2025

Accommodations Tax Funds Request Application

Organization Name: Hilton Head Concours d'Elegance, Inc

Project/Event Name: Hilton Head Concours d'Elegance & Motoring Festival

Executive Summary

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

As we commemorate the 22nd anniversary of the Hilton Head Island Concours d'Elegance, we proudly reflect on our legacy as one of the nation's oldest and most prestigious automotive events. Attracting nearly 20,000 visitors annually, our event not only captures the hearts and imagination of motoring enthusiasts but also significantly bolsters the local economy, reinforcing Hilton Head Island's status as a premier destination for automotive excellence.

In 2024, we remain steadfast in our commitment to growth and diversification, particularly within our specialty exhibits. Our distinguished Velocity Collector, Pinnacle, and Honored Collector displays continue to garner acclaim from both classic car collectors and enthusiasts from broader circles. This year, we honor renowned brands such as Rolls-Royce and Bentley, celebrate the rich 125-year legacy of Packard, and mark the milestone 60th anniversary of Ford's Mustang. In total, we expected to showcase over 500 motorized vehicles during our 2024 festival, including automobiles, motorcycles, boats, and airplanes.

Our meticulously curated schedule promises an array of engaging activities:

- Thursday: Partnering with the Grand Motoring Film Festival at the Arts Center of Coastal Carolina
- **Friday**: Flights & Fancy at the Hilton Head Island Airport, featuring airplanes, automobiles, craft beverages, gourmet food, and live entertainment
- **Saturday**: Car Club Showcase, Aero Expo, and Rolls-Royce Owners' Club National Mini Meet at the Hilton Head Island Airport and Port Royal Golf Club
- **Sunday**: Concours d'Elegance at the Port Royal Golf Club, showcasing hundreds of historically significant automobiles, motorcycles, and boats as well as our prestigious awards which are internationally known, to exhibitors and guests. These awards garner extensive media attention as well as year-round exposure to travelers.

This year's automotive classes include:

- Rolls-Royce and Bentley
- Packard's 125th Anniversary
- Pop Culture Cars of the '50s and '60s
- Ferrari GT
- Italian GT Cars of the '60s and '70s
- 70th Anniversary of the Mercedes-Benz 300SL
- International Prototypes
- Classic Japanese Performance
- Four Generations of Supercars
- And more

The unwavering support of the Town of Hilton Head and the funding from the ATAX Committee have been instrumental to our sustained success. With your continued partnership, we aspire to elevate our event by unveiling exclusive, never-before-seen content, expanding our specialty exhibits, and enhancing the overall visitor experience. These initiatives will ensure that our event continues to attract tourists, invigorate the local economy, and solidify Hilton Head Island's reputation as a beacon of automotive distinction as well as a destination that offers amenities that attract not only our exhibitors but leisure travelers.

We eagerly anticipate welcoming industry professionals, notable celebrities, respected collectors and leisure travelers to our event. Our heartfelt thanks go to the committee and Town Council for your essential and enduring support—it is the foundation of our annual success.

2025

Accommodations Tax Funds Request Application

Date Received: 09/06/2024 Time Received: 02:21 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 Concours d'Elegance, Inc

Project/Event Name: Hilton Head Concours d'Elegance & Motoring Festival

Contact Name: Robert Lee Title: Treasurer

Address: 1 Cardinal Ct., Suite 16, Hilton Head Island, SC 29926

Email Address: bob@beaconallied.com Contact Phone: 843-290-2533

Event Date: October 31 - November 3, 2024 Event Location: Various Locations

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

Our funding strategy aims to elevate our event's profile and attract a diverse audience, boosting local commerce and culture. We'll allocate most of the budget (90%) to creative development, public relations, and digital advertising, targeting attendees from outside the area. A 10% budget share will secure unique vehicles for special exhibits, enhancing interest and will cover ongoing event expenses at Hilton Head Island Airport, ensuring the Island's airport is home to our unique evening as well as daytime events.

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)

The Festival's marketing strategy aims to attract out-of-town visitors while also promoting locally. Our focus is on drawing visitors to the Island through a strong digital presence, combining paid ads and earned media. We target national media outlets, editors, and influencers in trade, lifestyle, and travel.

We measure success with the following metrics:

• Overall Attendance: Total number of attendees.

- Website Traffic: Visitors to our online portal.
- Digital Engagement: Clicks on digital ads.
- Social Media Interaction: Engagement on social platforms.
- On-Site Surveys: Data on attendees' length of stay and spending to gauge economic impact.

These metrics help us understand the Festival's impact and refine our strategies to enha

A. Total Number of Physical Tourists Served: 9712

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: 4376

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: 5612

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): 19700

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

At our organization, we leverage data from our ticketing partner, Saffire, and gather zip codes along with on-site surveys to gain a comprehensive understanding of our audience. This data reveals whether our visitors are tourists, local residents, or out-of-town guests, and provides insights into their spending habits. These insights are crucial for our ATAX applications and sponsor development efforts, helping us better serve our community and stakeholders.

B. DESCRIPTION OF OPERATIONS:

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

The Hilton Head Island Concours d'Elegance & Motoring Festival has emerged as one of the East Coast's premier destination events. Amidst over 50 national Concours and numerous automotive gatherings each year, Hilton Head Island consistently ranks among the top events in the country. Industry insiders and collectors recognize it as the quintessential automotive designer's Concours. This event's unique formula sets it apart from other automotive events, as we highlightHilton Head Island's known attractions as vital components of the overall visitor experience.

