenue, gains, and other support per audited financial statements		1	
	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
а	Net unrealized gains (losses) on investments	2a		
b	Donated services and use of facilities	2b		
С	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)	2d		
е	Add lines 2a through 2d	<u> </u>	2e	
3			3	
	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
	Other (Describe in Part XIII.)			
	A 1 1 P A 1 AL		4c	
	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		5	
	art XII Reconciliation of Expenses per Audited Financial State			
1 6	Complete if the organization answered "Yes" on Form 990,		bes per iteturii	
4	T () 11 12 12 13 14 14 14 14 14 14 14 14 14 14 14 14 14			
1			1	
	Amounts included on line 1 but not on Form 990, Part IX, line 25:	ا م ا		
a	Donated services and use of facilities	2a		
	Prior year adjustments	2b		
	Other losses			
d	Other (Describe in Part XIII.)	2d		
е	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1		3	
	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
С	Add lines 4a and 4b		4c	
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)		5	
Pa	rt XIII Supplemental Information			
Provi	de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part I	IV, lines 1b and 2b; Part V,	line 4; Part X, line	
2; Pa	art XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provid	e any additional information	١.	
• • • •				
• • • •				

Schedule D (Form 990) 20)23 Hi	llton	Head	Island	Foundation	to	46-5117877	Page 5
Part XIII	Suppler	nental	Informa	ation (co	ntinued)	Foundation			
•									

SCHEDULE G (Form 990)

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

OMB No. 1545-0047

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. Hilton Head Island Foundation to

Employer identification number

	Support Youth Spor					46-51178		
Pa	Fundraising Activities. Complete in Form 990-EZ filers are not required				vered "Yes" on For	m 990, Part IV,	line 17.	
1	Indicate whether the organization raised funds through				s. Check all that apply.			
а	Mail solicitations	e Solicitation	n of no	on-gov	vernment grants			
b	Internet and email solicitations			_	nent grants			
r	<u> </u>	g 🗌 Special fu	-		-			
d	In-person solicitations	9		9	. 61.1.6			
	<u> </u>	with any individu	al (incl	udina	officers directors trust	ees		
	 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.	Tanaraicoro, paro		-	I I	ranaraiser is to be	1	
	(i) Name and address of individual or entity (fundraiser)	(ii) Activity	raiser custo cont	id fund- have ody or rol of utions?	(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization	
			Yes			50i. (i)		
1			100					
2			1					
_								
3								
4								
5								
6								
7								
8								
9								
10								
Tota								
3	List all states in which the organization is registered or registration or licensing.	licensed to solici	t contri	butio	ns or has been notified	it is exempt from		

DAA

Schedule G (Form 990) 2023 Hilton Head Island Foundation to 46-5117877 Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000. (a) Event #1 (b) Event #2 (c) Other events (d) Total events Palmetto Bluff (add col. (a) through Awards Banquet (total number) col. (c)) (event type) (event type) Revenue 1 Gross receipts 14,197 46,250 197,826 258,273 2 Less: Contributions 3 Gross income (line 1 minus 14,197 46,250 197,826 258,273 line 2) 4 Cash prizes 5 Noncash prizes Expenses 6 Rent/facility costs 7 Food and beverages 8 Entertainment 3,202 57,402 29,046 89,650 9 Other direct expenses 89,650 10 Direct expense summary. Add lines 4 through 9 in column (d) 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 Yes 6 Volunteer labor 7 Direct expense summary. Add lines 2 through 5 in column (d) 8 Net gaming income summary. Subtract line 7 from line 1, column (d) 9 Enter the state(s) in which the organization conducts gaming activities: **a** Is the organization licensed to conduct gaming activities in each of these states?

b If "Yes," explain: Schedule G (Form 990) 2023

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

Sche	edule G (Form 990) 2023 Hilton Head Island Foundation to 46-5117877				⊃age	3
11	Does the organization conduct gaming activities with nonmembers?			Yes		No
12	Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity		_		_	
	formed to administer charitable gaming?			Yes		No
13	Indicate the percentage of gaming activity conducted in:		_			
а	The organization's facility	13a			c	%
b	An outside facility	13b				%
14	An outside facility Enter the name and address of the person who prepares the organization's gaming/special events books and	100				_
1-7	records:					
	Name					
	Address					
15a	Does the organization have a contract with a third party from whom the organization receives gaming					
	revenue?			Yes		No
h	If "Yes," enter the amount of gaming revenue received by the organization \$ and the		ш		ш	
~	amount of gaming revenue retained by the third party \$					
_	If "Yes," enter name and address of the third party:					
·	in 165, enter hand address of the tillid party.					
	Name					
	Name					
	Address					
16	Gaming manager information:					
	Name					
	Gaming manager compensation \$					
	Description of services provided					
	Director/officer					
17	Mandatory distributions:					
а	Is the organization required under state law to make charitable distributions from the gaming proceeds to		\Box			
	retain the state gaming license?		Ш	Yes	Ш	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	(III) an	d (v); ar	ıd	
	Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional	inform	atio	n.		
	See instructions.					
						• •
						• •
						• •
						• •
						• •
						• •

SCHEDULE O (Form 990)

Supplemental Information to Form 990 or 990-EZ

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

OMB No. 1545-0047

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

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

Open to Public Inspection

Name of the organization Hi	.0	Employer identification number				
		outh Sports			46-5117877	
Form 990, Par	t VI, I	ine 11b - (Organization	n's Process	to Review For	cm 990
No review was	s or wil	l be conduc	cted.			
Form 990, Par	t VI, I	ine 12c - 1	Enforcement	of Conflic	ts Policy	
All board men	mbers ar	e required	to review	the Conflic	t of Interest	Policy
annually and	reveal	any conflic	ets and prov	vide their	signature as	
appropriate.						
· · · · · · · · · · · · · · · · · · ·						
Form 990, Pai	rt VI, I	Line 19 - G	overning Do	cuments Dis	closure Expla	nation
No documents					•	
	avarrab		<u> </u>			
Form 990, Par	t IX, L	ine 24e - (Other Expens	ses		
Description						
	ot/Prog	Service	Mgt 8	& General	Fundi	raising
Chemicals						
	\$	6,587	\$	0	\$	0
Credit Card	Processi	na				
	\$		\$	0	\$	0
		0,401	.	V	······································	
Other mainter						
	\$	6,328	\$	0	\$	0
Other						
	\$	0	\$	6,318	\$	0
Office Suplie	es					
	\$	0	Ś	4,313	\$	0
	· · • · · · · · · · · · · · · · ·		тт	· · · · · · · - · / · - · - · - · · · · · · · ·		

hedule O (Form 990) 2023 me of the organization Hilton Head Isla:	nd Foundation 1	to		Employer identification nu 46-5117877	ımber
\$	3,827	\$	0	\$	0
Equipment Repair	S				
\$	2,439	\$	0	\$	0
Website					
\$	2,350	\$	0	\$	0
Fuel, Gas, Oil					
\$	2,321	\$	0	\$	0
Subscriptions					
\$	0	\$	2,231	\$	0
Postage					
\$	0	\$	2,221	\$	0
Telephone					
\$	0	\$	2,130	\$	0
Sand & Top Dress	ing				
\$	2,075	\$	0	\$	0
Fertilizer					
\$	1,715	\$	0	\$	0
Plant Seed Sod					
				\$	0
Electric & Gas					
	0	\$	1,362	\$	0
Total	25. 554		10 575		
Ş	35,774	Ş	18,5/5	Ş	0
Form 990, Part X	T Line 9 - 0+1	her Change	as in Not Ass	eete Evolanation	
Book / Tax Depre	CTACTON DIFFER	ence		.	 .

Page 1 of 1

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

Depreciation and Amortization

(Including Information on Listed Property)

Attach to your tax return.

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

Hilton Head Island Foundation to

OMB No. 1545-0172

2023

Identifying number

nment ence No. 17

46-5117877 Support Youth Sports, Inc. 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. 1,160,000 Maximum amount (see instructions) Total cost of section 179 property placed in service (see instructions) 2 2,890,000 3 Threshold cost of section 179 property before reduction in limitation (see instructions) 3 4 Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-4 Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions 5 (a) Description of property 6 Listed property. Enter the amount from line 29 7 Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7 8 8 Tentative deduction. Enter the **smaller** of line 5 or line 8 9 9 Carryover of disallowed deduction from line 13 of your 2022 Form 4562 10 Business income limitation. Enter the smaller of business income (not less than zero) or line 5. See instructions 11 11 12 Section 179 expense deduction. Add lines 9 and 10, but don't enter more than line 11 12 Carryover of disallowed deduction to 2024. Add lines 9 and 10, less line 12 Note: Don't use Part II or Part III below for listed property. Instead, use Part V. Part II Special Depreciation Allowance and Other Depreciation (Don't include listed property. See instructions.) Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year. See instructions Property subject to section 168(f)(1) election 15 15 Other depreciation (including ACRS) 8,346 16 MACRS Depreciation (Don't include listed property. See instructions.) Section A MACRS deductions for assets placed in service in tax years beginning before 2023 17 624 18 If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here Section B-Assets Placed in Service During 2023 Tax Year Using the General Depreciation System (b) Month and year (c) Basis for depreciation (d) Recovery (e) Convention (f) Method (a) Classification of property (business/investment use (a) Depreciation deduction placed in only-see instructions) 19a 3-year property 5-year property С 7-year property 10-year property 15-year property 20-year property 25-year property 25 yrs. 27.5 yrs. MM S/L Residential rental property MM S/L 27.5 yrs. 39 yrs. MM S/L Nonresidential real property MM S/L Section C-Assets Placed in Service During 2023 Tax Year Using the Alternative Depreciation System 20a Class life 12-year 12 yrs. S/L 30-year 30 yrs. ММ S/L С 40-year 40 yrs. MM S/L Part IV Summary (See instructions.) Listed property. Enter amount from line 28 21 Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter 8,970 here and on the appropriate lines of your return. Partnerships and S corporations—see instructions For assets shown above and placed in service during the current year, enter the

23

Form **990**

Event Income and Deduction Worksheet

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

2023

Description Champions for Charity

Taxpayer Identification Number

Hilton Head Island Foundation to

Accounting _____ Lobbying ______

Total Fees for Services ________

Part VIII, Exploited Activities Part IX. Advertising Income

Professional fundraising ______ Investment management ______

46-5117877

Income & Expense Summary: Expense Details - Indirect Expense: 1. Gross receipts or sales 1. 197,826 Advertising and promotion___ Office _____ Printing/publication/postage 3. Circulation income 3. ___ 4. Other income 4. ___ Info technology/Maintenance Royalties & License Fees 5. Returns and allowances _____5. __ 6. __ 6. Contributions received Occupancy/Real Estate Taxes ______ Travel & Repairs ______ **8.** Cost of Goods Sold _______**8.** ___ 57,402 Travel/entertainment (officials) Conferences/meetings _____ 9. Employment Expense 9. _ **10.** Fees for services _______**10.** ____ Interest _____ **11.** Indirect Expense **11.** _____ Insurance _____ Total Indirect Expense ______ 12. Depreciation Expense 12. 13. Exempt Activity Expense 13. **14.** Fundraising Expense **14.** _ Expense Details - Depreciation Expense: 57,402 **15. Total expenses.** Add lines 8 through 1**45**. On investment property On non-investment property 16. Net Income/Loss. Line 7 minus Line 156. 140,424 Amortization ______ Depletion _____ Total Depreciation Expense Expense Details - Cost of Goods Sold: Beginning inventory _____ Purchases _____ Expense Details - Exempt Activity Expense: Repairs and Maintenance Section 263A costs ______ Bad debts _____ 57,402 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_ Pension plan contributions Expense Details - Fundraising Expense: Other employee benefits ______ Cash prizes ______ Payroll taxes ______ Non-cash prizes ______ Total Employment Expense ______ Rent and facility costs Food & beverages (Part II only) Entertainment (Part II only) Expense Details - Fees for Services: Other direct expenses Management ______ Total Fundraising Expense ______ Legal ______

Information is indicated for use on Form 990-T, Schedule A:	Allocation of Expense to Program Service Accomplishments:
Schedule A, UBIT Activity Code Seq #	First
Part V, Debt Financing	Second
Part VI, Controlled Org Income	Third
Part VII Investments for C(7)(9)(17)	All other

Event Income and Deduction WorksheetDescription Palmetto Bluff Event

Name

Hilton Head Island Foundation to

Taxpayer Identification Number 46-5117877

2023

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

Form **990**

Event Income and Deduction Worksheet Description Awards Banquet

2023

Hilton Head Island Foundation to

Taxpayer Identification Number 46-5117877

Income & Expense Summary:		Expense Details - Indirect Expense:
1. Gross receipts or sales 1	46,250	Advertising and promotion
2. Advertising income 2		Office
3. Circulation income 3		Printing/publication/postage
4. Other income 4		Info technology/Maintenance
5. Returns and allowances 5		Royalties & License Fees
		Occupancy/Real Estate Taxes
7. Total revenue. Add lines 1 through 6 7	46,250	Travel & Repairs
8. Cost of Goods Sold 8		Travel/entertainment (officials)
9. Employment Expense 9		Conferences/meetings
10. Fees for services 10		Interest
11. Indirect Expense 11		Insurance
12. Depreciation Expense 12		Total Indirect Expense
13. Exempt Activity Expense 13		
14. Fundraising Expense 14		Expense Details - Depreciation Expense:
15. Total expenses. Add lines 8 through 145		On investment property
16. Net Income/Loss. Line 7 minus Line 156		On non-investment property
	<u> </u>	Amortization
		Depletion
Expense Details - Cost of Goods Sold:		Total Depreciation Expense
Beginning inventory		
Purchases	-	Expense Details - Exempt Activity Expense:
Labor		Repairs and Maintenance
Section 263A costs	-	Bad debts
Other costs	29,046	Taxes/licenses
Ending inventory	· '	Charitable contributions
Total Cost of Goods Sold	29,046	Dividend recd deductions
	-	Readership costs
Expense Details - Employment Expense:		Other expenses
Compensation of officers		Total Exempt Activity Expense
Other salaries and wages		
Pension plan contributions		Expense Details - Fundraising Expense:
Other employee benefits	-	Cash prizes
Payroll taxes		Non-cash prizes
Total Employment Expense		Rent and facility costs
	-	Food & beverages (Part II only)
Expense Details - Fees for Services:		Entertainment (Part II only)
Management		Other direct expenses
Legal	<u></u>	Total Fundraising Expense
Accounting		
Lobbying		
Professional fundraising		
Investment management	<u>,</u>	
Other		
Total Fees for Services		
Information is indicated for use on Form	990-T. Schedule A·	Allocation of Expense to Program Service Accomplishments:
	Seq#	First
Part V, Debt Financing	= = 1 "	Second
Part VI, Controlled Org Income		Third
Part VII, Investments for C(7)(9)(17)	1	All other
Part VIII, Exploited Activities		
Part IX, Advertising Income		

Form **990**

Event Income and Deduction Worksheet Description New Stewardship Event

2023

Hilton Head Island Foundation to

Taxpayer Identification Number 46-5117877

Income & Expense Summary:		Expense Details - Indirect Expense:
1. Gross receipts or sales1.	1,000	Advertising and promotion
2. Advertising income 2.		Office
3. Circulation income 3.		Printing/publication/postage
4. Other income 4.		Info technology/Maintenance
5. Returns and allowances 5.		Royalties & License Fees
6. Contributions received 6.		Occupancy/Real Estate Taxes
7. Total revenue. Add lines 1 through 6 7.	1,000	Travel & Repairs
8. Cost of Goods Sold 8.		Travel/entertainment (officials)
9. Employment Expense 9.		Conferences/meetings
10. Fees for services 10.		Interest
11. Indirect Expense 11.		Insurance
12. Depreciation Expense 12.		Total Indirect Expense
13. Exempt Activity Expense 13.		
14. Fundraising Expense 14.		Expense Details - Depreciation Expense:
15. Total expenses. Add lines 8 through 145.		On investment property
16. Net Income/Loss. Line 7 minus Line 156.	-879	On non-investment property
To. Net income/2033. Elife 7 minus Elife 13.	<u> </u>	Amortization
		Amortization
Expense Details - Cost of Goods Sold:		Depletion Total Depreciation Expense
•		Total Depreciation Expense
Beginning inventory		Evnance Details - Evampt Activity Evnance
Purchases		Expense Details - Exempt Activity Expense:
Labor		Repairs and Maintenance
Section 263A costs	1,879	Bad debts
Other costs		Taxes/licenses
Ending inventory	1 070	Charitable contributions
Total Cost of Goods Sold	1,879	Dividend recd deductions
Farmer Batalla Farmer Farmer		Readership costs
Expense Details - Employment Expense:		Other expenses
Compensation of officers		Total Exempt Activity Expense
Other salaries and wages		
Pension plan contributions		Expense Details - Fundraising Expense:
Other employee benefits		Cash prizes
Payroll taxes		Non-cash prizes
Total Employment Expense		Rent and facility costs
		Food & beverages (Part II only)
Expense Details - Fees for Services:		Entertainment (Part II only)
Management		Other direct expenses
Legal		Total Fundraising Expense
Accounting		
Lobbying		
Professional fundraising		
Investment management		
Other		
Total Fees for Services		
Information is indicated for use on Form 990-T, Sc	hedule 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		

_	CHEDULE G	F	undraising Other E	vents		0000
(Form 990 or				2023		
Nan	990-EZ)	For calendar year 2023, or tax year	ar beginning	, and ending	Employer le	lentification Number
		Island Foundation	n to		Employer ic	ienulication Number
		th Sports, Inc.			46-511	7877
		(a) Other event	(b) Other event	(c) Other event		
		Champions for C				(d) Total other events (add col. (a) through
a)		(event type)	(event type)	(event type)		col. (c))
Revenue	1 Gross receipts	197,826				197,826
	2 Less: Charitable contributions					
	3 Gross income (line 1 minus line 2	197,826				197,826
	4 Cash prizes					
	5 Noncash prizes					
sesu	6 Rent/facility cos	ts				
Direct Expenses	7 Food/beverages					
Direc	8 Entertainment					
	9 Other expenses	57,402				57,402

