2025

Accommodations Tax Funds Request Application

Organization Name: Hilton Head Choral Society

Project/Event Name: HHCS 24-25 Performance Season

Executive Summary

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

It is difficult for a performing arts group with no staff or full-time employees, and led entirely by volunteers, to maintain continuity over an extended period of time. In spite of this difficulty HHCS has performed successfully for almost 50 years and is the oldest performing arts organization on Hilton Head. As such it is an integral part of the arts and culture scene on the island. Our performances, and those of other groups, help present Hilton Head as an attractive destination for tourists with a wide variety of events beyond the beach and sports activities.

During our next fiscal year beginning 6/1/25, and during the second half of the 2025 ATAX grant period, HHCS will celebrate its Golden Anniversary. We have begun making plans for that celebration. The first event, already planned, will be a new choral piece commissioned from Z Randall Stroope, an internationally known composer and conductor, to be performed at our Fall 2025 concert. This music will celebrate our link with the Low Country. The well known spiritual, "Kumbaya", which has its roots in our Gullah Community, will be woven throughout the music. The performance will include members of our Gullah Community. In the opinion of John Morris Russell, the well known composer and authority, and the director of the HH Symphony Orchestra, performing such an original piece will significantly raise HHCS' profile. We are confident that it will increase our audience and bring additional music loving tourists/visitors to Hilton Head. In the future, wherever the piece is performed, there will be appreciation for its Gullah connection and recognition of its origination on Hilton Head.

HHCS, consisting of about 70 singers, performs four concerts each year, a Fall Pops Concert, a December Holiday Concert, a Spring Masterworks Concert and a Memorial Day Patriotic Concert. We also provide the music at the town's Memorial Day and Veteran's Day celebrations. We employ a concert orchestra, with its size depending on the type of music. Many of these musicians are also members of the HH Symphony Orchestra. Musicians are occasionally hired from outside areas including Atlanta, Charleston, Savannah and Florida. Vocal soloists are hired from universities and music schools as required by the concert repertoire. These concerts take place at The First Presbyterian Church, the island's premier venue for these types of performances.

HHCS has endeavored to provide educational opportunities for student musicians and singers and have collaborated with local and regional music directors to include their choruses in our concert programs. This provides the students with an opportunity to sing with a major chorus, perform with an orchestra and appear before a large music-loving audience.

Our primary use for ATAX funds remains marketing expenditures, including marketing to grow the tourist/visitor audience. We hope to increase our marketing budget for our upcoming 50th anniversary year in order to make islanders and visitors alike aware of our celebration and events planned for it. (See above for the first

such event.) The ATAX Committee and Town Council have very helpfully supported HHCS in the past, We hope that support will continue this year and that the Committee will aid us in supporting our anniversary by recommending a \$5,000 increase in our grant for the current grant period.

2025

Accommodations Tax Funds Request Application

Date Received: 09/04/2024 Time Received: 07:41 PM By: Online Submittal

Applications will not be accepted if submitted after 4 pm on September 6, 2024

A. SUMMARY OF GRANT REQUEST:

ORGANIZATION NAME: Hilton Head Choral Society

Project/Event Name: HHCS 24-25 Performance Season

Contact Name: David H Coyle Title: Grant Writer

Address: P.O. Box 22235, Hilton Head Island, SC 29925

Email Address:

grantwriter@hiltonheadchoralsociety.org

Contact Phone: 843-422-0689

Event Date: March, May, September, December 2025

Event Location: First

First Presbyterian

Church

Total Budget: \$187,000.00

Grant Requested: \$20,000.00

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

Hilton Head Choral Society (HHCS) would use the grant money to offset marketing expenses to attract tourtists, visitors and members of the community to attend our four concert productions scheduled for the calendar year 2025. Our marketing strategy inlcludes expanding our tourist attendance via social media, print ads and direct marketing campaigns. If we are successful in obtaining an increase in our grant this year, the funds will be used to publicize the celebration of our 50th anniversary which will begin in the Fall of 2025. (See Description of Operations-Additional Comments for more information on plans for our anniversary celebration.)

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

Hilton Head is a premier tourist destination with many amenities including cultural and arts offerings. The town recognizes that it appeals to those seeking such a quality vacation and encourages these events through its Cultural Affairs Office - events equal in quality to those of larger urban locations. HHCS is a integral part of Hilton Head's cultural tradition.

HHCS performs four concerts each year and provides music at the town's Veterans and Memorial Days celebrations. Our out-of-town guest performers influence others to discover Hilton Head.

We track our concert attendees by their home zip codes through our online ticketing system.

A. Total Number of Physical Tourists Served: 168

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: 545

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: 1245

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): 1958

How was the Number of Visitors/Tourists Documented? (250 words or less)

We track our concert attendees by their home zip codes through our online ticketing system: Tix.com. At the door purchasers are asked for similar information which is tracked manually by our box office volunteers. The total visitors/tourists for our 2023-2024 concert season was 713 or 36% of our total attendees. This percentage has increased in each of the past two years. The percentage of tourists in our audiences also increased in the last year. A copy of our Zip Code Report is attached as our Visitor Survey.

Additionally, our our-of-area guest performaners are strong ambassadors who influence others to discover Hilton Head. Most recently at our Holiday 2023 concert, the Rushingbrook Children's Choir of Greenville, SC joined us, and were well received, in our performance of John Rutter's "A Mass of the Children." This group and their entourage required 14 hotel room nights.

As a community service, for many years we have provided music at the town's Memorial and Veterans Days events at Shelter Cove. As these are free, non-ticketed events we are unable to capture total attendence or the number of tourists/visitors attending.

B. DESCRIPTION OF OPERATIONS:

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

It is difficult for a performing arts group with no staff or full-time employees to maintain continuity and consistent quality performances. Despite this difficulty, in our fiscal year

beginning 6/1/25 HCCS will celebrate its 50th Anniversary as the oldest continuing performing arts organization on Hilton Head. We plan on a season-long celebration beginning in the Fall. (See Additional Comments below for more information.)

HHCS, consisting of 70 singers, performs four concerts each year, all held at the First Presbyterian Church, the island's premier venue for such events. We also provide music at the town's Veterans and Memorial Days celebrations. We employ an orchestra of professional musicians with its size depending on the type of music. When appropriate we employ professional soloists and have frequently partnered with other groups including local youth choirs, the Hilton Head Symphony Orchestra, the Shore Notes Chorus, the Marine Band of Parris Island, the Vienna (Austria) Boys Choir, the Atlanta Symphony Brass Quintet and regional university soloists and choruses. Working with non-Hilton Head individuals and groups brings visitors to Hilton Head, including admirers, friends and family.

Throughout its history, HHCS has endeavored to provide educational opportunities for student singers and musicians and has collaborated with local and regional music directors to include their choruses in our concert programs. This provides the students with an opportunity to sing with a major chorus, perform with an orchestra and appear before a large audience. Most recently, the Rushingbrook Children's Choir of Greenville, SC performed with us at our last Holiday Concert.

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

The requested grant would support our marketing efforts to draw tourists and visitors to attnd our concerts. Our marketing budget for the fiscal year beginning 6/1/24 includes the following:

Season Creative and Planning: \$3,815

Concert Marketing: \$12,840 for PR, print ad design, posters and rack cards which recently we have begun distributing to visitor centers throughout the state. This year we will attend the Annual SC Visitors Center Conference and will distribute information on our events for use with the thousands of Welcome Center visitors each week.

Media Advertising: \$6,105 We schedule print advertising in a number of publications and have spots on local TV.

Web and Social Media: \$14,600 Our events are listed on our own website and a number of others, both local and regional, as well as Facebook, Instagram and YouTube. We believe Web and Social Media are most effective in reaching non-islanders and have increased these expenditures in recent years.

We plan to increase our marketing budget for our 50th anniversary year beginning 6/1/25 in order to make islanders and tourists, visitors and islanders aware of our celebration and events planned for it. (See Additional Comments below for more information.) We hope the ATAX committee will continue to support us and aid us in this endeavor by recommending an increase in our grant for this purpose during the current grant period.

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

Partial funding would necessitate a reduction in expenditures, most notably marketing expenses. This would cause a lower turnout for our concerts,by tourists/visitors and residents. Reducing other expenditures is difficult. We have already reduced the size and expense of our concert orchestra and increased ticket prices for our current season. Failure to receive the requested \$5,000 increase in our grant versus last year would make it more difficult to publicize our 50th anniversary, thus missing an important opportunity to raise the profile of our organization and to raise awareness of Hilton Head and its Gullah community.

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

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

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

Advertising and promotion of tourism so as to develop and increase tourist attendence through the generation of publicity.

100 %

2 - Tourism-Related Events

Promotion of the arts and cultural events.

0 %

3 - Tourism-Related Facilities

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

0 %

4 - Tourism-Related Public Services

The criminal justice system, law enforcement, fire protection, solid waste collection and health facilities when required to serve tourists and tourist facilities. This is based on the estimated percentage of costs directly attributed to tourist. Also includes public facilities such as restrooms, dressing rooms, parks and parking lots.	0	%
5 - Tourist Public Transportation Tourist shuttle transportation.	0	%
6 - Waterfront Erosion/Control/Repair Control and repair of waterfront erosion.	0	%
7 - Operation of Visitor Information Centers Operating visitor information centers.	0	%

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)

Total:

100 %

As the premier vocal and choral organization on Hilton Head our concerts complement the offerings of other cultural and arts groups and provide a unique experience for tourists/visitors to round out their visit to Hilton Head. We continue to involve students from local and regional schools in our programs and in recent years have involved students from HH Prep, Savannah Garrison School of Arts, May River High School and Charleston Southern University. Most recently the Rushingbrook Children's Choir of Greeenville, SC performed with us at our most recent Holiday Concert.

HHCS works with the Chamber of Commerce and the town's Office of Cultural Affairs to promote our events which appear on their respective calendars and email flyers.

We share storage space with the HH Symphony Orchestra, allowing both groups to economize.

7. Additional comments. (250 words or less)

As referred to elsewhere, HHCS will celebrate its 50th Anniversary of continuous operation in our fiscal year beginning 6/1/25, which includes the last half of the 2025 ATAX grant period. We have begun planning events for that anniversary with most still in the early stages. However the first such event is already planned. At our first anniversary concert, in the Fall of 2025, we will perform a new choral piece commissioned from Z Randall Stroope, an internationally known composer. The music will celebrate HHCS' link with the Low Country. The spiritual "Kumbaya" which has its roots in our Gullah population will be a thread woven throughout the piece. The performance will include members of the Gullah community. Based on expert advice from John Morris Russell, the widely respected conductor of the HH Symphony Orchestra, as well as that from our own

respected Artistic Director, we are confident that this performance will raise HHCS' profile on Hilton Head and beyond, increase our audience and bring additional music loving tourists/visitors to Hilton Head.

Of course, to fully recognize the benefits of this anniversary and its events we must adquately publicize and promote those events. For that purpose we need to increase our marketing budget for that period. We hope the ATAX Committee will continue to HHCS and aid us in this endeavor by recommending a \$5,000 increase in our grant for the current grant period. We believe doing so will reap benefits for our organization and the town of Hilton Head.

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C.		JIN	u	14	u.

1. Please describe how the organization is currently funded. (100 words or I	Please desc	ribe how the ord	nanization is	currently funde	d (100 words or le
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HHCS' fiscal year runs from June 1 to May 31st.

For fiscal year ended 5/31/24 income sources were: Contributions - \$27,164; Grants - \$26,889; Concert Revenue - \$91,260; Member Dues - \$10,920; Other - \$ 3,625 for a total of \$159,858.

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

	Government Sources	35%	Private Contributions, Donations and Grants
16%	Corporate Support, Sponsors	7%	Membership, Dues, Subscriptions
40%	Ticket Sales, or Sales and Services	2%	Other

3.	. Has the organization requested other ATAX o	or any o	ther funding	from other	oublic sour	ces or
	organizations?					

Yes <u>X</u> No ___

If so, please list top 3 sources and amounts.

South Carolina Arts Commission

\$15,000.00

Beaufort County ATAX

\$2,500.00

D. FINANCIAL INFORMATION:

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

Financial Statement Requirements:

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

Budget Provided: Yes

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

Current fiscal year Profit Loss Report Provided: Yes

Previous fiscal year Profit Loss Reports Provided:

2023- Previous FY 1 2024- Previous FY 2

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

Current fiscal year Balance Sheet Provided: Yes

Previous fiscal year Balanace Sheets Provided:

2023 - Previous FY 1

2024 - Previous FY 2

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

Current year IRS Form 990 or 990T Provided: Yes

Previous IRS Form 990 or 990T Years Provided:

2022 - Previous FY 1

2020 - Previous FY 1

E. FINANCIAL GUARANTEES AND PROCEDURES:

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

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

2. Indicate whether your organiztion follows Town procurement guidelines or has its own procurement guidelines which are utilized and followed in the expenditue of ATAX grant funds. Follow Town procurement guidelines Utilize and follow organization's own procurement guidelines Our organization does not have or follow procurement guidelines F. MEASURING EFFECTIVENESS: If you received 2023 or 2024 HHI ATAX funds 1. List any ATAX award amounts received in 2023 and/or 2024. 2021 \$16,000.00 Hilton Head Choral Society 2022 \$50,000.00 Hilton Head Choral Society 2023 \$10,000.00 Hilton Head Choral Society Performance Season 2024 \$15,000.00 Hilton Head Choral Society 2. How were the ATAX fundsused? To what extent were the objectives achieved? The ATAX Effectiveness Measurement spreadsheet available in the application portal will show the numerics. Use the space below for verbal comments. (200 words or less) The 2024 ATAX funding was used for marketing expenses to enhance the exposure of HHCS and increase tourist attendance at our concerts. Those marketing expenses included print/TV advertising social media/digital advertising through our website as well as those of other organizations as well as through Facebook, Twitter, Instagram and You Tube. Because of our marketing efforts our audience has increased in each of the past two years and the percentage of that audience represented by tourists/visitors has also increased.

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

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

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

Our efforts will continue to include collaboration with local Arts organizations, helping to build the image of Hilton Head as an Arts and Culture destination to attract visitors and future residents. HHCS collaborates with other area music organizations, including schools and universities to enhance students' involvement in the arts, including representatives of the local Gullah Community. (See Description of Operations-Additional Comments for our most recent plans for involvement with the Gullah Community.)

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

The primary barometers of our effectiveness are:

- Ticket sales, especially with repeat subscribers and attendees
- Management effectiveness almost 50 years of sustainability in a small marketplace
- Audience response to our programming visible at each concert
- Private donations attendees expressing satisfaction beyond ticket purchases
- Concert program ads and sponsorships businesses investing in our seasons
- Willingness of professional artists to perform in our concerts
- Positive customer feedback through personal comments and social media
- Membership satisfaction and growth

These factors are tracked year-round by our Board of Directors and Committees.

G. EXECUTIVE SUMMARY

Provide an executive summary using the "ATAX Effectiveness Measurement" form provided via the link on the left, or by utilizing the text area provided below to report uses of the organization's prior ATAX grant, if applicable. If creating 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.

It is difficult for a performing arts group with no staff or full-time employees, and led entirely by volunteers, to maintain continuity over an extended period of time. In spite of this difficulty HHCS has performed successfully for almost 50 years and is the oldest performing arts organization on Hilton Head. As such it is an integral part of the arts and culture scene on the island. Our performances, and those of other groups, help present Hilton Head as an attractive destination for tourists with a wide variety of events beyond the beach and sports activities.

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Signature: David Coyle

Title/Position: Grantwriter

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

Email Address: dhcoyle@roadrunner.com

Office Phone Number:

Home Phone Number: 843-422-0689

HILTON HEAD CHORAL SOCIETY ATAX EFFECTIVENESS MEASUREMENT FOR 2023-2024 SEASON

MARKETING PROGRAM TO ENHANCE TOURISM (INCREASE VISITOR/TOURIST ATTENDANCE AT PERFORMANCES)

TOPIC	THE PLAN	BUDGET	ACTUAL SPENT	RESULTS
General/Season	Plan and promote the			Continued promotion to existing customer and
Marketing	entire season	\$6,000	\$4,200	prospect lists
Concert Marketing	Utilize marketing/PR agency for creation of posters, flyers, rack cards, print ads, graphics	\$8,000	\$13,172	Partnered with SC Visitors Center and distributed rack cards to eight visitor centers around the state to increase tourist/visitor attendance.
			T	
Media Advertising	Print and TV advertising to target local and visitor audiences	\$16,000	\$5,525	Promoted new Artistic Director on WHHI; ran ads in Chamber Vacation Planner, Local Life, Hilton Head Monthly, Blufton Sun, Island Packet, CH2
			7	
Web & Digital	Website, Facebook, Twitter, Instagram, YouTube	\$11,000	\$12,533	Continue to see increases in FB and Web page engagement around concert info postings. Our Chamber website marketing had almost 24,000 pageviews and 4,000 "sessions" with the highest percentage coming from SC, GA, NY, NC, and TX
			I	The O/ Termieth/ficitor attendence for any 4 0000
				The % Tourist/Visitor attendance for our 4 2023-2024 concerts was 36%. That % has increased in
Total Marketing		\$41,000	\$35,430	each of the last two years.

