

**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 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 tourists, visitors and members of the community to attend our four concert productions scheduled for the calendar year 2025. Our marketing strategy includes 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 an 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 performers 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 attendance 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 attend 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 Review Committee annual reporting requirements, **please classify your current grant request into the following authorized categories:**

<p>1 - Destination Advertising/Promotion <i>Advertising and promotion of tourism so as to develop and increase tourist attendance through the generation of publicity.</i></p>	100 %
<p>2 - Tourism-Related Events <i>Promotion of the arts and cultural events.</i></p>	0 %
<p>3 - Tourism-Related Facilities <i>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.</i></p>	0 %

4 - Tourism-Related Public Services

*The criminal justice system, law enforcement, fire protection, solid waste collection and health facilities when required to serve tourists and tourist facilities. This is based on the estimated percentage of costs directly attributed to tourist. Also includes public facilities such as restrooms, dressing rooms, parks and parking lots.*

0 %

5 - Tourist Public Transportation

*Tourist shuttle transportation.*

0 %

6 - Waterfront Erosion/Control/Repair

*Control and repair of waterfront erosion.*

0 %

7 - Operation of Visitor Information Centers

*Operating visitor information centers.*

0 %

**Total: 100 %**

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

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 Greenville, 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 adequately 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.

### C. FUNDING:

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

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.

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

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

Yes X No     

If so, please list top 3 sources and amounts.

South Carolina Arts Commission	\$15,000.00
Beaufort County ATAX	\$2,500.00

#### D. FINANCIAL INFORMATION:

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

Current fiscal year Profit Loss Report Provided: **Yes**

Previous fiscal year Profit Loss Reports Provided:

2023- Previous FY 1

2024- Previous FY 2

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

Current fiscal year Balance Sheet Provided: **Yes**

Previous fiscal year Balance 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:

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

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

2. Indicate whether your organization follows Town procurement guidelines or has its own procurement guidelines which are utilized and followed in the expenditure 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 funds used? 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 YouTube.

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.](#)

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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)**

<b>TOPIC</b>	<b>THE PLAN</b>	<b>BUDGET</b>	<b>ACTUAL SPENT</b>	<b>RESULTS</b>
General/Season Marketing	Plan and promote the entire season	\$6,000	\$4,200	Continued promotion to existing customer and 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.
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, Bluffton Sun, Island Packet, CH2
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
Total Marketing		\$41,000	\$35,430	The % Tourist/Visitor attendance for our 4 2023-2024 concerts was 36%. That % has increased in 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	
<b>Within 50 Miles from HHI</b>				<b>545</b>	<b>27%</b>
NORFOLK	CT	06058	Litchfield	1	
GUILFORD	CT	06437	New Haven	2	
WYCKOFF	NJ	07481	Bergen	4	
CALIFON	NJ	07830	Hunterdon	2	
MOUNT HOLLY	NJ	08060	Burlington	4	
CROMPOND	NY	10517	Westchester	1	
JAMAICA	NY	11432	Queens	2	
FREEVILLE	NY	13068	Tompkins	2	
GETZVILLE	NY	14068	Erie	2	
PITTSFORD	NY	14534	Monroe	2	
BURGETTSTOWN	PA	15021	Washington	2	
MECHANICSBURG	PA	17050	Cumberland	2	
HAWLEY	PA	18428	Pike	2	
OAKTON	VA	22124	Fairfax	2	
RADFORD	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	OH	43081	Franklin	6	
ROCKY RIVER	OH	44116	Cuyahoga	4	
STOW	OH	44224	Summit	2	
YOUNGSTOWN	OH	44514	Mahoning	2	
LOVELAND	OH	45140	Clermont	4	
CINCINNATI	OH	45238	Hamilton	1	
CINCINNATI	OH	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	N0P 2		2	
<b>Over 50 Miles from HHI</b>				<b>168</b>	<b>9%</b>
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	
<b>Hilton Head Island</b>				<b>1245</b>	<b>64%</b>
<b>Total Attendance</b>				<b>1958</b>	
<b>Tourist/Visitors</b>				<b>713</b>	<b>36%</b>



**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:**

Christine 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	<u>34,148</u>
HHCS Endowment Fund	1,500
Interest	3,780
Concert Revenue	110,075
Membership	11,700
Total Income	<u>187,203</u>
Expenses	
Marketing	37,360
Performance/Production	26,067
Concert Payroll	47,705
Staff Compensation	46,781
Administrative Expenses	26,832
Total Expenses	<u>184,745</u>
Net Surplus (Deficit)	<u><u>2,458</u></u>

**HILTON HEAD CHORAL SOCIETY, INC  
BALANCE SHEET AS OF JULY 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		<u>84,328</u>
Total Current Assets		<u>143,828</u>
<b>TOTAL ASSETS</b>		<u><u>143,828</u></u>

**LIABILITIES & EQUITY**

Liabilities		0
Equity		
Unrestricted Net Assets		112,965
Net Income (Loss)		30,863
Total Equity		<u>143,828</u>
<b>TOTAL LIABILITIES &amp; EQUITY</b>		<u><u>143,828</u></u>

**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	<u>83,661</u>	
Total Current Assets		<u>112,965</u>
<b>TOTAL ASSETS</b>		<u><u>112,965</u></u>

**LIABILITIES & EQUITY**

Liabilities		0
Equity		
Unrestricted Net Assets		140,548
Net Income (Loss)		<u>(27,584)</u>
Total Equity		<u>112,965</u>
<b>TOTAL LIABILITIES &amp; EQUITY</b>		<u><u>112,965</u></u>



**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	<u>140,548</u>
<b>TOTAL ASSETS</b>	<u><u>140,548</u></u>

**LIABILITIES & EQUITY**

Liabilities	0
Equity	
Unrestricted Net Assets	161,852
Net Income (Loss)	<u>(21,303)</u>
Total Equity	<u>140,548</u>
<b>TOTAL LIABILITIES &amp; EQUITY</b>	<u><u>140,548</u></u>

**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	<u>0</u>
HHCS Endowment Fund	0
Interest	667
Concert Revenue	23,775
Membership	8,190
Total Income	<u>48,519</u>
Expenses	
Marketing	8,142
Performance/Production	0
Concert Payroll	0
Staff Compensation	6,595
Administrative	2,919
Total Expenses	<u>17,656</u>
Net Surplus (Deficit)	<u><u>30,863</u></u>

**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	<u>26,889</u>
HHCS Endowment Fund	2,152
Interest	3,625
Concert Revenue	91,260
Membership	10,920
Total Income	<u>159,858</u>
Expenses	
Marketing	35,431
Performance/Production	37,035
Concert Payroll	45,511
Staff Compensation	44,065
Administrative	25,400
Total Expenses	<u>187,442</u>
Net Surplus (Deficit)	<u><u>(27,584)</u></u>

**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	<u>70,566</u>
HHCS Endowment Fund	2,500
Interest	1,203
Concert Revenue	99,720
Membership	10,400
Other Income	648
Total Income	<u>210,314</u>
Expenses	
Marketing	63,914
Performance/Production	29,111
Concert Payroll	73,094
Administrative	22,079
Staff Compensation	43,420
Total Expenses	<u>231,618</u>
Net Surplus (Deficit)	<u><u>(21,303)</u></u>

# Return of Organization Exempt From Income Tax

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

**2022**

Department of the Treasury  
Internal Revenue Service

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

**Open to Public Inspection**

Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

**A** For the **2022** calendar year, or tax year beginning **06/01/2022** and ending **05/31/2023**

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

**C** Name of organization **HILTON HEAD CHORAL SOCIETY INC**  
 Doing business as \_\_\_\_\_  
 Number and street (or P.O. box if mail is not delivered to street address) Room/suite  
**34 WATER OAK DRIVE**  
 City or town, state or province, country, and ZIP or foreign postal code  
**HILTON HEAD ISLAND, SC 29928**

**D** Employer identification number  
**57-0834963**

**E** Telephone number  
**843-341-3818**

**G** Gross receipts \$ **210,314**

**F** Name and address of principal officer: **Kathy A Jackson**  
**34 Water Oak Drive, Hilton Head Island, SC 29928**

**H(a)** Is this a group return for subordinates? Yes  No   
**H(b)** Are all subordinates included? Yes  No   
 If "No," attach a list. See instructions.  
**H(c)** Group exemption number \_\_\_\_\_

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

**J** Website: [www.hiltonheadchoralsociety.org](http://www.hiltonheadchoralsociety.org)

**K** Form of organization:  Corporation  Trust  Association  Other

**L** Year of formation: **1984**

**M** State of legal domicile: **SC**

**Part I Summary**

Activities & Governance	<b>1</b>	Briefly describe the organization's mission or most significant activities: <u>To perform choral musical programs for the Hilton Head Island and regional communities and visitors, to collaborate with other arts organizations, and to sponsor local performances of celebrity artists and choral groups.</u>		
	<b>2</b>	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	<b>3</b>	Number of voting members of the governing body (Part VI, line 1a)	<b>3</b>	<b>10</b>
	<b>4</b>	Number of independent voting members of the governing body (Part VI, line 1b)	<b>4</b>	<b>9</b>
	<b>5</b>	Total number of individuals employed in calendar year 2022 (Part V, line 2a)	<b>5</b>	<b>0</b>
	<b>6</b>	Total number of volunteers (estimate if necessary)	<b>6</b>	<b>30</b>
	<b>7a</b>	Total unrelated business revenue from Part VIII, column (C), line 12	<b>7a</b>	<b>0</b>
	<b>b</b>	Net unrelated business taxable income from Form 990-T, Part I, line 11	<b>7b</b>	<b>0</b>
Revenue	<b>8</b>	Contributions and grants (Part VIII, line 1h)	Prior Year <b>149,292</b>	Current Year <b>108,743</b>
	<b>9</b>	Program service revenue (Part VIII, line 2g)	<b>74,874</b>	<b>99,720</b>
	<b>10</b>	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	<b>16</b>	<b>1,203</b>
	<b>11</b>	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	<b>102</b>	<b>648</b>
	<b>12</b>	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	<b>224,284</b>	<b>210,314</b>
	Expenses	<b>13</b>	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	<b>0</b>
<b>14</b>		Benefits paid to or for members (Part IX, column (A), line 4)	<b>0</b>	<b>0</b>
<b>15</b>		Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	<b>52,434</b>	<b>36,820</b>
<b>16a</b>		Professional fundraising fees (Part IX, column (A), line 11e)	<b>0</b>	<b>0</b>
<b>b</b>		Total fundraising expenses (Part IX, column (D), line 25)	<b>0</b>	<b>0</b>
<b>17</b>		Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	<b>142,792</b>	<b>194,798</b>
<b>18</b>	Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	<b>195,226</b>	<b>231,618</b>	
<b>19</b>	Revenue less expenses. Subtract line 18 from line 12	<b>29,058</b>	<b>-21,304</b>	
Net Assets or Fund Balances	<b>20</b>	Total assets (Part X, line 16)	Beginning of Current Year <b>161,852</b>	End of Year <b>140,548</b>
	<b>21</b>	Total liabilities (Part X, line 26)	<b>0</b>	<b>0</b>
	<b>22</b>	Net assets or fund balances. Subtract line 21 from line 20	<b>161,852</b>	<b>140,548</b>

**Part II Signature Block**

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

**Sign Here**

Signature of officer: Kathy Jackson, Treasurer Date: \_\_\_\_\_  
 Type or print name and title

**Paid Preparer Use Only**

Print/Type preparer's name: \_\_\_\_\_ Preparer's signature: \_\_\_\_\_ Date: \_\_\_\_\_ Check  if self-employed PTIN: \_\_\_\_\_  
 Firm's name: \_\_\_\_\_ Firm's EIN: \_\_\_\_\_  
 Firm's address: \_\_\_\_\_ Phone no.: \_\_\_\_\_

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

**Part III** Statement of Program Service Accomplishments

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

**1** Briefly describe the organization's mission:

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.

**2** Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?  Yes  No

If "Yes," describe these new services on Schedule O.

**3** Did the organization cease conducting, or make significant changes in how it conducts, any program services?  Yes  No

If "Yes," describe these changes on Schedule O.