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

Form **990**

Event Income and Deduction Worksheet Description New Stewardship Event

2023

Hilton Head Island Foundation to

Taxpayer Identification Number 46-5117877

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) Part VIII, Exploited Activities	Income & Expense Summary:			Expense Details - Indirect Expense:
2. A Office	1. Gross receipts or sales	1	1,000	Advertising and promotion
3. Circulation income 3. Printing-publication/postage 9. Print				Office
4. Other income 4. S. Returns and allowances 5. Routins and allowances 5. Routins and allowances 6. Contributions received 6. Total revenue. Add lines 1 through 6 7. 1, 0.00 8. Cost of Goods Sold 8. 1, 879 Travellemetrationment (officials) Conferences/meetings Insurance Insur				Printing/publication/postage
6. Returns and allowances 5. Contributions received 6. 7. Total revenue, Add lines 1 through 6 7. 8. Cost of Goods Sold 8. 8. 1,879 8. Cost of Goods Sold 8. 8. 1,879 9. Employment Expense 9. 10. Fees for services 10. 11. Indirect Expense 11. 12. Depreciation Expense 12. 13. Exempt Activity Expense 13. 14. Fundraising Expense 14. 15. Total expenses. Add lines 8 through 145. 15. Total expenses. Add lines 9 through 145. 16. Net Income/Loss, Line 7 minus Line 195. 16. Net Income/Loss, Line 7 minus Line 195. 16. Net Income/Loss, Line 7 minus Line 195. 16. Net Income/Loss Line 7 minus Line 195. 16. Net Income/Loss Line 7 minus Line 195. 17. Total expenses Add lines 8 through 145. 18. Total expenses Add lines 9 through 145. 19. Total Cost of Goods Sold: 19. Expense Details - Cost of Goods Sold: 19. Expense Details - Exempt Activity Expense: 18. Expense Details - Exempt Activity Expense: 19. Expense Details - Exempt Activity Expense: 19. Expense Details - Exempt Activity Expense: 19. Expense Details - Exempt Activity Expense: 20. Compensation of officers 21. Add details and Maintenance 19. Expense Details - Exempt Activity Expense: 21. Expense Details - Exempt Activity Expense: 22. Compensation of officers 23. Contractive to the standard officers 19. Expense Details - Fundraising Expense: 24. Expense Details - Fundraising Expense: 25. Expense Details - Fundraising Expense: 26. Expense Details - Fundraising Expense: 27. Total Exempt Activity Expense 28. Total Exempt Activity Expense 29. Total Exempt Activity Expense 20. Total Exempt Activity Expense 20. Expense Details - Fundraising Expense: 29. Total Exempt Activity Expense 29. Total Exempt Activity Expense 29. Total Exempt Activity Expense 29. Total Exempt Activity Expense 29. Total Exempt Activity Expense 29. Total Exempt Activity Expense 29. Total Exempt Activity Expense 29. Total Exempt Activity Expense 29. Total Exempt Activity Expense 29. Total Exempt Activity Ex				
6. Contributions received 6. Total revenue. Add lines 1 through 6 7. 1,000 8. Cost of Goods Sold 8. 1,879 9. Employment Expense 9. Conferences/meetings				Royalties & License Fees
Travel & Repairs Tratel Events Tratel Events to France Tratel Events to France Travel & Repairs Tratel Events to France Trat	6. Contributions received	6.		Occupancy/Real Estate Taxes
8. Cost of Goods Sold 8. 1,879 9. Employment Expense 9. 9. 10. Fees for services 10. 11. Indirect Expense 11. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1.	7. Total revenue. Add lines 1 thro	ough 6 7.	1,000	Travel & Repairs
9. Employment Expense 9. 10. Interest 10. Interest 11. Indirect Expense 11. 1. Indirect Expense 11. 1. Indirect Expense 12. 13. Exempt Activity Expense 13. 14. Fundraising Expense 14. 15. Total Expense, Add lines 8 through 145. 1,879 16. Not Incomo/Loss. Line 7 minus Line 196879	8. Cost of Goods Sold	8.	1,879	Travel/entertainment (officials)
Interest Interest Interest Interest Interest Interest Interest Interest Interest Interest Interest Interest Interest Interest Interest Interest Interest Interest Interest Interest Interest Interest Interest Interest Interest Interest Interest Interest Interest Interest Interest Interest Interest				Conferences/meetings
11. Indirect Expense 11. Insurance 12. Insurance 12. Insurance 12. Insurance 13. Insurance 14. Insurance 14. Insurance 15. Insurance 15. Insurance 15. Insurance 15. Insurance				Interest
12. Depreciation Expense 12.				Insurance
13. Exempt Activity Expense 14. 14. Fundraising Expense 14. 15. Total expenses. Add lines 8 through 145. 16. Net Income/Loss. Line 7 minus Line 136. Expense Details - Cost of Goods Sold: Beginning inventory Purchases Labor Section 263A costs Other costs Expense Details - Exempt Activity Expense: Repairs and Maintenance Bad debts Total Cost of Goods Sold 1,879 Expense Details - Exempt Activity Expense: Repairs and Maintenance Bad debts Taxes/licenses Charitable contributions Dividend red deductions Readership costs Other expenses and wages Pension plan contributions Other employee benefits Payroll taxes Total Employment Expense Expense Details - Fees for Services: Management Legal Accounting Lobbying Professional fundraising Investment management Other Total Fees for Services Information is indicated for use on Form 990-T, Schedule A: Schedule A, UBIT Activity Code Seq # Part VII, Lexploited Activities Expense Details - Depreciation Expense: On investment property On non-investment property On non-investment property On non-investment property On non-investment property Amortization Depletion Total Depreciation Expense: On investment property Annotization Depletion Total Depreciation Expense: Repairs and Maintenance Repairs				Total Indirect Expense
14. Fundraising Expense 14. 1,879 15. Total expenses. Add lines 8 through 145. 1,879 16. Net Income/Loss. Line 7 minus Line 136. -879 20 n investment property 20 n non-investment property 20 n non-				
16. Net Income/Loss. Line 7 minus Line 136. 16. Net Income/Loss. Line 7 minus Line 136. Expense Details - Cost of Goods Sold: Beginning inventory Purchases Labor Section 263A costs Other costs Information is indicated for use on Form 990-T, Schedule A: Expense Details - Fees for Cry/(9)(17) Part VIII, Investment in property Amortization Depletion Total Depreciation Expense Expense Details - Exempt Activity Expense: Repairs and Maintenance Bad debts Total Depreciation Expense: Repairs and Maintenance Bad debts That I Repairs and Maintenance Bad debts Taxesificenses Charitable contributions Readership costs Other salaries and wages Persoin plan contributions Cher employee benefits Payroll taxes Non-cash prizes Rent and facility costs Food & beverages (Part II only) Expense Details - Fees for Services: Management Legal Lobbying Professional fundraising Investment management Other Total Fees for Services Information is indicated for use on Form 990-T, Schedule A: Schedule A, UBIT Activity Code Part VI, Controlled Org Income Part VII, Investments for C(7)(9)(17) Adoution of Expense to Program Service Accomplishments: First Second Third All other All other				Expense Details - Depreciation Expense:
16. Net Income/Loss. Line 7 minus Line 196. Expense Details - Cost of Goods Sold: Beginning inventory Purchases Labor Section 269A costs Other costs Ending inventory Final Income Despetition Section 269A costs Cother costs Information is indicated for use on Form 990-T, Schedule A: Expense Details - Fore Your Sold Science Part VIII, Investment Income First Part VIII, Investment or C(7)(9)(17) Part VIII, Investment is for C(7)(9)(17) Part VIII, Exploided Activities Expense Details - Cost of Goods Sold 1,879 Expense Details - Employment Expense: Compensation of officers Other salaries and wages Expense Details - Employment Expense Cash prizes Other employee benefits Cash prizes Readership costs Readership costs Cash prizes Cash prizes Readership costs Food & beverages (Part III only) Cither direct expenses Total Fundraising Expense Total Fundraising Expense Allocation of Expense to Program Service Accomplishments: First Second 1				
Expense Details - Cost of Goods Sold: Beginning inventory Purchases Labor Section 253A costs Cher costs Expense Details - Exempt Activity Expense: Repairs and Maintenance Bad debts Charitable contributions Charitable contributions Dividend recd deductions Readership costs Compensation of officers Cher salaris and wages Pension plan contributions Cher employee benefits Other employee benefits Total Employment Expense Total Employment Expense Total Employment Expense Total Employment Expense Total Employment Expense Total Fundraising Expense: Expense Details - Fees for Services: Expense Details - Fees for Services: Management Legal Accounting Lobbying Professional fundraising Investment management Other Total Fees for Services Information is indicated for use on Form 990-T, Schedule A: Schedule A, UBIT Activity Code Part VI, Investments for C(7)(9)(17) Part VII, Investments for C(7)(9)(17) Part VIII, Exploited Activities				On non-investment property
Expense Details - Cost of Goods Sold: Beginning inventory Purchases Labor Section 263A costs Other costs Compensation of officers Other employee benefits Parroll taxes Total Employment Expense Expense Details - Expense Details - Exempt Activity Expense: Repairs and Maintenance Bad debts Taxes/ficenses Charitable contributions Dividend recd deductions Readership costs Other expenses Other salaries and wages Pension plan contributions Other employee benefits Payroll taxes Total Employment Expense Total Expense Details - Fundraising Expense: Cash prizes Non-cash prizes Rent and facility costs Food & beverages (Part II only) Expense Details - Fees for Services: Management Legal Accounting Lobbying Professional fundraising Investment management Other Total Fees for Services Information is indicated for use on Form 990-T, Schedule A: Schedule A, UBIT Activity Code Part VI, Controlled Org Income Part VI, Investments for C(7)(9)(17) Part VII, Investments for C(7)(9)(17) Part VII, Investments for C(7)(9)(17) Part VII, Exploited Activities				Amortization
Expense Details - Cost of Goods Sold: Purchases Labor Section 263A costs Other costs Information is indicated for use on Form 990-T, Schedule A: Schedule A, UBIT Activity Code Part VII, Investments in sindicated for use on Form 990-T, Schedule A: Schedule A, UBIT Activity Code Part VII, Investments in Crif (7)(9)(17) Part VII, Investments for C(7)(9)(17) Part VII, Investments for C(7)(9)(17) Part VII, Expented Activities Expense Details - Exempt Activity Expense: Repairs and Maintenance Sexpense Details - Exempt Activity Expense: Charitable contributions Taxes/licenses Charitable contributions Charitable expenses Charitable contributions C				Depletion
Beginning inventory Purchases Labor Section 263A costs Other costs Charitable contributions Total Cost of Goods Sold T,879 Expense Details - Exempt Activity Expense: Compensation of officers Other expenses Other salaries and wages Pension plan contributions Other employee benefits Paryoll taxes Total Employment Expense Expense Details - Fees for Services: Repairs and Maintenance Bad debts Taxes/licenses Charitable contributions Dividend recd deductions Readership costs Other expenses Total Exempt Activity Expense Expense Details - Employment Expense Cash prizes Total Exempt Activity Expense Expense Details - Fundraising Expense: Cash prizes Rent and facility costs Food & beverages (Part II only) Entertainment (Part II only) Chier direct expenses Total Fundraising Expense Total Fundraising Expense Total Fundraising Expense Information is indicated for use on Form 990-T, Schedule A: Schedule A, UBIT Activity Code Part VI, Investments for C(7)(9)(17) Part VII, Investments for C(7)(9)(17) Part VII, Investments for C(7)(9)(17) Part VII, Exploited Activities	Expense Details - Cost of Goods	Sold:		Total Depreciation Expense
Furchases Labor Section 263A costs Other costs Ending inventory Total Cost of Goods Sold T, 879 Expense Details - Exempt Activity Expense: Expense Details - Expense Details - Exempt Activity Expense Expense Details - Employment Expense: Compensation of officers Other salaries and wages Pension plan contributions Other employee benefits Payroll taxes Total Employment Expense Total Employment Expense Readership costs Other expenses Cash prizes Rent and facility costs Food & Deverages (Part II only) Expense Details - Fees for Services: Management Legal Accounting Lobbying Professional fundraising Investment management Other Total Fees for Services Information is indicated for use on Form 990-T, Schedule A: Schedule A, UBIT Activity Code Part VI, Controlled Org Income Part VII, Investments for C(7)(9)(17) Part VIII, Exploited Activities Expense Details - Exempt Activity Expense Charitable Takesalicenses Charitable contributions Other expenses Total Exempt Activity Expense Expense Details - Fundraising Expense: Cash prizes Repairs and Maintenance Bad debts Charitable Takesicenses Other dect deductions Readership costs Other expenses Expense Details - Fundraising Expense: Cash prizes Repairs and Maintenance Bad debts Charitable contributions Divident rect deductions Readership costs Other expenses Total Exempt Activity Expense Expense Details - Fundraising Expense: Cash prizes Repairs and Maintenance Bad debts Charitable contributions Dividend rect deductions Readership costs Other expenses Total Exempt Activity Expense Expense Details - Fundraising Expense: Cash prizes Rent and facility costs Food & Deverages (Part II only) Charitable Cartivity Expense Total Exempt Activity Expense Total Exempt Activity Expense Expense Details - Exempt Activity Expense Total Exempt Activity Expense Total Exempt Activity Expense Total Exempt Activity Expense Total Exempt Activity Expense Total Exempt Activity Expense Total Exempt Activity Expense Total Exempt Activity Expense Total Exempt Activity Ex	-			
Labor Section 263A costs Other costs 1,879 Ending inventory Total Cost of Goods Sold 1,879 Dividend recd deductions Readership costs Other expenses Compensation of officers Other employee benefits Payroll taxes Total Exployment Expense Repairs and Maintenance Sexpense Details - Employment Expense: Other salaries and wages Pension plan contributions Other employee benefits Payroll taxes Total Employment Expense Rent and facility costs Food & beverages (Part II only) Expense Details - Fees for Services: Management Legal Accounting Professional fundraising Investment management Other Total Fees for Services Information is indicated for use on Form 990-T, Schedule A: Schedule A, UBIT Activity Code Part VI, Debt Financing Part VI, Coptrolled Org Income Part VII, Investments for C(7)(9)(17) Part VIII, Exploited Activities Repairs and Maintenance Bad debts Taxes/licenses Charitable contributions Taxes/licenses Charitable contributions Taxes/licenses Charitable contributions Dividend recd deductions Readership costs Other expenses Total Exempt Activity Expense Expense Details - Fundraising Expense: Cash prizes Non-cash prizes Non-cash prizes Rent and facility costs Food & beverages (Part II only) Cher direct expenses Total Fundraising Expense Total Fundraising Expense Allocation of Expense to Program Service Accomplishments: Second Third Part VII, Investments for C(7)(9)(17) Part VIII, Investments for C(7)(9)(17) Part VIII, Exploited Activities	Purchases			Expense Details - Exempt Activity Expense:
Section 263A costs Other costs	Labor			
Cither costs	Section 263A costs			Bad debts
Ending inventory Total Cost of Goods Sold 1,879 Dividend read deductions Readership costs Other expenses Compensation of officers Other salaries and wages Pension plan contributions Other employee benefits Payroll taxes Total Employment Expense Total Employment Expense Readership costs Other expenses Total Exempt Activity Expense Expense Details - Fundraising Expense: Cash prizes Non-cash prizes Rent and facility costs Food & beverages (Part II only) Expense Details - Fees for Services: Entertainment (Part II only) Expense Details - Fees for Services: Total Fees for Services Entertainment (Part II only) Other direct expenses Total Fundraising Expense Total Fundraising Expense Total Fundraising Expense Allocation of Expense to Program Service Accomplishments: First Part V, Debt Financing Part VI, Controlled Org Income Part VII, Investments for C(7)(9)(17) Part VIII, Exploited Activities	Other costs		1,879	Taxes/licenses
Total Cost of Goods Sold 1,879 Expense Details - Employment Expense: Compensation of officers Cher salaries and wages Pension plan contributions Cher employee benefits Payroll taxes Total Employment Expense Expense Details - Fundraising Expense: Cash prizes Non-cash prizes Rent and facility costs Food & beverages (Part II only) Expense Details - Fees for Services: Entertainment (Part II only) Other direct expenses Total Fundraising Expense Total Fundraising Expense Information is indicated for use on Form 990-T, Schedule A: Schedule A, UBIT Activity Code Part VI, Controlled Org Income Part VI, Investments for C(7)(9)(17) Part VIII, Exploited Activities	Ending inventory			Charitable contributions
Expense Details - Employment Expense: Compensation of officers Other expenses Total Exempt Activity Expense Other expenses Total Exempt Activity Expense Expense Details - Fundraising Expense: Cash prizes Persion plan contributions Other employee benefits Payroll taxes Total Employment Expense Rent and facility costs Food & beverages (Part II only) Expense Details - Fees for Services: Entertainment (Part II only) Management Legal Accounting Lobbying Professional fundraising Investment management Other Total Fees for Services Information is indicated for use on Form 990-T, Schedule A: Schedule A, UBIT Activity Code Part VI, Controlled Org Income Part VI, Investments for C(7)(9)(17) Part VIII, Exploited Activities Readership costs Other expenses Total Exempt Activity Expense Expense Details - Fundraising Expense: Cash prizes Non-cash prizes Non-cash prizes Pant V, Coat Services: Entertainment (Part II only) Other direct expenses Total Fundraising Expense Total Fundraising Expense Allocation of Expense to Program Service Accomplishments: First Second Third All other	Total Cost of Goods Sold		1,879	Dividend recd deductions
Expense Details - Employment Expense: Compensation of officers Other salaries and wages Pension plan contributions Other employee benefits Payroll taxes Total Employment Expense Total Fundraising Expense Total Fundraising Expense Total Fundraising Expense Total Fundraising Expense Total Fundraising Expense Accounting Lobbying Professional fundraising Investment management Other Total Fees for Services Information is indicated for use on Form 990-T, Schedule A: Schedule A, UBIT Activity Code Part VI, Debt Financing Part VI, Controlled Org Income Part VII, Investments for C(7)(9)(17) Part VIII, Exploited Activities Total Exempt Activity Expense Expense Details - Fundraising Expense: Cash prizes Non-cash prizes Non-cash prizes Rent and facility costs Food & beverages (Part II only) Other direct expenses Total Fundraising Expense Total Fundraising Expense Allocation of Expense to Program Service Accomplishments: First Second Third All other				Readership costs
Compensation of officers Other salaries and wages Pension plan contributions Other employee benefits Payroll taxes Total Employment Expense Total Employment Expense Rent and facility costs Food & beverages (Part II only) Expense Details - Fees for Services: Management Legal Accounting Lobbying Professional fundraising Investment management Other Total Fees for Services Information is indicated for use on Form 990-T, Schedule A: Schedule A, UBIT Activity Code Part VI, Controlled Org Income Part VI, Investments for C(7)(9)(17) Part VIII, Exploited Activities Total Fundraising Expense Total Expense Details - Fundraising Expense: Cash prizes Non-cash prizes Rent and facility costs Food & beverages (Part II only) Entertainment (Part II only) Other direct expenses Total Fundraising Expense Allocation of Expense to Program Service Accomplishments: First Second Third All other All other	Expense Details - Employment I	Expense:		Other expenses
Cher salaries and wages Pension plan contributions Cither employee benefits Cash prizes Non-cash prizes Rent and facility costs Food & beverages (Part II only) Expense Details - Fees for Services: Expense Details - Fees for Services: Expense Details - Fees for Services Rent and facility costs Food & beverages (Part II only) Entertainment (Part II only) Cither direct expenses Legal Accounting Lobbying Professional fundraising Investment management Cither Total Fees for Services Information is indicated for use on Form 990-T, Schedule A: Schedule A, UBIT Activity Code Part VI, Controlled Org Income Part VII, Investments for C(7)(9)(17) Part VIII, Exploited Activities Expense Details - Fundraising Expense: Cash prizes Non-cash prizes				Total Exempt Activity Expense
Pension plan contributions Other employee benefits Payroll taxes Total Employment Expense Total Employment Expense Expense Details - Fundraising Expense: Cash prizes Non-cash prizes Rent and facility costs Food & beverages (Part II only) Expense Details - Fees for Services: Rent and facility costs Food & beverages (Part II only) Entertainment (Part II only) Other direct expenses Total Fundraising Expense Total Fundraising Expense Total Fundraising Expense Accounting Lobbying Professional fundraising Investment management Other Total Fees for Services Information is indicated for use on Form 990-T, Schedule A: Schedule A, UBIT Activity Code Part V, Debt Financing Part VI, Controlled Org Income Part VII, Investments for C(7)(9)(17) Part VIII, Exploited Activities	Other salaries and wages			Total Exempt Notify Expense
Other employee benefits Payroll taxes Total Employment Expense Expense Details - Fees for Services: Management Legal Accounting Lobbying Professional fundraising Investment management Other Total Fees for Services Information is indicated for use on Form 990-T, Schedule A: Schedule A, UBIT Activity Code Part VI, Controlled Org Income Part VII, Investments for C(7)(9)(17) Part VIII, Exploited Activities Non-cash prizes Non-cash prizes Non-cash prizes Non-cash prizes Non-cash prizes Non-cash prizes Non-cash prizes Non-cash prizes Non-cash prizes Non-cash prizes Rent and facility costs Food & beverages (Part II only) Detertainment (Part II only) Other direct expenses Total Fundraising Expense Total Fundraising Expense Allocation of Expense to Program Service Accomplishments: Second Third All other	Pension plan contributions			Expense Details - Fundraising Expense:
Payroll taxes Total Employment Expense Expense Details - Fees for Services: Management Legal Accounting Lobbying Professional fundraising Investment management Other Total Fees for Services Information is indicated for use on Form 990-T, Schedule A: Schedule A, UBIT Activity Code Part VI, Controlled Org Income Part VII, Investments for C(7)(9)(17) Part VIII, Exploited Activities Rent and facility costs Food & beverages (Part II only) Other direct expenses Total Fundraising Expense Total Fundraising Expense Allocation of Expense to Program Service Accomplishments: First Second Third All other	Other employee henefits			· · · · · · · · · · · · · · · · · · ·
Total Employment Expense Expense Details - Fees for Services: Management Legal Accounting Lobbying Professional fundraising Investment management Other Total Fees for Services Information is indicated for use on Form 990-T, Schedule A: Schedule A, UBIT Activity Code Part V, Debt Financing Part VI, Controlled Org Income Part VIII, Investments for C(7)(9)(17) Part VIII, Exploited Activities Rent and facility costs Food & beverages (Part II only) Entertainment (Part II only) Other direct expenses Total Fundraising Expense Total Fundraising Expense Allocation of Expense to Program Service Accomplishments: Second Third All other Part VIII, Exploited Activities	Payroll taxes		_	Non-cash prizes
Expense Details - Fees for Services: Management Legal Accounting Lobbying Professional fundraising Investment management Other Total Fees for Services Information is indicated for use on Form 990-T, Schedule A: Schedule A, UBIT Activity Code Part V, Debt Financing Part VI, Controlled Org Income Part VII, Investments for C(7)(9)(17) Part VIII, Exploited Activities Food & beverages (Part II only) Entertainment (Part II only) Other direct expenses Total Fundraising Expense Total Fundraising Expense Allocation of Expense to Program Service Accomplishments: First Second Third All other Part VIII, Exploited Activities	Total Employment Expense		-	Pent and facility costs
Expense Details - Fees for Services: Management Legal Accounting Lobbying Professional fundraising Investment management Other Total Fees for Services Information is indicated for use on Form 990-T, Schedule A: Schedule A, UBIT Activity Code Part V, Debt Financing Part VI, Controlled Org Income Part VII, Investments for C(7)(9)(17) Part VIII, Exploited Activities Entertainment (Part II only) Other direct expenses Total Fundraising Expense Allocation of Expense to Program Service Accomplishments: First Second Third All other	Total Employment Expense			Food & heverages (Part II only)
Management Legal Accounting Lobbying Professional fundraising Investment management Other Total Fees for Services Information is indicated for use on Form 990-T, Schedule A: Schedule A, UBIT Activity Code Part VI, Debt Financing Part VI, Controlled Org Income Part VII, Investments for C(7)(9)(17) Part VIII, Exploited Activities Other direct expenses Total Fundraising Expense Allocation of Expense to Program Service Accomplishments: First Second Third All other	Expanse Dataile Face for Sami			Entertainment (Part II only)
Accounting Lobbying Professional fundraising Investment management Other Total Fees for Services Information is indicated for use on Form 990-T, Schedule A: Schedule A, UBIT Activity Code Seq # First Part V, Debt Financing Part VI, Controlled Org Income Part VII, Investments for C(7)(9)(17) Part VIII, Exploited Activities Total Fundraising Expense Total Fundraising Expense Allocation of Expense to Program Service Accomplishments: First Second Third All other				Other direct expenses
Accounting Lobbying Professional fundraising Investment management Other Total Fees for Services Information is indicated for use on Form 990-T, Schedule A: Schedule A, UBIT Activity Code Part V, Debt Financing Part VI, Controlled Org Income Part VII, Investments for C(7)(9)(17) Part VIII, Exploited Activities Allocation of Expense to Program Service Accomplishments: First Second Third All other	I agal			Total Fundraising Expanse
Lobbying Professional fundraising Investment management Other Total Fees for Services Information is indicated for use on Form 990-T, Schedule A: Schedule A, UBIT Activity Code Seq # First Part V, Debt Financing Second Part VII, Controlled Org Income Third Part VIII, Investments for C(7)(9)(17) Part VIII, Exploited Activities	Legal			Total Fundraising Expense
Professional fundraising Investment management Other Total Fees for Services Information is indicated for use on Form 990-T, Schedule A: Schedule A, UBIT Activity Code Seq # First Part V, Debt Financing Second Part VI, Controlled Org Income Third Part VIII, Investments for C(7)(9)(17) Part VIII, Exploited Activities	9			
Information is indicated for use on Form 990-T, Schedule A: Schedule A, UBIT Activity Code Seq # First Part V, Debt Financing Second Third Part VII, Investments for C(7)(9)(17) Part VIII, Exploited Activities Part VIII, Exploited Activities	Drafassional fundraising	·····		
Other Total Fees for Services Information is indicated for use on Form 990-T, Schedule A: Schedule A, UBIT Activity Code Seq # First Part V, Debt Financing Second Part VI, Controlled Org Income Third Part VIII, Investments for C(7)(9)(17) Part VIII, Exploited Activities	Professional fundraising			
Information is indicated for use on Form 990-T, Schedule A: Schedule A, UBIT Activity Code Seq # First Part VI, Controlled Org Income Part VII, Investments for C(7)(9)(17) Part VIII, Exploited Activities Allocation of Expense to Program Service Accomplishments: First Second Third All other	or			
Information is indicated for use on Form 990-T, Schedule A: Schedule A, UBIT Activity Code Seq # First Part V, Debt Financing Second Third Part VII, Investments for C(7)(9)(17) Part VIII, Exploited Activities Allocation of Expense to Program Service Accomplishments: First Second Third All other	Other			
Schedule A, UBIT Activity Code Seq # First Part V, Debt Financing Second Part VI, Controlled Org Income Third Part VII, Investments for C(7)(9)(17) Part VIII, Exploited Activities	lotal Fees for Services			
Schedule A, UBIT Activity Code Seq # First Part V, Debt Financing Second Part VI, Controlled Org Income Third Part VII, Investments for C(7)(9)(17) Part VIII, Exploited Activities	Information is indicated for use	e on Form 990-T.	Schedule A:	Allocation of Expense to Program Service Accomplishments:
Part V, Debt Financing Second Part VI, Controlled Org Income Third Part VII, Investments for C(7)(9)(17) Part VIII, Exploited Activities		,		Final
Part VI, Controlled Org Income Part VII, Investments for C(7)(9)(17) Part VIII, Exploited Activities Third All other	_	1"_		·····
Part VII, Investments for C(7)(9)(17) Part VIII, Exploited Activities All other		ıcome		
Part VIII, Exploited Activities				A II
		. , . , . ,		
	Part IX, Advertising Incom			