HILTON HEAD CHORAL SOCIETY 2023-2024 SEASON TICKET SALES BY ZIP CODE

City	State	Zip Code	County	Tkts	%
BEAUFORT	SC	29902	Beaufort	9	
BEAUFORT	SC	29906	Beaufort	3	
LADYS ISLAND	SC	29907	Beaufort	7	
OKATIE	SC	29909	Beaufort	147	
BLUFFTON	SC	29910	Beaufort	292	
DAUFUSKIE ISLAND	SC	29915	Beaufort	22	
SAINT HELENA ISLAND	SC	29920	Beaufort	21	
HARDEEVILLE	SC	29927	Beaufort	31	
RIDGELAND	SC	29936	Jasper	6	
SAVANNAH	GA	31404	Chatham	5	
SAVANNAH	GA	31406	Chatham	2	
Within 50 Miles from HHI				545	27%
NODEOLK	СТ	06058	Litchfield	1	
NORFOLK	CT		New Haven	2	
GUILFORD		06437 07481		4	
WYCKOFF	NJ	07830	Bergen Hunterdon	2	
CALIFON	NJ	08060	Burlington	4	
MOUNT HOLLY	NJ		Westchester	1	
CROMPOND	NY	10517		2	
JAMAICA	NY	11432	Queens	2	
FREEVILLE	NY NY	13068 14068	Tompkins Erie	2	
GETZVILLE	NY	14534	Monroe	2	
PITTSFORD	PA	15021	Washington	2	
BURGETTSTOWN	PA PA	17050	Cumberland	2	
MECHANICSBURG		18428	Pike	2	
HAWLEY	PA VA	22124	Fairfax	2	
OAKTON RADFORD	VA VA	24141	Pulaski	2	
MORGANTOWN	WV	26508	Monongalia	2	
INDIAN TRAIL	NC	28079	Union	2	
CHARLOTTE	NC	28210	Mecklenburg	2	
FAYETTEVILLE	NC	28311	Cumberland	2	
WESTVILLE	SC	29175	Kershaw	1	
WOODRUFF	SC	29388	Spartanburg	2	
CHARLESTON	SC	29406	Charleston	1	
MOUNT PLEASANT	SC	29466	Charleston	3	
SUMMERVILLE	SC	29483	Dorchester	2	
SUMMERVILLE	SC	29485	Dorchester	16	
MYRTLE BEACH	SC	29577	Horry	3	
PAWLEYS ISLAND	SC	29585	Georgetown	2	
ELKO	SC	29826	Barnwell	2	
GLOVERVILLE	SC	29828	Aiken	9	
				-	

City	State	Zip Code	County	Tkts	%
ALPHARETTA	GA	30005	Fulton	2	
ALPHARETTA	GA	30022	Fulton	2	
SUWANEE	GA	30024	Gwinnett	2	
ROSWELL	GA	30076	Fulton	2	
CARROLLTON	GA	30117	Carroll	2	
DALLAS	GA	30132	Paulding	2	
RABUN GAP	GA	30568	Rabun	2	
MILLEDGEVILLE	GA	31061	Baldwin	2	
RINCON	GA	31326	Effingham	7	
VERO BEACH	FL	32963	Indian River	2	
HOLLYWOOD	FL	33027	Broward	2	
FORT LAUDERDALE	FL	33331	Broward	2	
PUNTA GORDA	FL	33950	Charlotte	2	
OCALA	FL	34476	Marion	2	
JENSEN BEACH	FL	34957	St. Lucie	4	
PORT SAINT LUCIE	FL	34986	St. Lucie	3	
LEXINGTON	KY	40511	Fayette	2	
WESTERVILLE	ОН	43081	Franklin	6	
ROCKY RIVER	ОН	44116	Cuyahoga	4	
STOW	ОН	44224	Summit	2	
YOUNGSTOWN	ОН	44514	Mahoning	2	
LOVELAND	ОН	45140	Clermont	4	
CINCINNATI	OH	45238	Hamilton	1	
CINCINNATI	ОН	45241	Hamilton	2	
FISHERS	IN	46038	Hamilton	2	
CANTON	MI	48187	Wayne	4	
BELLAIRE	MI	49615	Antrim	2	
SAUKVILLE	WI	53080	Ozaukee	2	
LAKE MILLS	WI	53551	Jefferson	4	
MCHENRY	IL	60051	McHenry	2	
OAK FOREST	IL	60452	Cook	2	
HOWARD	CO	81233	Fremont	2	
BELLEVILLE	ON	K8P 5		2	
WHEATLY	ON	NOP 2		2	
Over 50 Miles from HHI				168	9%
HILTON HEAD ISLAND	SC	29925	Beaufort	4	
HILTON HEAD ISLAND	SC	29926	Beaufort	552	
HILTON HEAD ISLAND	SC	29928	Beaufort	683	
HILTON HEAD ISLAND	SC	29938	Beaufort	6	
Hilton Head Island				1245	64%
Total Attendance				1958	
Tourist/Visitors				713	36%



BOARD OF DIRECTORS MEETING - Sunday, August 18, 2024

MINUTES

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

In attendance were Kathy Burmeister, Phyllis Duffie, Maureen Duffy, Paul Harmon, Kathy Jackson, Margie Lechowicz, Mindy Mason, Dustin Ousley, Christine Sibley-Hart, Cheryl Thomas, Candy Tiley.

ATAX Grant Application:

Chritine Sibley-Hart made the following motion:

I move the Board of Directors approve the application for a 2025 Accommodations Tax Grant from the Town of Hilton Head Island. This application is to be submitted by David Coyle no later than September 6, 2024, and that HHCS agrees to abide by all rules and regulations therein.

The motion was seconded and unanimously approved.

Respectfully submitted, Mindy Mason, HHCS Secretary

HILTON HEAD CHORAL SOCIETY, INC OPERATING BUDGET FOR FISCAL YEAR ENDING MAY 31, 2025

Income	
Contributions	26,000
Grants	
HHI Accommodations Tax	19,000
SC Arts Commission	15,148
Total Grants	34,148
HHCS Endowment Fund	1,500
Interest	3,780
Concert Revenue	110,075
Membership	11,700
Total Income	187,203
Expenses	
Marketing	37,360
Performance/Production	26,067
Concert Payroll	47,705
Staff Compensation	46,781
Administrative Expenses	26,832
Total Expenses	184,745
Net Surplus (Deficit)	2,458

HILTON HEAD CHORAL SOCIETY, INC BALANCE SHEET AS OFJULY 31, 2024

ASSETS		
Current Assets		
Operating Funds - Checking		59,500
Reserve Fund		
Savings	25,894	
CD due 1-22-25	20,561	
CD due 7-22-25	37,872	
Total Reserve Fund		84,328
Total Current Assets		143,828
TOTAL ASSETS		143,828
	•	
LIABILITIES & EQUITY		
Liabiilities		0
Equity		
Unrestricted Net Assets		112,965
Net Income (Loss)	-	30,863
Total Equity		143,828
TOTAL LIABILITIES & EQUITY	- -	143,828

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

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

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

ASSETS	
Current Assets	
Checking - Operating Funds	60,511
Savings - Reserve Fund	80,037
Total Current Assets	140,548
TOTAL ASSETS	140,548
LIABILITIES & EQUITY	
Liabiilities	0
Equity	
Unrestricted Net Assets	161,852
Net Income (Loss)	(21,303)
Total Equity	140,548
TOTAL LIABILITIES & EQUITY	140.548

HILTON HEAD CHORAL SOCIETY, INC PROFIT AND LOSS STATEMENT FISCAL YEAR ENDING MAY 31, 2025 YTD JULY 31, 2024

Income	
Contributions	15,887
Grants	
Beaufort County Accommodations Tax	0
HHI Accommodations Tax	0
SC Arts Commission	0
Total Grants	0
HHCS Endowment Fund	0
Interest	667
Concert Revenue	23,775
Membership	8,190
Total Income	48,519
Expenses	
Marketing	8,142
Performance/Production	0
Concert Payroll	0
Staff Compensation	6,595
Administrative	2,919
Total Expenses	17,656
Net Surplus (Deficit)	30,863

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

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

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

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

Return of Organization Exempt From Income Tax

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

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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. 06/04/2022 05/31/2023

A	For the 2	2022 calend	dar year, or tax year beginning	06/01/2022	and ending		05/31/20	023		
В	Check if a	pplicable:	C Name of organization HILTON	HEAD CHORAL SOCIET	Y INC			D Emplo	oyer identificat	tion number
	Address o	hange	Doing business as					-	57-083496	3
$\overline{\Box}$	Name cha	inge	Number and street (or P.O. box it	f mail is not delivered to stree	t address)	Room	/suite	E Teleph	none number	
\Box	Initial retu	•	34 WATER OAK DRIVE		,				843-341-38	18
\Box		n/terminated	City or town, state or province, co	ountry, and ZIP or foreign pos	stal code					
\exists	Amended		HILTON HEAD ISLAND, SC 2					G Gross	receipts \$	210,314
\exists	Applicatio		F Name and address of principal off				H(a) Is this a d	roup retu	rn for subordina	
ш	Applicatio	ii peridirig	34 Water Oak Drive, Hilton He	•					ites included?	
_	Tax-exem	nt status:	✓ 501(c)(3)		947(a)(1) or 527		If "No," attach			
<u>.</u>	Website:	•	onheadchoralsociety.org) (insertine.)	317 (d)(1) 31 <u>327</u>		H(c) Group ex			
<u></u>			Corporation Trust Associa	ation Other	L Year of form	nation:	` ' '		of legal domicil	e: SC
	art I	Summai		ation other	1		1001		g	
			cribe the organization's miss	ion or most significant	activities: To pe	rform	choral mus	ical pro	arame for th	no Hilton
Ф			d and regional communities a							ie millon
Governance	_		ces of celebrity artists and cho		te with other arts	orgai	iizations, an	u to sp	onsor local	
Ĭ			box if the organization d		ons or disposed	of mo	ore than 25°	% of its	net assets	
ĕ			voting members of the gove	-	•			3	71101 400010	10
യ ജ			independent voting member		•			4		9
es			per of individuals employed in			,		5		0
Ξ			per of volunteers (estimate if	•				6		30
Activities &			ated business revenue from l	• ,				7a		0
•			ted business taxable income					7b		0
	, D	NOT UTITOTA	ted business taxable income	101111 01111 330-1,1 att	. 1, 11110 11		Prior Year	10	Curren	
	8 (Contributio	ons and grants (Part VIII, line	1b)				49,292	Curren	108,743
ine			ervice revenue (Part VIII, line							
Revenue		-	t income (Part VIII, column (<i>F</i>					74,874 16		99,720
æ			nue (Part VIII, column (A), lin	, ,				102		1,203 648
			nue—add lines 8 through 11 (n		,		21	24,284		210,314
			d similar amounts paid (Part					0		210,314
			aid to or for members (Part I	• •	•			0		0
	4.5	-	•					52,434		
Expenses	15		ther compensation, employee	•			•	02,434		36,820
en	16a		nal fundraising fees (Part IX,					U		U
Ä	17		raising expenses (Part IX, co		0		4.	12 702		404 700
		-	enses (Part IX, column (A), lir	•				42,792 95,226		194,798 231,618
		•	nses. Add lines 13–17 (must ess expenses. Subtract line	•	, ,			29,058		•
_ s		Revenue	ess expenses. Subtract line	TO HOITI IIII E 12	· · · · · ·	Pog			End of	-21,304
Net Assets or Fund Balances	20	Total accet	ts (Part X, line 16)			beg	inning of Curre	61,852	End of	140,548
Asse Bala	21		ties (Part X, line 26)				- 10	0 1,032		0
u det	22		or fund balances. Subtract li				10	61,852		140,548
				inc 21 nom inc 20			- 10	01,002		140,340
	art II		re Block	-k is should be a second				_4 _6	l	
			I declare that I have examined this re e. Declaration of preparer (other than						knowledge and	i deliet, it is
	<u> </u>	•			· ·					
Sig	nr	Signature of	officer				L Date			
He		•					Date			
пе	+		son, Treasurer							
			name and title	In	1	D 1			DTIN	
Pa	id	Print/Type	preparer's name	Preparer's signature		Date	1	Check [self-empl	if PTIN	
Pr	eparer								ioyeu	
	e Only	Firm's nan					Firm's			
		Firm's add		-h	.:		Phone	no.		
ıvıa	y the IRS	o aiscuss	this return with the preparer s	snown above? See inst	ructions				Ye	es U No

Form 990 (2022) Page 2 Part III **Statement of Program Service Accomplishments** Briefly describe the organization's mission: To perform a variety of choral musical programs to enhance the artistic experience of the Hilton Head Island and regional communities, and its visitors, to collaborate with other arts organizations, and to sponsor local performances of celebrity artists and choral groups. Achieve excellence as an autonomous chorus serving the Lowcountry with an emphasis on Diversity, Community Engagement, and the Joy of Singing. Did the organization undertake any significant program services during the year which were not listed on the If "Yes," describe these new services on Schedule O. Did the organization cease conducting, or make significant changes in how it conducts, any program If "Yes." describe these changes on Schedule O. Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported. (Code: _____) (Expenses \$ 183,068 including grants of \$ 0) (Revenue \$ 99,720) During the period September 2022 through May 2023, the Hilton Head Choral Society performed four concerts. Attendance by residents, tourists, and visitors of Hilton Head Island, surrounding communities, and 23 states outside of South Carolina totaled 2, (Code: ___) (Expenses \$____including grants of \$____) (Revenue \$___) (Code:) (Expenses \$ including grants of \$) (Revenue \$ Other program services (Describe on Schedule O.) (Expenses \$ o including grants of \$ 0)(Revenue\$

183,068

Total program service expenses

orm 99	00 (2022)		F	age
Part	Checklist of Required Schedules		I	
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"		Yes	No
•	complete Schedule A	1	~	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	~	
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		~
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? <i>If</i> "Yes," <i>complete Schedule C, Part II</i>	4		J
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? <i>If</i> "Yes," <i>complete Schedule C, Part III</i>	5		•
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
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		V
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If</i> "Yes," complete Schedule D, Part III	8		~
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a			
	custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or			
40	debt negotiation services? If "Yes," complete Schedule D, Part IV	9		~
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? If "Yes," complete Schedule D, Part V	10		
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.	10		
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"			
ŭ	complete Schedule D, Part VI	11a		V
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		V
С	Did the organization report an amount for investments—program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? <i>If</i> "Yes," complete Schedule D, Part VIII	11c		/
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets			
_	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d 11e		<u> </u>
e f	Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i> Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	TTE		
•	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		V
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a		V
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		<u> </u>
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			
4-	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? <i>If</i> "Yes," complete Schedule F, Parts II and IV	15		V
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		V
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If</i> "Yes," <i>complete Schedule G, Part I.</i> See instructions	17		V
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		V
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	40		
20a		19 20a		<u> </u>
_va	Dia and diganization operate one of more hospital identities: if Too, complete conclude IT	, _Ju	1	•

If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II

20b

21

Part	Checklist of Required Schedules (continued)			
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on		Yes	No
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		~
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If</i> "Yes," <i>complete Schedule J</i>	23		~
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a	24a		~
b c	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24b		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? 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	24d 25a		<i>'</i>
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		V
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? <i>If</i> "Yes," <i>complete Schedule L, Part II</i>	26		~
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		~
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV, instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If</i> "Yes," <i>complete Schedule L, Part IV</i>	28a		,
b c	A family member of any individual described in line 28a? <i>If</i> "Yes," <i>complete Schedule L, Part IV</i> A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? <i>If</i> "Yes," <i>complete Schedule L, Part IV</i>	28b 28c		ν ν
29 30	Did the organization receive more than \$25,000 in non-cash contributions? <i>If</i> "Yes," <i>complete Schedule M</i> Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If</i> "Yes," <i>complete Schedule M</i>	29		<i>v</i>
31 32	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If</i> "Yes," complete Schedule N, Part I Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If</i> "Yes," complete Schedule N, Part II	31		<i>v</i>
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If</i> "Yes," complete Schedule R, Part I	33		<i>'</i>
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34		~
35a b	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a 35b		V
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		,
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		~
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? Note: All Form 990 filers are required to complete Schedule O	38	~	
Part	· · · · · · · · · · · · · · · · · · ·			
	Check if Schedule O contains a response or note to any line in this Part V		 Yes	No
1a b	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable		162	NO
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	7	

Form 990 (2022) Page 5 Part V Statements Regarding Other IRS Filings and Tax Compliance (continued) Yes 2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax

	Statements, filed for the calendar year ending with or within the year covered by this return 2a 0		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? .	2b	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	•
b	f "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	1
h	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	~
_	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b	 ·
b		5c	
C	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5 C	
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the		
	organization solicit any contributions that were not tax deductible as charitable contributions?	6a	
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or		
	gifts were not tax deductible?	6b	
7	Organizations that may receive deductible contributions under section 170(c).		
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods		
	and services provided to the payor?	7a	•
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was		
	required to file Form 8282?	7c	1
d	If "Yes," indicate the number of Forms 8282 filed during the year		
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e	~
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? .	7f	・
	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g	·
g		7h	~
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	/11	
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		
b	Gross income from other sources. (Do not net amounts due or paid to other sources		
	against amounts due or received from them.)		
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		
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		
•			
C 140		14a	V
14a	Did the organization receive any payments for indoor tanning services during the tax year?		
b	If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation on Schedule O</i> .	14b	
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year?	15	~
	If "Yes," see the instructions and file Form 4720, Schedule N.		
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16	/
	If "Yes," complete Form 4720, Schedule O.		
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities		
• •	that would result in the imposition of an excise tax under section 4951, 4952, or 4953?	17	
	·	17	
	If "Yes," complete Form 6069.		