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

**4a** (Code: ) (Expenses \$ 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 2,131.

**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 183,068

**Part IV Checklist of Required Schedules**

	Yes	No
<b>1</b> Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i> . . . . .	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>2</b> Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ? See instructions . . . . .	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>3</b> Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i> . . . . .	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>4</b> <b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i> . . . . .	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>5</b> 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 "Yes," complete Schedule C, Part III</i> . . . . .	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>6</b> 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? <i>If "Yes," complete Schedule D, Part I</i> . . . . .	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>7</b> Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i> . . . . .	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>8</b> Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i> . . . . .	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>9</b> 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 "Yes," complete Schedule D, Part IV</i> . . . . .	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>10</b> Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? <i>If "Yes," complete Schedule D, Part V</i> . . . . .	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>11</b> If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X, as applicable.		
<b>a</b> Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i> . . . . .	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>b</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> . . . . .	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>c</b> 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 "Yes," complete Schedule D, Part VIII</i> . . . . .	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>d</b> 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? <i>If "Yes," complete Schedule D, Part IX</i> . . . . .	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>e</b> Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i> . . . . .	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>f</b> 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> . . . . .	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>12a</b> Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i> . . . . .	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>b</b> Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i> . . . . .	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>13</b> Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i> . . . . .	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>14a</b> Did the organization maintain an office, employees, or agents outside of the United States? . . . . .	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>b</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? <i>If "Yes," complete Schedule F, Parts I and IV</i> . . . . .	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>15</b> 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> . . . . .	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>16</b> 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> . . . . .	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>17</b> 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 "Yes," complete Schedule G, Part I</i> . See instructions . . . . .	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>18</b> 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> . . . . .	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>19</b> Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i> . . . . .	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>20a</b> Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i> . . . . .	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>b</b> If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? . . . . .	<input type="checkbox"/>	<input type="checkbox"/>
<b>21</b> 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? <i>If "Yes," complete Schedule I, Parts I and II</i> . . . . .	<input type="checkbox"/>	<input checked="" type="checkbox"/>

**Part IV Checklist of Required Schedules (continued)**

	Yes	No
<b>22</b> 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? <i>If "Yes," complete Schedule I, Parts I and III</i>		✓
<b>23</b> 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 "Yes," complete Schedule J</i>		✓
<b>24a</b> 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? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>		✓
<b>b</b> Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
<b>c</b> Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
<b>d</b> Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
<b>25a</b> <b>Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.</b> 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>		✓
<b>b</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? <i>If "Yes," complete Schedule L, Part I</i>		✓
<b>26</b> 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>		✓
<b>27</b> 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? <i>If "Yes," complete Schedule L, Part III</i>		✓
<b>28</b> 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):		
<b>a</b> A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If "Yes," complete Schedule L, Part IV</i>		✓
<b>b</b> A family member of any individual described in line 28a? <i>If "Yes," complete Schedule L, Part IV</i>		✓
<b>c</b> 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>		✓
<b>29</b> Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>		✓
<b>30</b> Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>		✓
<b>31</b> Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		✓
<b>32</b> Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>		✓
<b>33</b> 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>		✓
<b>34</b> Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>		✓
<b>35a</b> Did the organization have a controlled entity within the meaning of section 512(b)(13)?		✓
<b>b</b> If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>		
<b>36</b> <b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>		✓
<b>37</b> 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>		✓
<b>38</b> Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? <b>Note:</b> All Form 990 filers are required to complete Schedule O	✓	

**Part V Statements Regarding Other IRS Filings and Tax Compliance**

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

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



<b>Part V</b> Statements Regarding Other IRS Filings and Tax Compliance <i>(continued)</i>		Yes	No		
<b>2a</b>	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	<b>2a</b>	0		
<b>b</b>	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	<b>2b</b>			
<b>3a</b>	Did the organization have unrelated business gross income of \$1,000 or more during the year?	<b>3a</b>			✓
<b>b</b>	If "Yes," has it filed a Form 990-T for this year? <i>If "No" to line 3b, provide an explanation on Schedule O</i>	<b>3b</b>			
<b>4a</b>	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)?	<b>4a</b>			✓
<b>b</b>	If "Yes," enter the name of the foreign country See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).				
<b>5a</b>	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	<b>5a</b>			✓
<b>b</b>	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	<b>5b</b>			✓
<b>c</b>	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	<b>5c</b>			
<b>6a</b>	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?	<b>6a</b>			✓
<b>b</b>	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	<b>6b</b>			
<b>7</b>	<b>Organizations that may receive deductible contributions under section 170(c).</b>				
<b>a</b>	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	<b>7a</b>			✓
<b>b</b>	If "Yes," did the organization notify the donor of the value of the goods or services provided?	<b>7b</b>			
<b>c</b>	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	<b>7c</b>			✓
<b>d</b>	If "Yes," indicate the number of Forms 8282 filed during the year	<b>7d</b>			
<b>e</b>	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	<b>7e</b>			✓
<b>f</b>	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	<b>7f</b>			✓
<b>g</b>	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	<b>7g</b>			✓
<b>h</b>	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	<b>7h</b>			✓
<b>8</b>	<b>Sponsoring organizations maintaining donor advised funds.</b> Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	<b>8</b>			
<b>9</b>	<b>Sponsoring organizations maintaining donor advised funds.</b>				
<b>a</b>	Did the sponsoring organization make any taxable distributions under section 4966?	<b>9a</b>			
<b>b</b>	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	<b>9b</b>			
<b>10</b>	<b>Section 501(c)(7) organizations.</b> Enter:				
<b>a</b>	Initiation fees and capital contributions included on Part VIII, line 12	<b>10a</b>			
<b>b</b>	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	<b>10b</b>			
<b>11</b>	<b>Section 501(c)(12) organizations.</b> Enter:				
<b>a</b>	Gross income from members or shareholders	<b>11a</b>			
<b>b</b>	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)	<b>11b</b>			
<b>12a</b>	<b>Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041?	<b>12a</b>			
<b>b</b>	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	<b>12b</b>			
<b>13</b>	<b>Section 501(c)(29) qualified nonprofit health insurance issuers.</b>				
<b>a</b>	Is the organization licensed to issue qualified health plans in more than one state? <b>Note:</b> See the instructions for additional information the organization must report on Schedule O.	<b>13a</b>			
<b>b</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	<b>13b</b>			
<b>c</b>	Enter the amount of reserves on hand	<b>13c</b>			
<b>14a</b>	Did the organization receive any payments for indoor tanning services during the tax year?	<b>14a</b>			✓
<b>b</b>	If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation on Schedule O</i>	<b>14b</b>			
<b>15</b>	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see the instructions and file Form 4720, Schedule N.	<b>15</b>			✓
<b>16</b>	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.	<b>16</b>			✓
<b>17</b>	<b>Section 501(c)(21) organizations.</b> Did the trust, or any disqualified or other person engage in any activities that would result in the imposition of an excise tax under section 4951, 4952, or 4953? If "Yes," complete Form 6069.	<b>17</b>			

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

**Section A. Governing Body and Management**

		Yes	No
<b>1a</b>	Enter the number of voting members of the governing body at the end of the tax year . . . . . If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O.	<b>1a</b>	<b>10</b>
<b>b</b>	Enter the number of voting members included on line 1a, above, who are independent . . . . .	<b>1b</b>	<b>9</b>
<b>2</b>	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? . . . . .	<b>2</b>	<input checked="" type="checkbox"/>
<b>3</b>	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person? . . . . .	<b>3</b>	<input checked="" type="checkbox"/>
<b>4</b>	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? . . . . .	<b>4</b>	<input checked="" type="checkbox"/>
<b>5</b>	Did the organization become aware during the year of a significant diversion of the organization's assets? . . . . .	<b>5</b>	<input checked="" type="checkbox"/>
<b>6</b>	Did the organization have members or stockholders? . . . . .	<b>6</b>	<input checked="" type="checkbox"/>
<b>7a</b>	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? . . . . .	<b>7a</b>	<input checked="" type="checkbox"/>
<b>b</b>	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? . . . . .	<b>7b</b>	<input checked="" type="checkbox"/>
<b>8</b>	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
<b>a</b>	The governing body? . . . . .	<b>8a</b>	<input checked="" type="checkbox"/>
<b>b</b>	Each committee with authority to act on behalf of the governing body? . . . . .	<b>8b</b>	<input checked="" type="checkbox"/>
<b>9</b>	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 . . . . .	<b>9</b>	<input checked="" type="checkbox"/>

**Section B. Policies** (This Section B requests information about policies not required by the Internal Revenue Code.)

		Yes	No
<b>10a</b>	Did the organization have local chapters, branches, or affiliates? . . . . .	<b>10a</b>	<input checked="" type="checkbox"/>
<b>b</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? . . . . .	<b>10b</b>	
<b>11a</b>	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? . . . . .	<b>11a</b>	<input checked="" type="checkbox"/>
<b>b</b>	Describe on Schedule O the process, if any, used by the organization to review this Form 990. . . . .		
<b>12a</b>	Did the organization have a written conflict of interest policy? If "No," go to line 13 . . . . .	<b>12a</b>	<input checked="" type="checkbox"/>
<b>b</b>	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? . . . . .	<b>12b</b>	
<b>c</b>	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done . . . . .	<b>12c</b>	
<b>13</b>	Did the organization have a written whistleblower policy? . . . . .	<b>13</b>	<input checked="" type="checkbox"/>
<b>14</b>	Did the organization have a written document retention and destruction policy? . . . . .	<b>14</b>	<input checked="" type="checkbox"/>
<b>15</b>	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?		
<b>a</b>	The organization's CEO, Executive Director, or top management official . . . . .	<b>15a</b>	<input checked="" type="checkbox"/>
<b>b</b>	Other officers or key employees of the organization . . . . .	<b>15b</b>	<input checked="" type="checkbox"/>
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions. . . . .		
<b>16a</b>	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? . . . . .	<b>16a</b>	<input checked="" type="checkbox"/>
<b>b</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? . . . . .	<b>16b</b>	

**Section C. Disclosure**

- 17** List the states with which a copy of this Form 990 is required to be filed. SC
- 18** Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.  
 Own website     Another's website     Upon request     Other (explain on Schedule O)
- 19** Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
- 20** State the name, address, and telephone number of the person who possesses the organization's books and records.

**Kathy A Jackson, (843)671-5276**

**34 WATER OAK DRIVE, HILTON HEAD ISLAND, SC 29928**

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

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

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

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

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

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
Dustin Ousley Artistic Director	2.00 0.00							24,075	0	0
Phyllis Duffie Director	2.00 0.00	✓						0	0	0
Rob Propst Director	2.00 2.00	✓						0	0	0
Carol Wolfe Director	1.00	✓						0	0	0
Walter Lowe President	3.00	✓		✓				0	0	0
Judy Tiano Director	1.00 0.00	✓						0	0	0
Kathy Burmeister Director	1.00	✓						0	0	0
Kathy Jackson Treasurer	3.00 0.00			✓				0	0	0
Margie Lechowicz Vice President	3.00 0.00			✓				0	0	0
Mindy Mason Secretary	2.00 2.00			✓				0	0	0



**Part VIII Statement of Revenue**

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

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514	
<b>Contributions, Gifts, Grants, and Other Similar Amounts</b>	<b>1a</b> Federated campaigns . . . . .	<b>1a</b>	0				
	<b>b</b> Membership dues . . . . .	<b>1b</b>	10,400				
	<b>c</b> Fundraising events . . . . .	<b>1c</b>	0				
	<b>d</b> Related organizations . . . . .	<b>1d</b>	0				
	<b>e</b> Government grants (contributions)	<b>1e</b>	70,565				
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above	<b>1f</b>	27,778				
	<b>g</b> Noncash contributions included in lines 1a-1f . . . . .	<b>1g</b>	\$ 0				
	<b>h Total.</b> Add lines 1a-1f . . . . .		108,743				
	<b>Program Service Revenue</b>			Business Code			
<b>2a Sponsors</b>		711300	5,000	5,000	0	0	
<b>b Program Ads</b>		711130	21,500	21,500	0	0	
<b>c Concert Tickets</b>		711130	73,220	73,220	0	0	
<b>d</b>							
<b>e</b>							
<b>f</b> All other program service revenue . . . . .			0	0	0	0	
<b>g Total.</b> Add lines 2a-2f . . . . .		99,720					
<b>Other Revenue</b>	<b>3</b> Investment income (including dividends, interest, and other similar amounts) . . . . .		1,203	1,203	0	0	
	<b>4</b> Income from investment of tax-exempt bond proceeds		0	0	0	0	
	<b>5</b> Royalties . . . . .		0	0	0	0	
	<b>6a</b> Gross rents . . . . .	<b>6a</b>	(i) Real	0	0		
			(ii) Personal	0	0		
				0	0		
	<b>b</b> Less: rental expenses	<b>6b</b>		0	0		
	<b>c</b> Rental income or (loss)	<b>6c</b>		0	0		
	<b>d</b> Net rental income or (loss) . . . . .			0	0	0	
	<b>7a</b> Gross amount from sales of assets other than inventory	<b>7a</b>	(i) Securities	0	0		
			(ii) Other	0	0		
				0	0		
	<b>b</b> Less: cost or other basis and sales expenses . . . . .	<b>7b</b>		0	0		
	<b>c</b> Gain or (loss) . . . . .	<b>7c</b>		0	0		
	<b>d</b> Net gain or (loss) . . . . .			0	0	0	
	<b>8a</b> Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18 . . . . .	<b>8a</b>		0			
				0			
<b>b</b> Less: direct expenses . . . . .	<b>8b</b>		0				
<b>c</b> Net income or (loss) from fundraising events . . . . .			0		0		
<b>9a</b> Gross income from gaming activities. See Part IV, line 19 . . . . .	<b>9a</b>		0				
			0				
<b>b</b> Less: direct expenses . . . . .	<b>9b</b>		0				
<b>c</b> Net income or (loss) from gaming activities . . . . .			0	0	0		
<b>10a</b> Gross sales of inventory, less returns and allowances . . . . .	<b>10a</b>		0				
			0				
<b>b</b> Less: cost of goods sold . . . . .	<b>10b</b>		0				
<b>c</b> Net income or (loss) from sales of inventory . . . . .			0	0	0		
<b>Miscellaneous Revenue</b>			Business Code				
	<b>11a Amazon Smile</b>	454110	148	148	0	0	
	<b>b Target</b>	454110	500	500	0	0	
	<b>c</b>						
	<b>d</b> All other revenue . . . . .		0	0	0	0	
<b>e Total.</b> Add lines 11a-11d . . . . .		648					
<b>12 Total revenue.</b> See instructions . . . . .		210,314	101,571	0	0		

**Part IX Statement of Functional Expenses**

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

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

<b>Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.</b>		(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 . . . . .	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		
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
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	0	0
b	Legal . . . . .	0	0	0	0
c	Accounting . . . . .	0	0	0	0
d	Lobbying . . . . .	0	0	0	0
e	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		
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 . . . . .	0	0	0	0
19	Conferences, conventions, and meetings . . . . .	220	0	220	0
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.) . . . . .				
a	<b>Concert Production Expenses</b> . . . . .	16,136	16,136	0	0
b	_____ . . . . .				
c	_____ . . . . .				
d	_____ . . . . .				
e	All other expenses _____ . . . . .				
25	<b>Total functional expenses.</b> Add lines 1 through 24e . . . . .	231,618	183,068	48,550	0
26	<b>Joint costs.</b> Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720) . . . . .				