Our Festival encompasses a distinct schedule of signature events, including aviation showcases at the Hilton Head Island Airport, the Car Club Showcase, special exhibits, the

Concours d'Elegance, and the exclusive Pinnacle Society donor event. This multifaceted approach integrates Hilton Head Island's renowned hotels, restaurants, and other attractions, crafting an unparalleled experience akin to the prestigious Monterey Car Week, which features the oldest Concours in the country, the Pebble Beach Concours d'Elegance.

Hilton Head Island's multi-day program not only showcases world-class automobiles but also enhances visitor engagement through its exciting destination offerings. Our funding strategy targets auto enthusiasts and destination travelers, aiming to attract national media attention and a demographically desirable audience. The Festival's timing during Hilton Head Island's shoulder season further amplifies its value, drawing both national and regional sponsors, and bolstering the local economy.

For local town officials and stakeholders, the Hilton Head Island Concours d'Elegance & Motoring Festival represents a tradit

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

In 2024, 90% of our ATAX budget is allocated to marketing, including creative content, advertising, and PR. An additional 10% is reserved for transporting notable vehicles and covering program expenses at the Hilton Head Island Airport. Our primary goals are to boost out-of-town attendance, increase the length of stay, and attract desirable sponsors and demographics to the Island. Accordingly, 80% of our advertising efforts are focused outside the local area, targeting specific geographic and demographic segments.

To achieve these objectives, we continue to leverage targeted digital advertising designed to attract out-of-market drive and fly visitors. Our content is rooted in research, mobility trends, and results-based insights that drive traffic to our website.

Additionally, we maintain a strong social media presence, with our network of followers growing annually as well as digital partnerships that allow us to collaborate with international brands, influencers, media and more. By investing in comprehensive marketing strategies and leveraging cutting-edge digital tools, we aim to enhance our community's appeal while fostering growth and engagement.

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)

Securing full funding for our 2025 marketing budget is crucial. With 80% of our budget from Town funding, we can elevate our event to new heights, fostering community engagement, economic growth, and national recognition. Without full funding, we'd face significant cuts to key elements like transportation of noteworthy cars, digital advertising, and exhibitor outreach. Reduced marketing could diminish sponsor participation and

jeopardize our event's national standing. Your support is more than financial; it's an investment in our community's vibrancy and future prosperity.

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

In 2024, the event welcomed 19,700 attendees including nearly 10,000 visitors beyond 50 miles. generating \$12.3 million in visitor expenditures. Duane Parrish from SCPRT noted, "The Concours is a premier event for automobile enthusiasts. Since its inception, annual visitor spending in Beaufort County has surged by over 90%. This event plays a pivotal role in driving tourism and will continue to do so."

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

| 1 - Destination Advertising/Promotion Advertising and promotion of tourism so as to develop and increase tourist attendence through the generation of publicity. | 90 | % |
|--|----|---|
| 2 - Tourism-Related Events Promotion of the arts and cultural events. | 10 | % |
| 3 - Tourism-Related Facilities Construction, maintenance and operation of facilities for civic and cultural activities including construction and maintenance of access and other nearby roads and utilities for the facilities. | 0 | % |
| 4 - Tourism-Related Public Services The criminal justice system, law enforcement, fire protection, solid waste collection and health facilities when required to serve tourists and tourist facilities. This is based on the estimated percentage of costs directly attributed to tourist. Also includes public facilities such as restrooms, dressing rooms, parks and parking lots. | 0 | % |
| 5 - Tourist Public Transportation Tourist shuttle transportation. | 0 | % |
| 6 - Waterfront Erosion/Control/Repair Control and repair of waterfront erosion. | 0 | % |
| 7 - Operation of Visitor Information Centers Operating visitor information centers. | 0 | % |
| | | |

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

100 %

Total:

The Hilton Head Island Concours d'Elegance stands as a premier automotive event, seamlessly integrating local businesses and organizations into its strategic framework. This approach sets it apart and enriches the overall attendee experience.

This year's event schedule features activities designed to highlight Hilton Head's unique charm:

- Restaurant Integration into Flights & Fancy: Culinary experiences showcasing local flavors.
- **Grand Motoring Film Festival:** Automotive excellence meets cinematic flair at the Arts Center of Coastal Carolina.
- **Nighttime Airport and Donor Event:** Exclusive gatherings featuring iconic destinations and influential cultural figures.

These initiatives draw out-of-town visitors and encourage longer stays, benefiting the local economy.

The Concours has built strong partnerships with local entities to deliver standout experiences:

- HHI Chamber/VCB
- Arts Center of Coastal Carolina
- Coastal Discovery Museum
- Beaufort County Schools
- Local Orchestra and Restaurants
- Youth Charities

These collaborations offer one-of-a-kind experiences that resonate with attendees and the community. This year's festival will feature local artists and crafts at the main grounds, along with exhibitors specializing in motoring art, enriching the cultural tapestry of the event. The festival's website and email blasts prominently feature community partners, promoting local businesses and ensuring visitors have a well-rounded experience. By incorporating Hilton Head businesses and organizations into its schedule and marketing, the Concours d'Elegance sets itself apart, enriching the local community and fostering unity and development.

7. Additional comments. (250 words or less)

Hilton Head Island Concours d'Elegance & Motoring Festival must continue to elevate its brand and sustain its current momentum to remain competitive in an increasingly saturated marketplace. With over 50 Concours events taking place across the US, and new events constantly emerging, it is imperative that we distinguish ourselves to consistently rank among the top 5. To maintain our relevance, it is crucial to offer a variety of experiences from year to year, not only in comparison to other Concours events but also against nationally recognized events outside the automotive industry. This approach ensures sustained interest from both attendees and sponsors.