Form 990 (2022) Page **6**

Part VI Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a. 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI Section A. Governing Body and Management No Yes **1a** Enter the number of voting members of the governing body at the end of the tax year . . . 10 If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O. Enter the number of voting members included on line 1a, above, who are independent ... 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? 2 1 Did the organization delegate control over management duties customarily performed by or under the direct 3 supervision of officers, directors, trustees, or key employees to a management company or other person? . 3 4 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 5 6 Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? 7a b Are any governance decisions of the organization reserved to (or subject to approval by) members, 7b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: Each committee with authority to act on behalf of the governing body? 8b Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O 9 Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) No 10a **10a** Did the organization have local chapters, branches, or affiliates? b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? 10b 11a 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. 12a **12a** Did the organization have a written conflict of interest policy? If "No," go to line 13 b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12b Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," 12c 13 13 Did the organization have a written document retention and destruction policy? 14 1 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? 15a The organization's CEO, Executive Director, or top management official 15b If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions. 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement 16a **b** If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the 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) 18 (3)s only) available for public inspection. Indicate how you made these available. Check all that apply. ☐ Other (explain on Schedule O) Own website ✓ Another's website ✓ Upon request 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. Kathy A Jackson, (843)671-5276

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

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

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

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

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

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

☐ Check this box if neither the organization no	r any relate	ed org	ganiz			compe	ensa	ated any current	officer, director,	or trustee.
(A) Name and title	(B) Average			Pos neck		e than		(D) Reportable	(E) Reportable	(F) Estimated amount
ivame and ude	hours per week	office	er and	d a di	irecto	is both or/truste	e)	compensation from the	compensation from related	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
Dustin Ousley	2.00									
Artistic Director	0.00	~						24,075	0	0
Phyllis Duffie	2.00									
Director	0.00	~						0	0	0
Rob Propst	2.00									
Director	2.00	~						0	0	0
Carol Wolfe	1.00									
Director		~						0	0	0
Walter Lowe	3.00									
President		~		~				0	0	0
Judy Tiano	1.00									
Director	0.00	~						0	0	0
Kathy Burmeister	1.00									
Director		~						0	0	0
Kathy Jackson	3.00									
Treasurer	0.00			~				0	0	0
Margie Lechowicz	3.00									
Vice President	0.00			~				0	0	0
Mindy Mason	2.00									
Secretary	2.00			~				0	0	0

Part	Section A. Officers, Directors, 1	rusiees, r	vey c	-1111k	JIUJ	/ee	5, and	ип	ignest compe	isateu Empic	yees (continued)
					(C)					
	(A)	(B)				sition			(D)	(E)	(F)
	Name and title	Average					e than o is both		Reportable	Reportable	Estimated amount
		hours					or/truste		compensation	compensation	of other
		per week			1	1		r -	from the	from related	compensation
		(list any	ndiv di	Institutional	Officer	Key employee	mp ligh	Former	organization (W-2/	organizations (W-2 1099-MISC/	
		hours for related	rec	tutic	ěΫ	em	est loye	Эer	1099-MISC/ 1099-NEC)	1099-MISC/ 1099-NEC)	organization and related organizations
		organizations	al t	ona		형	æ cor		1033-1420)	1000-1420)	Totaled organizations
		below	Individual trustee or director	ŧ		/ee	Highest compensated employee				
		dotted line)	ee	trustee			nsa				
				Ф			ted				
		 									
-											
1b	Subtotal								24,075		0
С	Total from continuation sheets to Part										
d	Total (add lines 1b and 1c)								24,075		0
2	Total number of individuals (including							ed	above) who re	ceived more	than \$100,000 of
_	reportable compensation from the organization			.	٠			- u	,	001104 111010	
-	Toportable compensation from the eigeniz	Zauon							0		
_											Yes No
3	Did the organization list any former							mpl	loyee, or highe	st compensate	d
	employee on line 1a? If "Yes," complete S	Schedule J	for su	ıch i	indi	vidu	ıal .				3 /
4	For any individual listed on line 1a, is the	e sum of re	porta	ble	cor	npe	nsatio	on a	and other compe	nsation from th	e l
	organization and related organizations										
	individual										. 4 /
_	Did any person listed on line 1a receive of	or operile of	omno	noo	tion	fro	m on	,n	rolated organiza	tion or individu	
5	, ·						,		•		
	for services rendered to the organization?	e II Yes, C	ompie	ele s	SCII	eau	ie J ic	ון אנ	uch person .		5
Secti	on B. Independent Contractors										
1	Complete this table for your five high	est compe	ensate	ed i	inde	per	ndent	CO	ntractors that re	eceived more	than \$100,000 of
	compensation from the organization. Repo	ort compen	satior	n for	r the	ca	lendaı	r ve	ar ending with or	within the orga	nization's tax year.
-		•						ĺ			· · · · · · · · · · · · · · · · · · ·
	(A) Name and business add	ress							(B) Description of serv	vices	(C) Compensation
	Name and business add	1633							Description of serv	noes	Compensation
None											
								L			
-											
										+	
2	Total number of independent contracto	re (includir	na hi	ıt n	Ot I	imit	ed to	th	nse listed above	e) who	
-	received more than \$100,000 of compens		-				J4 10	u i		,o	

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Form 990 (2022)

Part VIII Statement of Revenue	
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		Check if Schedule	O co	ntains a re	spon	se or note to an	y line in this Pai	t VIII		\square
					-		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512–514
Š, Š	1a	Federated campaig	ns .		1a	0				
Contributions, Gifts, Grants, and Other Similar Amounts	b	Membership dues			1b	10,400				
တ် ဥ	С	Fundraising events			1c	0				
r ţ	d	Related organization	ns .		1d	0				
<u>a</u> g	е	Government grants	(cont	ributions)	1e	70,565				
ns,	f	All other contribution	ns, gi	fts, grants,						
er S		and similar amounts no	ot inclu	uded above	1f	27,778				
혈美	g	Noncash contribution	ns in	cluded in						
ᇦ		lines 1a-1f			1g	\$ 0				
පු පි	h	Total. Add lines 1a-	-1f .				108,743			
						Business Code	,			
Se	2a	Sponsors				711300	5,000	5,000	0	0
ه ≧	b	Program Ads				711130	21,500	21,500	0	0
Program Service Revenue	С	Concert Tickets				711130	73,220	73,220	0	0
E S	d						,	,		
20 %	е									
<u>ი</u>	f	All other program se	ervice	revenue .			0	0	0	0
_	g	Total. Add lines 2a-					99,720			
	3	Investment income					•			
		other similar amoun	ts) .				1,203	1,203	0	0
	4	Income from investr	ment (of tax-exen	npt bo	nd proceeds	0	0	0	0
	5	D 101				-	0	0	0	0
		•		(i) Rea		(ii) Personal				
	6a	Gross rents	6a		0	0				
	b	Less: rental expenses	6b		0	0				
	С	Rental income or (loss)	6c		0	0				
	d	Net rental income o	r (loss	s)			0	0	0	0
	7a	Gross amount from		(i) Securit	ies	(ii) Other				
		sales of assets				_				
		other than inventory	7a		0	0				
<u>o</u>	b	Less: cost or other basis								
Revenue		and sales expenses .	7b		0	0				
ě	С	Gain or (loss)	7c		0	0				
	d	Net gain or (loss)					0	0	0	0
Other	8a	Gross income from	m fu	ndraising						
Ò		events (not including		0						
		of contributions rep		d on line						
		1c). See Part IV, line	18		8a	0				
	b	Less: direct expense	es .		8b	0				
	С	Net income or (loss)			g eve	nts	0		0	0
	9a	Gross income f								
		activities. See Part I			9a	0				
		Less: direct expense			9b	0				
		Net income or (loss)			ctivitie	s	0	0	0	0
	10a	Gross sales of ir		ory, less						
		returns and allowan			10a	0				
	b	Less: cost of goods			10b	0				
	С	Net income or (loss)) from	sales of in	vento	ory	0	0	0	0
<u>S</u>						Business Code				
eor re	11a	Amazon Smile				454110	148	148	0	0
an ent	b	Target				454110	500	500	0	0
Miscellaneous Revenue	С									
Įį R	d	All other revenue					0	0	0	0
_	e	Total. Add lines 11a					648			
	12	Total revenue. See	ınstrı	uctions			210,314	101,571	0	0

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Part IX Statement of Functional Expenses

ection 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 .		v
Do no	t include amounts reported on lines 6b, 7b,	(A)	(B) Program service	(C)	(D)
	o, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundráising expenses
1	Grants and other assistance to domestic organizations		ехрепзез	general expenses	ехрепзез
•	and domestic governments. See Part IV, line 21.				
_		0	0		
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22	0	0		
3	Grants and other assistance to foreign				
	organizations, foreign governments, and				
	foreign individuals. See Part IV, lines 15 and 16	0	0		
		0			
4	Benefits paid to or for members	0	0		
5	Compensation of current officers, directors,				
	trustees, and key employees	36,820	0	36,820	0
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)	0	0	0	0
7	Other salaries and wages	0	0	0	0
		U	U	U	U
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)	0	0	0	0
9	Other employee benefits	0	0	0	0
10	Payroll taxes	0	0	0	0
11	Fees for services (nonemployees):				
a	Management	0	0	n	0
	Legal	0	0	0	<u>_</u>
b			-	0	0
С	Accounting	0	0	0	0
d	Lobbying	0	0	0	0
е	Professional fundraising services. See Part IV, line 17	0			0
f	Investment management fees	0	0	0	0
g	Other. (If line 11g amount exceeds 10% of line 25, column				
•	(A), amount, list line 11g expenses on Schedule O.)	79,693	79,693	0	0
12	Advertising and promotion	63,914	63,914	•	
		·		0.000	
13	Office expenses	3,722	834	2,888	0
14	Information technology	8,725	8,725	0	0
15	Royalties	0	0	0	0
16	Occupancy	20,126	13,766	6,360	
17	Travel	0	0	0	0
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials	n	n	n	n
19	Conferences, conventions, and meetings	220	0	220	0
	- -	220	U	220	U
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization .				
23	Insurance	2,262		2,262	
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.)				
_		10.100	10.100		
a	Concert Production Expenses	16,136	16,136	0	0
b					
С					
d					
е	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	231,618	183,068	48,550	0
26	Joint costs. Complete this line only if the		,	,	
	organization reported in column (B) joint costs				
	from a combined educational campaign and				
	fundraising solicitation. Check here if				
	following ŠOP 98-2 (ASC 958-720)				

Part X Balance Sheet

		Check if Schedule O contains a response or note to any line in this Par	t X		<u> L</u>
			(A) Beginning of year		(B) End of year
	1	Cash—non-interest-bearing	83,643	1	60,511
	2	Savings and temporary cash investments	78,209	2	80,037
	3	Pledges and grants receivable, net	0	3	0
	4	Accounts receivable, net	0	4	0
	5	Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons	0	5	0
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)			0
	_		0	6	0
ets	7	Notes and loans receivable, net	0	7	0
Assets	8	Inventories for sale or use	0	8	0
Ř	9 10a	Prepaid expenses and deferred charges	0	9	0
		basis. Complete Part VI of Schedule D 10a			
	b	Less: accumulated depreciation 10b		10c	
	11	Investments—publicly traded securities	0	11	0
	12	Investments—other securities. See Part IV, line 11	0	12	0
	13	Investments—program-related. See Part IV, line 11	0	13	0
	14	Intangible assets	0	14	0
	15	Other assets. See Part IV, line 11	0	15	0
	16	Total assets. Add lines 1 through 15 (must equal line 33)	161,852	16	140,548
	17	Accounts payable and accrued expenses	0	17	0
	18	Grants payable	0	18	0
	19	Deferred revenue	0	19	0
	20	Tax-exempt bond liabilities	0	20	0
	21	Escrow or custodial account liability. Complete Part IV of Schedule D.	0	21	0
Liabilities	22	Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons			
iab			0	22	0
	23	Secured mortgages and notes payable to unrelated third parties	0	23	0
	24 25	Unsecured notes and loans payable to unrelated third parties Other liabilities (including federal income tax, payables to related third	0	24	0
		parties, and other liabilities not included on lines 17–24). Complete Part X of Schedule D		25	
	26	Total liabilities. Add lines 17 through 25	0	26	0
nces		Organizations that follow FASB ASC 958, check here			
		and complete lines 27, 28, 32, and 33.		_	
3ale	27	Net assets without donor restrictions		27	
Net Assets or Fund Balances	28	Net assets with donor restrictions		28	
		Organizations that do not follow FASB ASC 958, check here and complete lines 29 through 33.			
	29	Capital stock or trust principal, or current funds	29,298	29	29,298
	30	Paid-in or capital surplus, or land, building, or equipment fund	103,496	30	132,553
188	31	Retained earnings, endowment, accumulated income, or other funds .	29,058	31	-21,303
et /	32	Total net assets or fund balances	161,852	32	140,548
Ž	33	Total liabilities and net assets/fund balances	161,852	33	140,548

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Part	rt XI Reconciliation of Net Assets					
	Check if Schedule O contains a response or note to any line in this Part XI					
1	Total revenue (must equal Part VIII, column (A), line 12)	1		210,314		
2	Total expenses (must equal Part IX, column (A), line 25)			231,618		
3	Revenue less expenses. Subtract line 2 from line 1			-21,304		
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))		161,85		1,852
5	Net unrealized gains (losses) on investments			0		
6	Donated services and use of facilities		(0
7	Investment expenses					0
8	Prior period adjustments			0		
9	Other changes in net assets or fund balances (explain on Schedule O)			0		
10		assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line				
	32, column (B))	10			14	0,548
Part	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 Accrual Other					
	If the organization changed its method of accounting from a prior year or checked "Other," e Schedule O.	explain	on			
_				2a		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?					/
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or					
	reviewed on a separate basis, consolidated basis, or both:					
	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis					
b	······································	 :4-4	•	2b		~
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on					
	separate basis, consolidated basis, or both:					
•	Separate basis Consolidated basis Both consolidated and separate basis					
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the 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					
	Schedule O.	SAPIAIII				
32	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?					
Ja				За		V
h	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the			,a		
	required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits.			3b		
				~~	200	

Form **990** (2022)

SCHEDULE A (Form 990)

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-FZ.

Attach to Form 990 or Form 990-EZ.

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

2022

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization Employer identification number HILTON HEAD CHORAL SOCIETY INC 57-0834963 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). A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E (Form 990).) A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 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.) ☐ 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 university: ☑ An organization that normally receives (1) more than 33½% 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 33½% 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. 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 supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having b control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, 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) d that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type III, Type III functionally integrated, or Type III non-functionally integrated supporting organization. Enter the number of supported organizations Provide the following information about the supported organization(s). (i) Name of supported organization (ii) EIN (iii) Type of organization (iv) Is the organization (v) Amount of monetary (vi) Amount of (described on lines 1-10 listed in your governing support (see other support (see document? above (see instructions)) instructions) instructions) Yes No (A) (B) (C) (D) (E)

Total

Schedule A (Form 990) 2022 Page **2**

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) Part II (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.) Section A. Public Support Calendar year (or fiscal year beginning in) (a) 2018 **(b)** 2019 (c) 2020 (d) 2021 (e) 2022 (f) Total Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") . . . 2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf The value of services or facilities furnished by a governmental unit to the organization without charge **Total.** Add lines 1 through 3 5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) Public support. Subtract line 5 from line 4 Section B. Total Support Calendar year (or fiscal year beginning in) (a) 2018 **(b)** 2019 (c) 2020 (d) 2021 (e) 2022 (f) Total Amounts from line 4 7 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources 9 Net income from unrelated business activities, whether or not the business is regularly carried on 10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) Total support. Add lines 7 through 10 11 Gross receipts from related activities, etc. (see instructions) 12 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) 13 organization, check this box and stop here Section C. Computation of Public Support Percentage Public support percentage for 2022 (line 6, column (f), divided by line 11, column (f)) 14 % 15 15 331/3% support test—2022. If the organization did not check the box on line 13, and line 14 is 331/3% or more, check this box and **stop here**. The organization qualifies as a publicly supported organization 331/3% support test—2021. If the organization did not check a box on line 13 or 16a, and line 15 is 331/3% or more, check this box and **stop here**. The organization qualifies as a publicly supported organization 10%-facts-and-circumstances test-2022. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported

10%-facts-and-circumstances test—2021. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain Schedule A (Form 990) 2022

Schedu	ule A (Form 990) 2022 Page 3
	in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported
	organization
18	Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see
	instructions

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

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.)

				, [/	
	on A. Public Support	(-) 0040	(1.) 0040	(.) 0000	(1) 0004	(.) 0000	(D.T.)
_	dar 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.")	106,976	88,491	92,541	149,292	108,743	546,043
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the						
	organization's tax-exempt purpose	101,135	96,625	0	74,874	99,720	372,354
3	Gross receipts from activities that are not an unrelated trade or business under section 513						
4	Tax revenues levied for the organization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5	208,111	185,116	92,541	224,166	208,463	918,397
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.)						918,397
Section	on B. Total Support						
	dar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
9	Amounts from line 6	208,111	185,116	92,541	224,166	208,463	918,397
10a	Gross income from interest, dividends,		,	52,511	,		
	payments received on securities loans, rents,						
	royalties, and income from similar sources .	37	571	433	16	1,203	2,260
b	Unrelated business taxable income (less	<u>. </u>	0			1,200	
	section 511 taxes) from businesses						
	acquired after June 30, 1975						
С	Add lines 10a and 10b	37	571	433	16	1,203	2,260
11	Net income from unrelated business	37	3/1	700	10	1,200	2,200
• •	activities not included on line 10b, whether						
	or not the business is regularly carried on						
12	Other income. Do not include gain or						
14	loss from the sale of capital assets						
	(Explain in Part VI.)	3,084	53	361	103	648	4,249
13	Total support. (Add lines 9, 10c, 11,	3,004	33	301	103	040	4,249
10	and 12.)	211,232	185,740	93,335	224,285	210,314	924,906
14	First 5 years. If the Form 990 is for the						
	organization, check this box and stop her						
Cooti	on C. Computation of Public Support						
<u> 15</u>	Public support percentage for 2022 (line 8			2 oolumn (f))		15	99.3 %
16	Public support percentage from 2021 Sch			<u> </u>		16	99.08 %
	on D. Computation of Investment Inc			dina 40	(f))	147	22: 0/
17	Investment income percentage for 2022 (li					17	0.24 %
18	Investment income percentage from 2021					18	0.11 %
19a	33 ¹ / ₃ % support tests—2022. If the organiz						
	17 is not more than 33 ¹ / ₃ %, check this box a	=	-	-		-	_
b	33 ¹ / ₃ % support tests—2021. If the organize line 18 is not more than 33 ¹ / ₃ %, check this be						

Schedule A (Form 990) 2022

Page **5**

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

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Part IV Supporting Organizations

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

Section A. All Supporting Organizations

1	Are all of the organization's supported organizations listed by name in the organization's governing
	documents? If "No," describe in Part VI how the supported organizations are designated. If designated by
	class or purpose, describe the designation. If historic and continuing relationship, explain.

- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below.
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in **Part VI** when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in **Part VI** what controls the organization put in place to ensure such use.
- **4a** Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in **Part VI** how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- **c** Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in **Part VI** what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in **Part VI**, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b** Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- **6** Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? *If* "Yes," *provide detail in Part VI*.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).
- **8** Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? If "Yes," complete Part I of Schedule L (Form 990).
- **9a** Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in **Part VI**.
- **b** Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in **Part VI**.
- c Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in **Part VI**.
- **10a** Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? *If "Yes," answer line 10b below.*
 - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

		Yes	No
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Part	V Supporting Organizations (continued)							
			Yes	No				
11	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	A family member of a person described on line 11a above?	11b						
	A 35% controlled entity of a person described on line 11a or 11b above? <i>If "Yes" to line 11a, 11b, or 11c,</i>							
	provide detail in Part VI .	11c						
Section	on B. Type I Supporting Organizations							
			Yes	No				
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or							
	more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers,							
	directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported							
	organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the							
	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1						
2	Did the organization operate for the benefit of any supported organization other than the supported							
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part							
	VI how providing such benefit carried out the purposes of the supported organization(s) that operated,							
	supervised, or controlled the supporting organization.	2						
Section	on C. Type II Supporting Organizations		Yes	No				
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors		163	NO				
ı	or trustees of each of the organization's supported organization(s)? <i>If "No," describe in Part VI how control</i>							
	or management of the supporting organization was vested in the same persons that controlled or managed							
	the supported organization(s).	1						
Section	on D. All Type III Supporting Organizations							
		_	Yes	No				
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the							
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the							
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1						
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported	•						
_	organization(s) or (ii) serving on the governing body of a supported organization? <i>If "No," explain in Part VI how</i>							
	the organization maintained a close and continuous working relationship with the supported organization(s).	2						
3	By reason of the relationship described on line 2, above, did the organization's supported organizations have							
	a significant voice in the organization's investment policies and in directing the use of the organization's							
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's							
	supported organizations played in this regard.	3						
	on E. Type III Functionally Integrated Supporting Organizations	notre:	ntio no	-1				
1 a	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see in the organization satisfied the Activities Test. Complete line 2 below.	ıısıruc	Juons	•).				
b	☐ The organization is the parent of each of its supported organizations. <i>Complete line 3 below.</i>							
C	☐ The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see in	structi	ons).				
2	Activities Test. Answer lines 2a and 2b below.		Yes					
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of							
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify							
	those supported organizations and explain how these activities directly furthered their exempt purposes,							
	how the organization was responsive to those supported organizations, and how the organization determined	2-						
I-	that these activities constituted substantially all of its activities.	2a						
b	Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If							
	"Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would							
	have engaged in these activities but for the organization's involvement.							
3	Parent of Supported Organizations. <i>Answer lines 3a and 3b below.</i>	2b						
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 "Ves." describe in Part VI the role played by the organization in this regard	2h						

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Part 1	 ▼ Type III Non-Functionally Integrated 509(a)(3) Supporting Org □ Check here if the organization satisfied the Integral Part Test as a qualifying instructions. All other Type III non-functionally integrated supporting organ 	trus	st on Nov. 20, 1970 (<i>expla</i>	
Sect	ion A—Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion B—Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
С	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other factors (explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 0.035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C—Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6		
7	Check here if the current year is the organization's first as a non-functional (see instructions).	ally ir	ntegrated Type III suppor	ting organization

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Part	Type III Non-Functionally Integrated 509(a)(3) Supporting Organiz	zations (continued	d)	
Secti	on D—Distributions				Current Year
1	Amounts paid to supported organizations to accomplish e	exempt purposes		1	
2	Amounts paid to perform activity that directly furthers exe				
	organizations, in excess of income from activity	2			
3	Administrative expenses paid to accomplish exempt purp	oses of supported organ	nizations	3	
4	Amounts paid to acquire exempt-use assets			4	
5	Qualified set-aside amounts (prior IRS approval required-	provide details in Part	VI)	5	
6	Other distributions (describe in Part VI). See instructions.		,	6	
7	Total annual distributions. Add lines 1 through 6.			7	
8	Distributions to attentive supported organizations to which	n the organization is res	ponsive		
	(provide details in Part VI). See instructions.			8	
9	Distributable amount for 2022 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount			10	
Secti	on E—Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistribution Pre-2022	ıs	(iii) Distributable 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				
а	From 2017				
b	From 2018				
С	From 2019				
d	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.				
	Remaining underdistributions for years prior to 2022, if				
5	any. Subtract lines 3g and 4a from line 2. For result				
	greater than zero, explain in Part VI . See instructions.				
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				
b	Excess from 2019				
C	Excess from 2020				
d	Excess from 2021				
u	Excess from 2022				

Schedule A (Form 990) 2022 Part VI Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.) Schedule A, Part III, Line 12 - The amount was received from Amazon Smile and Target

SCHEDULE O (Form 990)

Department of the Treasury

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or Form 990-EZ.

2022

Open to Public

Inspection Internal Revenue Service Go to www.irs.gov/Form990 for the latest information. Name of the organization **Employer identification number** 57-0834963 HILTON HEAD CHORAL SOCIETY INC Form 990, Part VI, Section A, Line 7a - Per the By-laws of Hilton Head Choral Society (HHCS), the Board of Directors are elected by the members of HHCS at each annual meeting. Members of HHCS are singers, music directors, and accompanists. Form 990, Part VI, Section B, Line 11b - The annual Form 990 or Form 990EZ is initially reviewed by the Finance Committee and then it is submitted to the Board of Directors for review. Form 990, Part VI, Section C, Line 19 - Hilton Head Choral Society will make its governing documents and financial statements available to the public upon request. Copies of Form 990 that have been filed with the IRS are available to the public on several websites including the IRS and the state of South Carolina. Form 990, Part IX, Line 11g - Independent contractors such as orchestra musicians and production managers who assist the Hilton Head **Choral Society at its concerts**

Return of Organization Exempt From Income Tax

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

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

► 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.

<u>A</u>	For the	2021 calend	dar year, or tax year beginning	06/01/2021	and ending		05/31/20)22			
В	Check if	applicable:	C Name of organization HILTON HE	AD CHORAL SOCIE	TY INC			D Empl	oyer identification	number	
	Address	change	Doing business as						57-0834963		
	Name ch	ne change Number and street (or P.O. box if mail is not delivered to street address) Room/suite E							E Telephone number		
	Initial ret										
	Final retu	rn/terminated									
$\overline{\Box}$	Amende	nal return/terminated City or town, state or province, country, and ZIP or foreign postal code HILTON HEAD ISLAND, SC 29928 G								224,284	
$\overline{\Box}$	Applicati	on pending	F Name and address of principal officer	KATHY A JACKS	ON		H(a) Is this a gr	oup retu	ırn for subordinates	? Yes 🗸 No	
	• •		34 WATER OAK DRIVE, HILTON	HEAD ISLAND, SC	29928		H(b) Are all si	ubordina	ates included?	Yes 🗌 No	
ī	Tax-exer	mpt status:	✓ 501(c)(3) 501(c)() ◀ (insert no.)	4947(a)(1) or 527	,	If "No," attach a	a list. Se	ee instructions.		
J	Website	· www.h	iltonheadchoralsociety.org	<u> </u>			H(c) Group exe	emption	number ▶		
K		rganization:		☐ Other ►	L Year of for	mation:	1984	M State	of legal domicile:	SC	
	art I	Summa	•		u u		1				
	1	Briefly des	cribe the organization's mission	or most significan	t activities: To pe	rform	choral musi	cal pro	ograms for the	Hilton	
ø			d and regional communities and								
Governance			ces of celebrity artists and chora					T. 13. 3.F			
ern	2		box ► if the organization dis		rations or dispose	d of r	more than 2	5% of	its net assets.		
Š	3		voting members of the governing	•	•			3		11	
დ •	4		independent voting members o		•			4		10	
es	5		per of individuals employed in ca	-	• •			5		0	
Ż.	6		per of volunteers (estimate if ne	•	,			6		30	
Activities &	7a		ated business revenue from Par	• •				7a		0	
•	b		ted business taxable income fro	. , ,				7b		0	
		140t unitola	ted business taxable income no	1111 01111 000-1,1 0			Prior Year	10	Current Y		
	8									149,292	
ne			ervice revenue (Part VIII, line 2g								
Revenue	9				74,874						
Re	10		t income (Part VIII, column (A), lines	•						16 102	
	11 12		nue (Part VIII, column (A), lines		,	-		0			
			nue—add lines 8 through 11 (mus			-		U		224,284	
	13									0	
	14		•			0					
ses	15		ther compensation, employee be	•	, ,					52,434	
Expenses	16a	6a Professional fundraising fees (Part IX, column (A), line 11e)								0	
쫎											
_	17	Other expe	0		142,792						
	18	1 , , , , , , , , , , , , , , , , , , ,								195,226	
- 10	19	Revenue i	ess expenses. Subtract line 18 f	rom line 12				0	End of Ye	29,058	
Net Assets or Fund Balances		20 Total assets (Part X, line 16)									
Sse	20									161,852	
nd A	21		(, -)				4.0	0		104.050	
			or fund balances. Subtract line	21 from line 20			13	2,793		161,852	
	art II		re Block								
			I declare that I have examined this reture. Declaration of preparer (other than office						knowledge and be	lief, it is	
		, and complete	. Bedaration of preparer (other than only	oci ji s basea oii ali lilloi	mation of which propar	ici nas	I I	•			
Qi,	nn.	<u> </u>									
Si	_	Signat	ure of officer				Date				
He	re		y Jackson, Treasurer								
		<u> </u>	or print name and title				1				
Pa	id	Print/Type	preparer's name	reparer's signature		Date		Check	if PTIN		
	epare	r ——						self-emp	оюyea		
	e Onl	V Firm's nar					Firm's E				
		Firm's add					Phone	no.			
Ма	y the IR	RS discuss	this return with the preparer sho	wn above? See in	structions				. LYes	No	

Form 990 (2021) Page **2**

Part	Statement of Program Service Accomplishments Check if Schedule O contains a response or note to any line in this Part III	1
1	Briefly describe the organization's mission:	-
	To perform a variety of choral musical programs to enhance the artistic experience of the Hilton Head Island and regional communities, and its visitors, to collaborate with other arts organizations, and to sponsor local performances of celebrity artists and choral groups. Achieve excellence as an autonomous chorus serving the Lowcountry with an emphasis on Diversity.	
2	Community Engagement, and the Joy of Singing. Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?	_
3	If "Yes," describe these new services on Schedule O. Did the organization cease conducting, or make significant changes in how it conducts, any program	
J	services?	
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured be expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to other the total expenses, and revenue, if any, for each program service reported.	
4a	(Code:) (Expenses \$125,321 including grants of \$0) (Revenue \$74,977) During the period September 2021 through May 2022, the Hilton Head Choral Society performed three concerts. Attendance by residents, tourists, and visitors of Hilton Head Island, surrounding communities, and 19 states outside of South Carolina totaled	
	1360.	
4b	(Code:) (Expenses \$including grants of \$) (Revenue \$)	_
4c	(Code:) (Expenses \$ including grants of \$) (Revenue \$)	_
4d	Other program services (Describe on Schedule O.) (Expenses \$ 0 including grants of \$ 0) (Revenue \$ 0)	
4e	Total program service expenses ► 125 321	-

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

Part	Checklist of Required Schedules (continued)		Vaa	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	Yes	No
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			
24a	employees? If "Yes," complete Schedule J	23 24a		\(\tau_{\tau} \)
b c	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? Did the organization maintain an escrow account other than a refunding escrow at any time during the year	24a 24b		
d	to defease any tax-exempt bonds?	24c 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? <i>If "Yes," complete Schedule L, Part I</i>	25a		~
D	year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		~
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part II</i>	26		,
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		V
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV, instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If</i> "Yes," complete Schedule L, Part IV	28a		~
	A family member of any individual described in line 28a? <i>If "Yes," complete Schedule L, Part IV</i> A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? <i>If "Yes," complete Schedule L, Part IV </i>	28b 28c		ν ν
29 30	Did the organization receive more than \$25,000 in non-cash contributions? <i>If</i> "Yes," <i>complete Schedule M</i> Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If</i> "Yes," <i>complete Schedule M</i>	29 30		ν ν
31 32	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If</i> "Yes," <i>complete Schedule N, Part I</i> Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If</i> "Yes," <i>complete Schedule N, Part II</i>	31		~
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>	32		\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34		~
35a b	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a 35b		V
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>	36		~
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>	37		~
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? Note: All Form 990 filers are required to complete Schedule O	38	~	
Part				
	Check if Schedule O contains a response or note to any line in this Part V		Yes	No
1a b	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	~	

Form 990 (2021) Page 5 Part V Statements Regarding Other IRS Filings and Tax Compliance (continued) Yes No Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return 0 2b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. See instructions. 3a Did the organization have unrelated business gross income of \$1,000 or more during the year? 3b **b** If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O 4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? 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 Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 5b 5c 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 If "Yes," did the organization include with every solicitation an express statement that such contributions or Organizations that may receive deductible contributions under section 170(c). Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods 7a 7b **b** If "Yes," did the organization notify the donor of the value of the goods or services provided? Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was 7c If "Yes," indicate the number of Forms 8282 filed during the year Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7e 7f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . f 7g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? 7h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the 8 sponsoring organization have excess business holdings at any time during the year? 8 Sponsoring organizations maintaining donor advised funds. 9 Did the sponsoring organization make any taxable distributions under section 4966? 9a 9b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? 10 Section 501(c)(7) organizations. Enter: 10a Initiation fees and capital contributions included on Part VIII, line 12 . . . Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b 11 Section 501(c)(12) organizations. Enter: Gross income from members or shareholders 11a Gross income from other sources. (Do not net amounts due or paid to other sources 11b 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 . . . Section 501(c)(29) qualified nonprofit health insurance issuers. 13 13a Is the organization licensed to issue qualified health plans in more than one state? Note: See the instructions for additional information the organization must report on Schedule O. Enter the amount of reserves the organization is required to maintain by the states in which 13b 13c 14a 14a Did the organization receive any payments for indoor tanning services during the tax year? 14b **b** If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O. 15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or 15 If "Yes," see the instructions and file Form 4720, Schedule N. 16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income? 16 If "Yes," complete Form 4720, Schedule O.

Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in any

activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953?

17

If "Yes," complete Form 6069.

17

Form 990 (2021)

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

response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions. Section A. Governing Body and Management No Yes **1a** Enter the number of voting members of the governing body at the end of the tax year . . . 1a 11 If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O. Enter the number of voting members included on line 1a, above, who are independent . 10 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? 2 Did the organization delegate control over management duties customarily performed by or under the direct 3 supervision of officers, directors, trustees, or key employees to a management company or other person? . 3 4 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? . 5 5 6 Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? 7a b Are any governance decisions of the organization reserved to (or subject to approval by) members, 7b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: Each committee with authority to act on behalf of the governing body? 8b 1 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O 9 Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) No 10a **10a** Did the organization have local chapters, branches, or affiliates? 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 ī 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11a **b** Describe on Schedule O the process, if any, used by the organization to review this Form 990. 12a **12a** Did the organization have a written conflict of interest policy? If "No," go to line 13 b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12b Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," 12c 13 13 / Did the organization have a written document retention and destruction policy? 14 V 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? 15a The organization's CEO, Executive Director, or top management official 15b 1 If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions. 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement 16a **b** If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the 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) 18 (3)s only) available for public inspection. Indicate how you made these available. Check all that apply. ☐ Other (explain on Schedule O) Own website ✓ Another's website Upon request Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, 19 and financial statements available to the public during the tax year. State the name, address, and telephone number of the person who possesses the organization's books and records ▶ 20 Kathy A Jackson, (843)671-5276

Form 990 (2021) Page **7**

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

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

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

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

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

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

Check this box if neither the organization no	r any relate	ed org	janiz	zatio	on c	compe	ensa	ated any current	officer, director,	or trustee.
					C)					
(A) Name and title	(B) Average hours	box,	Position (do not check more than one box, unless person is both an officer and a director/trustee)					(D) Reportable compensation	(E) Reportable compensation	(F) Estimated amount of other
	per week (list any hours for related organizations below dotted line)	Individua or directo	institutional trustee				Former	from the organization (W-2/ 1099-MISC/ 1099-NEC)	from related organizations (W-2/ 1099-MISC/ 1099-NEC)	compensation from the organization and related organizations
Timothy R Reynolds	2.00									
Ex-Officio and Artistic Director	0.00	~						37,812	0	0
Janice Creech	2.00									
Director	0.00	~						2,047	0	0
Judy Tiano	3.00									
President	0.00	~		~				0	0	0
Walter Lowe	3.00									
Vice President	0.00	~		~				0	0	0
Margie Lechowicz	2.00									
Secretary	0.00	~		~				0	0	0
Kathy Jackson	3.00									
Treasurer	0.00	~		~				0	0	0
Phyllis Duffie	1.00									
Director	0.00	~						0	0	0
Madonna Muller	1.00									
Director	0.00	~						0	0	0
Rob Propst	1.00									
Director	0.00	~						0	0	0
Phoebe Taylor	1.00									
Director	0.00	~						0	0	0
Carol Wolfe	1.00									
Director	0.00	~						0	0	0