**Part X Balance Sheet**

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

		(A) Beginning of year		(B) End of year
<b>Assets</b>	<b>1</b> Cash—non-interest-bearing . . . . .	<b>83,643</b>	<b>1</b>	<b>60,511</b>
	<b>2</b> Savings and temporary cash investments . . . . .	<b>78,209</b>	<b>2</b>	<b>80,037</b>
	<b>3</b> Pledges and grants receivable, net . . . . .	<b>0</b>	<b>3</b>	<b>0</b>
	<b>4</b> Accounts receivable, net . . . . .	<b>0</b>	<b>4</b>	<b>0</b>
	<b>5</b> 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 . . . . .	<b>0</b>	<b>5</b>	<b>0</b>
	<b>6</b> Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) . . . . .	<b>0</b>	<b>6</b>	<b>0</b>
	<b>7</b> Notes and loans receivable, net . . . . .	<b>0</b>	<b>7</b>	<b>0</b>
	<b>8</b> Inventories for sale or use . . . . .	<b>0</b>	<b>8</b>	<b>0</b>
	<b>9</b> Prepaid expenses and deferred charges . . . . .	<b>0</b>	<b>9</b>	<b>0</b>
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D . . . . .	<b>10a</b>		
	<b>b</b> Less: accumulated depreciation . . . . .	<b>10b</b>	<b>10c</b>	
	<b>11</b> Investments—publicly traded securities . . . . .	<b>0</b>	<b>11</b>	<b>0</b>
	<b>12</b> Investments—other securities. See Part IV, line 11 . . . . .	<b>0</b>	<b>12</b>	<b>0</b>
	<b>13</b> Investments—program-related. See Part IV, line 11 . . . . .	<b>0</b>	<b>13</b>	<b>0</b>
	<b>14</b> Intangible assets . . . . .	<b>0</b>	<b>14</b>	<b>0</b>
	<b>15</b> Other assets. See Part IV, line 11 . . . . .	<b>0</b>	<b>15</b>	<b>0</b>
<b>16 Total assets.</b> Add lines 1 through 15 (must equal line 33) . . . . .	<b>161,852</b>	<b>16</b>	<b>140,548</b>	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses . . . . .	<b>0</b>	<b>17</b>	<b>0</b>
	<b>18</b> Grants payable . . . . .	<b>0</b>	<b>18</b>	<b>0</b>
	<b>19</b> Deferred revenue . . . . .	<b>0</b>	<b>19</b>	<b>0</b>
	<b>20</b> Tax-exempt bond liabilities . . . . .	<b>0</b>	<b>20</b>	<b>0</b>
	<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D . . . . .	<b>0</b>	<b>21</b>	<b>0</b>
	<b>22</b> 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 . . . . .	<b>0</b>	<b>22</b>	<b>0</b>
	<b>23</b> Secured mortgages and notes payable to unrelated third parties . . . . .	<b>0</b>	<b>23</b>	<b>0</b>
	<b>24</b> Unsecured notes and loans payable to unrelated third parties . . . . .	<b>0</b>	<b>24</b>	<b>0</b>
	<b>25</b> 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 . . . . .		<b>25</b>	
	<b>26 Total liabilities.</b> Add lines 17 through 25 . . . . .	<b>0</b>	<b>26</b>	<b>0</b>
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow FASB ASC 958, check here</b> <input type="checkbox"/>			
	<b>and complete lines 27, 28, 32, and 33.</b>			
	<b>27</b> Net assets without donor restrictions . . . . .		<b>27</b>	
	<b>28</b> Net assets with donor restrictions . . . . .		<b>28</b>	
	<b>Organizations that do not follow FASB ASC 958, check here</b> <input checked="" type="checkbox"/>			
	<b>and complete lines 29 through 33.</b>			
	<b>29</b> Capital stock or trust principal, or current funds . . . . .	<b>29,298</b>	<b>29</b>	<b>29,298</b>
<b>30</b> Paid-in or capital surplus, or land, building, or equipment fund . . . . .	<b>103,496</b>	<b>30</b>	<b>132,553</b>	
<b>31</b> Retained earnings, endowment, accumulated income, or other funds . . . . .	<b>29,058</b>	<b>31</b>	<b>-21,303</b>	
<b>32</b> Total net assets or fund balances . . . . .	<b>161,852</b>	<b>32</b>	<b>140,548</b>	
<b>33</b> Total liabilities and net assets/fund balances . . . . .	<b>161,852</b>	<b>33</b>	<b>140,548</b>	



**Part XI Reconciliation of Net Assets**

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

<b>1</b>	Total revenue (must equal Part VIII, column (A), line 12)	<b>1</b>	<b>210,314</b>
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25)	<b>2</b>	<b>231,618</b>
<b>3</b>	Revenue less expenses. Subtract line 2 from line 1	<b>3</b>	<b>-21,304</b>
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	<b>4</b>	<b>161,852</b>
<b>5</b>	Net unrealized gains (losses) on investments	<b>5</b>	<b>0</b>
<b>6</b>	Donated services and use of facilities	<b>6</b>	<b>0</b>
<b>7</b>	Investment expenses	<b>7</b>	<b>0</b>
<b>8</b>	Prior period adjustments	<b>8</b>	<b>0</b>
<b>9</b>	Other changes in net assets or fund balances (explain on Schedule O)	<b>9</b>	<b>0</b>
<b>10</b>	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	<b>10</b>	<b>140,548</b>

**Part XII Financial Statements and Reporting**

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

		Yes	No
<b>1</b>	Accounting method used to prepare the Form 990: <input checked="" type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.		
<b>2a</b>	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: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		<input checked="" type="checkbox"/>
<b>2b</b>	Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		<input checked="" type="checkbox"/>
<b>2c</b>	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.		
<b>3a</b>	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?		<input checked="" type="checkbox"/>
<b>3b</b>	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits.		



**SCHEDULE A  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Public Charity Status and Public Support**

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

Attach to Form 990 or Form 990-EZ.

Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2022**

**Open to Public  
Inspection**

Name of the organization <b>HILTON HEAD CHORAL SOCIETY INC</b>	Employer identification number <b>57-0834963</b>
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**Part I Reason for Public Charity Status.** (All organizations must complete this part.) See instructions.

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

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

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

**Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)**  
 (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") . . . . .						
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf . . . . .						
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge . . . . .						
<b>4 Total.</b> Add lines 1 through 3 . . . . .						
<b>5</b> 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) . . . . .						
<b>6 Public support.</b> 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
<b>7</b> Amounts from line 4 . . . . .						
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources . . . . .						
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on . . . . .						
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) . . . . .						
<b>11 Total support.</b> Add lines 7 through 10						
<b>12</b> Gross receipts from related activities, etc. (see instructions) . . . . .					<b>12</b>	
<b>13 First 5 years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b> . . . . . <input type="checkbox"/>						

**Section C. Computation of Public Support Percentage**

<b>14</b> Public support percentage for 2022 (line 6, column (f), divided by line 11, column (f)) . . . . .	<b>14</b>	%
<b>15</b> Public support percentage from 2021 Schedule A, Part II, line 14 . . . . .	<b>15</b>	%
<b>16a 33 1/3% support test—2022.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here</b> . The organization qualifies as a publicly supported organization . . . . . <input type="checkbox"/>		
<b>b 33 1/3% support test—2021.</b> If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and <b>stop here</b> . The organization qualifies as a publicly supported organization . . . . . <input type="checkbox"/>		
<b>17a 10%-facts-and-circumstances test—2022.</b> 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 <b>stop here</b> . Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization . . . . . <input type="checkbox"/>		
<b>b 10%-facts-and-circumstances test—2021.</b> 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 <b>stop here</b> . Explain . . . . . <input type="checkbox"/>		

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 . . . . .

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

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

**Section A. Public Support**

Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
<b>1</b> 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
<b>2</b> 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
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf . . . . .						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge . . . . .						
<b>6 Total.</b> Add lines 1 through 5 . . . . .	208,111	185,116	92,541	224,166	208,463	918,397
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons . . . . .						
<b>b</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 . . . . .						
<b>c</b> Add lines 7a and 7b . . . . .						
<b>8 Public support.</b> (Subtract line 7c from line 6.) . . . . .						918,397

**Section B. Total Support**

Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
<b>9</b> Amounts from line 6 . . . . .	208,111	185,116	92,541	224,166	208,463	918,397
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources . . . . .	37	571	433	16	1,203	2,260
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 . . . . .						
<b>c</b> Add lines 10a and 10b . . . . .	37	571	433	16	1,203	2,260
<b>11</b> Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on . . . . .						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) . . . . .	3,084	53	361	103	648	4,249
<b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.) . . . . .	211,232	185,740	93,335	224,285	210,314	924,906
<b>14 First 5 years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b> . . . . . <input type="checkbox"/>						

**Section C. Computation of Public Support Percentage**

<b>15</b> Public support percentage for 2022 (line 8, column (f), divided by line 13, column (f)) . . . . .	<b>15</b>	99.3 %
<b>16</b> Public support percentage from 2021 Schedule A, Part III, line 15 . . . . .	<b>16</b>	99.08 %

**Section D. Computation of Investment Income Percentage**

<b>17</b> Investment income percentage for 2022 (line 10c, column (f), divided by line 13, column (f)) . . . . .	<b>17</b>	0.24 %
<b>18</b> Investment income percentage from 2021 Schedule A, Part III, line 17 . . . . .	<b>18</b>	0.11 %

- 19a 33 1/3% support tests—2022.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization . . . . .
- b 33 1/3% support tests—2021.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization . . . . .

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

**Part IV Supporting Organizations**

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

**Section A. All Supporting Organizations**

		Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>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.</i>		
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer lines 3b and 3c below.</i>		
3b	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)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
3c	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.</i>		
4b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>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.</i>		
4c	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)? <i>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.</i>		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? <i>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).</i>		
5b	<b>Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
5c	<b>Substitutions only.</b> 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? <i>If "Yes," provide detail in Part VI.</i>		
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? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
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))? <i>If "Yes," provide detail in Part VI.</i>		
9b	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? <i>If "Yes," provide detail in Part VI.</i>		
9c	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? <i>If "Yes," provide detail in Part VI.</i>		
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)? <i>If "Yes," answer line 10b below.</i>		
10b	Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		

**Part IV Supporting Organizations** *(continued)*

	Yes	No
<b>11</b> Has the organization accepted a gift or contribution from any of the following persons?		
<b>a</b> A person who directly or indirectly controls, either alone or together with persons described on lines 11b and 11c below, the governing body of a supported organization?		
<b>b</b> A family member of a person described on line 11a above?		
<b>c</b> A 35% controlled entity of a person described on line 11a or 11b above? <i>If "Yes" to line 11a, 11b, or 11c, provide detail in Part VI.</i>		
<b>11a</b>		
<b>11b</b>		
<b>11c</b>		

**Section B. Type I Supporting Organizations**

	Yes	No
<b>1</b> 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? <i>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.</i>		
<b>2</b> 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? <i>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.</i>		
<b>1</b>		
<b>2</b>		

**Section C. Type II Supporting Organizations**

	Yes	No
<b>1</b> Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? <i>If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).</i>		
<b>1</b>		

**Section D. All Type III Supporting Organizations**

	Yes	No
<b>1</b> 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?		
<b>2</b> 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 the organization maintained a close and continuous working relationship with the supported organization(s).</i>		
<b>3</b> 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? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i>		
<b>1</b>		
<b>2</b>		
<b>3</b>		

**Section E. Type III Functionally Integrated Supporting Organizations**

<b>1</b> Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).			
<b>a</b> <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.			
<b>b</b> <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.			
<b>c</b> <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instructions).			
<b>2</b> Activities Test. Answer lines 2a and 2b below.			
<b>a</b> 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? <i>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.</i>			
<b>b</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? <i>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.</i>			
<b>3</b> Parent of Supported Organizations. Answer lines 3a and 3b below.			
<b>a</b> 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? <i>If "Yes" or "No," provide details in Part VI.</i>			
<b>b</b> Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>			
<b>2a</b>			
<b>2b</b>			
<b>3a</b>			
<b>3b</b>			

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

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

<b>Section A—Adjusted Net Income</b>		(A) Prior Year	(B) Current Year (optional)
<b>1</b>	Net short-term capital gain	<b>1</b>	
<b>2</b>	Recoveries of prior-year distributions	<b>2</b>	
<b>3</b>	Other gross income (see instructions)	<b>3</b>	
<b>4</b>	Add lines 1 through 3.	<b>4</b>	
<b>5</b>	Depreciation and depletion	<b>5</b>	
<b>6</b>	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)	<b>6</b>	
<b>7</b>	Other expenses (see instructions)	<b>7</b>	
<b>8</b>	<b>Adjusted Net Income</b> (subtract lines 5, 6, and 7 from line 4)	<b>8</b>	
<b>Section B—Minimum Asset Amount</b>		(A) Prior Year	(B) Current Year (optional)
<b>1</b>	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
<b>a</b>	Average monthly value of securities	<b>1a</b>	
<b>b</b>	Average monthly cash balances	<b>1b</b>	
<b>c</b>	Fair market value of other non-exempt-use assets	<b>1c</b>	
<b>d</b>	<b>Total</b> (add lines 1a, 1b, and 1c)	<b>1d</b>	
<b>e</b>	<b>Discount</b> claimed for blockage or other factors ( <i>explain in detail in Part VI</i> ):		
<b>2</b>	Acquisition indebtedness applicable to non-exempt-use assets	<b>2</b>	
<b>3</b>	Subtract line 2 from line 1d.	<b>3</b>	
<b>4</b>	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	<b>4</b>	
<b>5</b>	Net value of non-exempt-use assets (subtract line 4 from line 3)	<b>5</b>	
<b>6</b>	Multiply line 5 by 0.035.	<b>6</b>	
<b>7</b>	Recoveries of prior-year distributions	<b>7</b>	
<b>8</b>	<b>Minimum Asset Amount</b> (add line 7 to line 6)	<b>8</b>	
<b>Section C—Distributable Amount</b>			Current Year
<b>1</b>	Adjusted net income for prior year (from Section A, line 8, column A)	<b>1</b>	
<b>2</b>	Enter 0.85 of line 1.	<b>2</b>	
<b>3</b>	Minimum asset amount for prior year (from Section B, line 8, column A)	<b>3</b>	
<b>4</b>	Enter greater of line 2 or line 3.	<b>4</b>	
<b>5</b>	Income tax imposed in prior year	<b>5</b>	
<b>6</b>	<b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	<b>6</b>	
<b>7</b>	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		