Form **990**

Event Income and Deduction Worksheet Description Awards Banquet

2023

Hilton Head Island Foundation to

Taxpayer Identification Number 46-5117877

Income & Expense Summary:			Expense Details - Indirect Expense:
1. Gross receipts or sales	1	46,250	Advertising and promotion
2. Advertising income			Office
3. Circulation income			Printing/publication/postage
4. Other income			Info technology/Maintenance
5. Returns and allowances			Royalties & License Fees
6. Contributions received	6.		Occupancy/Real Estate Taxes
7. Total revenue. Add lines 1 thro	ough 6 7.	46,250	Travel & Repairs
8. Cost of Goods Sold			Travel/entertainment (officials)
9. Employment Expense			Conferences/meetings
10. Fees for services			Interest
11. Indirect Expense			Insurance
12. Depreciation Expense			Total Indirect Expense
13. Exempt Activity Expense			
14. Fundraising Expense			Expense Details - Depreciation Expense:
15. Total expenses. Add lines 8 th	rough 1 45.	29,046	On investment property
16. Net Income/Loss. Line 7 minus			On non-investment property
		•	Amortization
			Depletion
Expense Details - Cost of Goods	Sold:		Total Depreciation Expense
Beginning inventory			
Purchases			Expense Details - Exempt Activity Expense:
Labor			Repairs and Maintenance
Section 263A costs			Bad debts
Other costs		29,046	Taxes/licenses
Ending inventory			Charitable contributions
Total Cost of Goods Sold		29,046	Dividend recd deductions
			Readership costs
Expense Details - Employment E	ynense		Other expenses
Compensation of officers			Total Exempt Activity Expense
Other salaries and wages	· · · · · · · · · · · · · · · · · · ·		Total Example Hourity Expenses
Pension plan contributions			Expense Details - Fundraising Expense:
Other employee henefits		_	•
Other employee benefits		.	Cash prizes
Payroll taxes			Non-cash prizes
Total Employment Expense			Rent and facility costs
Expense Details - Fees for Service	2061		Food & beverages (Part II only)
-			Entertainment (Part II only)
Management	· · · · · · · · · · · · · · · · · · ·		Other direct expenses
Legal	· · · · · · · · · · · · · · · · · · ·		Total Fundraising Expense
Accounting			
Lobbying	· · · · · · · · · · · · · · · · · · ·		
Professional fundraising	· · · · · · · · · · · · · · · · · · ·		
Investment management			
Other			
Total Fees for Services	· · · · · · · · · · · · · · · · · · ·		
Information is indicated for use	on Form 990-T.	Schedule A:	Allocation of Expense to Program Service Accomplishments:
Schedule A, UBIT Activity Code			First
Part V, Debt Financing			Second
Part VI, Controlled Org In	come		Third
Part VII, Investments for			All other
Part VIII, Exploited Activit	(/(// /		
Part IX, Advertising Incom			

Event Income and Deduction Worksheet

2023

Description Palmetto Bluff Event

Name

Hilton Head Island Foundation to

Taxpayer Identification Number 46-5117877

Income & Expense Summary:			Expense Details - Indirect Expense:
1. Gross receipts or sales	1	14,197	Advertising and promotion
2. Advertising income			Office
3. Circulation income			Printing/publication/postage
4. Other income			Info technology/Maintenance
5. Returns and allowances			Royalties & License Fees
6. Contributions received	6.		Occupancy/Real Estate Taxes
7. Total revenue. Add lines 1 thro	ough 6 7.	14,197	Travel & Repairs
8. Cost of Goods Sold	8.	3,202	Travel/entertainment (officials)
9. Employment Expense			Conferences/meetings
10. Fees for services			Interest
11. Indirect Expense			Insurance
12. Depreciation Expense			Total Indirect Expense
13. Exempt Activity Expense			
14. Fundraising Expense			Expense Details - Depreciation Expense:
15. Total expenses. Add lines 8 th		3,202	On investment property
16. Net Income/Loss. Line 7 minus			On non-investment property
			Amortization
			Depletion
Expense Details - Cost of Goods	Sold:		Depletion Total Depreciation Expense
•			10tal 20p100tation 2xp01100
Beginning inventory			Expense Details - Exempt Activity Expense:
Purchases			Repairs and Maintenance
Labor			Rad debte
Section 263A costs		3,202	Bad debts
Other costs			Taxes/licenses
Ending inventory		3,202	Charitable contributions
Total Cost of Goods Sold		3,202	Dividend recd deductions
Expense Details - Employment E	vnonco:		Readership costs
			Other expenses
Compensation of officers			Total Exempt Activity Expense
Other salaries and wages			Function Datable Fundamining Function
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 Service			Entertainment (Part II only)
Management			Other direct expenses
Legal	· · · · · · · · · · · · · · · · · · ·		Total Fundraising Expense
Accounting	· · · · · · · · · · · · · · · · · · ·		
Lobbying	· · · · · · · · · · · · · · · · · · ·		
Professional fundraising	· · · · · · · · · · · · · · · · · · ·		
Investment management	· · · · · · · · · · · · · · · · · · ·		
Other			
Total Face for Compace	· · · · · · · · · · · · · · · · · · ·		
Information is indicated for use	on Form 990-T	Schedule A:	Allocation of Expense to Program Service Accomplishments:
	Seq #		First
Part V, Debt Financing			Second
Part VI, Controlled Org Inc	come		
Part VII, Investments for 0			ThirdAll other
Part VIII, Exploited Activiti	. , . , . ,		All other
Part IX, Advertising Incom			
i ait i/t, /taveitioning incom	,-		

Event Income and Deduction Worksheet

Description Champions for Charity

2023

Name

Hilton Head Island Foundation to

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

Part VIII, Exploited Activities
Part IX. Advertising Income

Taxpayer Identification Number 46-5117877

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

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

Depreciation and Amortization

(Including Information on Listed Property)

Attach to your tax return.

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

Hilton Head Island Foundation to

OMB No. 1545-0172

2023

Identifying number

ence No.

Support Youth Sports, Inc. 46-5117877 Business or activity to which this form relates Indirect Depreciation Election To Expense Certain Property Under Section 179 Note: If you have any listed property, complete Part V before you complete Part I. 1,160,000 Maximum amount (see instructions) 1 Total cost of section 179 property placed in service (see instructions) 2 2 2,890,000 Threshold cost of section 179 property before reduction in limitation (see instructions) 3 3 4 Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-4 Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions 5 (a) Description of property 6 Listed property. Enter the amount from line 29 7 Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7 8 Tentative deduction. Enter the **smaller** of line 5 or line 8 9 9 Carryover of disallowed deduction from line 13 of your 2022 Form 4562 10 10 Business income limitation. Enter the smaller of business income (not less than zero) or line 5. See instructions 11 11 12 Section 179 expense deduction. Add lines 9 and 10, but don't enter more than line 11 12 Carryover of disallowed deduction to 2024. Add lines 9 and 10, less line 12 Note: Don't use Part II or Part III below for listed property. Instead, use Part V. Part II Special Depreciation Allowance and Other Depreciation (Don't include listed property. See instructions.) Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year. See instructions 14 Property subject to section 168(f)(1) election 15 15 8,346 Other depreciation (including ACRS) 16 MACRS Depreciation (Don't include listed property. See instructions.) Section A MACRS deductions for assets placed in service in tax years beginning before 2023 17 624 If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here Section B-Assets Placed in Service During 2023 Tax Year Using the General Depreciation System (c) Basis for depreciation (b) Month and year (d) Recovery (e) Convention (f) Method (a) Classification of property (a) Depreciation deduction placed in (business/investment use only-see instructions) 19a 3-year property 5-year property С 7-year property 10-year property 15-year property f 20-year property 25-year property 25 yrs. S/L 27.5 yrs. MM S/L Residential rental property MM S/L 27.5 yrs. 39 yrs. MM S/L i Nonresidential real property MM S/L Section C-Assets Placed in Service During 2023 Tax Year Using the Alternative Depreciation System 20a Class life **b** 12-year 12 yrs. S/L 30-year ММ S/L С 30 yrs. d 40-year 40 yrs. MM S/L Part IV Summary (See instructions.) Listed property. Enter amount from line 28 21 Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter 8,970 here and on the appropriate lines of your return. Partnerships and S corporations—see instructions

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

23

d Foundation t	:0		Employer identification null 46-5117877	nber
		0	·	0
	.	v	Y	
0.420				
2,439	.	U	.	0
2,350	\$	0	\$	0
2,321	\$	0	\$	0
0	\$	2,231	\$	0
0	\$	2,221	\$	0
0	\$	2,130	\$	0
ng				
2,075	\$	0	\$	0
1,715	\$	0	\$	0
1 . 651	Ś	0	Ś	0
			······	
Λ	٠٠٠٠٠٠ خ	1 362	¢	
	. Y	1,302	Y	
25 774	·····	10 575		
33,774	ን	10,5/5	?	0
, Line 9 - Oth	ner Change	s in Net Ass	sets Explanation	
iation Differe	ence		\$	2
			Page 1 of 1	
	3,827 2,439 2,350 2,321 0 0 1,715 1,715 1,651 0 35,774 Line 9 - Oth	2,439 \$ 2,350 \$ 2,321 \$ 0 \$ 0 \$ 1,715 \$ 1,715 \$ 1,651 \$ 1,651 \$ Line 9 - Other Change	3,827 \$ 0 2,439 \$ 0 2,350 \$ 0 2,321 \$ 0 0 \$ 2,231 0 \$ 2,231 0 \$ 2,130 ag 2,075 \$ 0 1,715 \$ 0 1,651 \$ 0 0 \$ 1,362	Secondation to 3,827 \$ 0 \$

SCHEDULE O (Form 990)

Supplemental Information to Form 990 or 990-EZ

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

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

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

Open to Public Inspection

Name of the organization Hi	lton Hea	d Island F	oundation t	0	Employer identification	number
		outh Sports			46-5117877	
Form 990, Pa	rt VI, L	ine 11b - 0	Organization	n's Process	to Review For	cm 990
No review wa	s or wil	l be conduc	cted.			
Form 990, Pa	rt VI, L	ine 12c - 1	Enforcement	of Conflic	ts Policy	
All board me	mbers ar	e required	to review t	the Conflic	t of Interest	Policy
annually and	reveal	any conflic	ets and prov	vide their	signature as	
appropriate.						
Form 990, Pa	rt VI, L	ine 19 - G	overning Do	cuments Dis	closure Explai	nation
No documents	availab	le to the p	public			
Form 990, Pa	rt IX, L	ine 24e - (Other Expens	ses		
Description						
	Tot/Prog	Service	Mgt 8	General	Fundr	caising
Chemicals						
	\$	6,587	\$	0	\$	0
Credit Card	Processi	ng				
	\$	6,481	\$	0	\$	0
Other mainte	nance					
	\$	6,328	\$	0	\$	0
Other						
	\$	0	\$	6,318	\$	0
Office Supli	es					
·	\$	0	\$	4,313	\$	0

Database

Sche	Edule G (Form 990) 2023 Hilton Head Island Foundation to 46-5117877			F	⊃age	· 3
11	Does the organization conduct gaming activities with nonmembers?			Yes		No
12	Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity		_		_	
	formed to administer charitable gaming?			Yes		No
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	.00				, 0
17	records:					
	Tocords.					
	Nama					
	Name					
	All					
	Address					
15a	Does the organization have a contract with a third party from whom the organization receives gaming				$\overline{}$	
	revenue?		Ш	Yes	Ш	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					
16	Gaming manager information:					
	Name					
	Gaming manager compensation \$					
	Description of services provided					
	Director/officer					
17	Mandatory distributions:					
а	Is the organization required under state law to make charitable distributions from the gaming proceeds to		_		_	
	retain the state gaming license?		Ш	Yes		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	rt IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns	(iii) an	id (v); ar	nd	
	Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional	inform	atio	n.		
	See instructions.					
						• •

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

Page 2

Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000. (a) Event #1 (b) Event #2 (c) Other events (d) Total events Palmetto Bluff (add col. (a) through Awards Banquet (total number) col. (c)) (event type) (event type) Revenue 1 Gross receipts 46,250 14,197 197,826 258,273 2 Less: Contributions 3 Gross income (line 1 minus 14,197 46,250 197,826 258,273 line 2) 4 Cash prizes 5 Noncash prizes 6 Rent/facility costs 7 Food and beverages 8 Entertainment 3,202 57,402 29,046 9 Other direct expenses 89,650 10 Direct expense summary. Add lines 4 through 9 in column (d) 89,650 168,623 11 Net income summary. Subtract line 10 from line 3, column (d) ... Gaming. Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a. (b) Pull tabs/instant (d) Total gaming (add Revenue (c) Other gaming bingo/progressive bingo col. (a) through col. (c)) 1 Gross revenue 2 Cash prizes Expenses 3 Noncash prizes Direct 4 Rent/facility costs 5 Other direct expenses 6 Volunteer labor 7 Direct expense summary. Add lines 2 through 5 in column (d) 8 Net gaming income summary. Subtract line 7 from line 1, column (d) 9 Enter the state(s) in which the organization conducts gaming activities: a Is the organization licensed to conduct gaming activities in each of these states? 10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? **b** If "Yes," explain:

SCHEDULE G (Form 990)

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

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

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

Open to Public Inspection

Name of the organization Hilton Head Island Support Youth Spor		ion	t	0	Employer identification 46-51178	
Part I Fundraising Activities. Complete		tion	ansv	vered "Yes" on Fo		
Form 990-EZ filers are not required	to complete t	his p	art.			
1 Indicate whether the organization raised funds through	_	-				
a Mail solicitations			•	vernment grants		
b Internet and email solicitations				ment grants		
c Phone solicitations	g Special fu	ndraisi	ng e	vents		
d In-person solicitations						
2a Did the organization have a written or oral agreement or key employees listed in Form 990, Part VII) or entity	in connection w	ith pro	fessio	onal fundraising service	s?	Yes No
b If "Yes," list the 10 highest paid individuals or entities (1 compensated at least \$5,000 by the organization.	fundraisers) pursu	iant to	agre	ements under which th	e fundraiser is to be	
(i) Name and address of individual or entity (fundraiser)	(ii) Activity	raiser custo cont	d fund- have dy or rol of utions?	(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
1						
2						
3						
•						
4						
5						
6						
7						
8						
9						
10						
Total						
Total 3 List all states in which the organization is registered or			bution	Il as or has been notified	it is exempt from	L
registration or licensing.		. 551101	G (10)	.5 51 Had boott Houllou	oxompt nom	

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

	edule D (Form 990) 2023 Hilton Head Island Foundatio	<u>n to 46-511787</u>		Page 4
Pa	art XI Reconciliation of Revenue per Audited Financial State		r Ret	urn
	Complete if the organization answered "Yes" on Form 990,	Part IV, line 12a.		T
	Total revenue, gains, and other support per audited financial statements		1	
	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
a	Net unrealized gains (losses) on investments	2a	_	
b	Donated services and use of facilities	2b	_	
C	Recoveries of prior year grants	2c	_	
a	Other (Describe in Part XIII.)	2d	٠.	
e	Add lines 2a through 2d		2e 3	
ა 4	Subtract line 2e from line 1 Amounts included on Form 990, Part VIII, line 12, but not on line 1:		3	
		42		
	Investment expenses not included on Form 990, Part VIII, line 7b	4a 4b		
	Other (Describe in Part XIII.) Add lines 4a and 4b		4c	
	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		5	
	art XII Reconciliation of Expenses per Audited Financial State			eturn
	Complete if the organization answered "Yes" on Form 990,)CI I	Cturri
1	Total expenses and losses per audited financial statements		1	
	Amounts included on line 1 but not on Form 990, Part IX, line 25:		•	
	Donated services and use of facilities	2a		
h	Prior year adjustments	2b		
	0.0	2c		
	Other losses Other (Describe in Part XIII.)	2d		
e	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1		3	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
	Other (Describe in Part XIII.)			
-				
	Add lines 4s and 4h		4c	
С	Add lines 4a and 4b		4c 5	
С 5	Add lines 4s and 4h			
5 Pa	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)		5	X, line
5 Pa	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) art XIII Supplemental Information	V, lines 1b and 2b; Part V, line 4	5	X, line
5 Pa	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) art XIII Supplemental Information ride the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part III	V, lines 1b and 2b; Part V, line 4	5	X, line
5 Pa	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) art XIII Supplemental Information ride the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part III	V, lines 1b and 2b; Part V, line 4	5	X, line
5 Pa	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) art XIII Supplemental Information ride the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part III	IV, lines 1b and 2b; Part V, line 4 e any additional information.	5 ; Part	
5 Pa	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) art XIII Supplemental Information ride the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part II, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provid	IV, lines 1b and 2b; Part V, line 4 e any additional information.	5 ; Part	
5 Pa	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) art XIII Supplemental Information ride the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part II, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provid	IV, lines 1b and 2b; Part V, line 4 e any additional information.	5 ; Part	
5 Pa	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) art XIII Supplemental Information ride the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part II, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provid	IV, lines 1b and 2b; Part V, line 4 e any additional information.	5 ; Part	
5 Pa	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) art XIII Supplemental Information ride the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part II, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provid	IV, lines 1b and 2b; Part V, line 4 e any additional information.	5 ; Part	
5 Pa	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) art XIII Supplemental Information ride the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part II, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provid	IV, lines 1b and 2b; Part V, line 4 e any additional information.	5 ; Part	
5 Pa	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) art XIII Supplemental Information ride the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part II, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provid	IV, lines 1b and 2b; Part V, line 4 e any additional information.	5 ; Part	
5 Pa	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) art XIII Supplemental Information ride the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part II, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provid	IV, lines 1b and 2b; Part V, line 4 e any additional information.	5 ; Part	
5 Pa	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) art XIII Supplemental Information ride the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part II, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provid	IV, lines 1b and 2b; Part V, line 4 e any additional information.	5 ; Part	
5 Pa	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) art XIII Supplemental Information ride the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part II, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provid	IV, lines 1b and 2b; Part V, line 4 e any additional information.	5 ; Part	
5 Pa	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) art XIII Supplemental Information ride the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part II, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provid	IV, lines 1b and 2b; Part V, line 4 e any additional information.	5 ; Part	
5 Pa	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) art XIII Supplemental Information ride the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part II, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provid	IV, lines 1b and 2b; Part V, line 4 e any additional information.	5 ; Part	
5 Pa	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) art XIII Supplemental Information ride the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part II, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provid	IV, lines 1b and 2b; Part V, line 4 e any additional information.	5 ; Part	
5 Pa	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) art XIII Supplemental Information ride the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part II, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provid	IV, lines 1b and 2b; Part V, line 4 e any additional information.	5 ; Part	
5 Pa	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) art XIII Supplemental Information ride the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part II, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provid	IV, lines 1b and 2b; Part V, line 4 e any additional information.	5 ; Part	
5 Pa	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) art XIII Supplemental Information ride the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part II, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provid	IV, lines 1b and 2b; Part V, line 4 e any additional information.	5 ; Part	
5 Pa	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) art XIII Supplemental Information ride the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part II, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provid	IV, lines 1b and 2b; Part V, line 4 e any additional information.	5 ; Part	
5 Pa	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) art XIII Supplemental Information ride the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part II, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provid	IV, lines 1b and 2b; Part V, line 4 e any additional information.	5 ; Part	
5 Pa	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) art XIII Supplemental Information ride the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part II, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provid	IV, lines 1b and 2b; Part V, line 4 e any additional information.	5 ; Part	
5 Pa	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) art XIII Supplemental Information ride the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part II, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provid	IV, lines 1b and 2b; Part V, line 4 e any additional information.	5 ; Part	
5 Pa	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) art XIII Supplemental Information ride the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part II, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provid	IV, lines 1b and 2b; Part V, line 4 e any additional information.	5 ; Part	

organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII

Sche	dule D (Form 990) 2023 Hilton H								age 2
	rt III Organizations Maintainir	_					Assets (co	ontini	ued)
3	Using the organization's acquisition, access collection items (check all that apply).	sion, and other recor	ds, check any of the	following that	t make significa	nt use of its			
а	Public exhibition	d 🗌	Loan or exchange pr	ogram					
b	Scholarly research	e	Other						
С	Preservation for future generations								
4	Provide a description of the organization's	collections and expla	in how they further th	ne organizatio	on's exempt pur	pose in Part			
	XIII.	•	•	Ü					
5	During the year, did the organization solicit	or receive donations	s of art, historical trea	sures, or oth	er similar				
	assets to be sold to raise funds rather than		•				TY	s 🗆	No
Pa	rt IV Escrow and Custodial A		'						
	Complete if the organization		s" on Form 990,	Part IV, lin	ne 9, or repo	rted an ar	nount on	Form	ı
	990, Part X, line 21.		,	,	, ,				
1a	Is the organization an agent, trustee, custo	dian or other interme	ediary for contributions	s or other as	sets not				
	included on Form 990, Part X?						☐ Y6	s [No
b	If "Yes," explain the arrangement in Part X	III and complete the	following table				Ш		,
-	, ee, explain the allangement in rant /		.oog table.				Amoun	t	
С	Beginning balance					1c			
ď	Additions during the year					1d			
	Distributions during the year								
	Ending balance								
2a	Did the organization include an amount on	Form 990 Part X lii	ne 21 for escrow or a	custodial acco	ount liahility?		☐ Ye	- C	No
	If "Yes," explain the arrangement in Part XI							_	,
	ert V Endowment Funds	III. OHOOK HOLO II GIO	explanation has been	i provided on	T GIT AIII			-	
	Complete if the organization	on answered "Ye	s" on Form 990	Part IV lii	ne 10				
	Complete ii ale organizati	(a) Current year	(b) Prior year	(c) Two ye		Three years bac	k (e) Fou	vears	back
1a	Beginning of year balance	(-, - ,	(4)	(-, ,	(-,	<u> </u>	(-,		
	Contributions Net investment earnings, gains, and								
·	1								
ч	0 - 1 - 1 - 1 - 1								
	Other expenditures for facilities and								
٠	programs								
f	Administrative expenses								
	End of year balance			+					
	Provide the estimated percentage of the cu	urrent year and halan	oo (line 1a oolumn ()) hold oo:	<u> </u>				
	Board designated or quasi-endowment	•	ce (iiile 19, coluitiii (a	a)) Helu as.					
0	Permanent endowment % Term endowment %								
·	The percentages on lines 2a, 2b, and 2c s	hould equal 100%							
32	Are there endowment funds not in the post	•	zation that are held a	nd administa	red for the				
Ja	organization by:	session of the organi.	zation that are neid a	nu auministe	red for the			Yes	No
	,						3a(i)	163	110
	(i) Unrelated organizations?(ii) Related organizations?								
h	If "Yes" on line 3a(ii), are the related organ	izations listed as roa	uirod on Schodulo D						
	Describe in Part XIII the intended uses of						50		
	ert VI Land, Buildings, and Eq		downnent lunus.						
ı a	Complete if the organization		s" on Form 990	Part IV/ lir	na 11a Saa	Form 000	Part X I	ina 1	Λ
	Description of property	(a) Cost or other		other basis	(c) Accumu		, ۲۵۱۲ ۸, ۱ (d) Book		0.
	Description of property	(investment)	, ,	ner)	depreciat		(u) Dook	value	
4-	Land	` '	(60	/	doprodat				
1 a	Land								
D	Buildings								
	Leasehold improvements					-			
	Equipment								
Total	Other	et aqual Form 000 D	art V line 10a aal:	n (P))					
rotal	i. Add iiries ra irirougri re. (Column (d) mus	. e quai F01111 990, Pa	arc A, IIIIe Tuc, columi	⊔ (<i>□))</i>					

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

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

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

OMB No. 1545-0047 Open to Public Inspection

Name of the organization Employer identification number Hilton Head Island Foundation to 46-5117877 Support Youth Sports, Inc. Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts Part I Complete if the organization answered "Yes" on Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts Total number at end of year Aggregate value of contributions to (during year) 2 Aggregate value of grants from (during year) 3 Aggregate value at end of year 4 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? 6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? Part II **Conservation Easements** Complete if the organization answered "Yes" on Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of land for public use (for example, recreation or education) Protection of natural habitat Preservation of a certified historic structure Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year. Held at the End of the Tax Year a Total number of conservation easements 2a **b** Total acreage restricted by conservation easements 2h c Number of conservation easements on a certified historic structure included on line 2a 2c d Number of conservation easements included on line 2c acquired after July 25, 2006, and not on a historic structure listed in the National Register 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the Number of states where property subject to conservation easement is located Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Does each conservation easement reported on line 2d above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements. Part III Organizations Maintaining Collections of Art. Historical Treasures, or Other Similar Assets Complete if the organization answered "Yes" on Form 990, Part IV, line 8. 1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items. b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items. (i) Revenue included on Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items. a Revenue included on Form 990, Part VIII, line 1 Assets included in Form 990. Part X ...

Name of organization

Hilton Head Island Foundation to

Employer identification number 46-5117877

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

Name of organization

Hilton Head Island Foundation to

Employer identification number 46-5117877

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

Schedule B (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

Hilton Head Island Foundation to

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

Support Youth Sports, Inc.

Schedule of Contributors

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

OMB No. 1545-0047

Employer identification number

Schedule B (Form 990) (2023)

46-5117877

2023

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

Schedule A (For	rm 990) 2023	Hilton	Head Is	land	Foundation	on to	46-5117877	Page 8
Part VI	Supplemental III, line 12; Part B, lines 1 and 2	Information. Policy, Section A, li 2; Part IV, Section t V, line 1; Part	ovide the exnes 1, 2, 3b, n C, line 1; FV, Section B	cplanation , 3c, 4b, 4 Part IV, S , line 1e;	ns required by 4c, 5a, 6, 9a, Section D, line Part V, Section	Part II, line 9b, 9c, 11a, s 2 and 3; F on D, lines 5	10; Part II, line 17a of 11b, and 11c; Part IV Part IV, Section E, line 5, 6, and 8; and Part V	r 17b; Part /, Section s 1c, 2a, 2b,
*								
•								

DAA Schedule A (Form 990) 2023

Part V Type III Non-Functionally integrated 509(a)(3) Supporting Organizations (continued)							
Section D – Distributions Current Year							
1	Amounts paid to supported organizations to accomplish exempt purported						
2	Amounts paid to perform activity that directly furthers exempt purpose						
	organizations, in excess of income from activity			2			
3	Administrative expenses paid to accomplish exempt purposes of sup	3					
4	Amounts paid to acquire exempt-use assets	4					
5	Qualified set-aside amounts (prior IRS approval required-provide de	5					
6	Other distributions (describe in Part VI). See instructions.						
7	Total annual distributions. Add lines 1 through 6.			7			
8	Distributions to attentive supported organizations to which the organization is responsive 8						
	(provide details in Part VI). See instructions.						
9	Distributable amount for 2022 from Section C, line 6						
10	Line 8 amount divided by line 9 amount			10			
		(i)	(ii)		(iii)		
Secti	on E - Distribution Allocations (see instructions)	Excess Distributions	Underdistributions	3	Distributable		
			Pre-2023		Amount for 2023		
1	Distributable amount for 2023 from Section C, line 6						
2	Underdistributions, if any, for years prior to 2023						
	(reasonable cause required–explain in Part VI). See instructions.						
3	Excess distributions carryover, if any, to 2023						
	F 0040						
	From 2019						
	From 2020						
	From 2021						
	From 2022						
	Total of lines 3a through 3e						
	Applied to underdistributions of prior years						
	Applied to 2023 distributable amount						
	Carryover from 2018 not applied (see instructions)						
i	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.						
4	Distributions for 2023 from						
	Section D, line 7: \$						
а	Applied to underdistributions of prior years						
	Applied to 2023 distributable amount						
С	Remainder. Subtract lines 4a and 4b from line 4.						
5	Remaining underdistributions for years prior to 2023, if						
	any. Subtract lines 3g and 4a from line 2. For result						
	greater than zero, explain in Part VI. See instructions.						
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						
d	Excess from 2022						

Schedule A (Form 990) 2023

e Excess from 2023

Sched	ule A (Form 990) 2023 Hilton Head Island Foundati			7877 Page 6
Pai	Type III Non-Functionally Integrated 509(a)(3) Supporting O			
1	Check here if the organization satisfied the Integral Part Test as a qualifying trust on N	lov. 20), 1970 (explain in Part \	∕/I). See
	instructions. All other Type III non-functionally integrated supporting organizations me	ust co	mplete Sections A throug	gh E.
Section A – Adjusted Net Income			(A) Prior Year	(B) Current Year
	·		(, ,	(optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or collection			
	of gross income or for management, conservation, or maintenance of			
	property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Section B – Minimum Asset Amount			(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
a	Average monthly value of securities	1a		
k	Average monthly cash balances	1b		
C	Fair market value of other non-exempt-use assets	1c		
	Total (add lines 1a, 1b, and 1c)	1d		
6	Discount claimed for blockage or other factors			
	(explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,			
	see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 0.035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Section C – Distributable Amount				Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	amarganay temparany raduation (and instructions)	6		

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

Schedule A (Form 990) 2023

(see instructions).

that these activities constituted substantially all of its activities.

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

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

- a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? If "Yes" or "No," provide details in Part VI.
- b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.

Schedule A (Form 990) 2023 Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

		Yes	No
	1		
	2		
	3a		
	3b		
	3c		
	4a		
	4b		
	4c		
	5a		
	5b		
	5c		
	6		
	7		
	8		
	9a		
	9b		
	9с		
	46		
	10a		
	10b		
Sche	dule A	(Form 9	90) 2023

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

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

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

Schedule A (Form 990) 2023

Page 2

	(Complete only if you che Part III. If the organizatio						ality under
	tion A. Public Support						
Caler	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	214,938	160,706	178,858	253,670	226,940	1,035,112
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4	Total. Add lines 1 through 3	214,938	160,706	178,858	253,670	226,940	1,035,112
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount						204.074
6	shown on line 11, column (f)						324,974
<u>6</u> Sac	Public support. Subtract line 5 from line 4. tion B. Total Support						710,138
	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
7	Amounts from line 4	214,938	160,706	178,858	253,670	226,940	1,035,112
8	Gross income from interest, dividends,	214,930	100,700	170,030	255,070	220,940	1,033,112
•	payments received on securities loans, rents, royalties, and income from	348	415	480	384	2,950	4,577
	similar sources	340	413	400	304	2,330	4,311
9	Net income from unrelated business activities, whether or not the business is regularly carried on						
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
11	Total support. Add lines 7 through 10						1,039,689
12	Gross receipts from related activities, etc.	c. (see instructions)				12	1,457,366
13	First 5 years. If the Form 990 is for the	organization's first,	second, third, fou	rth, or fifth tax year	as a section 501	(c)(3)	
	organization, check this box and stop he						
Sec	tion C. Computation of Public						
14	Public support percentage for 2023 (line	6, column (f) divide	d by line 11, colu	mn (f))		14	68.30 %
15	Public support percentage from 2022 Sch	nedule A, Part II, lin	e 14				71.62 %
16a	33 1/3% support test — 2023. If the org				is 33 1/3% or mor	e, check this	
	box and stop here. The organization qua						X
b	33 1/3% support test — 2022. If the org	•		•	e 15 is 33 1/3% o	r more, check	
17-	this box and stop here . The organization						Ц
17a	10%-facts-and-circumstances test —	ŭ					
	10% or more, and if the organization me						
	Part VI how the organization meets the f organization	acis-anu-circumsiai	ices test. The org	janization qualiles	as a publicly sup	ported	
b	10%-facts-and-circumstances test —	2022 If the organiz	ation did not chec	ck a box on line 13		and line	Ц
	15 is 10% or more, and if the organization						
	in Part VI how the organization meets the				-	•	
					, ,	• •	
18	Private foundation. If the organization of	lid not check a box	on line 13, 16a. 1	6b, 17a, or 17b. cl	neck this box and	see	
-	instructions						
							·····

SCHEDULE A (Form 990)

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

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

Attach to Form 990 or Form 990-EZ.

2023

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

Name of the organization

Hilton Head Island Foundation to Support Youth Sports, Inc.

Employer identification number

46-5117877

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

(D)

(E)

Total

Forn	n 990 (2023) Hilton Head Island Foundation to 46-5117877			Pag	ge 12	
Pa	art XI Reconciliation of Net Assets				_	
	Check if Schedule O contains a response or note to any line in this Part XI				_X_	
1	Total revenue (must equal Part VIII, column (A), line 12)	1			943	
2	Total expenses (must equal Part IX, column (A), line 25)	2		405,2		
3	Revenue less expenses. Subtract line 2 from line 1	3		124,7		
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	81	812,1		
5	Net unrealized gains (losses) on investments	5		2,0	066	
6	Donated services and use of facilities	6				
7	Investment expenses	7				
8	Prior period adjustments	8				
9	Other changes in net assets or fund balances (explain on Schedule O)	9			2	
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line					
	32, column (B))	10	93	88,8	882	
Pá	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					
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		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	(2023)	

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

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

938,882

812,113

818,785

32

33

Total net assets or fund balances

Total liabilities and net assets/fund balances .

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A) Check if Schedule O contains a response or note to any line in this Part IX X (D) Fundraising (A) Total expenses (B) Program service Do not include amounts reported on lines 6b, 7b, Management and 8b, 9b, and 10b of Part VIII. expenses general expenses expenses Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 Grants and other assistance to domestic individuals. See Part IV, line 22 3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees 76,600 61,280 7,660 7,660 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Other salaries and wages 70,158 23,758 46,400 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) $5, \overline{971}$ 746 Other employee benefits 7,463 746 9,312 12,466 2,485 669 Payroll taxes 10 Fees for services (nonemployees): a Management **b** Legal 12,400 12,400 c Accounting **d** Lobbying e Professional fundraising services. See Part IV, line 1 Investment management fees g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.) 12 Advertising and promotion <u>51,863</u> 51,863 5,741 5,741 13 Office expenses 14 Information technology **15** Royalties 18,129 18,129 Occupancy 16 4,756 4,756 17 Payments of travel or entertainment expense for any federal, state, or local public officials Conferences, conventions, and meetings 19 Payments to affiliates 21 8,970 22 Depreciation, depletion, and amortization 8,844 126 15,281 15,281 23 Insurance 24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.) a Ground Maintenance 36,000 36,000 Program Services 13,863 13,863 9,702 7,501 54,349 Coach Training 9,702 7,501 Course labor e All other expenses 35,774 18,575 405,242 240,388 103,916 60,938 25 Total functional expenses. Add lines 1 through 24e Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here if following SOP 98-2 (ASC 958-720)

Part VIII Statement of Revenue Check if Schedule O contains a response or note to any line in this Part VIII (B) Related or exempt (A) (C) (D) Revenue excluded Unrelated Total revenue from tax under sections 512-514 function revenu business revenue 1a Federated campaigns **b** Membership dues 1b **c** Fundraising events 1c **d** Related organizations 1d e Government grants (contributions) 40,000 1e f All other contributions, gifts, grants, and similar amounts not included above . . . 1f 186,939 **q** Noncash contributions included in lines 1a-1f 1g 226,939 h Total. Add lines 1a-1f . Business Cod 53,450 53,450 Program Service Revenue 2a Golf Range ... 34,106 34,106 Program Fees 24,562 24,562 Pro Shop Sales 20,192 20,192 Scholarship Program Fees **f** All other program service revenue 132,310 g Total. Add lines 2a-2f 3 Investment income (including dividends, interest, and other similar amounts) 2,950 2,950 Income from investment of tax-exempt bond proceeds 5 Royalties (i) Real (ii) Personal 6a Gross rents 6a **b** Less: rental expenses 6b c Rental inc. or (loss) 6c d Net rental income or (loss) 7a Gross amount from sales of assets 7a other than inventory Other Revenue **b** Less: cost or other basis and sales exps. 7b c Gain or (loss) 7с d Net gain or (loss) 8a Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18 259,273 **b** Less: direct expenses 91,529 8b c Net income or (loss) from fundraising events 167,744 9a Gross income from gaming activities. See Part IV, line 19 **b** Less: direct expenses 9b c Net income or (loss) from gaming activities 10a Gross sales of inventory, less returns and allowances 10a **b** Less: cost of goods sold 10b c Net income or (loss) from sales of inventory Business Code iscellaneous Revenue 11a d All other revenue Total. Add lines 11a-11d 529,943 132,310 2,950 **Total revenue.** See instructions

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

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

Part VII Section A. Officer	s, Directors, 11	ruste	es,	ney	En	ipioy	/ees	, and Hignest Compens	ated Employees (continu	ea)
(A) Name and title	(B) Average hours per week	box offi	Position (do not check more than on box, unless person is both a officer and a director/trustee					(D) Reportable compensation from the	(E) Reportable compensation from related	(F) Estimated amount of other compensation
	(list any hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/ 1099-MISC/ 1099-NEC)	organizations (W-2/ 1099-MISC/ 1099-NEC)	from the organization and related organizations
(12) Chris Lane										
(12)	5.00									
Secretary (13) Darcie Patri	0.00	X		X				0	0	0
(13) Darcie Pacif	5.00									
Board Member	0.00	х						0	0	0
(14) Paul Rothwel										
(14)	5.00	l								
Board Member (15) Brad Taylor	0.00	X						0	0	0
(15) Brad raylor (15)	5.00									
Board Member	0.00	х						0	0	0
(16) Ed Tiscornia										
(16)	5.00									
Board Member (17) Chuck Wisema	0.00	X						0	0	0
(17) Chuck Wisema (17)	5.00									
Board Member	0.00	х						0	0	0
(18)										
1b Subtotal								76,600		7,465
c Total from continuation she										
d Total (add lines 1b and 1c)								76,600		7,465
2 Total number of individuals (in reportable compensation from	•		ed to 0	tho	se li	sted	abo	ve) who received more that	an \$100,000 of	
. openazio componedioni iron	. a.o o.gazaao									Yes No
3 Did the organization list any feedback employee on line 1a? If "Yes,	ormer officer, d	irect	or, tr	uste	e, ke	ey er	nplo	yee, or highest compensa	ted	3 X
4 For any individual listed on lin	ne 1a, is the sun	n of	repo	n su rtabl	e co	mpe	nsat	ion and other compensation	n from the	
organization and related orga	nizations greate	r tha	ın \$1	150,0	000?	If "Y	es,"	complete Schedule J for	such	4 X
individual5 Did any person listed on line	1a receive or a	crue	cor	 nper	 nsati	on fr	om a	any unrelated organization	or individual	4 A
for services rendered to the o		'Yes,	" coi	mple	te S	chea	lule	J for such person		5 X
Section B. Independent Contract1 Complete this table for your f			atad	امما		dont		streeters that received meen	o than \$100,000 of	
1 Complete this table for your f compensation from the organ										year.
Name and	(A) d business address							Descrip	(B) tion of services	(C) Compensation
							\vdash			
2 Total number of independent								ose listed above) who		
received more than \$100,000	of compensation	n fro	om th	ne o	rgan	izatio	on	•	0	- 000

Form (200 (2023)	Hilton	Head	Teland	Foundation	to.	46-5117877
FOITH S	990 (2023)	TTTCOIL	пеац	ISIANG	r ounda Lion	LO	40-311/0//

Page 7

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

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

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

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

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

Check this box if neither the org	ganization nor a	iny re	elate	d oro	ganiz	zation	CO	mpensated any current off	ficer, director, or trustee.	
(A) Name and title	(B) Average hours per week (list any hours for related organizations below	òo	Position Ido not check more than one box, unless person is both an officer and a director/trustee) Former			is both or/truste	an ee)	(D) Reportable compensation from the organization (W-2/ 1099-MISC/ 1099-NEC)	(E) Reportable compensation from related organizations (W-2/ 1099-MISC/ 1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
	dotted line)	ıstee	trustee		ĕ	ensateo				
(1) Patrick M Zuk										
Executive Director	40.00			x				76,600	o	7,465
(2) Grace Chu								,		,
	5.00									
Chair	0.00	X		X				0	0	0
(3) Bob Curri	- 00									
	5.00									•
Board Member (4) Joe Datillo	0.00	Х						0	0	0
(4) JOE Datiilo	5.00									
Board Member	0.00	x						0	0	0
(5) Krista Dunton	0.00					\Box				
(*,-:====================================	5.00									
Board Member	0.00	Х						0	0	0
(6) Chuck Eberly										
	5.00									
Board Member	0.00	X						0	0	0
(7) John Farrell										
	5.00									
Board Member	0.00	X						0	0	0
(8) Bill Fuentes	F 00									
Board Member	5.00	.						0	0	0
(9) Bill Fuge	0.00	X						U	0	U
(a) BIII ruge	5.00									
Board Member	0.00	х						0	0	0
(10) Paul Gaines	0.00	T								
(,, =	5.00									
Vice-Chair	0.00	Х		X		Ш		0	0	0
(11) Jacqueline Lamb										
	5.00	1								
Treasurer	0.00	X	1		1			0	0	0

Form **990** (2023)

DAA

and financial statements available to the public during the tax year. State the name, address, and telephone number of the person who possesses the organization's books and records.

Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy,

Tammy Novak 2 Corpus Christi Place # 2

Hilton Head Island Form **990** (2023)

Form	990 (2023) Hilton Head Island Foundation to 46-5117877		Р	age 5
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 14			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over,			
	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X
b	If "Yes," enter the name of the foreign country			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		<u> </u>
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		<u> </u>
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods			
	and services provided to the payor?	7a	X	<u> </u>
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	X	<u> </u>
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			
	required to file Form 8282?	7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		X
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		Х
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
•	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.	0-		
a	Did the sponsoring organization make any taxable distributions under section 4966?	9a		<u> </u>
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter: Initiation fees and capital contributions included on Part VIII. line 12			
a	· · · · · · · · · · · · · · · · · · ·	-		
b 11	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	-		
11	Gross income from members or shareholders			
a	Gross income from other sources. (Do not net amounts due or paid to other sources			
b	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	.20		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	le the erganization licensed to issue qualified health plans in more than one state?	13a		
•	Note: See the instructions for additional information the organization must report on Schedule O.	100		
b	Enter the amount of reserves the organization is required to maintain by the states in which			
	the organization is licensed to issue qualified health plans 13b			
С	Enter the amount of recovers on hand			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		х
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			
-	excess parachute payment(s) during the year?	15		х
	If "Yes," see instructions and file Form 4720, Schedule N.			
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		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		1
	If "Yes," complete Form 6069.			
		Forn	990	(2023)

Form **990** (2023)

	art IV Checklist of Required Schedules (continued)			age i
	and the state of t		Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	. 22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the			
	organization's current and former officers, directors, trustees, key employees, and highest compensated			
	employees? If "Yes," complete Schedule J	. 23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than			
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b			
	through 24d and complete Schedule K. If "No," go to line 25a	24a		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		-
	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				
	year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?			
	If "Yes," complete Schedule L, Part I	. 25b		X
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	. 26		X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key			
	employee, creator or founder, substantial contributor or employee thereof, a grant selection committee			
	member, or to a 35% controlled entity (including an employee thereof) or family member of any of these			
	persons? If "Yes," complete Schedule L, Part III	. 27		Х
28	Was the organization a party to a business transaction with one of the following parties? (See the Schedule			
	L, Part IV, instructions for applicable filing thresholds, conditions, and exceptions).			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV	28a		X
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
С	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If			
	"Yes," complete Schedule L, Part IV	-		X
29	Did the organization receive more than \$25,000 in noncash contributions? If "Yes," complete Schedule M	. 29		Х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			37
	conservation contributions? If "Yes," complete Schedule M	. 30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	. 31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"			37
	complete Schedule N, Part II	. 32		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			37
	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,			v
٠	or IV, and Part V, line 1			X
35a	, , , , , , , , , , , , , , , , , , , ,	. 35a		Х
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	256		
26	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable	. 35b		
36	related arganization? If "Voe." complete Schodule B. Bort V. line ?	26		v
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	. 36		X
31	and that is treated as a martnership for faderal income toy numbers? If "Voe." as malete Cahadula D. Dart VI	37		x
20		. 31		
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and	. 38		v
D	19? Note: All Form 990 filers are required to complete Schedule O. art V Statements Regarding Other IRS Filings and Tax Compliance	. 30	<u> </u>	X
Г	Check if Schedule O contains a response or note to any line in this Part V			
	Chook ii Corlocate C Coritaino a response or note to arry into in this r art v		Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a 1			
b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b 0			
C	Did the organization comply with backup withholding rules for reportable payments to vendors and			

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

4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(n) election in effect during the tax year? If Yes, "complete Schedule C, Part II 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. 98-189? If Yes, "complete Schedule C, Part III 6 Did the organization marketian any othors advised funds or any similar funds or accounts for which donors have the right to provide advise on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part II 7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historical areas, or historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III 8 Did the organization report an amount in Part X, line 21, for escrov or outstodiel account liability, serve as a custodian for amounts on tilead in Part X, or provide credit counteding, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV 10 Did the organization report an amount in Part X, line 21, for escrov or outstodiel account liability, serve as a custodian for individual provided in Part X, or provide credit outstanding, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part V 10 Did the organization report an amount for brown organization, hold assets in donor-restricted endowments or in quasi-indowments? If "Yes," complete Schedule D, Part V 11 If the organization report an amount for investments—other securities in Part X, line 10; If "Yes," complete Schedule D, Part V VII VII, VII, VII, VII, VII, VII, VI				Yes	No
2 X bit the organization required to complete Schedule B, Schedule of Contributors' See instructions 2 X bit the organization engage in index of index of profit or profitation and profit or in proposition to cardidates for public office? If "Yes," complete Schedule C, Part I section 501(6) and profit or the organization and profit or the organization and profit or the organization and profit or the organization and profit or the organization and profit or the organization and profit or the organization are 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. 98-107 If "Yes," complete Schedule C, Part II see the organization remains any observation or investment of amounts in such funds or accounts If "Yes," complete Schedule D, Part II or Did the organization receive or hold a conservation essement, including essements to treatment or the organization receives or hold a conservation essement, including essements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II or Did the organization market or hold a conservation essement, including essements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II or Did the organization market or hold a conservation essement, including essements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II or Did the organization report an amount in Part X, line 21, for escrive or custodial account liability, serve as a custodian for amounts and listed in Part X, Cer provide credit counseling, debt management, credit repair, or debt inegotiation services at Part X, cere profit counseling, debt management, credit repair, or debt inegotiation services at any cere the part X, line 10 part X, line 10 part X, line 10 part X, line 10 part X, line 10 part X, line 10 part X, line 10 part X,	1		1	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 5 Section 501(c)(3) organizations. Did the organization engage in Noblying activities, or have a section 501(h) 5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(5) organization that receives membership dues, assessments, or similar amounts as defined in Rev. Proc. 99-197 If "Yes", complete Schedule C, Part III 5 Did the organization maintain any dornar advised finds 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? II "Yes", complete Schedule C, Part III 7 Did the organization receive or hold a conservation essement, including easements to preserve open space, the environment, historic land rease, or historic structures? If "Yes", complete Schedule D, Part II 8 Did the organization report an amount in Part X, line 21, for escrivo or custodial account liability, serve as a custodian for amounts not incline in Part X, or provide credit counseling, debt management, rendit repair, or debt negotiation services? If "Yes", complete Schedule D, Part II 9 Did the organization directly or though in related organization, hold assets in donor-restricted endowments or in quasi-endowments? If "Yes", complete Schedule D, Part IV 10 Did the organization directly or though in related organization, hold assets in donor-restricted endowments or in quasi-endowments? If "Yes", complete Schedule D, Part IV 10 Did the organization orgon an amount for land, buildings, and equipment in Part X, line 10? If "Yes", complete Schedule D, Part VI 11 If the organization orgon an amount for land, buildings, and equipment in Part X, line 10? If "Yes", complete Schedule D, Part VI 11 If the organization is part X, line 10? If "Yes", complete Schedule D, Part X 12 Did the organization between a mount of the seases in	2				
amidiates for public office? If "Yes." complete Schedule C, Part I 4 Section 50(F(G)) organizations. Did the organization engage in lobbying activities, or have a section 50(f(f)) election in effect during the tax, year? If "Yes." complete Schedule C, Part II 5 Is the organization as eachies 50(F(G)) 50 (F(G)) 50			_		
4 Section 501(c)(3) organizations. Did the organization engage in licibitying activities, or have a section 501(n) election in effect during the tax year? If "Res." complete Schedule C, Part II 4 5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that necesives membership dues, assessments, or similar amounts as defined in Rev. Proc. 88-19? If "Yes." complete Schedule C, Part III 5 6 Did the organization maintain any donor advised funds or any smilar 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 II 7 7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historical areas, or historical treasures, or other similar assets? If "Yes." complete Schedule D, Part II 1 7 8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes." complete Schedule D, Part II 8 9 Did the organization maintain and I Part X, line 21, for escrov or custodial account liability; serve as a custodian for amounts not listed in Part X, or provide credit consensingling, debt management, credit regular, or debt negotiation services? If "Yes," complete Schedule D, Part IV 9 10 Did the organization developed to through a related organization, hold assets in donor-estricted endowments or in quasi-endowments? If "Yes," complete Schedule D, Part V 10 10 Did the organization services or any of the following questions is "Yes," then complete Schedule D, Part V 11 11 If the organization services or any of the following and equipment in Part X, line 10? If "Yes," complete Schedule D, Part V 11 12 If the organization and part X, line 10? If "Yes," complete Schedule D, Part V 11 13 Did the organization and part X, line 10? If "Yes," complete Schedule D, Part V 11 14 Did the organization and part X, line 10? If "Yes," complete Schedule D, Part V 11 15 Did the organ		condidates for public office? If "Vos." complete Schedule C. Part I	3		X
5 is the organization a section \$01(c)(4), \$01(c)(5), or \$01(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Rev. Proc. 94-197 "Mes." complete Schedule D. Part III 5 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." organization receive or hold a conservation easement, including easements to preserve open space, the environment, historical drease, or historical treasures, or other similar assets? If "Yes." organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes." complete Schedule D. Part III 7 Did the organization report an amount in Part X, line 21, for escrive 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 megitalism services? If "Yes," complete Schedule D. Part IV 9 Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi-indowments? If "Yes," complete Schedule D. Part IV 10 If If the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D. Part V, IV, IV, IV, IV, IV, IV, IV, IV, IV,	4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)			
assessments, or similar amounts as defined in Rev. Proc. 98-197 if *Yes,** complete Schedule C, Part III 5 Did the organization maintains may 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 II 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 Did the organization maintain collections of works of art, historical treasures, or their similar assets? If *Yes,** complete Schedule D, Part II 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, line 21, for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X, line 21, for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X, line 21, for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X, line 21, for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X, line 21, for escrow or custodial account liability; serve as a custodian for amounts not listed organization, hold assets in denoments or in quasi-indoments? If *Yes,* complete Schedule D, Part V iii 10 If the organization server to any of the following questions is "Yes,* then complete Schedule D, Part V iii 11 If the organization accounts of 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 X iii 12 Did the organization report an amount for investments—other securities 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 X iii 12 Did		election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		X
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advise on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I 7 7 7 7 7 7 7 7 7	5				
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 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 III Did the organization meritain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III Did the organization per an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV 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 If the organization services? If "Yes," complete Schedule D, Part V, VI, VIII, IX, or X, as applicable. Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VIII 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 VIII 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 VIIII 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 X VIII Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? If Yes," complete Schedule D, Part X VIII Did the organization report an amount for other assets in Part X, line 15,			5		X
"Yes," complete Schedule D. Part I 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 Bid the organization maintain collections of works of art, historical treasures, or other smillar assets? If "Yes," complete Schedule D. Part III 8 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D. Part IV 10 Did the organization for answer to any of the following questions in No dassets in donor-restricted endowments or in quasi-endowments? If "Yes," complete Schedule D. Part IV 11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Part V, VII, VIII, IX, or X, as applicable. a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VII 11 If the organization report an amount for investments—other securities in Part X, line 10? If "Yes," complete Schedule D, Part VIII 11 If X Did the organization report an amount for investments—organ related in Part X, line 11, that is 5% or more of its total assets reported in Part X, line 10? If "Yes," complete Schedule D, Part VIII 11 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 10? If "Yes," complete Schedule D, Part X III 11 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 X III 11 Did the organization report an amount for other assets in Part X, line 15; If "Yes," complete Schedule D, Part X III 12 Did the organization highlight for uncertain tax positions under Fila	6	· · · · · · · · · · · · · · · · · · ·			
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part III Post organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," somplete Schedule D, Part III Post 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, both management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV 9 either organization, directly or through a related organization, hold assets in donor-restricted endowments or in quast-endowments? If "Yes," complete Schedule D, Part V 11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Part V 11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Part V 11 If the organization report an amount for investments—other securities in Part X, line 10? If "Yes," complete Schedule D, Part V 11 It D 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 V III It D Did the organization report an amount for investments—program related in Part X, line 15; If yes, "complete Schedule D, Part V III 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 V III D D D D D D D D D D D D D D D D D					
the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part III Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV Did the organization report or through a related organization, hold assets in donor-restricted endowments or in quasi-endowments? If "Yes," complete Schedule D, Part V If If the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI Did the organization report an amount for investments—other securities in Part X, line 10? If "Yes," complete Schedule D, Part VI Did the organization report an amount for investments—other securities 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 Did the organization report an amount for investments—organization separation and part X, line 15; and 15; and 15; and 16; a			6		X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? // "Yes," 8 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? if "Yes," complete Schedule D, Part IV 9 Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi-endowments? // "Yes," complete Schedule D, Part IV 11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, KI, Kr, Xr, Xs applicable. 12 Did the organization report an amount for land, buildings, and equipment in Part X, line 10? // "Yes," complete Schedule D, Part VII 12 Did the organization report an amount for investments—other securities in Part X, line 10? // "Yes," complete Schedule D, Part VIII 13 LX 14 Did the organization report an amount for investments—other securities in Part X, line 10? // "Yes," complete Schedule D, Part VIII 15 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? // "Yes," complete Schedule D, Part VIII 16 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? // "Yes," complete Schedule D, Part X VIII 16 Did the organization separate or consolidated financial statements for the tax year include a footnote that addresses the organization is ablint for uncertain tax positions under Fine A (8, CS 740); // "Yes," complete Schedule D, Part X VIII 17 Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Part X and XII is optional 12a by Was the organization answered "No" to line 12a, then completing Schedule D, Part X and XII is politonal 12b Use organization report on Part IX, c	7				
complete Schedule D, Part III Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV Did the organization comments? If "Yes," complete Schedule D, Part V 10 Did the organization and the state organization, hold assets in donor-restricted endowments or in quasi-endowments? If "Yes," complete Schedule D, Part V 11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Part VI, VII, VIII, X, or X, as applicable. a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI b Did the organization report an amount for investments—other securities in Part X, line 10? If "Yes," complete Schedule D, Part VII c Did the organization report an amount for investments—program related in Part X, line 113, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII Did the organization report an amount for their assets in Part X, line 15, Part VIII Did the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X in 11d X Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization or short and part X in and XII Did the organization answered Tho' to line 12a, then completing Schedule D, Part X and XII is potional 12a Schedule D, Parts XI and XII Did the organization answered Tho' to line 12a, then completing Schedule D, Parts XI and XII is optional 12b Was the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and programs service activities outside of the United States; or aggregate foreign investments valued at \$100,000			7		X
9 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV 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 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. 2 Did the organization service an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VII 2 Did the organization report an amount for investments—organ related 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 VIII 3 Did the organization report an amount for investments—organ related in Part X, line 16 assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII 4 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 VIII 5 Did the organization report an amount for other liabilities 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 X 111 If IX 10 Did the organization separate or consolidated financial statements for the tax year include a footnote that addresses the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Part X 111 II IX 12 Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Part X III II IX 12 Did the organization maintain an office, employees, or agents outside of the United States? 1 Did the organization maintain an	8				
custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV 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 11 If the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI, VII, VIII, IX, or X, as applicable. 12 Did the organization report an amount for investments—other securities in Part X, line 10? If "Yes," complete Schedule D, Part VII 13 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 VIII 14 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 15 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 VIII 16 Did the organization report an amount for other assets in Part X, line 25? If "Yes," complete Schedule D, Part X 17 Did the organization report an amount for other assets in Part X, line 25? If "Yes," complete Schedule D, Part X 18 Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X 19 Did the organization orbanic separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Part X A III 20 Did the organization betain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Part X III III 21 Did the organization asserted "No" to line 12a, then completing Schedule D, Parts XI and XII is optional 12a III III III III III III III III			8		X
debt negotiation services? If "Yes," complete Schedule D, Part IV 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 11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, KV, or X, as applicable. a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VIII 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 VIII c Did the organization report an amount for investments—other securities 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 d Did the organization report an amount for other assets in Part X, line 18 part V, line 13, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII 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 VIII d Did the organization's isability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X 11d X 11d Did the organization obtain separate or consolidated financial statements for the tax year? If "Yes," omplete Schedule D, Part X III A (ASC 740)? If "Yes," complete Schedule D, Part X III b Was the organization obtain separate, independent audited financial statements for the tax year? If "Yes," omplete Schedule D, Part X III b Was the organization maintain an office, employees, or agents outside of the United States? 12a Did the organization maintain an office, employees, or agents outside of the United States, or aggregate foreign investments valued at \$10,000 or more? If "	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 11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, VIII, IX, or X, as applicable. a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI 11a X 11b Uff 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 VIII 11b Uff 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 Uff D Id 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 III 11c Uff D Id the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X III 11d III III III III III III III III					3.5
or in quasi-endowments? If "Yes," complete Schedule D, Part V 11 11 ft he organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X, as applicable. a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI 11a X 15 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 11c 11b 11c 11d 11d 11d 11d 11d 11d 11d 11d 11d			9		X
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, IX, or X, as applicable. 2 Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI 2 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 VI 3 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 VI 4 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 X 11c VIII	10				3.5
VII, VIII, IX, or X, as applicable. a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI 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 c Did the organization report an amount for investments—program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII d Did the organization report an amount for other assets in Part X, line 15% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII d Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X 11d			10		X
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI 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 c) Did the organization report an amount for investments—program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII 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 XIII d) Did the organization report an amount for other liabilities 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 XIII d) 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 111 Into Into Into Into Into Into Into Into	11				
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 11b 11b 11b 11b 11b 11b 11b 11b 1	_				
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	а		110	v	
of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII c Did the organization report an amount for investments—program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII 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 IXI 11d	h		11a		
c Did the organization report an amount for investments—program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII 11c 11c 11d 11d 11d 11d 11d 11d 11d 11d	D	of its total assets reported in Bort V. line 160 lf "Ves." complete Caledville D. Bort VIII	11h		х
of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII 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	С		1		
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 Polid the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X 11d Told 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 11d Told the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Part X and XII 12a Did 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 Is the organization as school described in section 170(b)(1)(A)(ii) If "Yes," complete Schedule E 13 Is the organization and intain an office, employees, or agents outside of the United States? 14a 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 II and IV 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 III and IV 16 Did the organization report at total of more than \$15,000 of expenses for professional fundraising services on Part IXI, 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 17 Did the organization report at ordan \$15,000 of expenses for professional fundraising services on Part IXII, line \$1 and \$2 if "Yes,	•		11c		X
reported in Part X, line 16? If "Yes," complete Schedule D, Part IX 11d e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X 11e X f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization sliability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X 11f1 12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII b Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional 12b 13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E 13 Lis the organization and intain an office, employees, or agents outside of the United States? 14a 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 15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV 16 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 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? 18 Did the organization report more than \$15,000 of gross income from gaming activities o	d				
e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part 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 1111 122 Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII. b Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule D, Parts XI and XII is optional 13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E, Parts XI and XII is optional 14 Did the organization maintain an office, employees, or agents outside of the United States? 14 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 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 III and IV 16 Did the organization report at otal of more than \$15,000 of expenses for professional fundraising services 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 G, Part II 17 Did the organization report 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 II 18 Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H 20 Did		reported in Part X, line 162 If "Vas." complete Schedule D. Part IV	11d		X
the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X 11f Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts X1 and XII Did 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 X1 and XII is optional 12b Did the organization as school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E 13 Did the organization maintain an office, employees, or agents outside of the United States? 14a 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 II and IV 14b 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 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 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 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 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 II 19 Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H 19 Did the organization report more than	е		11e	Х	
12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII b Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E 13 13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E 13 14a Did the organization maintain an office, employees, or agents outside of the United States? 14a 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 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 III and IV 15 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 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 II See instructions 17 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 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 II 18 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 19 Did the organization report m	f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
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 13 is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E 13 14a Did the organization maintain an office, employees, or agents outside of the United States? 14a 15 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 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 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 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 II 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 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 Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H 20a 20b 20d 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		the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		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 13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E 13 14a Did the organization maintain an office, employees, or agents outside of the United States? 14a 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 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 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 17 Did the organization report at 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 Is 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 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 Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H 20a 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 Did the organization tender to the reposition of the organization report more than	12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
"Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional 12b 13		Schedule D, Parts XI and XII	12a		X
13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E 14a Did the organization maintain an office, employees, or agents outside of the United States? 14a 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 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 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 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 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 19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? 18 If "Yes," complete Schedule G, Part III 20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H 20a 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 Did the organization and the organization are one or more hospital facilities? If "Yes," complete Schedule I, Parts I and II 22 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," co	b	, ,			
14a Did the organization maintain an office, employees, or agents outside of the United States? 14a 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 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 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 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 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 19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? 19 If "Yes," complete Schedule G, Part III 20 Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H 20 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 Did the organization operate one or more hospital facilities? If "Yes," complete Schedule I, Parts I and II 22 Did the organization operate one or 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					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 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 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 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 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 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 20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H 20a 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 Did the organization operate one or more hospital facilities? If "Yes," complete Schedule I, Parts I and II 21 Did the organization operate one or 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 Did the organization operate one or 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,					X
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 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 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 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 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 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 Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H 20a b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? 20b 21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II 21			14a		X
foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV 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 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 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 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 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 Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H 20a 10 Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H 20a 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	b				
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 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 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 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 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 Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H 20a 19 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					•
for any foreign organization? If "Yes," complete Schedule F, Parts II and IV 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 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 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 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 20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H 20a b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? 20b 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	15		140		X
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 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 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 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 20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H 19 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	15	for any families appropriate to 15 Wee 2 appropriate Calculus E. Donto II and IV	15		х
assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV 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 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 19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III 19 20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H 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	16		13		Λ
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 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 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 20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H 20a If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? 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		the state of the first of the f	16		x
Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions 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 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 20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H 20a If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? 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	17		''		
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 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 Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II 21	• •		17		х
Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II 19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III 19 20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H 20a If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? 20b 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	18				<u> </u>
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III 20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H 20a If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? 20b Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II 21	-	Part VIII lines 4s and 900 lf "Vos " complete Cabadyla C. Bort II	18	х	
If "Yes," complete Schedule G, Part III 20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H 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	19				
20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H 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			19		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	20a		20a		Х
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	b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
	21				
		domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		X

	990 (2023) Hilton Head Islam rt III Statement of Program Serv Check if Schedule O contains	vice Accomplishments	46-5117877	Page 2
T 1	Briefly describe the organization's mission: he First Tee helps shar ife by introducing them ike integrity, respect	pe the lives of king to values inheren	ds and teens from all	walks of f. Values
2	Did the organization undertake any significant prior Form 990 or 990-EZ? If "Yes," describe these new services on Schero			Yes X No
3	Did the organization cease conducting, or mak	e significant changes in how it condu		Yes X No
4	Describe the organization's program service as expenses. Section 501(c)(3) and 501(c)(4) orgathe total expenses, and revenue, if any, for each organization of the total expenses and revenue, if any, for each organization of the total expenses are the total expenses.	ecomplishments for each of its three anizations are required to report the		
0	(Code:) (Expenses \$ 24 perating driving range tatement.	0,388 including grants of \$ for use in object		ion)
	·			
	·			
	(Code:) (Expenses \$ /A	including grants of \$) (Revenue \$)
	·			
	(Code:) (Expenses \$ /A	including grants of\$) (Revenue \$)
	·			
4d	Other program services (Describe on Schedule (Expenses \$ inclue	e O.) ding grants of\$) (Revenue \$)
4e	Total program service expenses	240,388		

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

Do not enter social security numbers on this form as it may be made public. Go to www.irs.gov/Form990 for instructions and the latest information.