While we strive to stand out among other Concours events, we face fierce competition for sponsor budgets, which are increasingly being directed towards high-profile national and international events like golf, tennis, and equestrian tournaments. Automotive sponsors are now gravitating away from traditional "car events" and are instead focusing on experiential opportunities, lifestyle events, and digital advertising. They are particularly attracted to smaller, exclusive gatherings where every attendee could potentially be a buyer of their luxury products. To capture and retain the interest of our key audiences, it's crucial that we maintain a dynamic presence and consistently update our content. Our strategy is to market the Concours as more than just an automotive event. We aim to leverage all the incredible amenities that Hilton Head Island has to offer, including its fine dining, luxurious resorts, vibrant arts and culture scene, and various recreational activities.

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

The HHI Concours is financed through four main sources:

- 1. **Corporate Sponsorships and Event Revenue**: These fund nearly all of our fixed overhead and creation of the festival grounds and festival operational costs.
- 2. **Tourism/Accommodation Tax Grants**: Expected funds from the Town of HHI, Beaufort County, and SC PRT in 2025 will cover all of our marketing costs and minimal program expenses at the HHI Airport.
- 3. **Fundraising Events**: These raise money for the Festival's charitable fund, which has donated over \$1 million to local youth charities and automotive scholarship programs.

These funding avenues ensure the HHI Concours continues to thrive and support our community.

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

| 27 | Government Sources | 7 | Private Contributions, Donations and Grants |
|----|-------------------------------------|---|---|
| 25 | Corporate Support, Sponsors | | Membership, Dues, Subscriptions |
| 41 | Ticket Sales, or Sales and Services | | Other |

| • | or any other funding from other public sources or |
|--|---|
| organizations? Yes <u>X</u> No | |
| 165 <u>X</u> NO | |
| If so, please list top 3 sources and amounts. | |
| Beaufort County ATAX | \$38,000.00 |
| | |
| D. FINANCIAL INFORMATION: | |
| Fiscal Year Disclosure: Start Month: January | End Month: December |
| Financial Statement Requirements: | |
| 1. The <u>upcoming fiscal year's</u> operating budge | ≱t for the organization. |
| Budget Provided: Yes | |
| The <u>previous two fiscal years</u> and <u>current ye</u> organization. | ar-to-date profit and loss reports for the |
| Current fiscal year Profit Loss Report | Provided: Yes |
| Previous fiscal year Profit Loss Repor | s Provided: |
| 2022- Previous FY 2 | |
| 2022- Previous FY 1 | |
| 2022- Previous FY 1 2023- Previous FY 2 | |
| 2023- Previous FY 2 | |
| 3. The <u>previous two fiscal years</u> and <u>current ye</u> | ar-to-date balance sheets. |
| Current fiscal year Balance Sheet Pro | vided: Yes |
| Previous fiscal year Balanace Sheets | Provided: |
| 2022 - Previous FY 2 | |
| 2023 - Previous FY 1 | |
| 2022 - Previous FY 2 | |
| | |
| 4. The <u>previous two years</u> and <u>current year</u> IRS | Form 990 or 990T. |
| Current year IRS Form 990 or 990T P | rovided: Yes |
| • | |

Previous IRS Form 990 or 990T Years Provided:

E. FINANCIAL GUARANTEES AND PROCEDURES:

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

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

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

F. MEASURING EFFECTIVENESS:

If you received 2023 or 2024 HHI ATAX funds

1. List any ATAX award amounts received in 2023 and/or 2024.

| 2021 | \$88,000.00 | Hilton Head Island Concours d'Elegance & Motoring Festival |
|------|--------------|---|
| 2022 | \$307,000.00 | Hilton Head Island Concours d'Elegance & Motoring Festival |
| 2023 | \$385,000.00 | Hilton Head Concours d'Elegance & Motoring Festival |
| 2024 | \$362,000.00 | 2024 Hilton Head Island Concours d'Elegance & Motoring Festival |

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

Our funding has been mainly used for marketing and promotions. This includes creating an innovative campaign, running national and regional ads, and maintaining a strong social media presence. We continue to partner with the Hilton Head Island/Bluffton Chamber of Commerce to enhance our advertising and attract top-tier executives through initiatives like guest judging. Part of the funding offsets costs for showcasing prestigious display vehicles and covering production expenses at the Hilton Head Island Airport General Aviation. This ensures we maintain high standards for our Event while fostering community pride and tradition.

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

The core indicator of our Event's success is attendance, monitored meticulously through scanned barcodes and pre-established hotel blocks. The University of South Carolina Beaufort's (USCB) marketing research department conducts on-site surveys to differentiate between local attendees and tourists, while also assessing the efficacy of our marketing strategies. This invaluable data allows us to pinpoint the geographic regions our attendees hail from, guiding our decisions on where to focus and expand our marketing efforts.

In recent years, we have strategically shifted the bulk of our advertising budget towards digital and social media platforms. Unlike traditional print media, digital channels offer the advantage of real-time data analysis. This allows us to continuously monitor and adjust our campaigns to optimize performance, measured through impressions and website click-through rates.

Between May and August alone, our digital campaigns garnered over 6.2 million impressions, resulting in more than 40,000 clicks to our website. This ability to adapt our marketing strategies on-the-fly not only maximizes our reach but also ensures we are engaging effectively with our target audiences.