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

Section D—Distributions		Current Year
<b>1</b>	Amounts paid to supported organizations to accomplish exempt purposes	<b>1</b>
<b>2</b>	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	<b>2</b>
<b>3</b>	Administrative expenses paid to accomplish exempt purposes of supported organizations	<b>3</b>
<b>4</b>	Amounts paid to acquire exempt-use assets	<b>4</b>
<b>5</b>	Qualified set-aside amounts (prior IRS approval required— <i>provide details in Part VI</i> )	<b>5</b>
<b>6</b>	Other distributions ( <i>describe in Part VI</i> ). See instructions.	<b>6</b>
<b>7</b>	<b>Total annual distributions.</b> Add lines 1 through 6.	<b>7</b>
<b>8</b>	Distributions to attentive supported organizations to which the organization is responsive ( <i>provide details in Part VI</i> ). See instructions.	<b>8</b>
<b>9</b>	Distributable amount for 2022 from Section C, line 6	<b>9</b>
<b>10</b>	Line 8 amount divided by line 9 amount	<b>10</b>

Section E—Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2022	(iii) Distributable Amount for 2022
<b>1</b> Distributable amount for 2022 from Section C, line 6			
<b>2</b> Underdistributions, if any, for years prior to 2022 (reasonable cause required— <i>explain in Part VI</i> ). See instructions.			
<b>3</b> Excess distributions carryover, if any, to 2022			
<b>a</b> From 2017 . . . . .			
<b>b</b> From 2018 . . . . .			
<b>c</b> From 2019 . . . . .			
<b>d</b> From 2020 . . . . .			
<b>e</b> From 2021 . . . . .			
<b>f</b> Total of lines 3a through 3e			
<b>g</b> Applied to underdistributions of prior years			
<b>h</b> Applied to 2022 distributable amount			
<b>i</b> Carryover from 2017 not applied (see instructions)			
<b>j</b> Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
<b>4</b> Distributions for 2022 from Section D, line 7: \$			
<b>a</b> Applied to underdistributions of prior years			
<b>b</b> Applied to 2022 distributable amount			
<b>c</b> Remainder. Subtract lines 4a and 4b from line 4.			
<b>5</b> Remaining underdistributions for years prior to 2022, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
<b>6</b> Remaining underdistributions for 2022. Subtract lines 3h and 4b from line 1. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
<b>7</b> Excess distributions carryover to 2023. Add lines 3j and 4c.			
<b>8</b> Breakdown of line 7:			
<b>a</b> Excess from 2018 . . .			
<b>b</b> Excess from 2019 . . .			
<b>c</b> Excess from 2020 . . .			
<b>d</b> Excess from 2021 . . .			
<b>e</b> Excess from 2022 . . .			



**SCHEDULE O  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

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

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

Attach to Form 990 or Form 990-EZ.

Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2022**

**Open to Public  
Inspection**

Name of the organization

**HILTON HEAD CHORAL SOCIETY INC**

Employer identification number

**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 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)

**2021**

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](http://www.irs.gov/Form990) for instructions and the latest information.

**Open to Public Inspection**

**A** For the **2021** calendar year, or tax year beginning **06/01/2021** and ending **05/31/2022**

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

**C** Name of organization **HILTON HEAD CHORAL SOCIETY INC**  
 Doing business as  
 Number and street (or P.O. box if mail is not delivered to street address) Room/suite  
**34 WATER OAK DRIVE**  
 City or town, state or province, country, and ZIP or foreign postal code  
**HILTON HEAD ISLAND, SC 29928**

**D** Employer identification number  
**57-0834963**

**E** Telephone number  
**843-341-3818**

**G** Gross receipts \$ **224,284**

**F** Name and address of principal officer: **KATHY A JACKSON**  
**34 WATER OAK DRIVE, HILTON HEAD ISLAND, SC 29928**

**H(a)** Is this a group return for subordinates? Yes  No   
**H(b)** Are all subordinates included? Yes  No   
 If "No," attach a list. See instructions.

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

**J** Website: ▶ [www.hiltonheadchoralsociety.org](http://www.hiltonheadchoralsociety.org)

**H(c)** Group exemption number ▶

**K** Form of organization:  Corporation  Trust  Association  Other ▶

**L** Year of formation: **1984**

**M** State of legal domicile: **SC**

**Part I Summary**

<b>Activities &amp; Governance</b>	<b>1</b>	Briefly describe the organization's mission or most significant activities: <u>To perform choral musical programs for the Hilton Head Island and regional communities and visitors, to collaborate with other arts organizations, and to sponsor local performances of celebrity artists and choral groups.</u>		
	<b>2</b>	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	<b>3</b>	Number of voting members of the governing body (Part VI, line 1a)	<b>3</b>	<b>11</b>
	<b>4</b>	Number of independent voting members of the governing body (Part VI, line 1b)	<b>4</b>	<b>10</b>
	<b>5</b>	Total number of individuals employed in calendar year 2021 (Part V, line 2a)	<b>5</b>	<b>0</b>
	<b>6</b>	Total number of volunteers (estimate if necessary)	<b>6</b>	<b>30</b>
	<b>7a</b>	Total unrelated business revenue from Part VIII, column (C), line 12	<b>7a</b>	<b>0</b>
<b>b</b>	Net unrelated business taxable income from Form 990-T, Part I, line 11	<b>7b</b>	<b>0</b>	
<b>Revenue</b>	<b>8</b>	Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	<b>9</b>	Program service revenue (Part VIII, line 2g)		<b>149,292</b>
	<b>10</b>	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		<b>16</b>
	<b>11</b>	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		<b>102</b>
	<b>12</b>	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	<b>0</b>	<b>224,284</b>
	<b>Expenses</b>	<b>13</b>	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	
<b>14</b>		Benefits paid to or for members (Part IX, column (A), line 4)		<b>0</b>
<b>15</b>		Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)		<b>52,434</b>
<b>16a</b>		Professional fundraising fees (Part IX, column (A), line 11e)		<b>0</b>
<b>b</b>		Total fundraising expenses (Part IX, column (D), line 25) ▶		<b>0</b>
<b>17</b>		Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)		<b>142,792</b>
<b>18</b>	Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	<b>0</b>	<b>195,226</b>	
<b>19</b>	Revenue less expenses. Subtract line 18 from line 12	<b>0</b>	<b>29,058</b>	
<b>Net Assets or Fund Balances</b>	<b>20</b>	Total assets (Part X, line 16)	Beginning of Current Year	End of Year
	<b>21</b>	Total liabilities (Part X, line 26)	<b>132,793</b>	<b>161,852</b>
	<b>22</b>	Net assets or fund balances. Subtract line 21 from line 20	<b>0</b>	<b>0</b>

**Part II Signature Block**

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

**Sign Here**

Signature of officer: Kathy Jackson, Treasurer Date: \_\_\_\_\_  
 Type or print name and title

**Paid Preparer Use Only**

Print/Type preparer's name: \_\_\_\_\_ Preparer's signature: \_\_\_\_\_ Date: \_\_\_\_\_ Check  if self-employed PTIN: \_\_\_\_\_  
 Firm's name: \_\_\_\_\_ Firm's EIN: \_\_\_\_\_  
 Firm's address: \_\_\_\_\_ Phone no.: \_\_\_\_\_

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

**Part III Statement of Program Service Accomplishments**

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

**1** Briefly describe the organization's mission:  
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.

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

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

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

**4a** (Code: ) (Expenses \$ 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 IV Checklist of Required Schedules**

	Yes	No
<b>1</b> Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i> . . . . .	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>2</b> Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ? See instructions . . . . .	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>3</b> Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i> . . . . .	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>4</b> <b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i> . . . . .	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>5</b> 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 "Yes," complete Schedule C, Part III</i> . . . . .	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>6</b> 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? <i>If "Yes," complete Schedule D, Part I</i> . . . . .	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>7</b> Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i> . . . . .	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>8</b> Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i> . . . . .	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>9</b> 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 "Yes," complete Schedule D, Part IV</i> . . . . .	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>10</b> Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? <i>If "Yes," complete Schedule D, Part V</i> . . . . .	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>11</b> If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X, as applicable.		
<b>a</b> Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i> . . . . .	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>b</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> . . . . .	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>c</b> 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 "Yes," complete Schedule D, Part VIII</i> . . . . .	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>d</b> 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? <i>If "Yes," complete Schedule D, Part IX</i> . . . . .	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>e</b> Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i> . . . . .	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>f</b> 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> . . . . .	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>12a</b> Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i> . . . . .	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>b</b> Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i> . . . . .	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>13</b> Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i> . . . . .	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>14a</b> Did the organization maintain an office, employees, or agents outside of the United States? . . . . .	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>b</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? <i>If "Yes," complete Schedule F, Parts I and IV</i> . . . . .	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>15</b> 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> . . . . .	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>16</b> 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> . . . . .	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>17</b> 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 "Yes," complete Schedule G, Part I</i> . See instructions . . . . .	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>18</b> 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> . . . . .	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>19</b> Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i> . . . . .	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>20a</b> Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i> . . . . .	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>b</b> If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? . . . . .	<input type="checkbox"/>	<input type="checkbox"/>
<b>21</b> 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? <i>If "Yes," complete Schedule I, Parts I and II</i> . . . . .	<input type="checkbox"/>	<input checked="" type="checkbox"/>

**Part IV Checklist of Required Schedules** *(continued)*

		Yes	No
<b>22</b>	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? <i>If "Yes," complete Schedule I, Parts I and III</i>		✓
<b>23</b>	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 "Yes," complete Schedule J</i>		✓
<b>24a</b>	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? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>		✓
<b>b</b>	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
<b>c</b>	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
<b>d</b>	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
<b>25a</b>	<b>Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.</b> 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>		✓
<b>b</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? <i>If "Yes," complete Schedule L, Part I</i>		✓
<b>26</b>	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>		✓
<b>27</b>	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? <i>If "Yes," complete Schedule L, Part III</i>		✓
<b>28</b>	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):		
<b>a</b>	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If "Yes," complete Schedule L, Part IV</i>		✓
<b>b</b>	A family member of any individual described in line 28a? <i>If "Yes," complete Schedule L, Part IV</i>		✓
<b>c</b>	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>		✓
<b>29</b>	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>		✓
<b>30</b>	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>		✓
<b>31</b>	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		✓
<b>32</b>	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>		✓
<b>33</b>	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>		✓
<b>34</b>	Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>		✓
<b>35a</b>	Did the organization have a controlled entity within the meaning of section 512(b)(13)?		✓
<b>b</b>	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>		
<b>36</b>	<b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>		✓
<b>37</b>	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>		✓
<b>38</b>	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? <b>Note:</b> All Form 990 filers are required to complete Schedule O	✓	

**Part V Statements Regarding Other IRS Filings and Tax Compliance**

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

		Yes	No
<b>1a</b>	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable		9
<b>b</b>	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable		0
<b>c</b>	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	✓	

<b>Part V</b> Statements Regarding Other IRS Filings and Tax Compliance <i>(continued)</i>		Yes	No
<b>2a</b>	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	<b>2a</b>	0
<b>b</b>	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? <b>Note:</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. See instructions.	<b>2b</b>	
<b>3a</b>	Did the organization have unrelated business gross income of \$1,000 or more during the year?	<b>3a</b>	✓
<b>b</b>	If "Yes," has it filed a Form 990-T for this year? <i>If "No" to line 3b, provide an explanation on Schedule O</i>	<b>3b</b>	
<b>4a</b>	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)?	<b>4a</b>	✓
<b>b</b>	If "Yes," enter the name of the foreign country ▶ _____ See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).		
<b>5a</b>	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	<b>5a</b>	✓
<b>b</b>	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	<b>5b</b>	✓
<b>c</b>	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	<b>5c</b>	
<b>6a</b>	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?	<b>6a</b>	✓
<b>b</b>	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	<b>6b</b>	
<b>7</b>	<b>Organizations that may receive deductible contributions under section 170(c).</b>		
<b>a</b>	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	<b>7a</b>	✓
<b>b</b>	If "Yes," did the organization notify the donor of the value of the goods or services provided?	<b>7b</b>	
<b>c</b>	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	<b>7c</b>	✓
<b>d</b>	If "Yes," indicate the number of Forms 8282 filed during the year	<b>7d</b>	
<b>e</b>	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	<b>7e</b>	✓
<b>f</b>	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	<b>7f</b>	✓
<b>g</b>	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	<b>7g</b>	
<b>h</b>	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	<b>7h</b>	
<b>8</b>	<b>Sponsoring organizations maintaining donor advised funds.</b> Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	<b>8</b>	
<b>9</b>	<b>Sponsoring organizations maintaining donor advised funds.</b>		
<b>a</b>	Did the sponsoring organization make any taxable distributions under section 4966?	<b>9a</b>	
<b>b</b>	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	<b>9b</b>	
<b>10</b>	<b>Section 501(c)(7) organizations.</b> Enter:		
<b>a</b>	Initiation fees and capital contributions included on Part VIII, line 12	<b>10a</b>	
<b>b</b>	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	<b>10b</b>	
<b>11</b>	<b>Section 501(c)(12) organizations.</b> Enter:		
<b>a</b>	Gross income from members or shareholders	<b>11a</b>	
<b>b</b>	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)	<b>11b</b>	
<b>12a</b>	<b>Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041?	<b>12a</b>	
<b>b</b>	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	<b>12b</b>	
<b>13</b>	<b>Section 501(c)(29) qualified nonprofit health insurance issuers.</b>		
<b>a</b>	Is the organization licensed to issue qualified health plans in more than one state? <b>Note:</b> See the instructions for additional information the organization must report on Schedule O.	<b>13a</b>	
<b>b</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	<b>13b</b>	
<b>c</b>	Enter the amount of reserves on hand	<b>13c</b>	
<b>14a</b>	Did the organization receive any payments for indoor tanning services during the tax year?	<b>14a</b>	✓
<b>b</b>	If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation on Schedule O</i>	<b>14b</b>	
<b>15</b>	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see the instructions and file Form 4720, Schedule N.	<b>15</b>	✓
<b>16</b>	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.	<b>16</b>	✓
<b>17</b>	<b>Section 501(c)(21) organizations.</b> Did the trust, any disqualified person, or mine operator engage in any activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953? If "Yes," complete Form 6069.	<b>17</b>	