Part	Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)											
					(0	C)						
	(A) Name and title	(B) Average hours	box,	unles	neck ss pe	rson	e than is both or/truste	n an	(D) Reportable compensation	(E) Reportable compensation	Estimat of	(F) ed amount other
		per week (list any hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	from the organization (W-2/ 1099-MISC/ 1099-NEC)	from related organizations (W-2/ 1099-MISC/ 1099-NEC)	fro organiz	ensation m the zation and rganizations
1b	Subtotal							.	39,859	0		0
С	Total from continuation sheets to Part	VII, Sectio	n A									
d	Total (add lines 1b and 1c)								39,859	0	<u> </u>	0
2	Total number of individuals (including but		to the	ose	liste	ed a	above) wł		than \$100,000	of	
	reportable compensation from the organi	ZaliOH							0			Yes No
3	Did the organization list any former employee on line 1a? <i>If "Yes," complete</i> S							-	loyee, or highe	=		
4	For any individual listed on line 1a, is the organization and related organizations	e sum of re	porta	ble	con	npe	nsatio	on a	and other compe	nsation from the	:	
-	individual										4	~
5	Did any person listed on line 1a receive of for services rendered to the organization?										5	V
	on B. Independent Contractors			: ام							h #10	00 000 -f
1	Complete this table for your five high compensation from the organization. Rep											
	(A) Name and business add	ress							(B) Description of serv	vices	(C) Compensa	ition
None								_				
2	Total number of independent contractor received more than \$100,000 of compens	•	-					the	ose listed above 0	e) who		

Part VIII Statement of Revenue

		Check if Schedule	O co	ntains a re	spon	se or note to an	y line in this Par	t VIII		\square
					-		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512–514
Š, Š	1a	Federated campaig	ns .		1a	0				
ant	b	Membership dues			1b	10,020				
တ် ဥ	С	Fundraising events			1c	0				
Contributions, Gifts, Grants, and Other Similar Amounts	d	Related organization	ns .		1d	0				
<u>a</u> g	е	Government grants	(cont	ributions)	1e	103,323				
ns,	f	All other contribution	ns, gi	fts, grants,						
er S		and similar amounts no	ot inclu	uded above	1f	35,949				
혈美	g	Noncash contribution	ns in	cluded in						
얼날		lines 1a-1f			1g	\$ 0				
පු පි	h	Total. Add lines 1a-	-1f .			>				
						Business Code				
Se	2a	Sponsors				711130	7,000	7,000	0	0
Program Service Revenue	b	Program Ads				711130	21,554	21,554	0	0
gram Ser Revenue	С	Concert Tickets				711130	46,320	46,320	0	0
E S	d						,	,		
20 %	е									
<u>ი</u>	f	All other program se	ervice	revenue .			0	0	0	0
_	g	Total. Add lines 2a-					74,874			
	3	Investment income					,			
		other similar amoun	ts) .				16	16	0	0
	4	Income from investr	ment o	of tax-exen	npt bo	nd proceeds ►	0	0	0	0
	5	D 11:			-	-	0	0	0	0
				(i) Rea		(ii) Personal				
	6a	Gross rents	6a		0	0				
	b	Less: rental expenses	6b		0	0				
	С	Rental income or (loss)	6c		0	0				
	d	Net rental income o	r (loss	s)			0	0	0	0
	7a	Gross amount from		(i) Securit	ies	(ii) Other				
		sales of assets				_				
		other than inventory	7a		0	0				
<u>o</u>	b	Less: cost or other basis								
Revenue		and sales expenses .	7b		0	0				
ě	С	Gain or (loss)	7c		0	0				
	d	Net gain or (loss)					0	0	0	0
Other	8a	Gross income from	m fu	ndraising						
Ò		events (not including		0						
		of contributions rep		d on line						
		1c). See Part IV, line	18		8a	0				
	b	Less: direct expense			8b	0				
	С	Net income or (loss			g eve	nts ▶	0		0	0
	9a	Gross income f								
		activities. See Part I			9a	0				
		Less: direct expense			9b	0				
		Net income or (loss)	,		ctivitie	s ▶	0	0	0	0
	10a	Gross sales of ir		•						
		returns and allowan			10a	0				
	b	Less: cost of goods			10b	0				
	С	Net income or (loss)) from	sales of in	vento	1	0	0	0	0
S						Business Code				
eo Peo	11a	Amazon Smile				454110	102	102	0	0
scellaneo Revenue	b									
cel ev	C									
Miscellaneous Revenue	d	All other revenue					0	0	0	0
_	e	Total. Add lines 11a			•		102			
	12	Total revenue. See	ınstrı	uctions		🕨	224,284	74,992	0	0

Form 990 (2021) Page **10**

Part IX Statement of Functional Expenses

Check if Schedule O contains a resp	onse or note to any line	in this Part IX .		
Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	l otal expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizati	ons	·	,	·
and domestic governments. See Part IV, line 21	. 0	0		
2 Grants and other assistance to domest		•		
individuals. See Part IV, line 22		0		
		U		
	•			
organizations, foreign governments,				
foreign individuals. See Part IV, lines 15 and	•	0		
4 Benefits paid to or for members		0		
5 Compensation of current officers, director				
trustees, and key employees	52,434	1,294	51,140	
6 Compensation not included above to disquali	ified	,	,	
persons (as defined under section 4958(f)(1))				
persons described in section 4958(c)(3)(B) .		0	0	
		0	0	
7 Other salaries and wages		0	0	
8 Pension plan accruals and contributions (incl				
section 401(k) and 403(b) employer contributio		0	0	
9 Other employee benefits	. 0	0	0	
10 Payroll taxes	. 0	0	0	
11 Fees for services (nonemployees):				
a Management	. 0	0	0	
b Legal		0	0	
-				
c Accounting		0	0	
d Lobbying		0	0	
e Professional fundraising services. See Part IV, line				
f Investment management fees		0	0	
g Other. (If line 11g amount exceeds 10% of line 25, colu				
(A), amount, list line 11g expenses on Schedule O.)	46,208	46,208	0	(
12 Advertising and promotion	. 49,986	49,986	0	
13 Office expenses	. 3,470	,	3,470	
14 Information technology		5,265	2,110	
15 Royalties		0,200	0	
		· ·		
16 Occupancy		8,094	6,948	
17 Travel		0	0	
Payments of travel or entertainment expens				
for any federal, state, or local public officials	0	0	0	
19 Conferences, conventions, and meetings	. 6,780	0	6,780	(
20 Interest	. 0	0	0	
21 Payments to affiliates	. 0	0	0	(
22 Depreciation, depletion, and amortization		0	0	
23 Insurance		0	1,567	
24 Other expenses. Itemize expenses not cover	,	0	1,007	
•				
above. (List miscellaneous expenses on line 24 line 24e amount exceeds 10% of line 25, colu				
(A), amount, list line 24e expenses on Schedule	,			
a Concert Production Expenses	14,474	14,474	0	
b				
С				
d				
e All other expenses	0	0	0	
25 Total functional expenses. Add lines 1 through:		_	69,905	
26 Joint costs. Complete this line only if	•	120,321	605,505	
organization reported in column (B) joint co				
from a combined educational campaign a	and			
fundraising solicitation. Check here	ີ if			
following ŠOP 98-2 (ASC 958-720)				
				Form 990 (202

Part X Balance Sheet

		Check if Schedule O contains a response or note to any line in this Pa	rt X		<u> </u>
			(A) Beginning of year		(B) End of year
	1	Cash—non-interest-bearing	54,600	1	83,643
	2	Savings and temporary cash investments	78,193	2	78,209
	3	Pledges and grants receivable, net	0	3	0
	4	Accounts receivable, net	0	4	0
	5	Loans and other receivables from any current or former officer, director,			
		trustee, key employee, creator or founder, substantial contributor, or 35%			
		controlled entity or family member of any of these persons	0	5	0
	6	Loans and other receivables from other disqualified persons (as defined			
		under section $4958(f)(1)$), and persons described in section $4958(c)(3)(B)$.	0	6	0
ß	7	Notes and loans receivable, net	0	7	0
Assets	8	Inventories for sale or use	0	8	0
As	9	Prepaid expenses and deferred charges	0	9	0
	10a	Land, buildings, and equipment: cost or other			
		basis. Complete Part VI of Schedule D 10a			
	b	Less: accumulated depreciation 10b	0	10c	
	11	Investments—publicly traded securities	0	11	0
	12	Investments—other securities. See Part IV, line 11	0	12	0
	13	Investments—program-related. See Part IV, line 11	0	13	0
	14	Intangible assets	0	14	0
	15	Other assets. See Part IV, line 11	0	15	0
	16	Total assets. Add lines 1 through 15 (must equal line 33)	132,793	16	161,852
	17	Accounts payable and accrued expenses	0	17	0
	18	Grants payable	0	18	0
	19	Deferred revenue	0	19	0
	20	Tax-exempt bond liabilities	0	20	0
	21	Escrow or custodial account liability. Complete Part IV of Schedule D	0	21	0
Se	22	Loans and other payables to any current or former officer, director,			
≝		trustee, key employee, creator or founder, substantial contributor, or 35%			
Liabilities		controlled entity or family member of any of these persons	0	22	0
=	23	Secured mortgages and notes payable to unrelated third parties	0	23	0
	24	Unsecured notes and loans payable to unrelated third parties	0	24	0
	25	Other liabilities (including federal income tax, payables to related third			
		parties, and other liabilities not included on lines 17–24). Complete Part X			
		of Schedule D	0	25	
	26	Total liabilities. Add lines 17 through 25	0	26	0
es		Organizations that follow FASB ASC 958, check here ►			
anc		and complete lines 27, 28, 32, and 33.			
3al	27	Net assets without donor restrictions		27	
D E	28	Net assets with donor restrictions		28	
<u>.</u> =		Organizations that do not follow FASB ASC 958, check here			
ř	00	and complete lines 29 through 33.	22.222	00	20.000
ts (29	Capital stock or trust principal, or current funds			29,298
Net Assets or Fund Balances	30 24	Paid-in or capital surplus, or land, building, or equipment fund Retained earnings, endowment, accumulated income, or other funds	63,476 40,019		103,496
Ä	31 32	Total net assets or fund balances	132,793		29,058 161,852
Net	32 33	Total liabilities and net assets/fund balances			161,852
_	55	rotal habilities and net assets/fully balances	132,793	5	101,002

Form 990 (2021) Page **12**

Part	XI Reconciliation of Net Assets				-	
	Check if Schedule O contains a response or note to any line in this Part XI					~
1	Total revenue (must equal Part VIII, column (A), line 12)	1			22	4,284
2	Total expenses (must equal Part IX, column (A), line 25)	2			19	5,226
3	Revenue less expenses. Subtract line 2 from line 1	3			2	9,058
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4			13	2,793
5	Net unrealized gains (losses) on investments	5				0
6	Donated services and use of facilities	6				0
7	Investment expenses	7				0
8	Prior period adjustments	8				0
9	Other changes in net assets or fund balances (explain on Schedule O)	9				1
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line					
	32, column (B))	10			16	1,852
Part	XII Financial Statements and Reporting					
	Check if Schedule O contains a response or note to any line in this Part XII					
			_		Yes	No
1	Accounting method used to prepare the Form 990: Cash Accrual Other					
	If the organization changed its method of accounting from a prior year or checked "Other," e Schedule O.	explain	on			
2a				2a		~
	If "Yes," check a box below to indicate whether the financial statements for the year were considered having as partially and appropriate having as partially as a constant of the year.	mpiled	or			
	reviewed on a separate basis, consolidated basis, or both:					
	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis			2 L		
b	······································	 انتاما		2b		~
	If "Yes," check a box below to indicate whether the financial statements for the year were aud separate basis, consolidated basis, or both:	iilea o	n a			
•	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for or	oroigh	t of			
С	the audit, review, or compilation of its financial statements and selection of an independent accounta			2c		
	If the organization changed either its oversight process or selection process during the tax year,			20		
	Schedule O.	-vhiaii i	JII			
32	As a result of a federal award, was the organization required to undergo an audit or audits as set f	orth in	the			
Ja	Single Audit Act and OMB Circular A-133?			3a		U
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not ur	derac		Ja		
~	required audit or audits, explain why on Schedule O and describe any steps taken to undergo such a			3b		
	, , , , , , , , , , , , , , , , , , ,				200	

Form **990** (2021)

SCHEDULE A (Form 990 or 990-EZ)

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.

Department of the Treasury Internal Revenue Service ► Go

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

OMB No. 1545-0047

Open to Public Inspection

Employer identification number

HILT	ON HE	EAD CHORAL SOCIETY INC					57-08	34963
Pa	rt I	Reason for Public Char	rity Status. (Al	l organizations mus	t comple	te this p	art.) See instructio	ns.
The	organi	zation is not a private founda	tion because it is	s: (For lines 1 through	12, chec	k only on	e box.)	
1	A church, convention of 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		hospital or a cooperative hos						
4		medical research organizatio ospital's name, city, and state		njunction with a hospi	tal descri	bed in se	ection 170(b)(1)(A)(i	ii). Enter the
_								
5		n organization operated for tection 170(b)(1)(A)(iv). (Com		college or university	ownea o	r operate	ed by a government	ai unit described in
6	□ A	federal, state, or local govern	nment or govern	mental unit described	in sectio	n 170(b)	(1)(A)(v).	
7		n organization that normally			port from	a govern	nmental unit or from	the general public
		escribed in section 170(b)(1)		•	7 - mt 11 \			
8 9		community trust described in n agricultural research organi				orated in	conjugation with a le	and grant college
J	io ur	r university or a non-land-grar niversity:	nt college of agri	culture (see instruction	ns). Ente	the nam	ne, city, and state of	the college or
10	SI	n organization that normally receipts from activities related upport from gross investment cquired by the organization at	income and unre	elated business taxab	le income	e (less se	ction 511 tax) from b	fees, and gross 331/3% of its ousinesses
11		n organization organized and						
12		n organization organized and						
		ne or more publicly supported se box on lines 12a through 12						
а		Type I. A supporting organi	ization operated,	supervised, or contro	lled by its	support	ed organization(s), t	ypically by giving
		the supported organization	· , ·	• • • • • • • • • • • • • • • • • • • •		ority of th	ne directors or truste	es of the
L		supporting organization. Yo	-	•		uith ita au	unnorted arganization	o(a) by baying
į,	Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C.							
C		Type III functionally integ its supported organization(s	rated. A support	ing organization opera	ated in co			ly integrated with,
d		Type III non-functionally i that is not functionally integ requirement (see instruction	rated. The organ	nization generally mus	t satisfy a	a distribut	tion requirement and	
е		Check this box if the organi functionally integrated, or T						II, Type III
f		er the number of supported o						
9		vide the following information	1	orted organization(s).	1		1	
	(i) Na	me of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1–10 above (see instructions))		rganization or governing nent?	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
					Yes	No	-	
(A)								
(B)								
(C)								
(D)								
(E)								
Tota								

Part II

Part III. If the organization fails to qualify under the tests listed below, please complete Part III.) Section A. Public Support Calendar year (or fiscal year beginning in) (a) 2017 **(b)** 2018 (c) 2019 (d) 2020 (e) 2021 (f) Total Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") . . . 2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf The value of services or facilities furnished by a governmental unit to the organization without charge **Total.** Add lines 1 through 3. . . . 5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) Public support. Subtract line 5 from line 4 Section B. Total Support Calendar year (or fiscal year beginning in) (a) 2017 **(b)** 2018 (c) 2019 (d) 2020 (e) 2021 (f) Total Amounts from line 4 7 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources 9 Net income from unrelated business activities, whether or not the business is regularly carried on 10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) 11 Total support. Add lines 7 through 10 12 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) 13 organization, check this box and **stop here** Section C. Computation of Public Support Percentage Public support percentage for 2021 (line 6, column (f), divided by line 11, column (f)) 14 % Public support percentage from 2020 Schedule A, Part II, line 14 15 % 15 33 1 /3% support test—2021. If the organization did not check the box on line 13, and line 14 is $\overline{33}^{1}$ /3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization 331/3% support test—2020. If the organization did not check a box on line 13 or 16a, and line 15 is 331/3% or more, check 10%-facts-and-circumstances test—2021. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported 10%-facts-and-circumstances test—2020. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see

instructions

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 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.)