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

The 2024 Event is scheduled for the first week of November, so results are still pending. However, early indicators suggest a successful year. Despite some sponsor concerns due to economic uncertainties, we've attracted and are in talks with several new sponsors. Online ticket sales as of August 31 are consistent with previous years, with 69% of online sales coming from visitors located beyond 50 miles and 31% from local ticket buyers.. Typically, visitors purchase early and also secure accommodations and transportation at the same time they purchase their online tickets. Our careful use of grant funding has maintained our Event's esteemed reputation, engaged new sponsors, and ensured continuous promotional efforts. We stay committed to delivering an exceptional experience that honors our rich heritage while fostering community involvement and youth development.

G. EXECUTIVE SUMMARY

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.

As we commemorate the 22nd anniversary of the Hilton Head Island Concours d'Elegance, we proudly reflect on our legacy as one of the nation's oldest and most prestigious automotive events. Attracting nearly 20,000 visitors annually, our event not only captures the hearts and imagination of motoring enthusiasts but also significantly bolsters the local economy, reinforcing Hilton Head Island's status as a premier destination for automotive excellence.

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Signature: Robert Lee

Title/Position: Treasurer

Mailing Address: P.O. Box 21733, Hilton Head Island, SC 29925

Email Address: bob@beaconallied.com

Office Phone Number: 843-785-7469

Home Phone Number: 843-290-2533

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

| TOPIC | THE PLAN | | BUDGET | | ACTUAL SPENT | RESULTS |
|--|--|----|---|----|-----------------------|--|
| | | | | | | When possible, provide planned results vs. actual results, and/or current year vs. prior year results. |
| Digital Marketing | · · | | | | | |
| Banner Advertising | Google | \$ | 72,000.00 | \$ | 53,401.00 | 2,658,791 Total Impressions, 3,362 Clicks to Website, 0.13% Click Through Rate |
| Social Media | Facebook & Instagram Organic lifestyle content and paid campaigns that focus on high- income users in direct flight | \$ | 40,000.00 | \$ | 36,600.00 | 619,000 Reach (Up 4.2% YoY), 47,800 Content Interactions (Up 346% YoY), 3,700 New Out of Market Followers (Up 280% YoY), Link Clicks to Ticketing Page 10,200 (Up 114% YoY), 94% of all social media followers |
| Email Marketing | markets as well as drive markets. Outreach to past and present ticket holders that reside outside of Beaufort County | \$ | 10,000.00 | \$ | 7,600.00 | are out-of-market With the subscriber list of over 46,000 emails and nearly 50 emails sent annually, we anticipate an estimated 3million+ impressions. |
| Total | | \$ | 122,000.00 | \$ | 97,601.00 | |
| | | | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | | | |
| Media Outlets | Print and Digital Campaigns within all outlets listed along with Influencer Program | | | | | |
| Modern Luxury | Influencer Program | \$ | 20,000.00 | \$ | 20,000.00 | https://app.creatoriq.com/report/hhi_concours_d_e- Xgc26PkFhvgw/overview |
| Local Life | Print and Digital Campaigns | \$ | 15,000.00 | \$ | 14,000.00 | Anticipated over 2 million impressions between placements that target visitors, new residents to |
| Classic Motorsports | Print and Digital Campaigns | \$ | 4,000.00 | \$ | 2,822.00 | Beaufort County and second home owners. 70,000 Paid Readership, 22,000 Email Newsletter Subscribers and 101,000 Website Users Each Month |
| Total | | \$ | 39,000.00 | \$ | 36,822.00 | |
| Public Relations & Traditional Advertising /Marketing | Recruiting top executives, designers, and influencers to include covering cost of attending. | \$ | 68,400.00 | \$ | 68,400.00 | At time of application we have confirmed participation from Frankle Muniz (Actor and NASCAR Racer), Chris Chapman (formerly with BMW and Hyundal), Michael Simcoe (GM), Cesar Pieri (formerly with Jaguar), Ed Bolian (Social Media Following of 2Million+), and Dennis |
| Marlin Advertising | 1-95 Billboard | \$ | 15,000.00 | \$ | 15,100.00 | I-95 Mile Georgia Mile Marker 108.5 Right Hand Read Traffic Counts: 63,000 Per Day (Traffic backs up 2 miles at this billboard every day. DOT Extended the exit Lane By 1.5 miles due to the back up at this billboard.) 12 Month Agreement shared with HHI Seafood Festival for 6 Months of Advertising |
| Photography and Video Production | Documentation of event for use in future marketing and advertising and shared with | \$ | 10,000.00 | \$ | 7,600.00 | With the subscriber list of over 46,000 emails and nearly 50 emails sent annually, we anticipate an estimated 3million+ impressions. |
| Creative Design and Development | Creation of campaigns that attract ticket buyers and enthusiasts through visual communications | \$ | 30,000.00 | \$ | 30,000.00 | Overseeing the website updates, including media pages. Developing an exhibitors micro-site for outreach. Creating illustrations for the 2024 Art Moves campaign and illustration edits. |
| Speciality Vehicles | Showcase vehicles significant to the event's yearly exhibits | \$ | 30,000.00 | | Determined Post Event | Includes vehicles to showcase in our "Life Exhibit", Pinnacle Collector, Velocity Collector and more. |
| Total | | \$ | 153,400.00 | \$ | 121,100.00 | |
| | | | | | | |
| Niche Marketing | | | | | | |
| The Amelia (Hagerty Event) | | \$ | 2,500.00 | \$ | 2,500.00 | A full-page ad in The Amelia Concours d'Elegance Program, March 2024, reached 105k enthusiasts both in print and digitally. This premier event connects us with exhibitors for our HHIC show. A detailed attendee report linked to The Amelia will be available post-November |
| Packard National Meet | | \$ | 1,500.00 | \$ | 1,500.00 | event. Advertising at the Packard National Meet included a full- page ad in the event guide, recognition at the event, brochure distribution, and a speaking opportunity. Held at the Sheraton Milwaukee Brookfield Hotel, this |
| Two Lane Touring | | \$ | 5,000.00 | \$ | 5,000.00 | significant exposure coincides with Packard's 125th Anniversary at the 2024 Concours, engaging hundreds of Two Lane Touring, advertised nationwide by Brad Phillips and his renowned team, will depart from Nashville's Lane Motor Museum on Oct 28. The four-day |
| Mercedes-Benz Club of America Southern Stars | | \$ | 5,000.00 | \$ | 5,000.00 | Nashville Staffle Motor Museum on Oct 26. The Iour-agy sold-out tour includes stops in Chattanooga, Athens, and Hilton Head Island for the Concours weekend. A full social media exposure report will follow the Nov 3 event Newsletter Inclusion with monthly newsletter with 100.000 impressions across print and digital platforms |
| | | L | | | | |
| Total | | \$ | 14,000.00 | \$ | 14,000.00 | |
| Total Budget to Actual | | \$ | 328,400.00 | \$ | 269,523.00 | |