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

**Section A. Governing Body and Management**

		Yes	No
<b>1a</b>	Enter the number of voting members of the governing body at the end of the tax year . . . . .		
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O.		
<b>1b</b>	Enter the number of voting members included on line 1a, above, who are independent . . . . .		
<b>2</b>	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? . . . . .		<input checked="" type="checkbox"/>
<b>3</b>	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person? . . . . .		<input checked="" type="checkbox"/>
<b>4</b>	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? . . . . .		<input checked="" type="checkbox"/>
<b>5</b>	Did the organization become aware during the year of a significant diversion of the organization's assets? . . . . .		<input checked="" type="checkbox"/>
<b>6</b>	Did the organization have members or stockholders? . . . . .		<input checked="" type="checkbox"/>
<b>7a</b>	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? . . . . .	<input checked="" type="checkbox"/>	
<b>7b</b>	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? . . . . .		<input checked="" type="checkbox"/>
<b>8</b>	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
<b>a</b>	The governing body? . . . . .	<input checked="" type="checkbox"/>	
<b>b</b>	Each committee with authority to act on behalf of the governing body? . . . . .	<input checked="" type="checkbox"/>	
<b>9</b>	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 . . . . .		<input checked="" type="checkbox"/>

**Section B. Policies** (This Section B requests information about policies not required by the Internal Revenue Code.)

		Yes	No
<b>10a</b>	Did the organization have local chapters, branches, or affiliates? . . . . .		<input checked="" type="checkbox"/>
<b>10b</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? . . . . .		
<b>11a</b>	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? . . . . .	<input checked="" type="checkbox"/>	
<b>11b</b>	Describe on Schedule O the process, if any, used by the organization to review this Form 990. . . . .		
<b>12a</b>	Did the organization have a written conflict of interest policy? If "No," go to line 13 . . . . .		<input checked="" type="checkbox"/>
<b>12b</b>	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? . . . . .		
<b>12c</b>	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done. . . . .		
<b>13</b>	Did the organization have a written whistleblower policy? . . . . .		<input checked="" type="checkbox"/>
<b>14</b>	Did the organization have a written document retention and destruction policy? . . . . .	<input checked="" type="checkbox"/>	
<b>15</b>	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?		
<b>15a</b>	The organization's CEO, Executive Director, or top management official . . . . .		<input checked="" type="checkbox"/>
<b>15b</b>	Other officers or key employees of the organization . . . . .	<input checked="" type="checkbox"/>	
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.		
<b>16a</b>	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? . . . . .		<input checked="" type="checkbox"/>
<b>16b</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**

- 17** List the states with which a copy of this Form 990 is required to be filed ▶ SC
- 18** Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.  
 Own website     Another's website     Upon request     Other (explain on Schedule O)
- 19** Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
- 20** State the name, address, and telephone number of the person who possesses the organization's books and records ▶

**Kathy A Jackson, (843)671-5276**

**34 WATER OAK DRIVE, HILTON HEAD ISLAND, SC 29928**

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

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

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

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

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

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/ 1099-MISC/ 1099-NEC)	(E) Reportable compensation from related organizations (W-2/ 1099-MISC/ 1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
Timothy R Reynolds Ex-Officio and Artistic Director	2.00 0.00							37,812	0	0
Janice Creech Director	2.00 0.00	✓						2,047	0	0
Judy Tiano President	3.00 0.00	✓		✓				0	0	0
Walter Lowe Vice President	3.00 0.00	✓		✓				0	0	0
Margie Lechowicz Secretary	2.00 0.00	✓		✓				0	0	0
Kathy Jackson Treasurer	3.00 0.00	✓		✓				0	0	0
Phyllis Duffie Director	1.00 0.00	✓						0	0	0
Madonna Muller Director	1.00 0.00	✓						0	0	0
Rob Propst Director	1.00 0.00	✓						0	0	0
Phoebe Taylor Director	1.00 0.00	✓						0	0	0
Carol Wolfe Director	1.00 0.00	✓						0	0	0



**Part VIII Statement of Revenue**

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

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514		
<b>Contributions, Gifts, Grants, and Other Similar Amounts</b>	<b>1a</b> Federated campaigns . . . . .	<b>1a</b>	0					
	<b>b</b> Membership dues . . . . .	<b>1b</b>	10,020					
	<b>c</b> Fundraising events . . . . .	<b>1c</b>	0					
	<b>d</b> Related organizations . . . . .	<b>1d</b>	0					
	<b>e</b> Government grants (contributions)	<b>1e</b>	103,323					
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above	<b>1f</b>	35,949					
	<b>g</b> Noncash contributions included in lines 1a-1f . . . . .	<b>1g</b>	\$ 0					
	<b>h Total.</b> Add lines 1a-1f . . . . . ▶							
	<b>Program Service Revenue</b>			Business Code				
<b>2a Sponsors</b>			711130	7,000	7,000	0		
<b>b Program Ads</b>			711130	21,554	21,554	0		
<b>c Concert Tickets</b>			711130	46,320	46,320	0		
<b>d</b>								
<b>e</b>								
<b>f</b> All other program service revenue . . .				0	0	0		
<b>g Total.</b> Add lines 2a-2f . . . . . ▶				74,874				
<b>Other Revenue</b>	<b>3</b> Investment income (including dividends, interest, and other similar amounts) . . . . . ▶		16	16	0	0		
	<b>4</b> Income from investment of tax-exempt bond proceeds ▶		0	0	0	0		
	<b>5</b> Royalties . . . . . ▶		0	0	0	0		
	<b>6a</b> Gross rents . . . . .	<b>6a</b>	(i) Real	0	0			
			(ii) Personal	0	0			
			<b>b</b> Less: rental expenses	<b>6b</b>	0	0		
			<b>c</b> Rental income or (loss)	<b>6c</b>	0	0		
	<b>d</b> Net rental income or (loss) . . . . . ▶			0	0	0		
	<b>7a</b> Gross amount from sales of assets other than inventory	<b>7a</b>	(i) Securities	0	0			
			(ii) Other	0	0			
			<b>b</b> Less: cost or other basis and sales expenses . . . . .	<b>7b</b>	0	0		
			<b>c</b> Gain or (loss) . . . . .	<b>7c</b>	0	0		
	<b>d</b> Net gain or (loss) . . . . . ▶			0	0	0		
	<b>8a</b> Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18 . . . . .	<b>8a</b>		0				
			<b>b</b> Less: direct expenses . . . . .	<b>8b</b>	0			
			<b>c</b> Net income or (loss) from fundraising events . . . ▶		0		0	
	<b>9a</b> Gross income from gaming activities. See Part IV, line 19 . . . . .	<b>9a</b>		0				
<b>b</b> Less: direct expenses . . . . .			<b>9b</b>	0				
<b>c</b> Net income or (loss) from gaming activities . . . ▶				0	0	0		
<b>10a</b> Gross sales of inventory, less returns and allowances . . . . .	<b>10a</b>		0					
		<b>b</b> Less: cost of goods sold . . . . .	<b>10b</b>	0				
		<b>c</b> Net income or (loss) from sales of inventory . . . ▶		0	0	0		
<b>Miscellaneous Revenue</b>			Business Code					
	<b>11a Amazon Smile</b>		454110	102	102	0		
	<b>b</b>							
	<b>c</b>							
	<b>d</b> All other revenue . . . . .			0	0	0		
<b>e Total.</b> Add lines 11a-11d . . . . . ▶			102					
<b>12 Total revenue.</b> See instructions . . . . . ▶			224,284	74,992	0	0		

**Part IX Statement of Functional Expenses**

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

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

**Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.**

	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
<b>1</b> Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 . . . . .	0	0		
<b>2</b> Grants and other assistance to domestic individuals. See Part IV, line 22 . . . . .	0	0		
<b>3</b> Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 . . . . .	0	0		
<b>4</b> Benefits paid to or for members . . . . .	0	0		
<b>5</b> Compensation of current officers, directors, trustees, and key employees . . . . .	52,434	1,294	51,140	0
<b>6</b> 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
<b>7</b> Other salaries and wages . . . . .	0	0	0	0
<b>8</b> Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) . . . . .	0	0	0	0
<b>9</b> Other employee benefits . . . . .	0	0	0	0
<b>10</b> Payroll taxes . . . . .	0	0	0	0
<b>11</b> Fees for services (nonemployees):				
<b>a</b> Management . . . . .	0	0	0	0
<b>b</b> Legal . . . . .	0	0	0	0
<b>c</b> Accounting . . . . .	0	0	0	0
<b>d</b> Lobbying . . . . .	0	0	0	0
<b>e</b> Professional fundraising services. See Part IV, line 17 . . . . .	0			0
<b>f</b> Investment management fees . . . . .	0	0	0	0
<b>g</b> Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Schedule O.) . . . . .	46,208	46,208	0	0
<b>12</b> Advertising and promotion . . . . .	49,986	49,986	0	0
<b>13</b> Office expenses . . . . .	3,470		3,470	0
<b>14</b> Information technology . . . . .	5,265	5,265		
<b>15</b> Royalties . . . . .	0	0	0	0
<b>16</b> Occupancy . . . . .	15,042	8,094	6,948	0
<b>17</b> Travel . . . . .	0	0	0	0
<b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials . . . . .	0	0	0	0
<b>19</b> Conferences, conventions, and meetings . . . . .	6,780	0	6,780	0
<b>20</b> Interest . . . . .	0	0	0	0
<b>21</b> Payments to affiliates . . . . .	0	0	0	0
<b>22</b> Depreciation, depletion, and amortization . . . . .	0	0	0	0
<b>23</b> Insurance . . . . .	1,567	0	1,567	0
<b>24</b> 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.)				
<b>a</b> <b>Concert Production Expenses</b> . . . . .	14,474	14,474	0	0
<b>b</b> . . . . .				
<b>c</b> . . . . .				
<b>d</b> . . . . .				
<b>e</b> All other expenses . . . . .	0	0	0	0
<b>25</b> <b>Total functional expenses.</b> Add lines 1 through 24e . . . . .	195,226	125,321	69,905	0
<b>26</b> <b>Joint costs.</b> Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720) . . . . .				

**Part X Balance Sheet**

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

		(A) Beginning of year		(B) End of year
<b>Assets</b>	<b>1</b> Cash—non-interest-bearing	54,600	<b>1</b>	83,643
	<b>2</b> Savings and temporary cash investments	78,193	<b>2</b>	78,209
	<b>3</b> Pledges and grants receivable, net	0	<b>3</b>	0
	<b>4</b> Accounts receivable, net	0	<b>4</b>	0
	<b>5</b> 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	<b>5</b>	0
	<b>6</b> 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	<b>6</b>	0
	<b>7</b> Notes and loans receivable, net	0	<b>7</b>	0
	<b>8</b> Inventories for sale or use	0	<b>8</b>	0
	<b>9</b> Prepaid expenses and deferred charges	0	<b>9</b>	0
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	<b>10a</b>		
	<b>b</b> Less: accumulated depreciation	<b>10b</b>	0	<b>10c</b>
	<b>11</b> Investments—publicly traded securities	0	<b>11</b>	0
	<b>12</b> Investments—other securities. See Part IV, line 11	0	<b>12</b>	0
	<b>13</b> Investments—program-related. See Part IV, line 11	0	<b>13</b>	0
	<b>14</b> Intangible assets	0	<b>14</b>	0
	<b>15</b> Other assets. See Part IV, line 11	0	<b>15</b>	0
<b>16 Total assets.</b> Add lines 1 through 15 (must equal line 33)	132,793	<b>16</b>	161,852	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses	0	<b>17</b>	0
	<b>18</b> Grants payable	0	<b>18</b>	0
	<b>19</b> Deferred revenue	0	<b>19</b>	0
	<b>20</b> Tax-exempt bond liabilities	0	<b>20</b>	0
	<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D	0	<b>21</b>	0
	<b>22</b> 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	0	<b>22</b>	0
	<b>23</b> Secured mortgages and notes payable to unrelated third parties	0	<b>23</b>	0
	<b>24</b> Unsecured notes and loans payable to unrelated third parties	0	<b>24</b>	0
	<b>25</b> 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	<b>25</b>	0
	<b>26 Total liabilities.</b> Add lines 17 through 25	0	<b>26</b>	0
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow FASB ASC 958, check here</b> <input type="checkbox"/> <b>and complete lines 27, 28, 32, and 33.</b>			
	<b>27</b> Net assets without donor restrictions		<b>27</b>	
	<b>28</b> Net assets with donor restrictions		<b>28</b>	
	<b>Organizations that do not follow FASB ASC 958, check here</b> <input checked="" type="checkbox"/> <b>and complete lines 29 through 33.</b>			
	<b>29</b> Capital stock or trust principal, or current funds	29,298	<b>29</b>	29,298
	<b>30</b> Paid-in or capital surplus, or land, building, or equipment fund	63,476	<b>30</b>	103,496
	<b>31</b> Retained earnings, endowment, accumulated income, or other funds	40,019	<b>31</b>	29,058
<b>32 Total net assets or fund balances</b>	132,793	<b>32</b>	161,852	
<b>33 Total liabilities and net assets/fund balances</b>	132,793	<b>33</b>	161,852	