Socti	on A. Public Support			, I		7	_
	dar year (or fiscal year beginning in) ►	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1	Gifts, grants, contributions, and membership fees	(a) 2011	(6) 2010	(6) 2010	(d) 2020	(6) 2021	(i) rotal
•	received. (Do not include any "unusual grants.")	109,184	106,976	88,491	92,541	149,292	546,484
2	Gross receipts from admissions, merchandise	103,104	100,970	00,491	32,341	143,232	340,404
	sold or services performed, or facilities						
	furnished in any activity that is related to the organization's tax-exempt purpose	147,365	101,135	96,625	0	74,874	419,999
3	Gross receipts from activities that are not an	147,000	101,100	30,023	•	14,014	410,000
	unrelated trade or business under section 513						
4	Tax revenues levied for the						
-	organization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to the						
	organization without charge						
6	Total. Add lines 1 through 5	256,549	208,111	185,116	92,541	224,166	966,483
7 <i>a</i>	Amounts included on lines 1, 2, and 3	·	·	·	-		
	received from disqualified persons .						
b	Amounts included on lines 2 and 3						
	received from other than disqualified						
	persons that exceed the greater of \$5,000						
	or 1% of the amount on line 13 for the year						
С	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from						_
	line 6.)						966,483
	on B. Total Support						
Calen	dar year (or fiscal year beginning in) 🕨	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
9	Amounts from line 6	256,549	208,111	185,116	92,541	224,166	966,483
10a	Gross income from interest, dividends,						
	payments received on securities loans, rents,						
	royalties, and income from similar sources .	31	37	571	433	16	1,088
b	Unrelated business taxable income (less						
	section 511 taxes) from businesses						
	acquired after June 30, 1975					4.0	
C	Add lines 10a and 10b	31	37	571	433	16	1,088
11	Net income from unrelated business						
	activities not included on line 10b, whether or not the business is regularly carried on						
12	• •						
12	Other income. Do not include gain or loss from the sale of capital assets						
	(Explain in Part VI.)	4,315	3.084	53	361	103	7,916
13	Total support. (Add lines 9, 10c, 11,	4,010	0,004		301	100	7,510
	and 12.)	260,895	211,232	185,740	93,335	224,285	975,487
14	First 5 years. If the Form 990 is for the	•					
	organization, check this box and stop her	•			•		` , ` ,
Secti	on C. Computation of Public Suppor	t Percentage					
15	Public support percentage for 2021 (line 8	B, column (f), di	vided by line 1	3, column (f))		15	99.08 %
16	Public support percentage from 2020 Sch	edule A, Part II	II, line 15 .			16	98.88 %
Secti	on D. Computation of Investment Inc						
17	Investment income percentage for 2021 (I		. ,		` ' '	17	0.11 %
18	Investment income percentage from 2020					18	0.13 %
19a	33 ¹ / ₃ % support tests—2021. If the organiz						
_	17 is not more than 331/3%, check this box a						
b	33 ¹ / ₃ % support tests—2020. If the organization 40 is made and the angle 201, % as the solution in						
	line 18 is not more than 33 ¹ / ₃ %, check this b	=	-		•		
20	Private foundation. If the organization di	<u>d not check a b</u>	ox on line 14,	19a, or 19b, ch	neck this box a	ınd see instruct	ions 🕨 🔛

Part IV **Supporting Organizations**

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

Section A. All Supporting Organizations

- Are all of the organization's supported organizations listed by name in the organization's governi documents? If "No," describe in Part VI how the supported organizations are designated. If designated 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 statu 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," answ lines 3b and 3c below.
- b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) at satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how to organization made the determination.
- Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(l purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- 4a Was any supported organization not organized in the United States ("foreign supported organization")? "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 discretidespite 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 us to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(l purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Ye. answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and E 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 acti was accomplished (such as by amendment to the organizing document).
- b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- Did the organization provide support (whether in the form of grants or the provision of services or facilities) anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefit by one or more of its supported organizations, or (iii) other supporting organizations that also support 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 contribut (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled enti 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 lin 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 mo disqualified persons, as defined in section 4946 (other than foundation managers and organization described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- b Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI.
- c Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal bene 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 integrate supporting organizations)? If "Yes," answer line 10b below.
 - b Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, determine whether the organization had excess business holdings.)

		Yes	No
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Schedul	e A (Form 990 or 990-EZ) 2021		F	Page 5
Part I	V Supporting Organizations (continued)			
		_	Yes	No
11	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			
а	11c below, the governing body of a supported organization?	11a		
b	A family member of a person described on line 11a above?	11b		
	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		
	provide detail in Part VI .	11c		
Section	on B. Type I Supporting Organizations	1	l	
			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,			
0 1	supervised, or controlled the supporting organization.	2		
Section	on C. Type II Supporting Organizations		Yes	No
4	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors		162	NO
1	or trustees of each of the organization's supported organization(s)? <i>If "No," describe in Part VI how control</i>			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Section	on D. All Type III Supporting Organizations			ı
	, , , , , , , , , , , , , , , , , , ,		Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).			
•		2		
3	By reason of the relationship described on line 2, above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		
Section	on E. Type III Functionally Integrated Supporting Organizations			I
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see i	nstru	ctions	s).
а	☐ The organization satisfied the Activities Test. Complete line 2 below.			
b	☐ The organization is the parent of each of its supported organizations. Complete line 3 below.			
С	☐ The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see in		1 -
2	Activities Test. Answer lines 2a and 2b below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
h		Za		
b	Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If			
	"Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would			
	have engaged in these activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. <i>Answer lines 3a and 3b below.</i>			
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		

(see instructions).

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

	e A (Form 990 or 990-EZ) 2021) Supporting Organi	zationa (continue d'	Page 7
Part	j. , , , , , , , , , , , , , , , , , , ,	, Supporting Organi	cations (continued)	
Secti	on D—Distributions			Current Year
1	Amounts paid to supported organizations to accomplish e		1	1
2	Amounts paid to perform activity that directly furthers exe	empt purposes of suppo	rted	
	organizations, in excess of income from activity		2	
3	Administrative expenses paid to accomplish exempt purp	oses of supported orga		3
4	Amounts paid to acquire exempt-use assets		4	
5	Qualified set-aside amounts (prior IRS approval required-	provide details in Part		
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 (provide details in Part VI). See instructions.	n the organization is res	ponsive {	3
9	Distributable amount for 2021 from Section C, line 6		9	9
10	Line 8 amount divided by line 9 amount		1	0
Secti	on E—Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2021	(iii) Distributable Amount for 2021
1	Distributable amount for 2021 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2021 (reasonable cause required—explain in Part VI). See instructions.			
3	Excess distributions carryover, if any, to 2021			
a	From 2016			
b	From 2017			
	From 2018			
d	From 2019			
е	From 2020			
f	Total of lines 3a through 3e			
g	Applied to underdistributions of prior years			
h	Applied to 2021 distributable amount			
i	Carryover from 2016 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4	Distributions for 2021 from Section D, line 7: \$			
a	Applied to underdistributions of prior years			
b				
	Remainder. Subtract lines 4a and 4b from line 4.			
5	Remaining underdistributions for years prior to 2021, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI . See instructions.			
6	Remaining underdistributions for 2021. Subtract lines 3h and 4b from line 1. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
7	Excess distributions carryover to 2022. Add lines 3j and 4c.			
8	Breakdown of line 7:			
а	Excess from 2017			
b	Excess from 2018			
С	Excess from 2019			
d	Excess from 2020			
е	Excess from 2021			

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

SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury

Supplemental Information to Form 990 or 990-EZ

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

► Attach to Form 990 or Form 990-EZ.

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

Open to Public

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

h r F rm Re rn f Organiza i n Exemp Fr m Inc me Tax

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

OMB No. 1545-0047

Open to Public Inspection

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

artment of th Tr asury Int rnal R v nu S rvic ► Go to www.irs.gov/Form990EZ for instructions and the latest information.

<u> </u>	For the	2020 calenda	r year, or tax year beginning June 1 o	, 2020, and ending	May 3	31 o , 20 21		
B Ch ck if a licabl:			C Name of organization	, 2020, and chally		dentification number		
	Addr ss cl		HILTON HEAD CHORAL SOCIETY, INC		570834963 o			
=	Nam cha	- L	Numb rand str t (or P.O. box if mail is not d liv od to str tadd	Room/suit	Edīl hon			
	Initial r turn Final r turn/t rminat d		P O BOX 22235		8433413818			
			City or town, stat or rovinc, country, and ZIP or for ign ostalic					
Am end dr turn			HILTON HEAD ISLAND SC 29925		ou Exmption ımbr ▶ ? (
	A lication			1	4			
			✓ Cash Accrual Oth r (s cify) ►•	H		if the organization is not		
	Vebsite		iltonheadchoralsociety.org	7 49 47 () (1)	•	ttach Sch dul B		
			k only on) — 🗹 501(a)(3) ☐ 501(c) a (o)) ◀ (ins rt no.)		(FOITH 990, 9	90-EZ, or 990-PF).		
			✓ Cor oration ☐ Trust ☐ Association	☐ Oth r	1 4-			
			boto lin 9 to d t rmin gross r c i ts. If gross roc i ts ar 500,000 or mor , fil Form 990 inst ad of Form 990-EZ.		liass is			
						\$ 93,334		
Р	art I		, Expenses, and Changes in Net Assets ord			, —		
_			h organization us d Sch dul Octors ond to a					
?	1		ns, gifts, grants, andosimolar amounts r c iv d			88,515		
?	2	_	rvic r v nu including gov rnnoent f s andocontrac			0		
?	3		du s and ass ssments		3	4,0025		
?	4	Inv stment			4	433		
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	С	•	s) from sal of ass ts oth r than inv ntory (subtract li	500	0 0			
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	h	•	nefrom fundraising vints (anot inacluding \$	· · 6a of countribution				
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o sesuedx	9		,		<u>08</u>	93,334		
	10		ue. Add lin s 1, 2, 3, 4, 5c, 6d, 7c, and 8 similar amount s aid (listoin Sch dul O) o		10	93,334		
	11		d too or for memb rs o			0		
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			If s and oth r ayments to ind nd nt contractor			0		
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	14	•	r nt, utiliti s, and maint nanc			6,283		
	15	_						
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		Type care of	nses. Add lin s 10 through 16	· · · · · · · · ·	. • 17	53,315		
šts	18	•	I ficit) for the year (subtract line 17 from line 9) or or fund halone a archeristic of year (from line 27			40,019		
SSE	19		orfund balanc s a to b ginnincg of y ar(from lin 27 figur r o ort o o on riory ar'srturn)			00.774		
Net Assets	00	•	•			92,774		
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_	21	IN tass ts	or fund balanc sat nd o f y ar. Combin lin s 18 thr	ougn o ≥∪	. ▶∘ 21	132,793 d		

Form 990-Page 2 Part I Balance Sheets ee the in truction for Part II Check if the organization u ed Schedule O to re pond to any que tion in thi Part II (A) Beginning of year (B) nd of year 92,774 22 22 Ca h, aving , and inve tment 132,793 0 23 23 0 24 Other a et de cribe in Schedule O 0 24 0 92,774 25 25 Total assets 132,793 Total liabilities de cribe in Schedule O) 26 0 26 0 Net assets or fund balances line 7 of column B must agree with line 1 27 92,774 27 132,793 s Statement of Program Service Accomplishments ee the in truction for Part III **Expenses** Check if the organization u ed Schedule O to re pond to any que tion in thi Part III Required for ection See Schedule O What i the organization' primary exempt purpo e? 501 c 3 and 501 c 4 De cribe the organization' program ervice accompli hment for each of it three large t program ervice , organization; optional for other . mea ured by expen e. In a clear and conci e manner, de cribe the ervice provided, the number of per on benefited, and other relevant information for each program title. Due to the Covid-19 pandemic throughout the fiscal year, the organization was not able to pursue its normal program service of performing choral concerts. The primary objective during this time was to maintain contact with the community and our membership via our website, social media, and print advertising. If thi amount include foreign grant, check here 28a 8,115 29 If thi amount include foreign grant, check here 29a 30 If thi amount include foreign grant, check herse 30a If thi amount include foreign grant, check here 31a 8,115 List of Officers, Directors, Trustees, and Key Employees li t each one even if not compen ated — ee the in truction for Part IV Check if the organization u ed Schedule O to re pond to any que tion in thi Part IV (c) Reportable (d) Health benefit, (b) Average compen ation contribution to employee (e) timated amount of (a) Næme and title hour per week Form W- £1099-MISC benefit plan, and other compen ation devoted to po ition (if not paid, enter -0-) s deferred compen ation 4 0 s Judy Tiano, President 0 s 0 2 Walter Lowe, Vice President 0 0 0 Margie Lechowicz, Secretary 0 0 0 2 0 s 0 s Kathy Jackson, Treasurer $0 \mid s$ 2

Form 990- 0 0

Other Informat on Note the Schedule A and personal benefit contract statement requirements in the Part V instructions for Part V. Check if the organization used Schedule O to respond to any question in this Part V Yes No 33 Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a 33 34 Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the 34 Did the organization have unrelated business gross income of \$1,000 or more during the year from business 35a 35a If "Yes" to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O 35b Was the organization a section 501 c 4,501 c 5, or 501 c 6 organization subject to section 6033 e notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III 35c 36 Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N 36 nter amount of political expenditures, direct or indirect, as described in the instructions ▶ 37a 37a b 37b 1 38a Did the organization borrow from, or make any loans to, any officer, director, trustee, or keylemployee; or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return? 38a If "Yes," complete Schedule L, Part II, and enter the total amount involved 39 Section 501 c 7 organizations. nter: Initiation fees and capital contributions included on line 9 Gross receipts, included on line 9, for public use of club facilities Section 501 c 3 organizations. Inter amount of tax imposed on the organization during the year under: section 4911 ▶ o ; section 491 ► 0 ; section 4955 ▶i Section 501 c 3, 501 c 4, and 501 c 9 organizations. Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990- ? If "Yes," complete Schedule L, Part I 40b Section 501 c 3, 501 c 4, and 501 c 9 organizations. nter amount of tax imposed on organization managers or disqualified persons during the year under sections 491, 0 i Section 501 c 3, 501 c 4, and 501 c 9 organizations. Inter amount of tax on line i 40c reimbursed by the organization ▶ 0 All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter List the states with which a copy of this return is filed ► South Carolina 41 The organization's books are in care of ► Kathy A Jackson 843-671-5276 Telephone no. ▶ Located at ► 34 Water Oak Drive, Hilton Head Island SC IP + 4 ▶ 29928-3009 At any time during the calendar year, did the organization have an interest in or a signature or other authority over Yes No a financial account in a foreign country such as a bank account, securities account, or other financial account ? 42b If "Yes," enter the name of the foreign country ▶ See the instructions for exceptions and filing requirements for FinC N Form 114, Report of Foreign Bank and Financial Accounts FBAR. At any time during the calendar year, did the organization maintain an office outside the United States? 42c If "Yes," enter the name of the foreign country ▶ Section 4947 a 1 nonexempt charitable trusts filing Form 990- in lieu of Form 1041 - Check here 43 and enter the amount of tax-exempt interest received or accrued during the tax year 43 i Yes No 44a Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-44a Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-44b If "Yes" to line 44c, has the organization filed a Form 7 0 to report these payments? If "No," provide an 44d 45a Did the organization have a controlled entity within the meaning of section 51 b 13? 45a Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 51 b 13 ? If "Yes," Form 990 and Schedule R may need to be completed instead of 45b

Page 3

OIIII 33	0-	0 0							age -
46		ne organization engage directly or in ndidates for public office? If "Yes" c					46	Yes	NO V
		Section 501(c)(3) Organizations All section 501 c 3 organizations 50 and 51.	s must answer que			•	ables f	or line	es
		Check if the organization used Sch	redule O to respond	to any question i	n this Part	VI		Yes	No
47	Did the organization engage in lobbying activities or have a section 501 h election in effect during the year? If "Yes" complete Schedule C Part II						47	162	V
48	Is the organization a school as described in section 170 b 1 A ii? If "Yes" complete Schedule								
49a	Did th	ne organization make any transfers to	o an exempt non-cha	ritable related orga	anization?		49a		~
b	If "Yes" was the related organization a section 5 7 organization?								
50		plete this table for the organization's							
	empl	oyees who each received more than	\$100 000 of comper	isation from the or			enter "IN	lone."	
	(a)	Name and title of each employee	(b) Average hours per week devoted to position	(c) Reportable compensation Forms W- /1099-MIS	contribut		stimate other com		
None									
f 51	Com	number of other employees paid over plete this table for the organization' 000 of compensation from the organ	s five highest compe	ensated independe	ent contrac	_ tors who each re	eceived	more	than
	(a) Name and business address of each independent contractor			(b) Type of	(c) Co	(c) Compensation			
None .									
d	Total	number of other independent contra	ctors each receiving	over \$100 000 .	.▶	0			
52		the organization complete Schedu pleted Schedule A	le A? Note: All se	ction 501 c 3 o	ganization:		ì ✓ Yes	. 🗆 1	No
	enalties	of perjury I declare that I have examined this r				o the best of my know			
		<u> </u>							
Sign Here	?	✓ Signature of officer ► Kathy A Jackson, Treasurer							
		Type or print name and title ,							
Paid	- ·	Print/Type preparer's name	Preparer's signature,		Date	Check if self-employed	PTIN		
Prepa Use (Firm's name ▶				Firm's IN ▶			
		Firm's address ▶				Phone no.			
May th	e IRS	discuss this return with the preparer	shown above? See i	nstructions		🕨	☐ Yes		No

46	Did t	he organization engage, directly or ir	directly in political o	ampaign activities o	n bobolf o	f ar in annasi	+i	168	140
40	to ca	indidates for public office? If "Yes," o	complete Schedule C	Part I	n benan o	i or in opposi	E STATES		1,
Part		Section 501(c)(3) Organizations		,			- 4	0	10
		All section 501(c)(3) organization		stions 47–49b and	d 52. and	complete th	e table	s for lir	165
		50 and 51.			a o _ , o	oompioto an	o tablot	3 101 111	100
		Check if the organization used Scl	nedule O to respond	to any question in	this Part	VI			. П
								Yes	No
47	Did t	he organization engage in lobbying	activities or have a	section 501(h) elect	ion in effe	ct during the	tax		
		? If "Yes," complete Schedule C, Par					- 4	7	1
48		e organization a school as described in					. 4	8	V
49a	Did t	he organization make any transfers t	o an exempt non-cha	ıritable related orgar	nization? .		. 49	9a	~
b	If "Y€	es," was the related organization a se	ection 527 organization	on?			. 49)b	
50	Com	plete this table for the organization's	five highest compen	sated employees (of	ther than o	fficers, direct	ors, trus	tees, a	nd key
	empi	oyees) who each received more than	1 \$ 100,000 of comper	nsation from the org			e, enter	"None.	
	(a)	Name and title of each employee	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC	contribution benefit pla	alth benefits, ons to employee ans, and deferred appensation	(e) Estim	ated amo	
None									

	~	*****						.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	~
					-				
f	Total	number of other employees paid ov	er \$100,000	•					
51		plete this table for the organization			nt contract	ors who eacl	n receive	ed mor	a than
	\$100	,000 of compensation from the organ	nization. If there is no	ne, enter "None."			. 100011	30 11101	o triari
	(a)	Name and business address of each independ	lent contractor	(b) Type of se	envice	10) Compens	ation	
				(b) Type of se		,,	Compens	sauon	
None									
				-					
				-					
***************************************						-		***************************************	
				1					
				1					
d	Total	number of other independent contra	actors each receiving	over \$100,000 .	. ▶		Ô		
52		the organization complete Schedu			anizations	must attac			
	comp	oleted Schedule A					► V Y	es 🗌	No
Under p	enalties	of perjury, I declare that I have examined this	return, including accompan	ying schedules and state	ments, and to	the best of my k	nowledge :	and belie	f, it is
true, co	rrect, ar	nd complete. Declaration of preparer other than		ormation of which prepare	r has any kno	wledge.			
Cian		James Jain	son			10-11-	2/		
Sign Here	2	Signature of officer				Date	•		
1 1016		Kathy A Jackson, Tredsurer Type or print name and title							
	.~	1	Preparer's signature		Date		, loru	NI.	
Paid		Print/Type preparer's name	. ropuloi o signature	1	Date	Check C	if PTIN	V	
Prep		Firm's name				self-emplo	yea		
Use	Unly	Firm's name ▶ Firm's address ▶				Firm's EIN ▶			
	ao IDC	discuss this return with the prepare	chown above? See	instructions		Phone no.	▶ □ v		N1

SCHEDULE

m 990 990-EZ)

Public Charity Status and Public Support

OMB No. 1545-0047

Department of the Trea ury Internal Revenue Service

Name f the ganizati n

C mplete if the ganizati n is a secti n 501 c) 3) ganizati n a secti n 4947 a) 1) n nexempt cha itable t ust.