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Concours d'Elegance & Motoring Festival



CENTER FOR LOWCOUNTRY HOSPITALITY EDUCATION

EXECUTIVE SUMMARY

At the request of festival organizers, the University of South Carolina Beaufort (USCB) conducted an on-site survey at the 2023 Hilton Head Island Concours d'Elegance & Motoring Festival on November 7, 2023. The purpose of the survey was to gain insight into festival attendees and identify how these attendees contribute to the Island's economy and local tourism.

Research staff collected data from festival goers via requesting attendees to answer question about the festival. The 31-question survey was administered digitally, via iPads, which were provided to attendees to answer the survey. At the conclusion of the survey, participants were offered entry into a \$1000 prize package to the 2024 event. Anecdotally, researchers received inquiries from several respondents asking about the Salty Dog t-shirts that were the previous year's compensation for participating in the survey.

Overwhelmingly, participants enjoyed the event with 88% giving the festival a "5 Star" rating. This is further supported by the percentage of attendees who plan to return to the festival (66% extremely likely, 20% very likely) and recommend the festival to friends (76.92% extremely likely, 23.08% very likely). There are a few key data points worthy of acknowledgment at this time as they may be helpful when preparing future events:

- Word of Mouth (mainly friends and family) was the number one method of first learning about the festival, followed by other similar events.
- Attendees largely local, with 46% of attendees surveyed living within 50 miles of the event venue.
- Primarily older demographic (63.81% are aged 55+) with the plurality of participants' annual household falling within \$100,000 \$149,999 per year. 20% of attendees fall into \$200,000+/year group.
- Attendees were almost a 50-50 split of males to females, with slightly more females responding to the survey.
- Large increase in the number attendees aged 65+.
- Most attendees planned to attend Saturday's Car Club Showcase over all other events that the festival offered.
- 3 respondents came from outside the Untied States, all originating in Canada.

In the attached report, data for each survey item is graphically represented for ease of comparison.



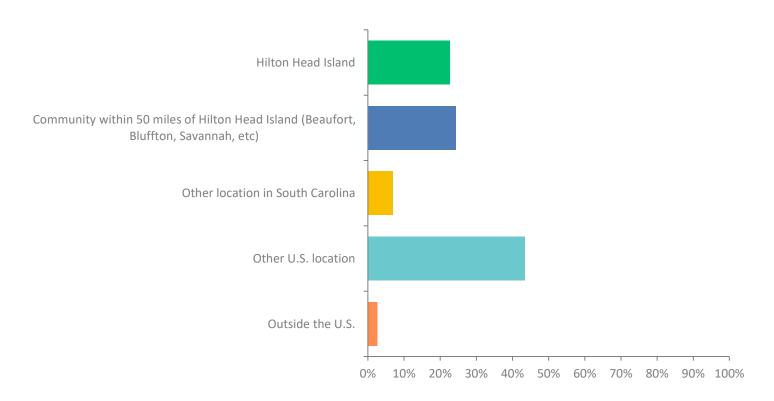
115 RESPONSES



Origin Breakdown

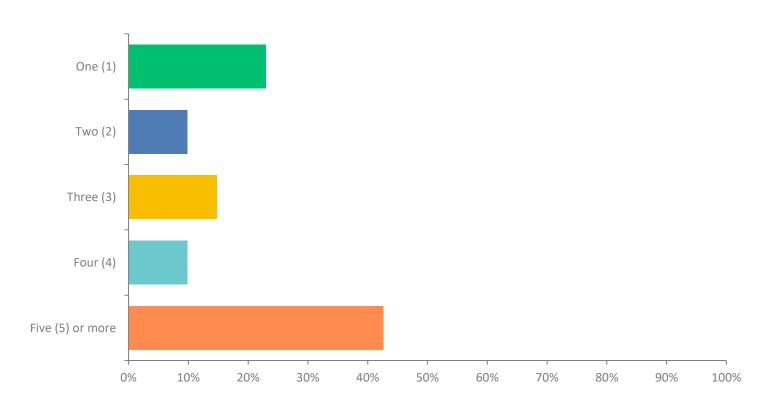
Where is your PRIMARY residence?