**Part XI Reconciliation of Net Assets**

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

<b>1</b>	Total revenue (must equal Part VIII, column (A), line 12)	<b>1</b>	<b>224,284</b>
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25)	<b>2</b>	<b>195,226</b>
<b>3</b>	Revenue less expenses. Subtract line 2 from line 1	<b>3</b>	<b>29,058</b>
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	<b>4</b>	<b>132,793</b>
<b>5</b>	Net unrealized gains (losses) on investments	<b>5</b>	<b>0</b>
<b>6</b>	Donated services and use of facilities	<b>6</b>	<b>0</b>
<b>7</b>	Investment expenses	<b>7</b>	<b>0</b>
<b>8</b>	Prior period adjustments	<b>8</b>	<b>0</b>
<b>9</b>	Other changes in net assets or fund balances (explain on Schedule O)	<b>9</b>	<b>1</b>
<b>10</b>	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	<b>10</b>	<b>161,852</b>

**Part XII Financial Statements and Reporting**

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

		Yes	No
<b>1</b>	Accounting method used to prepare the Form 990: <input checked="" type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.		
<b>2a</b>	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: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		<input checked="" type="checkbox"/>
<b>b</b>	Were the organization's financial statements audited by an independent accountant? . . . If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		<input checked="" type="checkbox"/>
<b>c</b>	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? . . . If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.		
<b>3a</b>	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? . . .		<input checked="" type="checkbox"/>
<b>b</b>	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits .		



**SCHEDULE A**  
**(Form 990 or 990-EZ)**

**Public Charity Status and Public Support**

OMB No. 1545-0047

**2021**

**Open to Public Inspection**

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

▶ Attach to Form 990 or Form 990-EZ.

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

Department of the Treasury  
Internal Revenue Service

Name of the organization <b>HILTON HEAD CHORAL SOCIETY INC</b>	Employer identification number <b>57-0834963</b>
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**Part I Reason for Public Charity Status.** (All organizations must complete this part.) See instructions.

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

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

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



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

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

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") . . . . .						
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf . . . . .						
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge . . . . .						
<b>4 Total.</b> Add lines 1 through 3 . . . . .						
<b>5</b> 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) . . . . .						
<b>6 Public support.</b> 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
<b>7</b> Amounts from line 4 . . . . .						
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources . . . . .						
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on . . . . .						
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) . . . . .						
<b>11 Total support.</b> Add lines 7 through 10						

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

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

**Section C. Computation of Public Support Percentage**

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

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

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

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

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

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

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

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

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

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	109,184	106,976	88,491	92,541	149,292	546,484
<b>2</b> 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 . . . .	147,365	101,135	96,625	0	74,874	419,999
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf . . . . .						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge . . . . .						
<b>6 Total.</b> Add lines 1 through 5 . . . . .	256,549	208,111	185,116	92,541	224,166	966,483
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons . . . . .						
<b>b</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 . . . . .						
<b>c</b> Add lines 7a and 7b . . . . .						
<b>8 Public support.</b> (Subtract line 7c from line 6.) . . . . .						966,483

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
<b>9</b> Amounts from line 6 . . . . .	256,549	208,111	185,116	92,541	224,166	966,483
<b>10a</b> 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>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 . . . . .						
<b>c</b> Add lines 10a and 10b . . . . .	31	37	571	433	16	1,088
<b>11</b> Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on . . . . .						
<b>12</b> 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
<b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.) . . . . .	260,895	211,232	185,740	93,335	224,285	975,487
<b>14 First 5 years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b> . . . . . <input type="checkbox"/>						

**Section C. Computation of Public Support Percentage**

<b>15</b> Public support percentage for 2021 (line 8, column (f), divided by line 13, column (f)) . . . . .	15	99.08 %
<b>16</b> Public support percentage from 2020 Schedule A, Part III, line 15 . . . . .	16	98.88 %

**Section D. Computation of Investment Income Percentage**

<b>17</b> Investment income percentage for 2021 (line 10c, column (f), divided by line 13, column (f)) . . . . .	17	0.11 %
<b>18</b> Investment income percentage from 2020 Schedule A, Part III, line 17 . . . . .	18	0.13 %

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

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

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

**Part IV Supporting Organizations**

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

**Section A. All Supporting Organizations**

	Yes	No
<b>1</b> Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>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.</i>		
<b>2</b> Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
<b>3a</b> Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer lines 3b and 3c below.</i>		
<b>b</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)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
<b>c</b> Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
<b>4a</b> Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.</i>		
<b>b</b> Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>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.</i>		
<b>c</b> 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)? <i>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.</i>		
<b>5a</b> Did the organization add, substitute, or remove any supported organizations during the tax year? <i>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).</i>		
<b>b Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
<b>c Substitutions only.</b> Was the substitution the result of an event beyond the organization's control?		
<b>6</b> 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? <i>If "Yes," provide detail in Part VI.</i>		
<b>7</b> 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? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
<b>8</b> Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
<b>9a</b> 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))? <i>If "Yes," provide detail in Part VI.</i>		
<b>b</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? <i>If "Yes," provide detail in Part VI.</i>		
<b>c</b> 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? <i>If "Yes," provide detail in Part VI.</i>		
<b>10a</b> 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)? <i>If "Yes," answer line 10b below.</i>		
<b>b</b> Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		

**Part IV Supporting Organizations** *(continued)*

	Yes	No
<b>11</b> Has the organization accepted a gift or contribution from any of the following persons?		
<b>a</b> A person who directly or indirectly controls, either alone or together with persons described on lines 11b and 11c below, the governing body of a supported organization?		
<b>b</b> A family member of a person described on line 11a above?		
<b>c</b> A 35% controlled entity of a person described on line 11a or 11b above? <i>If "Yes" to line 11a, 11b, or 11c, provide detail in Part VI.</i>		
<b>11a</b>		
<b>11b</b>		
<b>11c</b>		

**Section B. Type I Supporting Organizations**

	Yes	No
<b>1</b> 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? <i>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.</i>		
<b>2</b> 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? <i>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.</i>		
<b>1</b>		
<b>2</b>		

**Section C. Type II Supporting Organizations**

	Yes	No
<b>1</b> Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? <i>If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).</i>		
<b>1</b>		

**Section D. All Type III Supporting Organizations**

	Yes	No
<b>1</b> 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?		
<b>2</b> 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 the organization maintained a close and continuous working relationship with the supported organization(s).</i>		
<b>3</b> 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? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i>		
<b>1</b>		
<b>2</b>		
<b>3</b>		

**Section E. Type III Functionally Integrated Supporting Organizations**

<b>1</b> Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).		
<b>a</b> <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.		
<b>b</b> <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.		
<b>c</b> <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instructions).		
<b>2</b> Activities Test. Answer lines 2a and 2b below.		
<b>a</b> 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? <i>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.</i>		
<b>b</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? <i>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.</i>		
<b>3</b> Parent of Supported Organizations. Answer lines 3a and 3b below.		
<b>a</b> 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? <i>If "Yes" or "No," provide details in Part VI.</i>		
<b>b</b> Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>		
<b>2a</b>		
<b>2b</b>		
<b>3a</b>		
<b>3b</b>		

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

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

<b>Section A—Adjusted Net Income</b>		(A) Prior Year	(B) Current Year (optional)
<b>1</b>	Net short-term capital gain	<b>1</b>	
<b>2</b>	Recoveries of prior-year distributions	<b>2</b>	
<b>3</b>	Other gross income (see instructions)	<b>3</b>	
<b>4</b>	Add lines 1 through 3.	<b>4</b>	
<b>5</b>	Depreciation and depletion	<b>5</b>	
<b>6</b>	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)	<b>6</b>	
<b>7</b>	Other expenses (see instructions)	<b>7</b>	
<b>8</b>	<b>Adjusted Net Income</b> (subtract lines 5, 6, and 7 from line 4)	<b>8</b>	
<b>Section B—Minimum Asset Amount</b>		(A) Prior Year	(B) Current Year (optional)
<b>1</b>	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
<b>a</b>	Average monthly value of securities	<b>1a</b>	
<b>b</b>	Average monthly cash balances	<b>1b</b>	
<b>c</b>	Fair market value of other non-exempt-use assets	<b>1c</b>	
<b>d</b>	<b>Total</b> (add lines 1a, 1b, and 1c)	<b>1d</b>	
<b>e</b>	<b>Discount</b> claimed for blockage or other factors ( <i>explain in detail in Part VI</i> ):		
<b>2</b>	Acquisition indebtedness applicable to non-exempt-use assets	<b>2</b>	
<b>3</b>	Subtract line 2 from line 1d.	<b>3</b>	
<b>4</b>	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	<b>4</b>	
<b>5</b>	Net value of non-exempt-use assets (subtract line 4 from line 3)	<b>5</b>	
<b>6</b>	Multiply line 5 by 0.035.	<b>6</b>	
<b>7</b>	Recoveries of prior-year distributions	<b>7</b>	
<b>8</b>	<b>Minimum Asset Amount</b> (add line 7 to line 6)	<b>8</b>	
<b>Section C—Distributable Amount</b>			Current Year
<b>1</b>	Adjusted net income for prior year (from Section A, line 8, column A)	<b>1</b>	
<b>2</b>	Enter 0.85 of line 1.	<b>2</b>	
<b>3</b>	Minimum asset amount for prior year (from Section B, line 8, column A)	<b>3</b>	
<b>4</b>	Enter greater of line 2 or line 3.	<b>4</b>	
<b>5</b>	Income tax imposed in prior year	<b>5</b>	
<b>6</b>	<b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	<b>6</b>	
<b>7</b>	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

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

Section D—Distributions		Current Year
<b>1</b>	Amounts paid to supported organizations to accomplish exempt purposes	<b>1</b>
<b>2</b>	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	<b>2</b>
<b>3</b>	Administrative expenses paid to accomplish exempt purposes of supported organizations	<b>3</b>
<b>4</b>	Amounts paid to acquire exempt-use assets	<b>4</b>
<b>5</b>	Qualified set-aside amounts (prior IRS approval required— <i>provide details in Part VI</i> )	<b>5</b>
<b>6</b>	Other distributions ( <i>describe in Part VI</i> ). See instructions.	<b>6</b>
<b>7</b>	<b>Total annual distributions.</b> Add lines 1 through 6.	<b>7</b>
<b>8</b>	Distributions to attentive supported organizations to which the organization is responsive ( <i>provide details in Part VI</i> ). See instructions.	<b>8</b>
<b>9</b>	Distributable amount for 2021 from Section C, line 6	<b>9</b>
<b>10</b>	Line 8 amount divided by line 9 amount	<b>10</b>

Section E—Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2021	(iii) Distributable Amount for 2021
<b>1</b> Distributable amount for 2021 from Section C, line 6			
<b>2</b> Underdistributions, if any, for years prior to 2021 (reasonable cause required— <i>explain in Part VI</i> ). See instructions.			
<b>3</b> Excess distributions carryover, if any, to 2021			
<b>a</b> From 2016 . . . . .			
<b>b</b> From 2017 . . . . .			
<b>c</b> From 2018 . . . . .			
<b>d</b> From 2019 . . . . .			
<b>e</b> From 2020 . . . . .			
<b>f</b> Total of lines 3a through 3e			
<b>g</b> Applied to underdistributions of prior years			
<b>h</b> Applied to 2021 distributable amount			
<b>i</b> Carryover from 2016 not applied (see instructions)			
<b>j</b> Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
<b>4</b> Distributions for 2021 from Section D, line 7: \$			
<b>a</b> Applied to underdistributions of prior years			
<b>b</b> Applied to 2021 distributable amount			
<b>c</b> Remainder. Subtract lines 4a and 4b from line 4.			
<b>5</b> Remaining underdistributions for years prior to 2021, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
<b>6</b> 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.			
<b>7</b> Excess distributions carryover to 2022. Add lines 3j and 4c.			
<b>8</b> Breakdown of line 7:			
<b>a</b> Excess from 2017 . . . . .			
<b>b</b> Excess from 2018 . . . . .			
<b>c</b> Excess from 2019 . . . . .			
<b>d</b> Excess from 2020 . . . . .			
<b>e</b> Excess from 2021 . . . . .			



**SCHEDULE O  
(Form 990 or 990-EZ)**

Department of the Treasury  
Internal Revenue Service

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

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

▶ Attach to Form 990 or Form 990-EZ.

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2021**

**Open to Public  
Inspection**

Name of the organization

**HILTON HEAD CHORAL SOCIETY INC**

Employer identification number

**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**



Return of Organization Exempt From Income Tax

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

2020

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

Open to Public Inspection

Go to www.irs.gov/Form990EZ for instructions and the latest information.