2023

<u>A</u>	For the	2023 calendar year, or tax year beginning , and ending		-			
<u>B</u>	Check if a	pplicable: C Name of organization Hilton Head Island Foundation to		D Employe	r identification number		
	Address c	hange Support Youth Sports, Inc.					
同	Name cha	Doing business as The First Tee of the LowCountry		46-5	117877		
님	ivallie cha	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	E Telephor			
	Initial retur			843-	<u> 384-1751 </u>		
	Final return terminated						
二		Hilton Head Island SC 29925		G Gross red	ceipts\$ 621,472		
닏	Amended	F Name and address of principal officer:		_			
	Application	pending Jacqueline Lambe	H(a) Is this a g	roup return for	subordinates Yes No		
		53 Magnolia Blossom Dr.	H(b) Are all subordinates included? Yes No				
		Bluffton SC 29910	If "No	," attach a list	. See instructions		
_	Tay ayan	ppt status: 501(c)(3) 501(c) () (insert no.) 4947(a)(1) or 527					
÷							
J	Website:		H(c) Group ex				
K	Form of c		Year of formation: 2	2014	M State of legal domicile: SC		
	1	Summary					
_		riefly describe the organization's mission or most significant activities:					
ည		The First Tee helps shape the lives of kids and teen					
nar		life by introducing them to values inherent in the g	ame of go	olf. Va	alues		
/e	Ι.	like integrity, respect and perseverance					
Governance	2 (Check this box if the organization discontinued its operations or disposed of more than 25	% of its net as	sets.			
∞		lumber of voting members of the governing body (Part VI, line 1a)		3	16		
		lumber of independent voting members of the governing body (Part VI, line 1b)			16		
įį	5 T	otal number of individuals employed in calendar year 2023 (Part V, line 2a)		5	14		
Activities		-4-1			75		
ĕ		otal number of volunteers (estimate if necessary)			0		
		otal unrelated business revenue from Part VIII, column (C), line 12			0		
	l bı	let unrelated business taxable income from Form 990-T, Part I, line 11	Prior Ye		Current Year		
		Contributions and grants (Part VIII, line 1h)		3,670	226,939		
Revenue		(D 1) (III II O)		6,807	132,310		
/eu		Program service revenue (Part VIII, line 2g)	12	384			
Re.	10 11	nvestment income (Part VIII, column (A), lines 3, 4, and 7d)	1.4		2,950		
_		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		2,128	167,744		
	12 T	otal revenue – add lines 8 through 11 (must equal Part VIII, column (A), line 12)	52	2,989	529,943		
		Grants and similar amounts paid (Part IX, column (A), lines 1–3)			0		
		Senefits paid to or for members (Part IX, column (A), line 4)			0		
S	15 S	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	15	5,296	166,687		
nse	16a F	Professional fundraising fees (Part IX, column (A), line 11e)			0		
Expenses	bΤ	otal fundraising expenses (Part IX, column (D), line 25) 60,938					
ш	17 (Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	20	4,317	238,555		
	18 T	otal expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)		9,613	405,242		
		Devenue less evenues Cultimet line 10 from line 10		3,376	124,701		
5	3	Revenue less expenses. Subtract line 16 from line 12	Beginning of Cu	rrent Year	End of Year		
Net Assets or	20 ⊺	otal assets (Part X, line 16)	81	8,785	945,166		
ASS	21 T	otal liabilities (Part X, line 26)		6,672	6,284		
惠	22 N	let assets or fund balances. Subtract line 21 from line 20		2,113	938,882		
	art II	Signature Block			000,00=		
		nalties of perjury, I declare that I have examined this return, including accompanying schedules and state	monto and to the	as boot of m	w knowledge and belief it is		
		ct, and complete. Declaration of preparer (other than officer) is based on all information of which prepa			ly knowledge and belief, it is		
_				1			
٥.		Signature of officer		Date			
Si				Date			
He	ere	Jacqueline Lambe Treasurer					
		Type or print name and title					
		Print/Type preparer's name Preparer's signature	Date	Check	if PTIN		
Pai	d	Patrick P. Carey, Jr., CPA Patrick P. Carey, Jr., CPA		self-en	ployed P00033247		
Pre	parer	Firm's name Carey & Company P.A.		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	S discuss this return with the preparer shown above? See instructions		110.	X Yes No		

Name of filer

Form **8879-TF**

IRS E-file Signature Authorization for a Tax Exempt Entity

xempt	Entity	ON	/IB No.	1545-0

For calendar year 2023, or fiscal year beginning

....., 2023, and ending Do not send to the IRS. Keep for your records.

Department of the Treasury Internal Revenue Service

Go to www.irs.gov/Form8879TE for the latest information.

Hilton Head Island Foundation to Support Youth Sports, Inc.

46-5117877

EIN or SSN

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

_								
т	r	_	2	c	11	~	_	r

Part I	Type of	Return	and Return	Information
Iaili	IVDE OI	IXELUIII	and Neturn	IIIIOIIIIauoii

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

		applicable, blank (do not enter -0-). But, if you entered -0- on the return, the	ien enter -	0- on the
applicable line below. Do not complete m				500 040
		Total revenue, if any (Form 990, Part VIII, column (A), line 12)		
2a Form 990-EZ check here	⊣ b	Total revenue, if any (Form 990-EZ, line 9)	2b	
3a Form 1120-POL check here	_ b	Total tax (Form 1120-POL, line 22)	3b	
4a Form 990-PF check here		Tax based on investment income (Form 990-PF, Part V, line 5)		
5a Form 8868 check here	b	Balance due (Form 8868, line 3c)	5b	
6a Form 990-T check here	b	Total tax (Form 990-T, Part III, line 4)	6b	
7a Form 4720 check here	b	Total tax (Form 4720, Part III, line 1)	. 7b	
8a Form 5227 check here	_ b	FMV of assets at end of tax year (Form 5227, Item D)	8b	
9a Form 5330 check here	_ b	Tax due (Form 5330, Part II, line 19)		
10a Form 8038-CP check here	_ b	Amount of credit payment requested (Form 8038-CP, Part III, line 22)	10b	
Part II Declaration and Signature	ınatu	re Authorization of Officer or Person Subject to Tax		
complete. I further declare that the amoun intermediate service provider, transmitter, acknowledgement of receipt or reason for the date of any refund. If applicable, I auti	sched t in Pa or elec reject norize	I am an officer of the above entity or, (EIN) and that I have excludes and statements, and, to the best of my knowledge and belief, they are not I above is the amount shown on the copy of the electronic return. I consectronic return originator (ERO) to send the return to the IRS and to receive ion of the transmission, (b) the reason for any delay in processing the return the U.S. Treasury and its designated Financial Agent to initiate an electron count indicated in the tax preparation software for payment of the federal tax	xamined a e true, corre ent to allow from the learn or refundation	copy of the ect, and w my RS (a) an d, and (c) rithdrawal
1-888-353-4537 no later than 2 business processing of the electronic payment of ta	days p exes to	ntry to this account. To revoke a payment, I must contact the U.S. Treasury orior to the payment (settlement) date. I also authorize the financial institution receive confidential information necessary to answer inquiries and resolve cation number (PIN) as my signature for the electronic return and, if application	ons involve issues rel	d in the lated to
PIN: check one box only				
X authorize Carey & Co	ompa		as r numbers, beer all zeros	my signature ut
,	part o	return. If I have indicated within this return that a copy of the return is being of the IRS Fed/State program, I also authorize the aforementioned ERO to		
filed return. If I have indicated with	nin this	th respect to the entity, I will enter my PIN as my signature on the tax year return that a copy of the return is being filed with a state agency(ies) reguer my PIN on the return's disclosure consent screen.		
Signature of officer or person subject to tax		Date		
Part III Certification and A	uthe	ntication		

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

57507812345

Do not enter all zeros

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

Patrick P. Carey, Jr., CPA

Date

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

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

May 12, 2023

CONFIDENTIAL

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

Dear Board Members:

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

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

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

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

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

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

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

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

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

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

May 12, 2023

CONFIDENTIAL

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

Dear Board Members:

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

Return of Organization Exempt From Income Tax (Form 990)

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

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

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

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

Sincerely,

Carey & Company P.A.

	Form 990			nparison Report	dina	2021 & 2022
L Nar	ne	For calendar year 2022, or tax year beginn	ıırıg	, en	ding Taxpaye	er Identification Number
		d Island Foundation to				i dentinoation ramber
		ith Sports, Inc.			46-5	117877
				2021	2022	Differences
	1. Contributions, g	ifts, grants	1.	153,858	183,670	29,812
	2. Membership du	es and assessments	2.			
		ntributions and grants	3.	25,000	70,000	45,000
n e	4. Program service	e revenue	4.	82,979	126,807	43,828
e n	5. Investment inco	me	5.	480	384	-96
e v 6	6. Proceeds from t	ax exempt bonds	6.			
e e		s) from sale of assets other than inventory	7.			
	8. Net income or (loss) from fundraising events	8.	124,311	142,128	17,817
	9. Net income or (9.			
	10. Net gain or (loss	s) on sales of inventory	10.			
	11. Other revenue		11.	31,708		-31,708
	12. Total revenue.	Add lines 1 through 11	12.	418,336	522,989	104,653
	13. Grants and similar amounts paid					
	14. Benefits paid to	or for members	14.			
e S	15. Compensation of	of officers, directors, trustees, etc.	15.	62,475	71,000	8,525
n S	16. Salaries, other of	compensation, and employee benefits	16.	78,381	84,296	5,915
ø	17. Professional fur	ndraising fees	17.			
ν σ	18. Other profession		18.	10,601	14,537	3,936
Ш	19. Occupancy, ren	t, utilities, and maintenance	19.		18,061	18,061
	20. Depreciation an	d Depletion	20.	2,370	4,976	2,606
	21. Other expenses		21.	168,849	166,743	-2,106
	22. Total expenses	s. Add lines 13 through 21	22.	322,676	359,613	36,937
		ficit). Subtract line 22 from line 12	23.	95,660	163,376	67,716
	24. Total exempt re	venue	24.	418,336	522,989	104,653
	25. Total unrelated	revenue	25.			
ᅙ	26. Total excludable	e revenue	26.	115,167	127,191	12,024
E.L.	27 Tatal access		27.	655,322	818,785	163,463
Information	28. Total liabilities		28.	71,256	6,672	-64,584
	29. Retained earnin	gs	29.	584,066	812,113	228,047
the	1	g members of governing body	30.	17	15	
ŏ	31. Number of indep	pendent voting members of governing body	31.	17	15	
	32. Number of emp	loyees	32.	6	5	
	33. Number of volu	nteers	33.	75	75	

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

	2018	2019	2020	2021	2022	2023
Contributions, gifts, grants	282,459	214,938	160,706	178,858	253,670	
Membership dues						
Program service revenue	44,537	48,950	67,658	82,979	126,807	
Capital gain or loss						
Investment income	231	348	415	480	384	
Fundraising revenue (income/loss)	81,705	96,610	87,744	124,311	142,128	
Gaming revenue (income/loss)						
Other revenue			31,708	31,708		
Total revenue	408,932	360,846	348,231	418,336	522,989	
Grants and similar amounts paid						
Benefits paid to or for members						
Compensation of officers, etc.			59,177	62,475	71,000	
Other compensation		130,405	114,452	78,381	84,296	
Professional fees		13,423	12,018	10,601	14,537	
Occupancy costs					18,061	
Depreciation and depletion	388	389	970	2,370	4,976	
Other expenses		119,755	117,466	168,849	166,743	
Total expenses		263,972	304,083	322,676	359,613	
Excess or (Deficit)	161,656	96,874	44,148	95,660	163,376	
Total exempt revenue	408,932	360,846	348,231	418,336	522,989	
Total unrelated revenue	====	222/020		===7,000	2==/000	
Total excludable revenue	44,768	49,298	99,781	115,167	127,191	
Total Assets		529,379	560,777	655,322	818,785	
Total Liabilities	145,523	85,297	72,547	71,256	6,672	
Net Fund Balances	347,208	444,082	488,230	584,066	812,113	

Filing Instructions

Hilton Head Island Foundation to Support Youth Sports, Inc.

Exempt Organization Tax Return

Taxable Year Ended December 31, 2022

Date Due: May 15, 2023

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

balance due.

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

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

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

organization and returned to:

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

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

8879-TE has been received by this office.

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

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

processing of your return.

Form **8879-TE**

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

OINIR	NO.	1545-004 <i>i</i>

For calendar year 2022, or fiscal year beginning

....., 2022, and ending, 20

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

2022

Department of the Treasury Internal Revenue Service

Name of file

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

EIN or SSN

46-5117877

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

Current Treasurer

Part I Type of Return and Return Information

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

Support Youth Sports, Inc.

1a	Form	990 check here	X	b	Total revenue, if any (Form 990, Part VIII, column (A), line 12)	1b _	522,989
2a	Form	990-EZ check here	Ц	b	Total revenue, if any (Form 990-EZ, line 9)	2b _	
3a	Form	1120-POL check here	Ц	b	Total tax (Form 1120-POL, line 22)	3b _	
4a	Form	990-PF check here	Ц		Tax based on investment income (Form 990-PF, Part V, line 5)		
5a	Form	8868 check here	Ц	b	Balance due (Form 8868, line 3c)	5b _	
6a	Form	990-T check here	Ц		Total tax (Form 990-T, Part III, line 4)		
7a	Form	4720 check here	Ц		Total tax (Form 4720, Part III, line 1)		
8a	Form	5227 check here	Н	b	FMV of assets at end of tax year (Form 5227, Item D)	8b _	
9a	Form	5330 check here	Н	b	Tax due (Form 5330, Part II, line 19)	9b _	
			Ш	b	Amount of credit payment requested (Form 8038-CP, Part III, line 22)	10b	
D	Part II Poclaration and Signature Authorization of Officer or Porson Subject to Tay						

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

return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the electronic return and, if applicable, the consent to electronic funds withdrawal.

PIN: check one box only

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

to enter my PIN

Enter five numbers, but

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

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

Signature of officer or person subject to tax .

Date

Part III Certification and Authentication

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

57507812345

Do not enter all zeros

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

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

Date

ERO Must Retain This Form — See Instructions

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

Department of the Treasury Internal Revenue Service

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

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

OMB No. 1545-0047 2022 Open to Public Inspection

<u>A</u>	For the	e 2022 calendar year, or tax year beginning			_					
В	Check if a	• •)	D Employe	r identification number				
Ш	Address c	hange Support Youth Sp	orts, Inc.		4					
\Box	Name cha	change Doing business as The First Tee of the LowCountry 46-5117877 Number and street (or P.O. box if mail is not delivered to street address) Room/suite E Telephone number								
Η		Number and street (or P.O. box if mail is not delivered to street ac	E Telephon	e number 384-1751						
-	Initial return		code		0-13-	JU4-1/J1				
	terminated					eipts\$ 591,875				
	Amended		.5		G Gross red	eipts\$ 391,673				
亓	Application			H(a) Is this a	group return for	subordinates? Yes X No				
ш	ripplication	ododaorino rorrocci				 				
		53 Magnolia Blossom Dr.	00010		ubordinates inc	. See instructions				
_			29910		o, attacii a iist	. See instructions				
		npt status: X 501(c)(3) 501(c) () (insert no.)	4947(a)(1) or 527							
<u>J</u>	Website:				xemption numb					
		organization: X Corporation Trust Association Other		L Year of formation:	2014	M State of legal domicile: SC				
F	Part I	Summary								
Governance	1	Briefly describe the organization's mission or most significant The First Tee helps shape the live: life by introducing them to values	s of kids and te inherent in the							
Š		like integrity, respect and persev								
ŏ		Check this box if the organization discontinued its operation	·	n 25% of its net a	1 1	- -				
∞ಶ		Number of voting members of the governing body (Part VI, line				15				
Activities	4 1	Number of independent voting members of the governing body				15				
₹	5 T	otal number of individuals employed in calendar year 2022 (F	Part V, line 2a)		5	5				
Ac						75				
		otal unrelated business revenue from Part VIII, column (C), li				0				
	b N	Net unrelated business taxable income from Form 990-T, Part	I, line 11		7b	0				
			Prior Y		Current Year					
ne	8 (Contributions and grants (Part VIII, line 1h)		8,858	<u>253,670</u>					
ē	9 F	Program service revenue (Part VIII, line 2g)		2,979	126,807					
Revenue	10 h	nvestment income (Part VIII, column (A), lines 3, 4, and 7d) .			480	384				
_	11 (Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, a		6,019	142,128					
		otal revenue – add lines 8 through 11 (must equal Part VIII, c		. 41	8,336	522,989				
		Grants and similar amounts paid (Part IX, column (A), lines 1-	3)			0				
	1					0				
es	15 5	Salaries, other compensation, employee benefits (Part IX, colu	ımn (A), lines 5–10)	. 14	0,856	155,296				
Expenses	16a F	Professional fundraising fees (Part IX, column (A), line 11e) Total fundraising expenses (Part IX, column (D), line 25)				0				
ğ		otal fundraising expenses (Part IX, column (D), line 25)	53,488							
Ш	17 (Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)			1,820	204,317				
	18 T	otal expenses. Add lines 13-17 (must equal Part IX, column	(A), line 25)		2,676	359,613				
		Revenue less expenses. Subtract line 18 from line 12		Beginning of C	5,660	163,376 End of Year				
SOF	11 12 12 13 14 14 15 16 16 16 16 16 16 16 16 16 16 16 16 16									
Net Assets or	I 20 T	otal assets (Part X, line 16)	assets (Part X, line 16)							
et A	⊇ 21 T	Total liabilities (Part X, line 26)			6,585	6,672				
		Net assets or fund balances. Subtract line 21 from line 20		. 64	8,737	812,113				
	Part II	Signature Block								
		nalties of perjury, I declare that I have examined this return, including ect, and complete. Declaration of preparer (other than officer) is base				y knowledge and belief, it is				
Qi.	gn	Signature of officer			Date					
	ere		Curront	Treadure						
116	51 C	Jacqueline Perrotti Type or print name and title	Current	Treasure	<u> </u>					
_		Print/Type preparer's name Preparer's sig	inati ire	Date	- I	if PTIN				
Pai	id			Date	Check	□ "				
	eparer		P. Carey, Jr., CPA		self-em					
	e Only	Firm's name Carey & Company P.A			Firm's EIN	57-0927046				
US	e Only	70 Main Street, Sui				042 601 4422				
_	=	Firm's address Hilton Head Island,			Phone no.	843-681-4430				
Ma	ly the IR	S discuss this return with the preparer shown above? See ins	structions			X Yes No				

		Island Foundation t		Page 2
Pa		am Service Accomplishments contains a response or note to		П
1	Briefly describe the organization's m		any inte in this Fait in	
T	he First Tee helps	s shape the lives of		
		g them to values inhospect and perseverar		
2		significant program services during the y		Yes X No
	If "Yes," describe these new service	s on Schedule O.		
	Did the organization cease conduction	ng, or make significant changes in how	it conducts, any program	
	services?			Yes X No
4	If "Yes," describe these changes on Describe the organization's program	service accomplishments for each of its	s three largest program services, as	measured by
7		1(c)(4) organizations are required to rep		
		any, for each program service reported.	-	
	\(\frac{1}{2}\)	200 400	, A	
4a ∩	(Code:) (Expenses \$	209,499 including grants range for use in ob-	of\$ (R	evenue \$)
s		ange for use in ob,		
	·			
	•			
	• • • • • • • • • • • • • • • • • • • •			
	(Code:) (Evnenses \$	including grants	of \$\) (B	Pavanua \$
		moldding grants		
	•			
	•			
	•			
4c	(Code:) (Expenses \$	including grants	of \$) (R	Levenue \$
	/A			
4d	Other program services (Describe o	n Schedule O.)		
	Other program services (Describe o (Expenses \$	n Schedule O.) including grants of \$ 209,499) (Revenue \$)

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"		v	
2	complete Schedule A	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to		21	
3	and the translation of the O. M. West 200 and 100 Colorador O. Dont 1	3		x
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)			
•	all after in affect during the terror of the Man I amount to Ochanical Och and the	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		х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			
	complete Schedule D, Part III	8		x
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a			
	custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or			
	debt negotiation services? If "Yes," complete Schedule D, Part IV	9		Х
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		Х
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,			
	VII, VIII, IX, or X, as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"			
	complete Schedule D, Part VI	11a	X	
b	Did the organization report an amount for investments—other securities in Part X, line 12, that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
С	Did the organization report an amount for investments—program related in Part X, line 13, that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets			
	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		Х
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	X	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		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	401		
40	"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		х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or	140		22
13		15		x
16	tor any foreign organization? If "Yes," complete Schedule F, Parts II and IV Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other			
	assistance to 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		Х
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		Х

Form **990** (2022)

_ [art iv Checklist of Required Schedules (Continued)		Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on		162	NO
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		х
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the			
	organization's current and former officers, directors, trustees, key employees, and highest compensated			
	employees? If "Yes," complete Schedule J	23		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			l
_	through 24d and complete Schedule K. If "No," go to line 25a	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		-
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year	240		
٦	to defease any tax-exempt bonds? Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24c 24d		
d 25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	<u>24u</u>		
ZJa	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		х
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior			
-	year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?			
	If "Yes," complete Schedule L, Part I	25b		Х
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		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			l
	persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L,			
	Part IV, instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV	28a		x
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
C	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If			
Ū	"Yes" complete Schedule I 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,			7.7
250	or IV, and Part V, line 1			X
35a b	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	<u>35a</u>		
b	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable			
	related organization? If "Yes," complete Schedule R, Part V, line 2	36		х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and			
	19? Note: All Form 990 filers are required to complete Schedule O.	38		X
Pa	art V Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V		V	<u> </u>
10	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable		Yes	No
1a b	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b 0			
C	Did the organization comply with backup withholding rules for reportable payments to vendors and			
•	reportable gaming (gambling) winnings to prize winners?	1c		х

Form	990 (2022) Hilton Head Island Foundation to 46-5117877		Р	age 5
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 5			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b		
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			
	gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods			
	and services provided to the payor?	7a	X	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	X	
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	_		3.7
	required to file Form 8282?	7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year			37
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X
†	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		Λ
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
a	Pild a second and the	9a		
b	Did the sponsoring organization make any taxable distributions under section 4966? Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on Part VIII, line 12			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
11	Section 501(c)(12) organizations. Enter:			
а	Gross income from members or shareholders			
b	Gross income from other sources. (Do not net amounts due or paid to other sources			
	against amounts due or received from them.)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
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			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b		<u> </u>
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			
	excess parachute payment(s) during the year?	15		X
	If "Yes," see instructions and file Form 4720, Schedule N.			3.5
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		X
4-	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	4-		
	that would result in the imposition of an excise tax under section 4951, 4952 or 4953?	17		
	If "Yes," complete Form 6069.			