• ttach t m 990 m 990-EZ.

▶ G ot www.irs.gov/Form990 f inst ucti ns and the latest inf mati n.

ns cti n

Empl ye identificati n numbe

HILTON HEAD CHORAL SOCIETY INC					57-08	34963
	<u> </u>	lorganization mu				on .
The organization i not a private foundation						
1 A church, convention of church						
2 A chool de cribed in secti n		•				
3 A ho pital or a cooperative ho						
4 A medical re earch organization	•	onjunction with a ho	oital de c	ribed in s	secti n 170 b) 1))	iii). Enter the
ho pital' name, city, and tat						
5 An organization operated for secti n 170 b) 1)) iv). (Com		college or univer ity	owned o	r operate	ed by a government	al unit de cribed in
6 ☐ A federal, tate, or local gover						
7 s ☐ An organization that normally			port from	a gover	nmental unit or from	the general public
de cribed in secti n 170 b) 1		•				
8 A community tru t de cribed	n secti n 170 b)	1)) vi). (Complete l	Part II.)			
9	ization de cribed	d in secti n 170 b) 1)) ix) op	erated in	conjunction with a la	and-grant college
or univer ity or a non-land-grauniver ity:		·	,		·	_
10 An organization that normally	receive (1) more	than 331/3% of it u	pport fro	m contrib	oution, member hip	fee , and gro
receipt from activitie related upport from gro inve tmen	t income and un	related bu ine taxal	ble incom	ie (le	ection 511 tax) from	bu ine e
acquired by the organization a	fter June 30, 197	75. See secti n 509 a	a) 2). (Cor	npÌete Pa	art III.)	
11 An organization organized and	l operated exclu	ively to te t for public	c afety.	See sect i	i n 509 a) 4).	
12 An organization organized and	operated exclu	ively for the benefit of	f, to perfo	orm the fu	unction of, or to car	ry out the purpo e
of one or more publicly upp	•					
Check the box in line 12a thro	ough 12d that de	cribe the type of up	porting c	rganizatio	on and complete line	12e, 12f, and 12g.
a 🗌 Type I. A upporting organ	nization operated	, upervi ed, or contr	olled by i	t uppo	rted organization(),	typically by giving
the upported organization	n() the power to	regularly appoint or e	lect a ma	jority of t	he director or tru t	ee of the
upporting organization. Y	u must c mple	ete Pa t IV, Secti ns	and B.			
b Type II. A upporting orga	nization upervi	ed or controlled in co	nnection	with it	upported organizati	on(), by having
control or management of	the upporting o	rganization ve ted in	the ame	per on	that control or mana	age the upported
organization(). Y u must	c mplete Pa t I	V, Sectins and C.				
c s 🗌 Type III functi nally integ	ated. A uppor	ting organization oper	rated in c	onnectior	n with, and functiona	ally integrated with,
it upported organization	() (ee in tructio	n). Y u must c mp l	lete Pa t	IV, Secti	ns ,D, and E.	
d s 🗌 Type III n n-functi nally						
that i not functionally inte			-		•	d an attentivene
requirement (ee in tructio	n). Y u must c	mplete Pa t IV, Sec	ti ns a	and D, ar	nd Pa t V.	
e	nization received	a written determination	on from th	ne IRS tha	at it i a Type I, Type	e II, Type III
functionally integrated, or	• •	tionally integrated up	oporting o	organizati	ion.	
f Enter the number of upported	organization .					
g Provide the following informatio	n about the upp	orted organization().				
i) Name of upported organization	ii) EIN	iii) Type of organization		rganization	v) Amount of monetary	vi) Amount of
		(de cribed on line 1-10 above (ee in truction))		ur governing ment?	upport (ee in truction)	other upport (ee in truction)
		above (ee iii tidetioii))			in truction)	iii traction j
s	S	S	Yes	N	S	
)						
В)						
C)						
<i>,</i>						
D)						
E)						
T tal						

18

Joneda	······································						rage Z
	S pport Sched le for Organiza						
	C mplete nly if y u checked the						alify unde
	Pa t III. If the ganizati n fails t	qualify unde	e the tests lis	sted bel w, pl	lease c mple	ete Pa t III.)	
	on A. P blic S pport					1	
_	dar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) T tal
1	Gifts, g ants, c nt ibuti ns, and membe ship fees eceived. D n t include any "unusual g ants.")						
2	Tax evenues levied f the ganizati n's benefit and eithe paid t expended n its behalf						
3	The value f se vices facilities fu nished by a g ve nmental unit t the ganizati n with ut cha ge						
4	Total. dd lines 1 th ugh 3						
5	The p ti n ft tal c nt ibuti ns by u each pe s n the than a g ve nmental unit publicly supp ted ganizati n) included n line 1 that exceeds 2% f the amount sh wn n line 11, c lumn f)						
6	P blic s pport. Subt act line 5 f m line 4						
Secti	on B. Total S pport						
	dar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) T tal
7 A	mounts f m line 4						
8	Grss inc mef m inte est, dividends, payments eceived n secu ities I ans, ents, yalties, and inc mef m simila s u ces	u					
9	Net inc me f m un elated business activities, whethe n t the business u is egula ly ca ied n						
10	Othe inc me. D n t include gain I ss f m the sale f capital assets Explain in Pa t VI.)						
11	Total s pport. dd lines 7 th ugh 10						
12	G ss eceipts f m elated activities, etc					12	
13	First 5 years. If the m 990 is f the	•			•		, ,
	ganizati n, check this b x and stop he						▶ □
	on C. Comp tation of P blic S ppor					T	
14 15 16a	Public supp t pe centage f 2020 line of Public supp t pe centage f m 2019 Scl 331/3% s pport test—2020. If the gan b x and stop here. The ganizati n qua	nedule , Pa t izati n did n t	II, line 14 .t check the b	 c n line 13, ar	 nd line 14 is 30		
b	33 ¹ / ₃ % s pport test—2019. If the ganithis b x and stop here. The ganizati n	zati n did n t	check a b x	n line 13 16	a, and line 15	is 33 ¹ / ₃ % m	o e, check
17a	10%-facts-and-circ mstances test—2010% moe, and if the ganizati n meta to the ganizati n	neets the facts facts-and-ci c	s-and-ci cumst cumstances tes	ances test, cho st. The ganiz	eck this b x a ati n qualifies	and stop here. s as a publicly	Explain in supp ted
b	10%-facts-and-circ mstances test—2 15 is 10% moe, and if the ganizati in Pa t VI h w the ganizati n meets the	n meets the fa	acts-and-ci cui	mstances test,	check this b	x and stop he	re. Explain

S pport Sched le for Organizations Described in Section 509(a)(2)

C mplete nly if y u checked the b x n line 10 f Pa t I if the ganizati n failed t qualify unde Pa t II. u If the ganizati n fails t qualify unde the tests listed bel w, please c mplete Pa t II.)

Secti	on A. P blic S pport			,		••••	
Caler	dar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) ⊤ tal
1	Gifts, g ants, c nt ibuti ns, and membe ship fees						
	eceived. D n t include any "unusual g ants.")	86,080	109,184	106,976	88,491	92,541	483,272
2	Gr ss eceipts f m admissi ns, me chandise s ld se vices pe f med, facilities fu nished in any activity that is elated t the			,	·	·	
	ganizati n's tax-exempt pu p se	124,235	147,365	101,135	u 96,625	u 0	u 469,360
3	Grss eceipts f m activities that a e n t an un elated t ade business unde secti n 513						
4	Tax evenues levied f the ganizati n's benefit and eithe paid t expended n its behalf						
5	The value f se vices facilities fu nished by a g ve nmental unit t the ganizati n with ut cha ge						
6	Total. dd lines 1 th ugh 5	210,315	u 256,549	208,111	185,116	u 92,541	952,632
7a	Amounts included n lines 1, 2, and 3 eceived f m disqualified pe s ns .						
b	mounts included in lines 2 and 3						
	eceived f m the than disqualified u						
	pe s ns that exceed the g eate f \$5,000						
	1% f the am cunt n line 13 f the yea	u					
С	A dd lines 7a and 7b						
8	P blic s pport. Subt act line 7c f m						
	line 6.)						952,632
Secti	on B. Total S pport						
Caler	dar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) T tal
9 A	mounts fm line 6	210,315	256,549	208,111	185,116	92,541	952,632
10a	Grss inc me f m inte est, dividends, payments eceived n secu ities I ans, ents, yalties, and inc me f m simila s u ces.	216	31	37	571	433	1,288
b	Un elated business taxable inc me less secti n 511 taxes) f m businesses acqui ed afte June 30, 1975						
С	A dd lines 10a and 10b	216	31	37	u 571	u 433	1,288
11	Net inc me f m un elated business activities n t included in line 10b, whethe n t the business is egula ly ca ied n	11					
12	Othe inc me. D n t include gain						
14	I ss f m the sale f capital assets						
	Explain in Pa t VI.)	1,923	u 4,31 5	3,084	53	361	u 9,736u
13	Total s pport. dd lines 9, 10c, 11,	1/720	1,010	3,001		55.	7/7000
	and 12.)	212,454	260,895	u 211,232	u 185,740	93,335	u 963,656
14	First 5 years. If the m 990 is f the ganizati n, check this b x and stop he	ganizati n's	s füist, sec nd	, thi d, f u th,	fifth tax ye	eau as a secti	n 501 c) 3)
Secti	on C. Comp tation of P blic S ppor						
15	Public supp t pe centage f 2020 line			3 c lumn f)		15 u	98.88 %
16	Public supp t pe centage f m 2019 Scl					16	95.71 %
	on D. Comp tation of Investment In					1.0	75.7. 70
17	Investment inc me pe centage f 2020			ov line 13 o lu	mn fl)	17	0 %u
18	Investment inc me pe centage f m 2019		•	-	**		0 %
19a	331/3% s pport tests—2020. If the gan						
.54	17 is n t moe than 331/3%, check this b x						
b	331/3% s pport tests—2019. If the ganiz		=	-		_	_
~	line 18 is n t moe than 331/3%, check this						
20	Private fo ndation. If the ganizati n di		_	•	-		_

Part V upporting Organizations

C mplete nly if y u checked a b x in line 12 n Pa t I. If y u checked b x 12a, Pa t I, c mplete Secti ns and B. If y u checked b x 12b, Pa t I, c mplete Secti ns and C. If y u checked b x 12c, Pa t I, c mplete Secti ns , D, and E. If y u checked b x 12d, Pa t I, c mplete Secti ns and D, and c mplete Pa t V.)

	•	A 11			\sim	
AATIAN	^	ΛH	IIDD	APTIMA.	/ Nrai	anizatione
ection	м.	MII	uppu	JI HITU	OI U	anizations

			YesS	No S
1	e all f the ganizati n's supp ted ganizati ns listed by name in the ganizati n's g ve ning d cuments? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.	1		
2	Did the ganizati n have any supp ted ganizati n that d es n t have an IRS determination f status unde section 509 a) 1) 2)? If "Yes," explain in Part VI how the organization determined that the supported			
3a	organization was described in section 509(a)(1) or (2). Did the ganizati n have a supp ted ganizati n desc ibed in secti n 501 c) 4), 5), 6)? If "Yes," answer lines 3b and 3c below.	2		
b	Did the ganizati n c nfi m that each supp ted ganizati n qualified unde secti n 501 c) 4), 5), 6) and satisfied the public supp t tests unde secti n 509 a) 2)? If "Yes," describe in Part VI when and how the organization made the determination.	3a 3b		
С	Did the ganizati n ensu e that all supp tt such ganizati ns was used exclusively f secti n 170 c) 2) B) pu p ses? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.	S 3c		
4a	Was any supp ted ganizati n n t ganized in the United States "f eign supp ted ganizati n")? If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.	4a		
b	Did the ganizati n have ultimate S nt I and disc eti n in deciding whethe t make g ants t the f eign supp ted ganizati n? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.	4b		
С	Did the ganizati n supp t any f eign supp ted ganizati n that d es n t have an IRS determinati n unde secti ns 501 c) 3) and 509 a) 1) 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	purposes. Did the ganizati n add, substitute, em ove any supp ted ganizati ns du ing the tax yea? 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).	4c S		
b	Type I or Type II only. Was any added substituted supp ted ganizati n pat f a class all eady designated in the ganizati n's ganizing d cument?	5b		
С	ubstitutions only. Was the substitution the esult of an event beyond the ganization's contol?	5c		
6	Did the ganizati np vide supp t whethe in the f m f g ants the p visi n f se vices facilities) t any ne the than i) its supp ted ganizati ns, ii) individuals that a e pa t f the cha itable class benefited to by ne moe f its supp ted ganizati ns, iii) the supp ting ganizati ns that als supp t benefit ne moe f the filing ganizati n's supp ted ganizati ns? If "Yes," provide detail in Part VI.	S S		
7	Did the ganizati n p vide a g ant, I an, c mpensati n, the simila payment t a substantial c nt ibut as defined in secti n 4958 c) 3) C)), a family membe f a substantial c nt ibut, a 35% c nt lled entity with ega d t a substantial c nt ibut? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).	7		
8	Did the ganizati n make a I ant a disqualified pe s n as defined in secti n 4958) n t desc ibed in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).	8		
9a	Was the ganizati n c nt lled di ectly indi ectly at any time du ing the tax yea by ne moe disqualified pes ns, as defined in secti n 4946 the than f undati n manages and ganizati ns desc ibed in secti n 509 a) 1) 2))? If "Yes," provide detail in Part VI.	S 9a		
b	Did ne moe disqualified pes ns as defined in line 9a) h ld a c nt lling inte est in any entity in which the supp ting ganizati n had an inte est? If "Yes," provide detail in Part VI.	9b		
С	Did a disqualified pe s n as defined in line 9a) have an wne ship inte est in, de ive any pe s nal benefit f m, assets in which the supp ting ganizati n als had an inte est? If "Yes," provide detail in Part VI.	9c		
l0a	Was the ganizati n subject t the excess business h ldings ules f secti n 4943 because f secti n 4943 f) ega ding ce tain Type II supp ting ganizati ns, and all Type III n n-functi nally integ ated	16		
h	supp ting ganizati ns)? If "Yes," answer line 10b below. Did the ganizati n have any excess business h ldings in the tax yea? (Use Schedule C, Form 4720, to	10a		
D	determine whether the organization had excess business holdings.)	10b		