Department of the Treasury Internal Revenue Service

A For the 2020 calendar year, or tax year beginning June 1, 2020, and ending May 31, 2021

B Check if a: [ ] Address change, [ ] Name change, [ ] Initial return, [ ] Final return/terminal, [ ] Amendment, [ ] Application pending. C Name of organization: HILTON HEAD CHORAL SOCIETY, INC. D Employer identification number: 570834963. E EIN: 8433413818. F Group Exemption Number: [ ]

G Accounting Method: [x] Cash [ ] Accrual Other (specify): [ ]. H Check [ ] if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF).

I Website: www.hiltonheadchoralsociety.org

J Tax-exempt status (check only one) - [x] 501(c)(3) [ ] 501(c)(6) [ ] 4947(a)(1) or [ ] 527

K Form of organization: [x] Corporation [ ] Trust [ ] Association [ ] Other

L Add lines 5b, 6c, and 7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II column (B)) are \$500,000 or more, file Form 990 instead of Form 990-EZ. Total: \$93,334

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (see instructions for Part I)

Check if the organization used Schedule O to respond to any question in this Part I [x]

Table with 21 rows and 3 columns. Rows include: 1 Contributions, 2 Program services, 3 Membership, 4 Investment income, 5a-5c Salaries, 6 Gaming and fundraising, 7a-7c Inventory, 8 Other revenue, 9 Total revenue (93,334), 10-17 Expenses, 18 Excess or deficit (40,019), 19-21 Net Assets (132,793).

**Part I Balance Sheets** See the instruction for Part II

Check if the organization used Schedule O to respond to any question in this Part II

	(A) Beginning of year	(B) End of year
22 Cash, saving, and investment	92,774	132,793
23 Land and building	0	0
24 Other assets describe in Schedule O	0	0
25 <b>Total assets</b>	92,774	132,793
26 <b>Total liabilities</b> (describe in Schedule O)	0	0
27 <b>Net assets or fund balances</b> (line 7 of column B must agree with line 1)	92,774	132,793

**Statement of Program Service Accomplishments** See the instruction for Part III

Check if the organization used Schedule O to respond to any question in this Part III

What is the organization's primary exempt purpose? See Schedule O

Describe the organization's program service accomplishment for each of its three largest program services, as measured by expenses. In a clear and concise manner, describe the service provided, the number of persons benefited, and other relevant information for each program title.

**Expenses**  
Required for section 501(c)(3) and 501(c)(4) organization; optional for other.

28 <u>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.</u>		
Grant \$ ) If this amount include foreign grant, check here <input type="checkbox"/>	28a	8,115
29		
Grant \$ ) s If this amount include foreign grant, check here <input type="checkbox"/>	29a	s
30		
Grant \$ ) s If this amount include foreign grant, check here <input type="checkbox"/>	30a	s
31 Other program service (describe in Schedule O)		
Grant \$ ) If this amount include foreign grant, check here <input type="checkbox"/>	31a	
32 <b>Total program service expenses</b> (add line 8a through 31a)	32	8,115

**Part IV List of Officers, Directors, Trustees, and Key Employees** List each one even if not compensated— See the instruction for Part IV

Check if the organization used Schedule O to respond to any question in this Part IV

(a) Name and title	(b) Average hour per week devoted to position	(c) Reportable compensation Form W-91099-MISC (if not paid, enter -0-)	(d) Health benefit, contribution to employee benefit plan, and deferred compensation	(e) Estimated amount of other compensation
Judy Tiano, President	4	0	0	0
Walter Lowe, Vice President	2	0	0	0
Margie Lechowicz, Secretary	2	0	0	0
Kathy Jackson, Treasurer	2	0	0	0
Janice Creech, Director	2	0	0	0
Phyllis Duffie, Director	2	0	0	0
Madonna Muller, Director	2	0	0	0
Rob Propst, Director	2	0	0	0
Phoebe Taylor, Director	2	0	0	0
Carole Wolfe, Director	2	0	0	0
Tim Reynolds, Ex Officio and Artistic Directorss	3 s	32,624	0	0

**Part V Other Information** Note the Schedule A and personal benefit contract statement requirements in the instructions for Part V. Check if the organization used Schedule O to respond to any question in this Part V

		Yes	No
<b>33</b>	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O		<input checked="" type="checkbox"/>
<b>34</b>	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 change on Schedule O. See instructions		<input checked="" type="checkbox"/>
<b>35a</b>	Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities such as those reported on lines 6a, and 7a, among others?		<input checked="" type="checkbox"/>
<b>b</b>	If "Yes" to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O		
<b>c</b>	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		
<b>36</b>	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		<input checked="" type="checkbox"/>
<b>37a</b>	Enter amount of political expenditures, direct or indirect, as described in the instructions	<b>37a</b>	0
<b>b</b>	Did the organization file Form 1120-POL for this year?	<b>37b</b>	<input checked="" type="checkbox"/>
<b>38a</b>	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee; or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?	<b>38a</b>	<input checked="" type="checkbox"/>
<b>b</b>	If "Yes," complete Schedule L, Part II, and enter the total amount involved	<b>38b</b>	
<b>39</b>	Section 501 c 7 organizations. Enter:		
<b>a</b>	Initiation fees and capital contributions included on line 9	<b>i 39a</b>	
<b>b</b>	Gross receipts, included on line 9, for public use of club facilities	<b>39b</b>	
<b>40a</b>	Section 501 c 3 organizations. Enter amount of tax imposed on the organization during the year under: section 4911 <input type="checkbox"/> 0 ; section 491 <input type="checkbox"/> 0 ; section 4955 <input type="checkbox"/> i 0		
<b>b</b>	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	<b>40b</b>	<input checked="" type="checkbox"/>
<b>c</b>	Section 501 c 3, 501 c 4, and 501 c 9 organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 491, 4955, and 4958	<b>i 40c</b>	0 i
<b>d</b>	Section 501 c 3, 501 c 4, and 501 c 9 organizations. Enter amount of tax on line 40c reimbursed by the organization	<b>i 40d</b>	0
<b>e</b>	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T	<b>i 40e</b>	<input checked="" type="checkbox"/>
<b>41</b>	List the states with which a copy of this return is filed	South Carolina	
<b>42a</b>	The organization's books are in care of	Kathy A Jackson Telephone no. 843-671-5276	
	Located at	34 Water Oak Drive, Hilton Head Island SC IP + 4 29928-3009	
<b>b</b>	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	<b>42b</b>	
	See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts FBAR.		
<b>c</b>	At any time during the calendar year, did the organization maintain an office outside the United States? If "Yes," enter the name of the foreign country	<b>42c</b>	<input checked="" type="checkbox"/>
<b>43</b>	Section 4947 a 1 nonexempt charitable trusts filing Form 990- in lieu of Form 1041—Check here and enter the amount of tax-exempt interest received or accrued during the tax year	<b>43</b>	i <input type="checkbox"/>
<b>44a</b>	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-	<b>44a</b>	<input checked="" type="checkbox"/>
<b>b</b>	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-	<b>44b</b>	<input checked="" type="checkbox"/>
<b>c</b>	Did the organization receive any payments for indoor tanning services during the year?	<b>44c</b>	<input checked="" type="checkbox"/>
<b>d</b>	If "Yes" to line 44c, has the organization filed a Form 70 to report these payments? If "No," provide an explanation in Schedule O	<b>44d</b>	
<b>45a</b>	Did the organization have a controlled entity within the meaning of section 51 b 13?	<b>45a</b>	<input checked="" type="checkbox"/>
<b>b</b>	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 Form 990- See instructions	<b>45b</b>	<input checked="" type="checkbox"/>

	Yes	No
<b>46</b> Did the organization engage directly or indirectly in political campaign activities on behalf of or in opposition to candidates for public office? If "Yes" complete Schedule C Part I . . . . .	46	<input checked="" type="checkbox"/>

**Section 501(c)(3) Organizations Only**

All section 501 c 3 organizations must answer questions 47-49b and 5 and complete the tables for lines 50 and 51.

Check if the organization used Schedule O to respond to any question in this Part VI

	Yes	No
<b>47</b> Did the organization engage in lobbying activities or have a section 501 h election in effect during the tax year? If "Yes" complete Schedule C Part II . . . . .	47	<input checked="" type="checkbox"/>
<b>48</b> Is the organization a school as described in section 170 b 1 A ii ? If "Yes" complete Schedule . . . . .	48	<input checked="" type="checkbox"/>
<b>49a</b> Did the organization make any transfers to an exempt non-charitable related organization? . . . . .	49a	<input checked="" type="checkbox"/>
<b>b</b> If "Yes" was the related organization a section 5 7 organization? . . . . .	49b	<input type="checkbox"/>
<b>50</b> Complete this table for the organization's five highest compensated employees other than officers directors trustees and key employees who each received more than \$100 000 of compensation from the organization. If there is none enter "None."		

(a) Name and title of each employee	(b) Average hours per week devoted to position	(c) Reportable compensation Forms W- /1099-MISC	(d) Health benefits contributions to employee benefit plans and deferred compensation	(e) Estimated amount of other compensation
None ,				

**f** Total number of other employees paid over \$100 000 . . . . . ▶ \_\_\_\_\_

**51** Complete this table for the organization's five highest compensated independent contractors who each received more than \$100 000 of compensation from the organization. If there is none enter "None."

(a) Name and business address of each independent contractor	(b) Type of service	(c) Compensation
None ,		

**d** Total number of other independent contractors each receiving over \$100 000 . . . . . ▶ 0

**52** Did the organization complete Schedule A? **Note:** All section 501 c 3 organizations must attach a completed Schedule A . . . . . ▶  Yes  No

Under penalties of perjury I declare that I have examined this return including accompanying schedules and statements and to the best of my knowledge and belief it is true correct and complete. Declaration of preparer other than officer is based on all information of which preparer has any knowledge.

<b>Sign Here</b> ?	▶ Signature of officer	Date
	▶ <b>Kathy A Jackson, Treasurer</b> Type or print name and title ,	

<b>Paid Preparer Use Only</b>	Print/Type preparer's name	Preparer's signature ,	Date	Check <input type="checkbox"/> if self-employed	PTIN
	Firm's name ▶	Firm's IN ▶			
	Firm's address ▶	Phone no.			

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



46	Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I . . . . .	Yes	No
		46	✓

**Part VI Section 501(c)(3) Organizations Only**

All section 501(c)(3) organizations must answer questions 47-49b and 52, and complete the tables for lines 50 and 51.

Check if the organization used Schedule O to respond to any question in this Part VI . . . . .

47	Did the organization engage in lobbying activities or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II . . . . .	Yes	No
		47	✓
48	Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E . . . . .		✓
49a	Did the organization make any transfers to an exempt non-charitable related organization? . . . . .		✓
49b	b If "Yes," was the related organization a section 527 organization? . . . . .		

50 Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees, and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, 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)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
None				

f Total number of other employees paid over \$100,000 . . . . . ▶ \_\_\_\_\_

51 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

(a) Name and business address of each independent contractor	(b) Type of service	(c) Compensation
None		

d Total number of other independent contractors each receiving over \$100,000 . . . . . ▶ 0

52 Did the organization complete Schedule A? **Note:** All section 501(c)(3) organizations must attach a completed Schedule A . . . . . ▶  Yes  No

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

<b>Sign Here</b>	<i>Kathy A Jackson</i> Signature of officer	10-11-21 Date
	Kathy A Jackson, Treasurer Type or print name and title	

<b>Paid Preparer Use Only</b>	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN
	Firm's name ▶	Firm's EIN ▶			
	Firm's address ▶	Phone no.			

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

**SCHEDULE**  
m 990 990-EZ)

**Public Charity Status and Public Support**

OMB No. 1545-0047

**2020**

Department of the Treasury  
Internal Revenue Service

Complete if the organization is a section 501(c)(3) organization that is a section 4947(a)(1) non-exempt charitable trust.  
▶ Attach Form 990 or Form 990-EZ.

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

**Instructions**

Name of the organization

HILTON HEAD CHORAL SOCIETY INC

Employer identification number

57-0834963

**Reassess Public Charity Status.** (All organizations must complete this part.) See instructions.

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

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

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

**S pport Sched le for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)**

C mplete nly if y u checked the b x n line 5, 7, 8 f Pa t I if the ganizati n failed t qualify unde Pa t III. If the ganizati n fails t qualify unde the tests listed bel w, please c mplete Pa t III.)