Section C. Disclosure

17	List the states with which a copy	of this Form 990 is required to be filed	SC
11	LIST THE STATES WITH WHICH A CODY	oi tilis Foitti 990 is required to be illed	

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

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

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

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

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

Dale M Planicka

Hilton Head Island

PO Box 23334

843-715-0256

SC 29925

Form 990 (2)	022) Hilton H	Head Is	sland	Founda	ation	to	46-51	17877		F	age 7
Part VII	Compensation	of Officer	rs, Direct	tors, Tru	stees, k	Key I	Employees,	Highest	Compensated	Employees,	and
	Independent C	ontractor	S			•		_	•		_
	Check if Schedu	ile O conta	ains a res	sponse or	note to	any	line in this F	Part VII			

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

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

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

(A) Name and title	(B) Average hours per week	box	Position (do not check more the box, unless person is officer and a director,			is both a or/trustee	an e)	(D) Reportable compensation from the	(E) Reportable compensation from related	(F) Estimated amount of other compensation
	(list any hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Former Highest compensated employee Key employee Officer		Former	organization (W-2/ 1099-MISC/ 1099-NEC)	organizations (W-2/ 1099-MISC/ 1099-NEC)	from the organization and related organizations
(1) Patrick M Zuk	40.00									
Executive Director	40.00			x				71,000	o	12,535
(2) Jim Capps	0.00							71,000	0	12,555
(=) C III CGPPD	5.00									
Board Member	0.00	x						0	0	0
(3) Grace Chu										
	5.00							_	_	_
Vice Chair	0.00	X		Х				0	0	0
(4)Bob Curri	F 00									
Board Member	5.00 0.00	x						o	0	0
(5) Joe Datillo	0.00	^						<u> </u>	<u> </u>	<u> </u>
(0) 3 3 3 3 3 3 3 3 3	5.00									
Board Member	0.00	X						0	0	0
(6) Chuck Elberly										
	5.00									
Prior Treasurer	0.00	X		X				0	0	0
(7)Dick Farmer										
Office of the second	5.00	٦,		37				_	_	0
Chair (8)John Farrell	0.00	X		Х				0	0	0
(6)UOIII FAITEII	5.00									
Board member	0.00	x						0	0	0
(9) Bill Fuentes										
.,	5.00									
Board Member	0.00	X						0	0	0
(10) Paul Gaines										
	5.00									
Board Member	0.00	X						0	0	0
(11)Don Krahnke	5.00									
Board Member	0.00	x						o	0	0
		1 42						<u> </u>	<u> </u>	F QQQ (2000)

Part VII Section A. Officer	s, Directors, Tr	uste	es,	Key	' Em	ploy	/ees	, and Highest Compens	ated Employees (continu	ied)			
(A) Name and title	(B) Average hours per week (list any	offi	cer ar	Pos heck ss pe	erson directo	than is both or/trus	n an tee)	(D) Reportable compensation from the organization (W-2/	(E) Reportable compensation from related organizations (W-2/	C	(F) Estimated amount of other compensation from the organization and		
	hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	ær	Key employee	Highest compensated employee	ner	1099-MISC/ 1099-NEC)	1099-MISC/ 1099-NEC)		ganizatio ted orga		3
(12) Chris Lane	5.00												
Secretary	0.00	x		х				0	0				0
(13) Jacqueline P	errotti												
Current Treasurer	5.00 0.00	x						0	0				0
(14) Paul Rothwel													
Board Member	5.00 0.00	x						o	0				0
(15) Ed Tiscornia	0.00												
	5.00								_				_
Board Member (16) Chuck Wiseman	0.00	X						0	0				0
(10) CHUCK WISEHA	5.00												
Board Member	0.00	x						0	0				0
1b Subtotal								71,000			1	2,5	<u> 35</u>
c Total from continuation she d Total (add lines 1b and 1c)								71,000			1	2,5	35
Total number of individuals (ir reportable compensation from	ncluding but not	limite	ed to						an \$100,000 of	1		<u> </u>	<u>,55</u>
O Did the consciention list and			4	4-			1	biologa a company	4l			Yes	No
3 Did the organization list any for employee on line 1a? If "Yes,	ormer omcer, a " complete Sche	recto edule	or, tr J fo	uste or su	e, ke Ich il	ey er ndivid	npio dual	yee, or nignest compensation	tea		3		Х
4 For any individual listed on lin organization and related orga	e 1a, is the sum	n of	repo	rtabl	e co	mpe	nsati	ion and other compensatio	n from the				
individual											4		Х
5 Did any person listed on line for services rendered to the d	1a receive or ac	ccrue	cor	nper	nsati	on tr	om a	any unrelated organization	or individual		5		х
Section B. Independent Contract		103,	COI	пріс	10 0	CHEC	iuie (o tor such person					
1 Complete this table for your f	ive highest comp	oens	ated	inde	eper	dent	con	tractors that received more	e than \$100,000 of				
compensation from the organ	(A) I business address	omp	ensa	ation	101	tne c	alen		ithin the organizations tax (B) tion of services	year.	Con	(C) npensati	
Name and	Dusiness address							Descripi	tion of services		Col	npensau	ON
2 Total number of independent received more than \$100,000								ose listed above) who	0				

Pa	rt V		ent of Reve		tains	a resno	onse or not	e to any line in	this Part VIII		
		Oncok ii	i Odricadio C	7 0011	tali is	а тоорі	1130 01 1101	(A)	(B)	(C)	(D)
								Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under
40											sections 512-514
Contributions, Gifts, Grants and Other Similar Amounts	1a	Federated camp	paigns		1a						
ية ق	b	Membership du	es		1b						
Ą,	С	Fundraising eve	ents		1c						
ᇕ	d	Related organiz			1d						
Sig,	е	Government grants (d	contributions)		1e		70,000				
흔	f	All other contributions,	, gifts, grants,		4.5		183,670				
ള	а	and similar amounts n Noncash contributions			1f		183,070				
t o	J	lines 1a-1f			1g						
<u>පි පි</u>	h	Total. Add lines	s 1a–1f					253,670			
							Business Code				
<u>e</u>	2a	· · · · · · · · · · · · · · · · · · ·	• . • • •					45,194	45,194		
e Z	b		es					37,752	37,752		
en S	С	Scholarshi	p Program I	Fees				26,478	26,478		
Program Service Revenue	d	Pro Shop S	Sales					17,383	17,383		
Pro	е										
	f	All other prograi						106.00			
		Total. Add lines						126,807			
	3	Investment inco	, ,			-	1	204			204
		other similar am	nounts)				.·····	384			384
	4	Income from inv				•	ls				
	5	Royalties		i) Real	· · · · · · · · · · · · · · · · · · ·		Dersonal				
	60	Cross ronts	· ·	i) Real		(11)	Personal				
		Gross rents	6a 6b								
	b	Less: rental expenses Rental inc. or (loss)	6c								
		, , ,	(1)								
	d Net rental income or (loss)						Other				
		sales of assets (i) Securitie				(,				
ē	b	other than inventory Less: cost or other	'u								
Revenue	_	basis and sales exps.	7b								
Re	С	Gain or (loss)	7c								
ther		Net gain or (loss	s)								
Ę.		Gross income from									
Ū		(not including \$									
		of contributions rep									
		1c). See Part IV, li	ine 18		8a		211,014				
	b	Less: direct exp	enses		8b		68,886				
	С	Net income or (loss) from fund	raising	events	3		142,128			
	9a	Gross income fr									
		activities. See P			9a						
		Less: direct exp			9b						
		Net income or (ing act	ivities						
	10a	Gross sales of i	•								
	_	returns and allo			10a						
		Less: cost of go			10b						
	С	Net income or (ioss) from sales	s of inv	entory		Business Code				
Snc	44-						business Code				
ne Tue	11a	*									
ela	b										
Miscellaneous Revenue	ب 2	All other revenu									
Σ		Total. Add lines									
		Total revenue			<u> </u>			522,989	126,807	0	384

	in 501(c)(3) and 501(c)(4) organizations must co		or organizations must so	mploto polumn (A)	
Secu	Check if Schedule O contains a respon			mpiete column (A).	X
	not include amounts reported on lines 6b, 7b,	(A) Total expenses	(B) Program service	(C) Management and	(D) Fundraising
	Db, and 10b of Part VIII.		expenses	general expenses	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				
4	foreign individuals. See Part IV, lines 15 and 16 Benefits paid to or for members				
4 5	Compensation of current officers, directors,				
J	trustees, and key employees	71,000	56,800	7,100	7,100
6	Compensation not included above to disqualified	71,000	30,000	7,100	7,100
Ū	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	60,534	41,500	19,034	
8	Pension plan accruals and contributions (include	00,002			
-	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits	12,535	10,028	1,254	1,253
10	Payroll taxes	11,227	8,387	2,238	602
11	Fees for services (nonemployees):				_
а	Management				
b	Legal				
С	Accounting	7,652		7,652	
	Lobbying				
	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g		6 005	6 005		
40	(A) amount, list line 11g expenses on Schedule O.)	6,885	6,885		44 E22
	Advertising and promotion	44,533	4,326		44,533
13 14	Office expenses	4,320	4,320		
15	Information technology Royalties				
16		18,061		18,061	
17	Occupancy	8,110		8,110	
	Payments of travel or entertainment expenses	37==3		37223	
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	4,976	4,851	125	
23	Insurance	14,077		14,077	
24	Other expenses. Itemize expenses not covered				
	above (List miscellaneous expenses on line 24e. If				
	line 24e amount exceeds 10% of line 25, column				
	(A) amount, list line 24e expenses on Schedule O.)	24 000	24 000		
a	Ground Maintenance	34,992	34,992		
b	Course labor Miscellaneous	7,789 7,222	7,789	7,222	
c d	Equipment Repairs	6,088	6,088	1,444	
a e	All other expenses	39,606	27,853	11,753	
25	Total functional expenses. Add lines 1 through 24e	359,613	209,499	96,626	53,488
26	Joint costs. Complete this line only if the	333,013		50,020	33,100
	organization reported in column (B) joint costs				
	from a combined educational campaign and fundraising solicitation. Check here if				
	following SOP 98-2 (ASC 958-720)				
DAA					Form QQD (2022)

				(A) Beginning of year		(B) End of year
1	1 Cash—non-interest-bearing			629,721	1	774,275
2	2 Savings and temporary cash investments			-	2	-
;	Pledges and grants receivable, net				3	
4	4 Accounts receivable, net				4	
!	Loans and other receivables from any current or f	ormer officer, dire	ector,			
	trustee, key employee, creator or founder, substar	ntial contributor, c	r 35%			
	controlled entity or family member of any of these	persons			5	
(6 Loans and other receivables from other disqualifie					
2	under section 4958(f)(1)), and persons described	in section 4958(d	c)(3)(B)		6	
Assets	7 Notes and loans receivable, net				7	
₹ {	8 Inventories for sale or use				8	
9	Prepaid expenses and deferred charges				9	
10	Oa Land, buildings, and equipment: cost or other					
	basis. Complete Part VI of Schedule D	10a	57,914			
	b Less: accumulated depreciation		57,914 13,404	25,601	10c	44,510
1.	4 lanca atau a atau			-	11	
1:					12	
1:		1			13	
1.			1		14	
1:					15	
10		line 33)		655,322	16	818,785
1				_	17	<u>-</u>
1:					18	
19				19		
2				20		
2			21			
n 2						
	trustee, key employee, creator or founder, substar		r 35%			
	controlled entity or family member of any of these				22	
<u>آ </u> دُ					23	
2		hird parties			24	
2						
	parties, and other liabilities not included on lines 1	7-24). Complete	Part X			
	of Schedule D	, .		6,585	25	6,672
2	6 Total liabilities. Add lines 17 through 25			6,585	26	6,672
,	Organizations that follow FASB ASC 958, chec			•		_
<u> </u>	and complete lines 27, 28, 32, and 33.					
	7 Net assets without donor restrictions			584,066	27	724,046
ŭ ₂ ;	Not accets with depar restrictions			64,671	28	88,067
	Organizations that do not follow FASB ASC 9	58, check her		-		
	and complete lines 29 through 33.					
5 2					29	
2 3					30	
ž 3					31	
Net Assets of	O Total wat access on femal balances			648,737	32	812,113
-	3 Total liabilities and net assets/fund balances			655,322	33	818,785

Form **990** (2022)

Form	1 990 (2022) Hilton Head Island Foundation to 46-5117877			Pag	ge 12
Pa	art XI Reconciliation of Net Assets				_
	Check if Schedule O contains a response or note to any line in this Part XI	<u> </u>			
1	Total revenue (must equal Part VIII, column (A), line 12)	1		22,9	
2	Total expenses (must equal Part IX, column (A), line 25)	2		59,6	
3	Revenue less expenses. Subtract line 2 from line 1	3	16	3,3	<u> 376</u>
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	64	18,7	<u> 137</u>
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain on Schedule O)	9			
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line				
	32, column (B))	10	81	2,1	L13
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	Х	
	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	Х	
	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		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		3b		

SCHEDULE A

(Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

Public Charity Status and Public Support

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

OMB No. 1545-0047

Open to Public Inspection

Attach to Form 990 or Form 990-EZ.

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

Hilton Head Island Foundation to Em

Employer identification number

			Support	Yout	h Sports,	Inc.			46-511	.7877		
Pa	art I	Reas	on for Public	Charity	Status. (All or	ganizatio	ns mus	t comp	lete this part.) See insti	uctions.		
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	П	A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).)										
3	П	A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).										
4	П	-	research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name,									
	ш	city, and stat										
5	An organization operated for the benefit of a college or university owned or operated by a governmental unit descr									in	•	
•	ш		ion 170(b)(1)(A)(iv). (Complete Part II.)									
6		A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v) .										
7	x		nization that normally receives a substantial part of its support from a governmental unit or from the general public									
			section 170(b)(1)(A)(vi). (Complete Part II.)									
8		A community	nity trust described in section 170(b)(1)(A)(vi). (Complete Part II.)									
9										college		
	ш	-	r university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or									
		university:										
10		An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross										
	receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 331,								,	S		
		support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses										
	\Box	acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.)										
11	Н	-	_	-	-	test for public safety. See section 509(a)(4).						
12	Ш	An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of										
	one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) . See section 509(a)(3) . Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.											
	а											
	Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the								giviiig			
			supporting organization. You must complete Part IV, Sections A and B.									
	b Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported									rina		
										-		
	organization(s). You must complete Part IV, Sections A and C.											
	С	Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E.										
			• ,	, ,	•	-						
	d Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s)											
	that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V.									reness		
	_		,	,	•	•		•				
	е								is a Type I, Type II, Type III			
functionally integrated, or Type III non-functionally integrated supporting organization. f Enter the number of supported organizations										_		
	g				he supported organ	ization(s).					_	
(i)	Name	e of supported	(ii) EIN	I	(iii) Type of organ		(iv) Is the	organization	(v) Amount of monetary	(vi) Amount of	_	
()		anization	()		(described on line		listed in you	ır governing	support (see	other support (see		
					above (see instru	ctions))	docur	nent?	instructions)	instructions)		
							Yes	No			_	
(A)												
											_	
(B)												
											_	
(C)												
											_	
(D)												
											_	
(E)												
											_	
									İ	i .		

Page 2

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

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

Sec	tion A. Public Support						
Caler	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	282,459	214,938	160,706	178,858	253,670	1,090,631
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4	Total. Add lines 1 through 3	282,459	214,938	160,706	178,858	253,670	1,090,631
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						200, 150
6	Public support. Subtract line 5 from line 4						308,150 782,481
Sec	tion B. Total Support						702,401
	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
7	Amounts from line 4	282,459	214,938	160,706	178,858	253,670	1,090,631
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	231	348	415	480	384	1,858
9	Net income from unrelated business activities, whether or not the business is regularly carried on						
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						1 000 400
11 12		(ago instructions)				12	1,092,489
13	Gross receipts from related activities, etc. First 5 years. If the Form 990 is for the control of the contro			rth or fifth tay yea	r as a section 501		1,274,537
13	organization, check this box and stop he	•		•		. , . ,	
Sec	tion C. Computation of Public S		entage				
14	Public support percentage for 2022 (line 6			mn (f))		14	71.62%
15	Public support percentage from 2021 Sch	nedule A, Part II, lir	ne 14	·//		15	82.05%
16a	33 1/3% support test—2022. If the orga	nization did not ch	eck the box on lin	e 13, and line 14 i	s 33 1/3% or more	e, check this	
	box and stop here. The organization qua	alifies as a publicly	supported organi	zation			X
b	33 1/3% support test—2021. If the orga	nization did not ch	eck a box on line				_
	this box and stop here. The organization	qualifies as a pub	olicly supported or	ganization			
17a	10%-facts-and-circumstances test—26	_					
	10% or more, and if the organization mee						
	Part VI how the organization meets the fa	acts-and-circumsta	nces test. The org	ganization qualifies	as a publicly sup	ported	
_	organization						Ц
b	10%-facts-and-circumstances test—20	•					
	15 is 10% or more, and if the organization				•	•	
	in Part VI how the organization meets the						
10	organization						Ц
18	Private foundation. If the organization d instructions				HECK MIS DOX AND	SEE	
	instructions						<u> </u>
						Schodula	A (Form 990) 2022

Part III

Margon 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								
Caler	dar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 202	2	(f) Total	
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	. ,						.,	
2									_
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the								
	organization's fax-exempt purpose								_
3	Gross receipts from activities that are not an unrelated trade or business under section 513								
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf								
5	The value of services or facilities furnished by a governmental unit to the organization without charge								
6	Total. Add lines 1 through 5								
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons								
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year								
С	Add lines 7a and 7b								
8	Public support. (Subtract line 7c from line 6.)								
Sec	tion B. Total Support								_
	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 202	2	(f) Total	_
9	Amounts from line 6								
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources.								
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975								
С	Add lines 10a and 10b								
11	Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on								
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)								
13	Total support. (Add lines 9, 10c, 11,								
	and 12.)		<u> </u>	<u> </u>					_
14	First 5 years. If the Form 990 is for the organization, check this box and stop he			urth, or fifth tax ye					
Sec	tion C. Computation of Public	Support Perce	entage						
15	Public support percentage for 2022 (line 8	8, column (f), divid	ded by line 13, col	umn (f))			15	9	%
16	Public support percentage from 2021 Sch						16	9	%
Sec	tion D. Computation of Investm								
17	Investment income percentage for 2022	(line 10c, column	(f), divided by line	13, column (f))			17	9	%
	nvestment income percentage from 2021	Schedule A, Part I	III, line 17				18	9	%
19a	33 1/3% support tests—2022. If the org	ganization did not d					ne	r	_
	17 is not more than 33 1/3%, check this b	oox and stop here	e. The organizatio	n qualifies as a pu	ublicly supported	organization .		l	_
b	33 1/3% support tests—2021. If the org							ſ	
	line 18 is not more than 33 1/3%, check t	-	-	•		•			_
20	Private foundation. If the organization of	did not check a bo	x on line 14, 19a,	or 19b, check this	box and see inst	ructions			

Part IV **Supporting Organizations**

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

Section A. All Supporting Organizations

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

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

have engaged in these activities but for the organization's involvement.
Parent of Supported Organizations. Answer lines 3a and 3b below.
Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or

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

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

2b

3a

3b

Par	t V Type III Non-Functionally Integrated 509(a)(3) Supporting O			8// Page 6
1 <u>11</u>	Check here if the organization satisfied the Integral Part Test as a qualifying trust on N			\ S oo
	instructions. All other Type III non-functionally integrated supporting organizations mu			
Sect	ion A – Adjusted Net Income	J31 COI	(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		, , ,
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or collection			
	of gross income or for management, conservation, or maintenance of			
	property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion B – Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
С	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other factors			
	(explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,			
	see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 0.035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C – Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions).	6		
7	Check here if the current year is the organization's first as a non-functionally integrated	d Type	III supporting organizatio	n

(see instructions).