Answered: 115 Skipped: 0

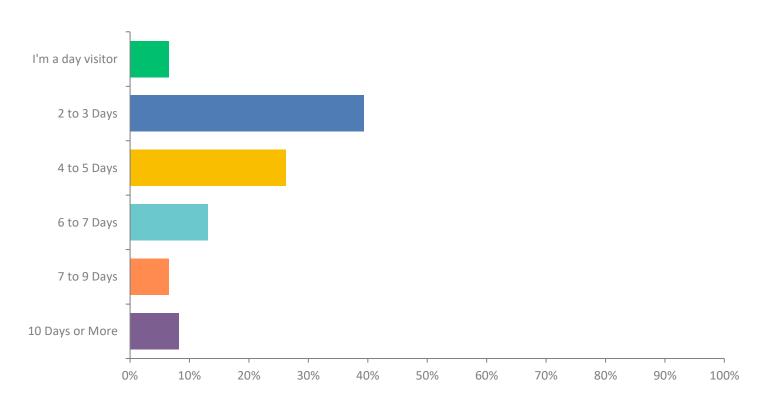


Please us what U.S. state or territory you are visiting from.

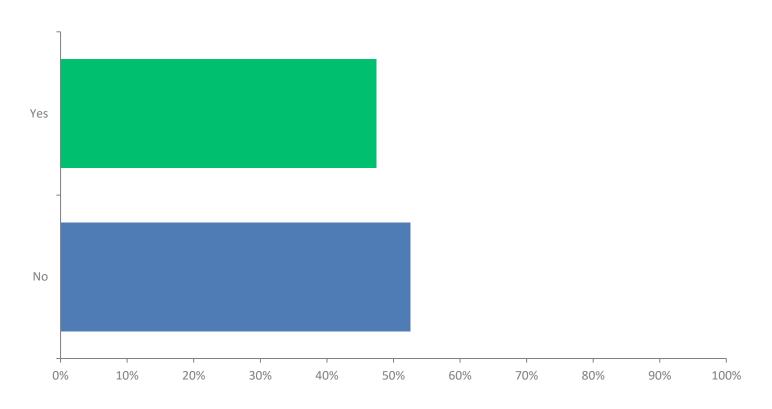
Including this visit, HOW MANY trips have you taken to Hilton Head Island?



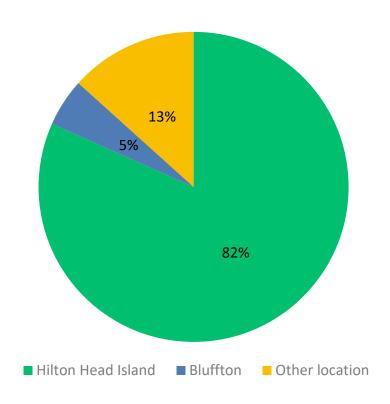
How many days to you intend to stay in the Hilton Head Island area?



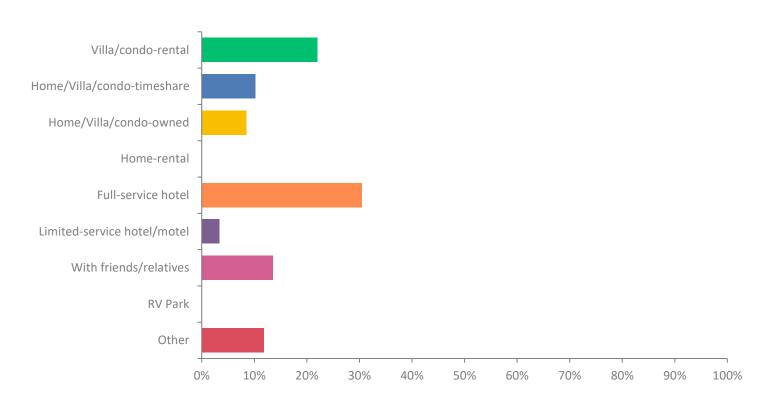
Is this your first-time attending the Hilton Head Island Concours d'Elegance & Motoring Festival?



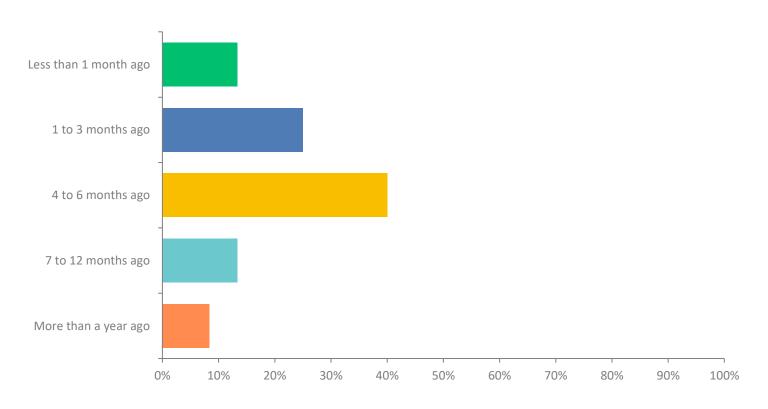
Where are you staying overnight on this trip?