**Section A. P blic S pport**

Calendar year (or fiscal year beginning in) ►	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) T tal
<b>1</b> Gifts, g ants, c nt ibuti ns, and membe ship fees eceived. D n t include any "unusual g ants.") . . . . .						
<b>2</b> Tax evenues levied f the ganizati n's benefit and eithe paid t expended n its behalf . . . . .						
<b>3</b> The value f se vices facilities fu nished by a g vemental unit t the ganizati n with ut cha ge . . . . .						
<b>4 Total.</b> dd lines 1 th ugh 3 . . . . .						
<b>5</b> The p ti n f t tal c nt ibuti ns by u each pe s n the than a g vemental unit publicly supp ted ganizati n) included n line 1 that exceeds 2% f the am unt sh wn n line 11, c lumn f) . . . . .						
<b>6 P blic s pport.</b> Subt act line 5 f m line 4						

**Section B. Total S pport**

Calendar year (or fiscal year beginning in) ►	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) T tal
<b>7</b> A mounts f m line 4 . . . . .						
<b>8</b> G r ss inc me f m inte est, dividends, payments eceived n secu ities l ans, ents, yalties, and inc me f m simila s u ces . . . . .						
<b>9</b> Net inc me f m un elated business activities, whethe n t the business is egula ly ca ied n . . . . .						
<b>10</b> Othe inc me. D n t include gain l ss f m the sale f capital assets Explain in Pa t VI.) . . . . .						
<b>11 Total s pport.</b> dd lines 7 th ugh 10						
<b>12</b> G ss eceipts f m elated activities, etc. see inst ucti ns) . . . . .					<b>12</b>	
<b>13 First 5 years.</b> If the m 990 is f the ganizati n's fi st, sec nd, thi d, f u th, fifth tax yea as a secti n 501 c) 3) ganizati n, check this b x and <b>stop here</b> . . . . .						<input type="checkbox"/>

**Section C. Comp tation of P blic S pport Percentage**

<b>14</b> Public supp t pe centage f 2020 line 6, c lumn f), divided by line 1, c lumn f)) . . . . .	<b>14 u</b>	%
<b>15</b> Public supp t pe centage f m 2019 Schedule , Pa t II, line 14 . . . . .	<b>15</b>	%
<b>16a 33 1/3% s pport test—2020.</b> If the ganizati n did n t check the b x n line 13, and line 14 is 33 1/3% m o e, check this b x and <b>stop here</b> . The ganizati n qualifies as a publicly supp ted ganizati n . . . . .		<input type="checkbox"/>
<b>b 33 1/3% s pport test—2019.</b> If the ganizati n did n t check a b x n line 13 16a, and line 15 is 33 1/3% m o e, check this b x and <b>stop here</b> . The ganizati n qualifies as a publicly supp ted ganizati n . . . . .		<input type="checkbox"/>
<b>17a 10%-facts-and-circ mstances test—2020.</b> If the ganizati n did n t check a b x n line 13, 16a, 16b, and line 14 is 10% m o e, and if the ganizati n meets the facts-and-ci cumstances test, check this b x and <b>stop here</b> . Explain in Pa t VI h w the ganizati n meets the facts-and-ci cumstances test. The ganizati n qualifies as a publicly supp ted ganizati n . . . . .		<input type="checkbox"/>
<b>b 10%-facts-and-circ mstances test—2019.</b> If the ganizati n did n t check a b x n line 13, 16a, 16b, 17a, and line 15 is 10% m o e, and if the ganizati n meets the facts-and-ci cumstances test, check this b x and <b>stop here</b> . Explain in Pa t VI h w the ganizati n meets the facts-and-ci cumstances test. The ganizati n qualifies as a publicly supp ted ganizati n . . . . .		<input type="checkbox"/>
<b>18 Private fo ndation.</b> If the ganizati n did n t check a b x n line 13, 16a, 16b, 17a, 17b, check this b x and see inst ucti ns . . . . .		<input type="checkbox"/>

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

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

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. Do not include any "unusual grants.")	86,080	109,184	106,976	88,491	92,541	483,272 u
<b>2</b> Gross receipts from admissions, merchandise sold or services performed, facilities furnished in any activity that is related to the organization's tax-exempt purpose . . . .	124,235	147,365	101,135 u	96,625 u	0 u	469,360
<b>3</b> Gross receipts from activities that are not an unrelated trade business under section 513						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf . . . . .						
<b>5</b> The value of services furnished by a governmental unit to the organization without charge . . . . .						
<b>6 Total.</b> Add lines 1 through 5 . . . . .	210,315 u	256,549	208,111	185,116 u	92,541	952,632
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons . . . . .						
<b>b</b> Amounts included on lines 2 and 3 received from more than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year . . . . .						
<b>c</b> Add lines 7a and 7b . . . . .						
<b>8 Public support.</b> Subtract line 7c from line 6.) . . . . .						952,632

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
<b>9</b> Amounts from line 6 . . . . .	210,315	256,549	208,111	185,116	92,541	952,632
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources . . . . .	216	31	37	571	433	1,288
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 . . . . .						
<b>c</b> Add lines 10a and 10b . . . . .	216	31	37 u	571 u	433	1,288
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on . . . . .						
<b>12</b> Other income. Do not include gain/loss from the sale of capital assets (Explain in Part VI.) . . . . .	1,923 u	4,316	3,084	53	361 u	9,736u
<b>13 Total support.</b> Add lines 9, 10c, 11, and 12.) . . . . .	212,454	260,895 u	211,232 u	185,740	93,335 u	963,656
<b>14 First 5 years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here . . . . .						<input type="checkbox"/>

**Section C. Computation of Public Support Percentage**

<b>15</b> Public support percentage for 2020 (line 8, column f), divided by line 13, column f)) . . . . .	<b>15</b> u	98.88 %
<b>16</b> Public support percentage for 2019 (Schedule , Part III, line 15 . . . . .)	<b>16</b>	95.71 %

**Section D. Computation of Investment Income Percentage**

<b>17</b> Investment income percentage for 2020 (line 10c, column f), divided by line 13, column f)) . . . . .	<b>17</b>	0 % u
<b>18</b> Investment income percentage for 2019 (Schedule , Part III, line 17 . . . . .)	<b>18</b>	0 %
<b>19a 33 1/3% support tests—2020.</b> If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization . . . . .		<input checked="" type="checkbox"/>
<b>b 33 1/3% support tests—2019.</b> If the organization did not check a box on line 14 on line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization . . . . .		<input checked="" type="checkbox"/>
<b>20 Private foundation.</b> If the organization did not check a box on line 14, 19a, 19b, check this box and see instructions . . . . .		<input type="checkbox"/>



**Part V** Supporting Organizations

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

**Section A. All Supporting Organizations**

	Yes	No
1		
2		
3a		
3b		
3c		
4a		
4b		
4c		
5a		
5b		
5c		
6		
7		
8		
9a		
9b		
9c		
10a		
10b		



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

1  Check the box if the organization satisfied the Integral Part Test as a qualifying trust under N v. 20, 1970 *explain in Part VI*. See instructions. If the Type III non-functionally integrated supporting organizations must complete Sections through E.

Section A—Adjusted Net Income		) P i Yea	B) Cu ent Yea (pti nal)
1	Net short-term capital gain	1	
2 y	Revenues from property distributed	2	
3 y	Other gross income (see instructions) y	3	
4 y	add lines 1 through 3. y	4	
5 y	Depreciation and depletion y	5	
6 y	Portion of operating expenses paid in connection with production or collection of gross income for management, conservation, maintenance of property held for production of income (see instructions) y	6	
7 y	Other expenses (see instructions) y	7	
8 y	<b>Adjusted Net Income</b> (subtract lines 5, 6, and 7 from line 4) y	8	
Section B—Minimum Asset Amount		y ) P i y Yea	B) Cu ent Yea (y y pti nal) y
1 y	Aggregate fair market value of all non-exempt-use assets (see instructions for year tax year assets held for part of year):		
a y	average monthly value of securities y	1a	
b y	average monthly cash balances y	1b	
c y	aggregate value of the non-exempt-use assets y	1c y	
d y	<b>Total</b> (add lines 1a, 1b, and 1c) y	1d y	
e y	<b>Discount</b> claimed for blockage of the fact (explain in detail in Part VI):		
2 y	acquisition indebtedness applicable to non-exempt-use assets y	2	
3 y	Subtract line 2 from line 1d. y	3	
4 y	Cash deemed held for exempt use. Enter 0.015 of line 3 from aggregate amount, see instructions. y	4	
5 y	Net value of non-exempt-use assets (subtract line 4 from line 3) y	5	
6 y	Multiply line 5 by 0.035. y	6	
7 y	Revenues from property distributed y	7	
8 y	<b>Minimum Asset Amount</b> (add line 7 to line 6) y	8	
Section C—Distributable Amount			Cu ent Yea y
1 y	Adjusted net income from property (Section A, line 8, column ) y	1	
2 y	Enter 0.85 of line 1. y	2	
3 y	Minimum asset amount from property (Section B, line 8, column ) y	3	
4 y	Enter greater of line 2 or line 3. y	4	
5 y	Income tax imposed in property y	5	
6 y	<b>Distributable Amount</b> . Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions). y	6	
7 y	<input type="checkbox"/> Check the box if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions). y		

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

Section D—Distributions		Current Year
1	Amounts paid to supported organizations to accomplish exempt purposes	1
2	Amounts paid to perform activity that directly fulfills exempt purposes of supported organizations, in excess of income from activity	2
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	3
4	Amounts paid to acquire exempt-use assets	4
5	Qualified set-aside amounts per IRS approval equated—provide details in Part VI	5
6	Other distributions describe in Part VI. See instructions.	6
7	<b>Total annual distributions.</b> Add lines 1 through 6.	7
8	Distributions to attentive supported organizations to which the organization is responsive provide details in Part VI. See instructions.	8
9	Distribution amount for 2020 from Section C, line 6	9
10	Line 8 amount divided by line 9 amount	10

Section E—Distribution All categories (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2020	(iii) Distributable Amount for 2020
1	Distriutable amount for 2020 from Section C, line 6		
2	Unde distributions, if any, for year prior to 2020 reasonable cause equated—explain in Part VI. See instructions.		
3	Excess distributions carry over, if any, to 2020		
a	From 2015 . . . . .		
b	From 2016 . . . . .		
c	From 2017 . . . . .		
d	From 2018 . . . . .		
e	From 2019 . . . . .		
f	<b>Total</b> of lines 3a through 3e		
g	Applied to undistributed prior years		
h	Applied to 2020 distribution amount		
i	Carry over from 2015 not applied (see instructions)		
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.		
4	Distributions for 2020 from Section D, line 7: \$		
a	Applied to undistributed prior years		
b	Applied to 2020 distribution amount		
c	Remainder. Subtract lines 4a and 4b from line 4.		
5	Remaining undistributed for year prior to 2020, if any. Subtract lines 3g and 4a from line 2. Result greater than zero, explain in Part VI. See instructions.		
6	Remaining undistributed for 2020. Subtract lines 3h and 4b from line 1. Result greater than zero, explain in Part VI. See instructions.		
7	<b>Excess distributions carry over to 2021.</b> Add lines 3j and 4c.		
8	Breakdown of line 7:		
a	Excess from 2016 . . . . .		
b	Excess from 2017 . . . . .		
c	Excess from 2018 . . . . .		
d	Excess from 2019 . . . . .		
e	Excess from 2020 . . . . .		

**Part I** **Supplemental Information.** Provide the explanations required by Part II, line 10; Part II, line 17a-17b; Part III, line 12; Part IV, Section , 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. (To complete this part, any additional information. See instructions.)

Part III, Line 12, Other Income: Amount received from Amazon Smile

Area with horizontal dashed lines for supplemental information.

Schedule

m 990, 990-EZ, 990-P )

Department of the Treasury Internal Revenue Service

Schedule of Contributors

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

OMB No. 1545-0047

2 20

Name of the organization: HILTON HEAD CHORAL SOCIETY INC

Employer identification number: 57-0834963

Organization type (check one):

File as:

Section:

- Form 990 or 990-EZ: 501(c)(3) (enter number) organization, 4947(a)(1) nonexempt charitable trust not treated as a private foundation, 527 political organization. Form 990-PF: 501(c)(3) exempt private foundation, 4947(a)(1) nonexempt charitable trust treated as a private foundation, 501(c)(3) taxable private foundation.

Check if your organization is covered by the General Rule or a Special Rule.

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

General Rule

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

Special Rules

- For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test... For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor... For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor...

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

Name of organization  
**HILTON HEAD CHORAL SOCIETY INC**

Employer identification number  
**57-0834963**

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	Town of Hilton Head Island One Town Center Court Hilton Head Island SC 29928-2701	\$ 6,593	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part III if it includes non-cash contributions.)

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2	South Carolina Arts Commission 1026 Sumter Street, Suite 200 Columbia SC 29201-3746	\$ 10,836	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part III if it includes non-cash contributions.)

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3	SC Cares Act Relief Grant Program 1200 Senate Street Columbia SC 29201	\$ 49,788	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part III if it includes non-cash contributions.)

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part III if it includes non-cash contributions.)

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part III if it includes non-cash contributions.)

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part III if it includes non-cash contributions.)

Name of organization  
**HILTON HEAD CHORAL SOCIETY**

Employer identification number  
**57-0834963**

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

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



Name of organization  
**HILTON HEAD CHORAL SOCIETY INC**

Employer identification number  
**57-0834963**

**Part III** Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line only. Organizations completing Part III, enter the total exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. Enter this information. See instructions. ▶ \$ \_\_\_\_\_  
 Use duplicate copies of Part III if additional space is needed.

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

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee
-----	-----
-----	-----

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

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee
-----	-----
-----	-----

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

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee
-----	-----
-----	-----

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

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee
-----	-----
-----	-----

Supplemental Information to Form 990 or 990-EZ

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

2020

Department of the Treasury  
Internal Revenue Service

▶ Attach to Form 990 990-EZ.

Open Public Inspection

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

Name of the organization

HILTON HEAD CHORAL SOCIETY INC

Employer identification number

57-0834963


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

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.

25

Attachment A (for Question 1)

 **IRS** Department of the Treasury  
Internal Revenue Service  
P.O. Box 2508, Room 4010  
Cincinnati OH 45201

In reply refer to: 4077552422  
Doc. 15, 2008 LTR 4168C 0  
57-0834963 000000 00 800  
00027018  
BODC: TE

HILTON HEAD CHORAL SOCIETY INC  
PO BOX 22236  
HILTON HEAD SC 29925-2236353



006341

Employer Identification Number: 57-0834963  
Person to Contact: Mr. R. Molloy  
Toll Free Telephone Number: 1-877-829-5900

Dear Taxpayer:

This is in response to your request of Nov. 11, 2008, regarding your tax-exempt 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. Bequests, legacies, devises, transfers, or gifts to you or for your use are deductible for Federal estate and gift tax purposes if they meet the applicable provisions of sections 2055, 2106, and 2522 of the Code.

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

Sincerely yours,

Cindy Westcott  
Manager, EO Determinations