		(i)	(ii)	(iii)
Sect	ion E - Distribution Allocations (see instructions)	Excess Distributions	Underdistributions	Distributable
			Pre-2022	Amount for 2022
1_	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.			
3	Excess distributions carryover, if any, to 2022			
	From 2017			
b	From 2018			
	From 2019			
	From 2020			
е	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.			
4	Distributions for 2022 from			
	Section D, line 7: \$			
а	Applied to underdistributions of prior years			
b	Applied to 2022 distributable amount			
С	Remainder. Subtract lines 4a and 4b from line 4.			
5	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.			
6	Remaining underdistributions for 2022. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
7	Excess distributions carryover to 2023. Add lines 3j			
	and 4c.			
8	Breakdown of line 7:			
a	Excess from 2018			
	Excess from 2019			
С	Excess from 2020			
	Excess from 2021			
	Excess from 2022			

Schedule A (For	rm 990) 2022	Hilton	Head Is	land E	<u>Foundation</u>	on to	46-5117877	Page 8
Part VI	Supplemental III, line 12; Part B, lines 1 and 2	Information. P IV, Section A, Ii ; Part IV, Section t V, line 1; Part	rovide the exnes 1, 2, 3b, on C, line 1; IV, Section B	cplanation , 3c, 4b, 4 Part IV, S , line 1e;	s required by c, 5a, 6, 9a, ection D, lines Part V, Section	Part II, line 9b, 9c, 11a, s 2 and 3; F on D, lines 5	10; Part II, line 17 11b, and 11c; Pa Part IV, Section E, 6, 6, and 8; and Pa	7a or 17b; Part Int IV, Section Iines 1c, 2a, 2b,
				<u> </u>		(000	,	
·								
•								

Department of the Treasury Internal Revenue Service

Schedule of Contributors

Attach to Form 990 or Form 990-PF.

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

OMB No. 1545-0047

2022

Name of the organization

Hilton Head Island Foundation to
Support Youth Sports, Inc.

Organization type (check one):

Employer identification number

46-5117877

Organization	ype (orlook orlo).
Filers of:	Section:
Form 990 or 99	0-EZ
	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
•	rganization is covered by the General Rule or a Special Rule . ection 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See
General Rule	
or more	organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a tor's total contributions.
Special Rules	
regulati 16b, ar	organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 ¹ / ₃ % support test of the ons under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or d that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.
contribution contr	organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one tor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering column (b) instead of the contributor name and address), II, and III.
contribu contribu during Genera	organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one tor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such tions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received ne year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the I Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions \$5,000 or more during the year
must answer "	ganization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it lo" 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 it doesn't meet the filing requirements of Schedule B (Form 990).

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

Schedule B (Form 990) (2022)

Employer identification number 46-5117877

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

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

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

Attach to Form 990.

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

OMB No. 1545-0047

2022

Open to Public Inspection

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

Sche	dule D (Form 990) 2022 Hilton 1								ge 2
Pa	rt III Organizations Maintaini	ng Collections	of Art, Historical	Treasure	es, or Other	Similar Ass	ets (co	ontinu	ed)
3	Using the organization's acquisition, access collection items (check all that apply):	ssion, and other reco	rds, check any of the	following tha	at make significa	nt use of its			
а	Public exhibition	d 🗌	Loan or exchange pr	ogram					
b	Scholarly research	е 🗀	Other	-					
С	Preservation for future generations	Ш							
4	Provide a description of the organization's	collections and expla	ain how they further th	ne organizati	ion's exempt pur	pose in Part			
	XIII.	•	•	J		•			
5	During the year, did the organization solid	it or receive donation	s of art, historical trea	sures, or otl	her similar				
	assets to be sold to raise funds rather that						Ye	s 🗌	No
Pa	rt IV Escrow and Custodial	Arrangements.	-						
	Complete if the organizat 990, Part X, line 21.	ion answered "Ye	es" on Form 990,	Part IV, li	ine 9, or repo	rted an amo	unt on	Form	
1a	Is the organization an agent, trustee, cust	odian or other interm	ediary for contributions	s or other as	ssets not				
	included on Form 990, Part X?		•				Ye	s 🗌	No
b	If "Yes," explain the arrangement in Part 2	KIII and complete the	following table:						
		·	•				Amount		_
С	Beginning balance					1c			_
	Additions during the year								
е	Distributions during the year					1e			
	Ending balance								
2a	Did the organization include an amount or	n Form 990, Part X, li	ine 21, for escrow or o	custodial acc	count liability?		Ye	s 🗌	No
	If "Yes," explain the arrangement in Part							. П	
Pa	rt V Endowment Funds.								
	Complete if the organizat	ion answered "Ye	es" on Form 990,	Part IV, I	ine 10.				
		(a) Current year	(b) Prior year	(c) Two y	ears back (d)	Three years back	(e) Four	years ba	ack
1a	Beginning of year balance								
b	Contributions								
	Net investment earnings, gains, and								
	losses								
d	Grants or scholarships								
е	Other expenditures for facilities and								
	programs								
f	Administrative expenses								
	End of year balance								
2	Provide the estimated percentage of the o	current year end balar	nce (line 1g, column (a	a)) held as:					
а	Board designated or quasi-endowment .	%							
b	Permanent endowment %	, D							
С	Term endowment %								
	The percentages on lines 2a, 2b, and 2c	•							
3a	Are there endowment funds not in the pos	ssession of the organ	ization that are held a	nd administe	ered for the		r		
	organization by:							Yes	No
	(i) Unrelated organizations						3a(i)		
	(ii) Related organizations						3a(ii)		
	If "Yes" on line 3a(ii), are the related orga	nizations listed as rec	quired on Schedule R?	?			3b		
	Describe in Part XIII the intended uses of		ndowment funds.						
Pa	rt VI Land, Buildings, and E	• •							
	Complete if the organizat								<u>). </u>
	Description of property	(a) Cost or other	''	other basis	(c) Accumu		(d) Book	value	
		(investment)) (oth	ner)	depreciati	on			
1a	Land								
b	Buildings				-				
	Leasehold improvements								
	Equipment								
	Other								
Total	I. Add lines 1a through 1e. (Column (d) mu	ıst equal Form 990, F	'art X, column (B), line	? 10c.)					

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

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

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

Schedule D (Form 990	0) 2022	Hi	<u>lton</u>	Head	Island	Foundation	to	46-5117877	Page 5
Part XIII	Supp	olemen	tal	Informa	ation (co	ntinued)	Foundation			
					,	,				
• • • • • • • • • • • • • • • • • • • •										

SCHEDULE G (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

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

u Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization Hilton Head Island Support Youth Spor			to	0	Employer identifica	
Part I Fundraising Activities. Complete			anev	vered "Yes" on Fo		
Form 990-EZ filers are not required				vered res on ro		mie ir.
1 Indicate whether the organization raised funds through	any of the follow	ving act	ivities	s. Check all that apply.		
a Mail solicitations	e 🔲 Solicitation	n of no	n-go\	vernment grants		
b Internet and email solicitations	f Solicitation	n of go	vernr	ment grants		
c Phone solicitations	g 🗌 Special fu	ındraisi	ng ev	vents		
d In-person solicitations						
2a Did the organization have a written or oral agreement or key employees listed in Form 990, Part VII) or entity	with any individu in connection w	al (inclu	uding fessio	officers, directors, trus	itees, s?	Yes No
b If "Yes," list the 10 highest paid individuals or entities (for compensated at least \$5,000 by the organization.	undraisers) purs	uant to	agre	ements under which th	e fundraiser is to be	
(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did raiser custo contr contribu	have dy or ol of	(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes			coi. (i)	
1		100	110			
2						
3						
4						
5						
6						
7						
0						
8						
9						
10						
Total						
3 List all states in which the organization is registered or			bution	ns or has been notified	l it is exempt from	I
registration or licensing.		5511111			o o.cpt nom	

Schedule G (Form 990) 2022 Hilton Head Island Foundation to 46-5117877 Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000. (a) Event #1 (b) Event #2 (c) Other events (d) Total events Champions for C Spring Event None (add col. (a) through (event type) (total number) col. (c)) (event type) 33,576 176,188 209,764 1 Gross receipts 2 Less: Contributions 3 Gross income (line 1 minus 176,188 line 2) 33,576 209,764 4 Cash prizes 5 Noncash prizes 6 Rent/facility costs Direct Expenses 7 Food and beverages 8 Entertainment 19,716 49,170 68,886 9 Other direct expenses 10 Direct expense summary. Add lines 4 through 9 in column (d) 68,886 140,878 11 Net income summary. Subtract line 10 from line 3, column (d) Gaming. Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a. (b) Pull tabs/instant (d) Total gaming (add Revenue (c) Other gaming bingo/progressive bingo col. (a) through col. (c)) 1 Gross revenue 2 Cash prizes Expenses 3 Noncash prizes 4 Rent/facility costs 5 Other direct expenses Yes % Yes % Yes % 6 Volunteer labor 7 Direct expense summary. Add lines 2 through 5 in column (d) 8 Net gaming income summary. Subtract line 7 from line 1, column (d) 9 Enter the state(s) in which the organization conducts gaming activities: a Is the organization licensed to conduct gaming activities in each of these states? **b** If "No," explain: 10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? **b** If "Yes," explain:

Sche	edule G (Form 990) 2022 Hilton Head Island Foundation to 46-5117877			Pa	age 3
11	Does the organization conduct gaming activities with nonmembers?			Yes	No
12	Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity		_		
	formed to administer charitable gaming?		Ш,	Yes	No
13	Indicate the percentage of gaming activity conducted in:	1 1			
а	The organization's facility	13a			<u>%</u>
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				_	
	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				1
	Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional See instructions.	inform	ation		
	Oce mandenons.				
• • • • •					

SCHEDULE O (Form 990)

Supplemental Information to Form 990 or 990-EZ

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

OMB No. 1545-0047

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

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

Name of the organization Hilton Head Island Foundation to

Open to Public Inspection

Employer identification number

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

Name of the organization Hilton Head Isla	nd Foundation t	:0		Employer identification in 46-5117877	number
\$	3,551	\$	0	\$	0
Credit Card Proc	essing				
\$	2,429	\$	0	\$	0
Subscriptions					
\$	0	\$	2,215	\$	0
Fuel, Gas, Oil					
\$	2,129	\$	0	\$	0
Telephone					
\$	0	\$	2,084	\$	0
Postage					
\$	0	\$	1,871	\$	0
Other maintenance	le .				
\$	1,715	\$	0	\$	0
Electric & Gas					
\$	0	\$	829	\$	0
Total					
\$	27,853	\$	11,753	\$	0
				Page 1 of 1	_

Form **4562**

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

Depreciation and Amortization

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

Hilton Head Island Foundation to

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

OMB No. 1545-0172

2022

Identifying number

ment ence No. 17

46-5117877 Support Youth Sports, Inc. Business or activity to which this form relates Indirect Depreciation **Election To Expense Certain Property Under Section 179** Part I Note: If you have any listed property, complete Part V before you complete Part I. 1,080,000 Maximum amount (see instructions) 1 Total cost of section 179 property placed in service (see instructions) 2 Threshold cost of section 179 property before reduction in limitation (see instructions) 2,700,000 3 3 Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-4 4 Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions 5 (a) Description of property (b) Cost (business use only) 6 Listed property. Enter the amount from line 29 7 Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7 8 Tentative deduction. Enter the **smaller** of line 5 or line 8 9 9 Carryover of disallowed deduction from line 13 of your 2021 Form 4562 10 10 11 Business income limitation. Enter the smaller of business income (not less than zero) or line 5. See instructions 11 12 Section 179 expense deduction. Add lines 9 and 10, but don't enter more than line 11 12 Carryover of disallowed deduction to 2023. Add lines 9 and 10, less line 12 13 Note: Don't use Part II or Part III below for listed property. Instead, use Part V. Special Depreciation Allowance and Other Depreciation (Don't include listed property. See instructions.) Special depreciation allowance for qualified property (other than listed property) placed in service 14 during the tax year. See instructions Property subject to section 168(f)(1) election 15 15 4,102 Other depreciation (including ACRS) 16 MACRS Depreciation (Don't include listed property. See instructions.) Section A 874 MACRS deductions for assets placed in service in tax years beginning before 2022 17 17 18 If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here Section B-Assets Placed in Service During 2022 Tax Year Using the General Depreciation System (b) Month and year (c) Basis for depreciation placed in (e) Convention (f) Method (a) Classification of property (business/investment use (a) Depreciation deduction only-see instructions) service 19a 3-year property 5-year property 7-year property d 10-year property 15-year property 20-year property 25 yrs. S/L 25-year property 27.5 yrs. MM S/I Residential rental property 27.5 yrs. MM S/L 39 yrs. MM S/L i Nonresidential real property MM S/L Section C—Assets Placed in Service During 2022 Tax Year Using the Alternative Depreciation System 20a Class life S/L **b** 12-year 12 yrs. S/L 30-year MM S/L 30 yrs. d 40-year MM S/L 40 yrs. Part IV Summary (See instructions.) Listed property. Enter amount from line 28 21 21 Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter 22 4,976 here and on the appropriate lines of your return, Partnerships and S corporations—see instructions. For assets shown above and placed in service during the current year, enter the

Name

Form **990**

Event Income and Deduction Worksheet

Description Champions for Charity

Hilton Head Island Foundation to

Taxpayer Identification Number

2022

46-5117877

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

Income & Expense Summary:		Expense Details - Indirect Expense:
1. Gross receipts or sales1.	<u> 176,188</u>	Advertising and promotion
2. Advertising income 2.		Office
3. Circulation income 3.		Printing/publication/postage
4. Other income 4.		Info technology/Maintenance
5. Returns and allowances 5.		Royalties & License Fees
6. Contributions received 6.		Occupancy/Real Estate Taxes
7. Total revenue. Add lines 1 through 6 7.	176,188	Travel & Repairs
8. Cost of Goods Sold 8.		Travel/entertainment (officials)
9. Employment Expense 9.		Conferences/meetings
10. Fees for services 10.		Interest
11. Indirect Expense 11.		Insurance
12. Depreciation Expense 12.		Total Indirect Expense
13. Exempt Activity Expense 13.		
14. Fundraising Expense 14.		Expense Details - Depreciation Expense:
15. Total expenses. Add lines 8 through 145.	49,170	On investment property
16. Net Income/Loss. Line 7 minus Line 156.	127,018	On non-investment property
		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	40.150	Bad debts
Other costs	49,170	Taxes/licenses
Ending inventory	40 150	Charitable contributions
Total Cost of Goods Sold	49,170	Dividend recd deductions
		Readership costs
Expense Details - Employment Expense:		Other expenses
Compensation of officers		Total Exempt Activity Expense
Other salaries and wages		
Pension plan contributions		Expense Details - Fundraising Expense:
Other employee benefits		Cash prizes
Payroll taxes		Non-cash prizes
Total Employment Expense		Rent and facility costs
Formation But the Free for October		Food & beverages (Part II only)
Expense Details - Fees for Services:		Entertainment (Part II only)
Management		Other direct expenses
Legal		Total Fundraising Expense
Accounting		
Lobbying		
Professional fundraising	-	
Investment management		
Other	.	
Total Fees for Services	.	
Information is indicated for use on Form 9	390-T Schedule A:	Allocation of Expense to Program Service Accomplishments:
	Seq #	
Part V, Debt Financing	ооч <i>п</i>	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		
rate ixt, ravolusing moonic		

Form **990**

Event Income and Deduction Worksheet

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

2022

Description Jim Ferguson Memorial

Name

Taxpayer Identification Number

Hilton Head Island Foundation to

46-5117877

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

Name

Form **990**

Event Income and Deduction Worksheet

Description Spring Event

Taxpayer Identification Number

2022

46-5117877

Hilton Head Island Foundation to

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

Income & Expense Summary:		Expense Details - Indirect Expense:
1. Gross receipts or sales 1	33 , 576	Advertising and promotion
2. Advertising income2		Office
3. Circulation income 3	<u>. </u>	Printing/publication/postage
4. Other income 4		Info technology/Maintenance
5. Returns and allowances 5		Royalties & License Fees
6. Contributions received 6	.	Occupancy/Real Estate Taxes
7. Total revenue. Add lines 1 through 67	33,576	Travel & Repairs
8. Cost of Goods Sold 8	19,716	Travel/entertainment (officials)
9. Employment Expense 9		Conferences/meetings
10. Fees for services 10		Interest
11. Indirect Expense 11		Insurance
12. Depreciation Expense 12		Total Indirect Expense
13. Exempt Activity Expense 13		
14. Fundraising Expense 14	.	Expense Details - Depreciation Expense:
15. Total expenses. Add lines 8 through 145	19 , 716	On investment property
16. Net Income/Loss. Line 7 minus Line 156	13,860	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	19,716	Taxes/licenses
Ending inventory		Charitable contributions
Total Cost of Goods Sold	19,716	Dividend recd deductions
		Readership costs
Expense Details - Employment Expense:		Other expenses
Compensation of officers		Total Exempt Activity Expense
Other salaries and wages		· · · · · · · · · · · · · · · · · · ·
Pension plan contributions		Expense Details - Fundraising Expense:
Other employee benefits		Cash prizes
Payroll taxes		Non-cash prizes
Total Employment Expense	. ———	Rent and facility costs
P		Food & beverages (Part II only)
Expense Details - Fees for Services:		Entertainment (Part II only)
Management		Other direct expenses
Legal		Total Fundraising Expense
Accounting		
Lobbying	• ———	
Lobbying Professional fundraising	. —	
Investment management	· 	
Other	· 	
Other Total Fees for Services	. —	
10tal 1 000 101 001 1000	. —	
Information is indicated for use on Form	990-T. Schedule A	Allocation of Expense to Program Service Accomplishments:
Schedule A, UBIT Activity Code		First
Part V, Debt Financing	~~~ "	Second
Part VI, Controlled Org Income		Second
Part VII, Investments for C(7)(9)(17)		Third
Part VIII, Exploited Activities	1	All other
Part IX, Advertising Income		

Name

Form **990**

Event Income and Deduction Worksheet

Description Other Events

Taxpayer Identification Number

2022

46-5117877

Hilton Head Island Foundation to

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

Income & Expense Summary:			Expense Details - Indirect Expense:
1. Gross receipts or sales			Advertising and promotion
2. Advertising income	2 .		Office
3. Circulation income	3		Printing/publication/postage
4. Other income			Info technology/Maintenance
5. Returns and allowances	<u>5</u>		Royalties & License Fees
6. Contributions received	6		Occupancy/Real Estate Taxes
7. Total revenue. Add lines 1 through	6 7.	1,250	Travel & Repairs
8. Cost of Goods Sold	8.		Travel/entertainment (officials)
9. Employment Expense	9		Conferences/meetings
10. Fees for services	10		Interest
11. Indirect Expense	<u>1</u> 1		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	h 1 45.		On investment property
16. Net Income/Loss. Line 7 minus Line	e 1 56.	1,250	On non-investment property
			Amortization
			Depletion
Expense Details - Cost of Goods Solo	d:		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 Exper	nse:		Other expenses
Compensation of officers			Total Exempt Activity Expense
Other salaries and wages			
Pension plan contributions			Expense Details - Fundraising Expense:
Other employee benefits			Cash prizes
Payroll taxes			Non-cash prizes
Total Employment Expense			Rent and facility costs
			Food & beverages (Part II only)
Expense Details - Fees for Services:			Entertainment (Part II only)
Management			Other direct expenses
Legal	· · · · · · · · - · · · · · · · · · · ·		Total Fundraising Expense
Accounting			
Lobbying	 		
Professional fundraising	· · · · · · · · 		
Investment management	· · · · · · · · 		
Other	 		
Total Fees for Services	· · · · · · · · · · · · · · · · · · · 		
Information is indicated for	Form COO T O	Pahadula A	Allocation of Europea to Drawing Comics Accountible
Information is indicated for use on Schedule A, UBIT Activity Code	•		Allocation of Expense to Program Service Accomplishments:
Part V, Debt Financing	Seq #_		First
—			Second
Part VII, Controlled Org Income			Third
Part VIII, Investments for C(7)(9)(1 <i>1)</i>		All other
Part VIII, Exploited Activities			
Part IX, Advertising Income			

2790 Hilton Head Island Foundation to

Federal Statements

5/12/2023 11:45 AM

FYE: 12/31/2022

46-5117877

Taxable Interest on Investments

Description

	 Amount	Unrelated Business	Exclusion Code	Acquired after 6/30/75	US Obs (\$ or %)
Interest Earned	\$ 384		14		
			14		
Total	\$ 384				

Federal Statements

46-5117877 FYE: 12/31/2022

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

Description	<u>E</u>	Total xpenses	Program Service	Management & General		Fund Raising	
Instructor Payments	\$	6,885	\$ 6,885	\$		\$	
Total	\$	6,885	\$ 6,885	\$	0	\$	0

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

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

2790 Hilton Head Island Foundation to

46-5117877

Federal Statements

5/12/2023 11:45 AM

FYE: 12/31/2022

Schedule A, Part II, Line 5 - Excess Gifts

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