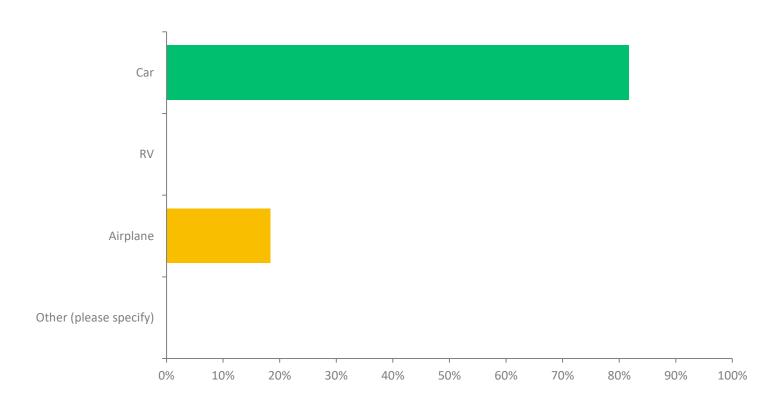
What type of accommodations are you using while visiting Hilton Head Island?



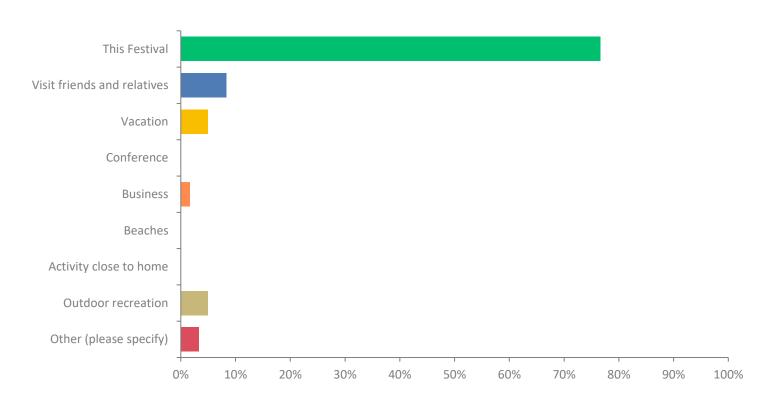
How many months in advance did you book this trip?



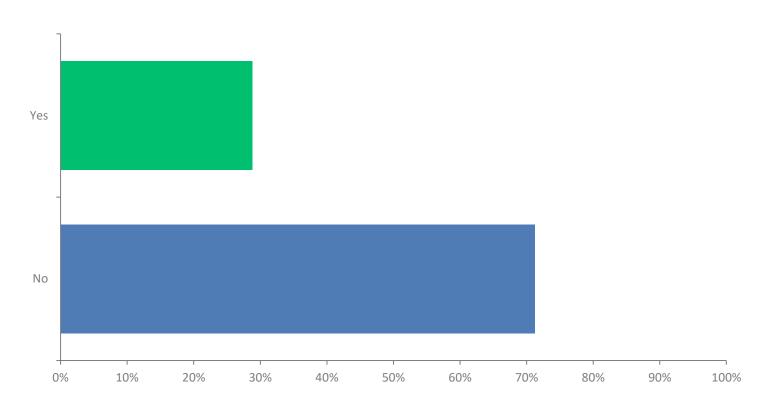
For this trip, how did you travel?



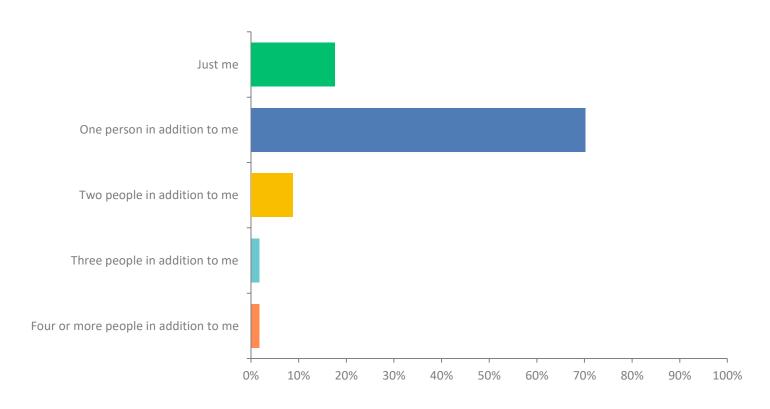
What is your PRIMARY reason for this visit to Hilton Head Island?



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



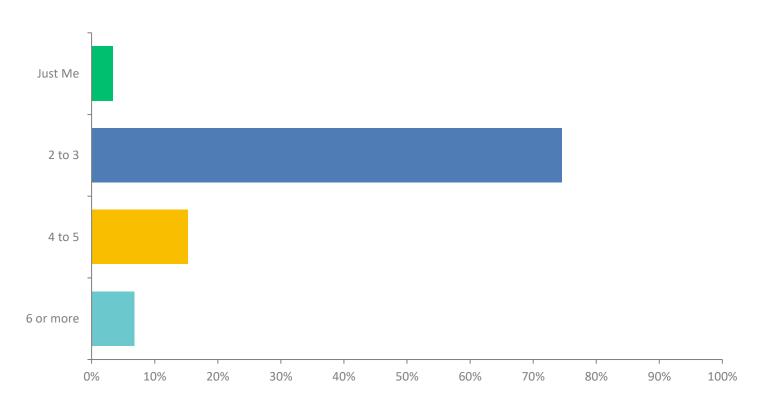
How many people are you financially responsible for during this trip?