Part V upporting Organizations (continued) S	
	Yes SNo
11 Has \$5 e ganizati n accepted a gift Sc Sat \$5 but in f \$5 n an \$5 f the f IS \sing pe s \$8 s \$5 S a \$5 pe s \$5 who diectly \$1 n diectly c \$3 t \$5 s, either all ne \$1 t gether with pe s \$1 s described in line	es 11h and
11c bel w, the g Se ning b Saly fa supp Sted SgaStizati n? S	11a
b A Sfamily membe fapes St desc ibed in line 11a ab ve? S	11b
c 35% Set Sted entity fapes Sedesc ibed in line 11a 11b ab Se? If "Yes" to line 11a, 11b, or 11	1c, provide S
detail in Part VI.	11c S
ection B. Type I upporting Organizations	Yes No
1 S Did the g Se Sing b Siy, membe S Sihe g Se Sing b Siy, ffice Sacting in thei Sicial capacity, Smembe Sim o e supp Sted Significant in the share the p Sive t Segula Significant specificant and significant specificant sp	Ship SSeSS tin SS SSce S, S tion(s) one supported d among the
2 S Did the ganizati n pe ate f Sthe benefit f any supp Sted ganizati n the than the supp Steganizati n s) that pe ated, supe vised, c St Sted the supp Sting Stanizati n? If "Yes," expl VI how providing such benefit carried out the purposes of the supported organization(s) that opera supervised, or controlled the supporting organization.	olain in Part
ection C. Type II upporting Organizations	Van Ola
1 S We e a maj Sty f the ganizati n's di ect S t ustees du ing the tax yea als Sa maj Sty f the t ustees f each f the Sganizati n's supp Sted ganizati n s)? If "No," describe in Part VI ho or management of the supporting organization was vested in the same persons that controlled or the supported organization(s).	ow control
ection D. All Type III upporting Organizations	
1 S Did the ganizati np Svide t each fits supp Sted ganizati ns, by the last day f the fifth month ganizati n's tax yea, i) a w itten n Stee desc ibing the type and amount f supp St p Svided du ing tyea, ii) a c Sty f the Sm 990 that was most ecently filed as f the date f n tificati n, and iii) c Stie ganizati n's g Steening d Stuments in effect n the date f n Sticati n, the extent n St Stie stie street n	the p S S ax es f the
2 S We eany fithe ganization's ffices, diect S, Strustees eithe i) app Sited elected by the significant of some step of the ganization solution in the granization maintained a close and continuous working relationship with the supported organization.	supp Sted Part VI how
3 S By eas 8 f the elati nship desc ibed in line 2, ab 9 e, did the ganizati n's supp 9 sted ganizati a significant v 9 se in the 9 sanizati n's investment p 9 scies and in di ecting the use f the ganizati inc 9 se 9 sassets at all times du ing the tax yea? If "Yes," describe in Part VI the role the organizations played in this regard.	zati n's
ection E. Type III Functionally Integrated upporting Organizations	
 1 S Check the box next to the method that the organization used to satisfy the Integral Part Test during a a S ☐ The ganizati n satisfied the ctivities Test. Complete line 2 below. b S ☐ The ganizati n is the pa ent f each f its supp Sted Spanizati ns. Complete line 3 below. c S ☐ The Spanizati n supp Sted a g Se nmental entity. Describe in Part VI how you supported a govern 2 A S ctivities Test. Answer lines 2a and 2b below. 	nmental entity (see instructions). Yes No
a SDid substantially all f the Sanizati n's activities du ing the tax yea di ectly fu the the exempt p the supp Sted Sanizati n s) t which the Sanizati n was esp Sasive? If "Yes," then in Part VI i those supported organizations and explain how these activities directly furthered their exempt how the organization was responsive to those supported organizations, and how the organization of that these activities constituted substantially all of its activities.	identify purposes,
b SDid the activities desc ibed in line 2a, ab Se, c Statitute activities that, but f Sthe Spanizati n's in ne moe f the ganizati n's supp Sted Spanizati n s) would have been engaged in? If "Yes, Part VI the reasons for the organization's position that its supported organization(s) would have enthese activities but for the organization's involvement.	s," explain in
3 Pa est f Supp Sted O ganizati ns. Answer lines 3a and 3b below. a SDid the ganizati n have the p Sve t egula ly app Snt elect a maj Sty f the ffice s, di ect t ustees f each f the supp Sted Sganizati ns? If "Yes" or "No," provide details in Part VI.	3a
b SDid the Spanizati n exe cise a substantial deg ee f di ecti n ve the p Scies, p Sg ams, and activ f its supp Sted Spanizati ns? If "Yes," describe in Part VI the role played by the organization in this	

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Part T pe III Non-Functionall Integrated 509(a)(3) Supporting Organical Part T pe III Non-Functional Integrated 509(a)(3) Supporting Organical Part T pe III Non-Functional Integrated 509(a)(3) Supporting Organical Part T pe III Non-Functional Integrated 509(a)(a) Supporting Organical Part T pe III Non-Functional Integrated 509(a)(b) Supporting Organical Part T pe III Non-Functional Integrated 509(a)(b) Supporting Organical Part T pe III Non-Functional Integrated 509(a)(b) Supporting Organical Part T pe III Non-Functional Integrated 509(a)(b) Supporting Organical Part T pe III Non-Functional Integrated 509(a)(b) Supporting Organical Part T pe III Non-Functional Integrated 509(a)(b) Supporting Organical Part T pe III Non-Functional P	jan	izations				
1 Check he e if the ganizati n satisfied the Integ al Pa t Test as a qualifying	ιtυ	ıst n N v. 20, 1970 <i>expla</i>	in in Part VI). See			
instructions. If the Type III n n-functi nally integ ated supp ting ganizati ns must c mplete Secti ns th ugh E.						
Section A-Adjusted Net Income)Pi Yea	B) Cu ent Yea pti nal)			
1 Net sh t-te m capital gain	1					
2 y Rec ve ies f p i yyea distyibuti ns	2					
3 y Othe g yss inc yne see inst ucti ns) y	3					
4 y dd lines 1 th yugh 3. y	4					
5 y Dep eciati n and depleti ny	5					
6 y Pytin yf peating expenses paid yincu yedf yp yductiny ycyllectin fg yss inc yne f ymanagement, c ynsys vatin, ymaintenance fp ype ty heydf yp yductin finc yne see inst uctins) y	6					
7 y Othe expenses see instructi ns) y	7					
8 y Adjusted Net Income subt act lines 5, 6, and 7 f ym line 4) y	8					
Section B—Minimum Asset Amount		y)Pi y Yea	B) Cu yenyi Yea y y ptinal) y			
1 y gg egyate fai ma ket valuey fall n yn-exeynpt-use assets see inst ucti ns f ysh yt tax yea yasyets held f ypa t f yea):						
a y ve age monthly value yf secy ities y	1a					
b y ve age monthly cash bayances y	1b					
c y ai ma ket value f ythe n yn-exempt-use assets y	1c	у				
d yTotal add lijnes 1a, 1b, and 1c) y	1d	у				
e y Discount claimed f ybl ckage y the fact ys (explain in detail in Part VI):						
2 y cquisiti ny indebtednyess applicable t n yn-exempt-use assets y	2					
3 y Subt act line 2 f ym liney1d. y	3					
4 y Cash deegmed held f yexempt usg. Ente 0.015 fline 3 f yg eate amount, segs inst ucti nys). y	4					
5 y Next value fn yn-exempt-usyr assets subt act line 4 f ym line 3) y	5					
6 y Multiply line 5 by 0.035. y	6					
7 y Rec ye ies fp i yyea dist ibuti ns y	7					
8 y Minimum Asset Amount add line 7 t line 6) y	8					
Section C-Distributable Amount	•		Cu y ent Yea y			
1 y djusted net inyc nyne f yp i nyyea f nyn Secti n , line 8, c nyumn) y	1					
2 y Ente 0.85 f line 1. y	2					
3 y Minimum asset am cunty f yp i yyea f ym Secti n B, line 8, c tjumn) y	3					
4 y Enyte g eayle f liney2 yline 3. y	4					
5 y Inc yme tax imyo sed in p i yyea	5					
6 y Distributable Amount. Subtract liney of f ym line 4, unless subject t y eme geyncy temp a y educti n see instructi ns). y	6					
7 y ☐ Cheock he e if the cu yent yea is the yganizati n's fist as a n yn-functi na see inst ucti nys). y		integ ated Type III supp y t	ing y ganizati n			

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Par	V Type III N n-Functi nally Integrated 509(a)(3	S) Supp rting Organi	zati ns (continue	ed)	
Sect	i n D—Distributi ns				Current Year
1	mounts paid t supp ted ganizati ns t acc mplish e			1	
2	mounts paid to pe form activity that directly furthe siexe	empt pu p ses f supp	ted o		
	ganizati ns, in excess finc me f m activity			2	
3	dminist ative expenses paid t acc mplish exempt pu p	ses f supp ted ga	nizati ns	3	
4	mounts paid t acqui e exempt-use assets o			4	
5	Qualified set-aside amounts pi IRS app val equi ed-	provide details in Part	VI)	5	
6	Othe dist ibuti ns describe in Part VI). See inst ucti ns.			6	
7	T tal annual distributi ns. dd lines 1 th ugh 6.			7	
8	Dist ibuti ns t attentive supp ted ganizati ns t which	h the ganizati n is es	sp nsive o		
	provide details in Part VI). See inst ucti ns.			8	
9	Dist ibutable amount f 2020 f m Secti n C, line 6			9	
10	Line 8 am ount divided by line 9 am ount			10	
Sect	i n E-Distributi n All cati ns see inst ucti ns)	(i) Excess Distributi ns	(ii) Underdistributi Pre-2020	ns	(iii) Distributable Am unt f r 2020 o
1	Dist ibutable amount f 2020 f m Secti n C, line 6				
2	Unde dist ibuti ns, if any, f yea s p i t 2020				
	eas nable cause equi ed-explain in Part VI). See				
	inst ucti ns.				
3	Excess dist ibuti ns ca y ve , if any, t 2020				
а	From 2015				
b	From 2016 o				
С	m 2017				
d	o m 2018 o				
е	m 2019				
f	T tal f lines 3a th ugh 3e				
g	pplied t unde dist ibuti ns fpi yeas				
h	pplied t 2020 dist ibutable amount				
i	Ca y ve f m 2015 n t applied see inst ucti ns)				
j	Remainde . Subt act lines 3g, 3h, and 3i f m line 3f.				
4	Dist ibuti ns f 2020 f m				
	Secti n D, line 7: \$				
а	pplied t unde dist ibuti ns fpi yeas				
b	pplied t 2020 dist ibutable am ount				
С	Remainde . Subt act lines 4a and 4b f m line 4.				
5	Remaining unde dist ibuti ns f yeaspit 2020, if				
	any. Subt act lines 3g and 4a f m line 2. esult				
	g eate than ze , explain in Part VI. See inst ucti ns.				
6	Remaining unde dist ibuti ns f 2020. Subt act lines 3h and 4b f m line 1. esult g eate than ze , explain in Part VI. See inst ucti ns.				
	Excess distributi ns carry ver t 2021. dd lines 3j and 4c.				
8	B eakd wn f line 7:				
a	Excess from 2016				
b	Excess f m 2017				
c	Excess f m 2018				
d	Excess f m 2019				
е	Excess f m 2020 o				

Schedule m 990 990-EZ) 2020

Part I

Part I	upplemental Information. P vide the explanations equi ed by Pa t II, line 10; Pa t II, line 17a 17b; Pa t III, line 12; Pa t IV, Section , lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Pa t IV, Section B, lines 1 and 2; Pa t IV, Section C, line 1; Pa t IV, Section D, lines 2 and 3; Pa t IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Pa t V, line 1; Pa t V, Section B, line 1e; Pa t V, Section D, lines 5, 6, and 8; and Pa t V, Section E, lines 2, 5, and 6. Is complete this pa t for any additional information.
Part III, Line	12, Other Income: Amount received from Amazon Smile

S

Schedule

m 990, 990-EZ, 990-P)

Department o the Treasury Internal Revenue Service

Name o the organization f

HILTON HEAD CHORAL SOCIETY INC

Schedule of Contributors

► Attach t m 990, m 990-EZ, m 990-P. ► G ot www.irs.gov/Form990 f the latest inf mati n. OMB No. 1545-0047

2

Empl ye identificati n numbe f

57-0834963 f

20

0 ıganiz	ati n type (check on	ie):			
ile s	f:	Secti n: f			
Form 99	0 or 990-EZ f	√ 501(c)(3) (enter number) organization			
		4947(a)(1) nonexempt charitable trust n t treated as a private oundation f			
		☐ 527 political organization			
Form 99	0-PF f	☐ 501(c)(3) exempt private oundation f			
		☐ 4947(a)(1) nonexempt charitable trust treated as a private oundation f			
		☐ 501(c)(3) taxable private oundation			
	nly a section 501(c)(7	covered by the Gene al Rule or a Special Rule. 7), (8), or (10) organization can check boxes or both the General Rule and a Special Rule. See			
Gene al	Rule				
V		iling Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or property) rom any one contributor. Complete Parts I and II. See instructions or determining a contributions. f			
Special	Rules				
	regulations under se 13, 16a, or 16b, and	described in section 501(c)(3) iling Form 990 or 990-EZ that met the 331/3% support test of the ections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line I that received from any one contributor, during the year, total contributions of the greater 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) iling Form 990 or 990-EZ that received rom any one contributor, during the year, total contributions o more than \$1,000 exclusively or religious, charitable, scienti ic, literary, or educational purposes, or or the prevention o cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead o the contributor name and address), II, and III. f				
	contributor, during t contributions totaled during the year or a Gene al Rule applie	described in section 501(c)(7), (8), or (10) iling Form 990 or 990-EZ that received rom any one he year, contributions exclusively or religious, charitable, etc., purposes, but no such d more than \$1,000. I this box is checked, enter here the total contributions that were received an exclusively religious, charitable, etc., purpose. Don't complete any o the parts unless the est to this organization because it received nonexclusively religious, charitable, etc., contributions here during the year			

Cauti n: An organization that isn't covered by the General Rule and/or the Special Rules doesn't ile Schedule B (Form 990,

990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2, o its Form 990; or check the box on line H o its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certily that it doesn't meet the illing requirements o Schedule B (Form 990, 990-EZ, or 990-PF).

Name f ganiza i n

Employer identification number t

HILTON HEAD CHORAL SOCIETY INC

57-0834963

Part I	Contributors see ins uc i ns). Use duplica e c pies	f Pa I if addi i nal space is	needed.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1 t	Town of Hiltort Head Island One Town Center Court Hilton Head Island SC t 29928-2701	\$_t6,593 t	Person t Payroll Noncash C tmple e Pa tll f t n theash c th tibu i ns.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2 t	South Carolina Arts Commission 1026 Sumter Street, Suite 200 Columbia SC t 29201-3746 t	\$_t 10,836	Person t Payroll Noncash C tmple e Pa tll f t n thcash c th tibu i ns.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3 t	SC Cares Act Relief Grant Program 1200 Senate Street Columbia SC t 29201 t	\$_t49,788	Person t Payroll Noncash C tmple e Pa tll f t n theash c th tibu i ns.)
(a) No. t	(b) Name, address, and ZIP + 4 t	(c) Total contributions	(d) Type of contribution
		\$_t	Persotn
(a) No. t	(b) Name, address, and ZIP + 4 t	(c) Total contributions	(d) Type of contribution
		\$_t	Persotn
(a) No. t	(b) Name, address, and ZIP + 4 t	(c) Total contributions	(d) Type of contribution
		\$_t	Persotn

Name f ganiza i n

Employer identification number t

HILTON HEAD CHORAL SOCIETY

57-0834963

Ptl	Noncash Property see ins uc i ns). Use duplica e c pies f Pa II if addi i nal space is needed.				
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) See ins uc i ns.)	(d) Date received		
		\$_t			
(a) No. from Part I	(b) Description of noncash property given t	(c) FMV (or estimate) See ins uc i ns.)	(d) Date received t		
		\$_t			
(a) No. from Part I	(b) Description of noncash property given t	(c) FMV (or estimate) See ins uc i ns.)	(d) Date received t		
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(a) No. from Part I	(b) Description of noncash property given t	(c) FMV (or estimate) See ins uc i ns.)	(d) Date received t		
		\$ t			
(a) No. from Part I	(b) Description of noncash property given t	(c) FMV (or estimate) See ins uc i ns.)	(d) Date received t		
		\$_t			
(a) No. from Part I	(b) Description of noncash property given t	(c) FMV (or estimate) See ins uc i ns.)	(d) Date received t		
		 \$ t			
-		\$_t			

Name f ganiza i n

Employer identification number

	EAD CHORAL SOCIETY INC				57-0834963	
Part III		r the year from any	one contribute	or. C mple e c l al f <i>exclusive</i>	lumns (a) h ugh (e) and by eligi us, cha i able, e c.,	
	Use duplica e c pies f Pa III if ad	-			,	
(a) No. from Part It	() 10 () () ()		(d) Descr	(d) Description of how gift is held t		
	(e) Transfer of gift Transferee's name, address, and ZIP + 4 t Relationship of transferor to transferee t					
(a) No. from Part I	(b) Purpose of gift t	(c) Use of gift t		(d) Descr	(d) Description of how gift is held t	
_	(e) Transfer of gift Transferee's name, address, and ZIP + 4 t Relationship of transferor to transferee t					
(a) No.				(1) D		
from Part I	(b) Purpose of gift t	(c) Use	of gift t	(a) Descr	iption of how gift is held t	
	(e) Transfer of gift t					
	Transferee's name, address, and ZIP + 4 t		Rela	tionship of transf	eror to transferee t	
(a) No. from Part I	(b) Purpose of gift t	(c) Use	of gift t	(d) Descr	iption of how gift is held t	
		(e) Trans	fer of gift t			
	Transferee's name, address, and ZIP + 4 t		Relationship of transferor to transferee t			

SCHEDULE m 990 990-EZ)

Department of the Trea ury Internal Revenue Service

Name of the organization

Supplemental Information to Form 990 or 990-EZ s

C mplete t p vide inf mati n f esp nses t specific questi ns n m 990 990-EZ t p vide any additi nal inf mati n.

990-EZ. ► Attach t m 990

► G ot www.irs.gov/Form990 f the latest inf mati n. OMB No. 1545-0047

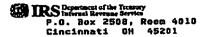
Inspecti

Empl ye identificati n numbe

57-0834963 HILTON HEAD CHORAL SOCIETY INC Part I, Line 8, Other Revenue: Amount received from Amazon Smile Part I, Line 16, Other Expenses \$14,062s \$8,115 for program service marketing, media advertising, and digital/social media advertising; \$5,948 for administrative expenses s Part III, Organization's primary exempt purpose: To perform and sponsor a wide variety of choral music programs for the enjoyment of the Hilton Head Island and regional communities, island visitors, and members, to cooperate with other arts organizations, and to sponsor local performances of celebrity artists and choral groups. s

Schedule

Attachment A (for Question 1)



In reply refer to: 4077552422 Dec. 15, 2008 LTR 4168C 0 57-0834963 000000 00 960 00027018 BODC: TE

HILTON HEAD CHORAL SOCIETY INC PO BOX 22236 HILTON HEAD SC 29925-2238853



008241

Employer Identification Number: 57-0854963
Person to Contact: Mr. R. Molloy
Toll Free Telephone Number: 1-877-829-8800

Doar Taxpayor:

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

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

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

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

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

Sincerely yours,

lindy labote att

Cindy Westcott Manager, EO Determinations