On average, how much do you plan to spend EACH DAY while visiting?

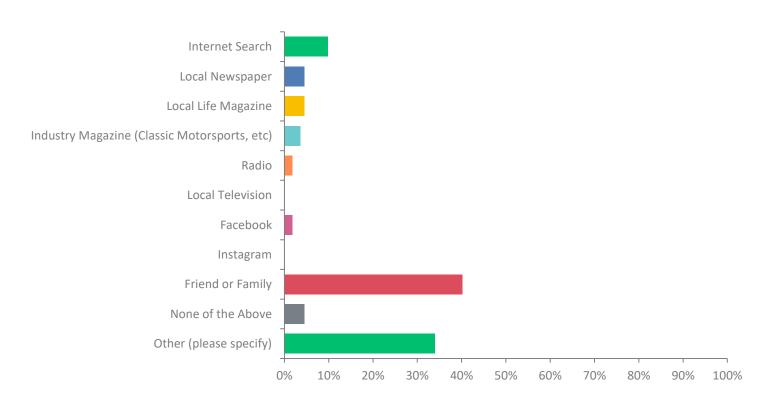
| | UNDER \$100 | \$100 \$199 | \$200 \$299 | \$300 \$399 | \$400 OR MORE |
|-----------------------|-------------|-------------|-------------|-------------|---------------|
| Restaurant Dining | 22.03% | 44.07% | 22.03% | 1.69% | 10.17% |
| | 13 | 26 | 13 | 1 | 6 |
| Recreation (i.e., | 74.51% | 17.65% | 5.88% | 1.96% | 0% |
| Bicycling, Golf, Etc) | 38 | 9 | 3 | 1 | 0 |
| Retail (i.e., Gifts, | 45.45% | 41.82% | 7.27% | 3.64% | 1.82% |
| Souvenirs, Etc) | 25 | 23 | 4 | | 1 |
| Accommodations | 26.32% | 14.04% | 19.30% | 17.54% | 22.81% |
| | 15 | 8 | 11 | 10 | 13 |

How many people are in your party at this event?

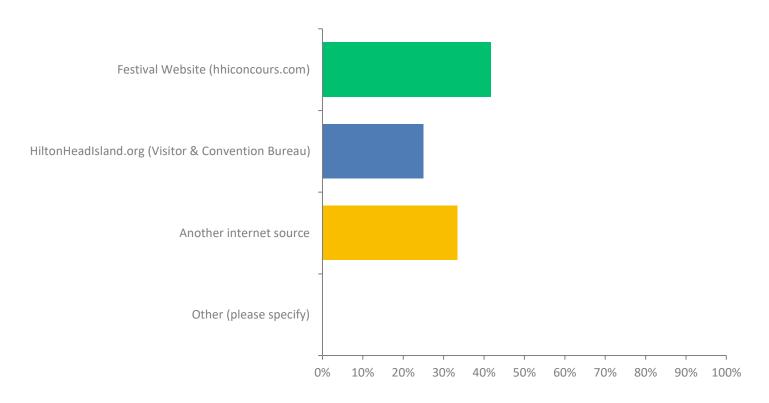


How did you FIRST learn about this Festival?

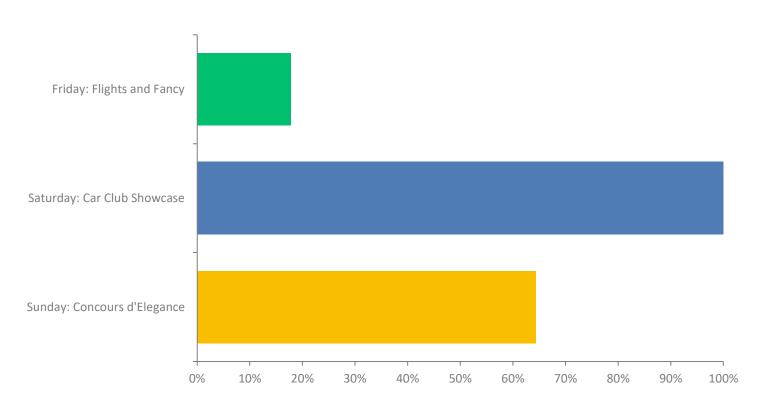
Answered: 112 Skipped: 3



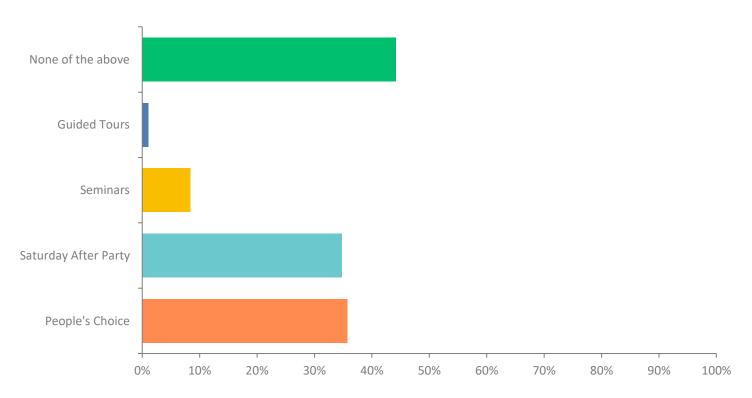
From which website or internet source did you FIRST learn about this Festival?



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



In addition to viewing displays of vintage cars, there are other things to do at this festival. Which of the following events have you participated or planning to participate in? (Select all that apply)



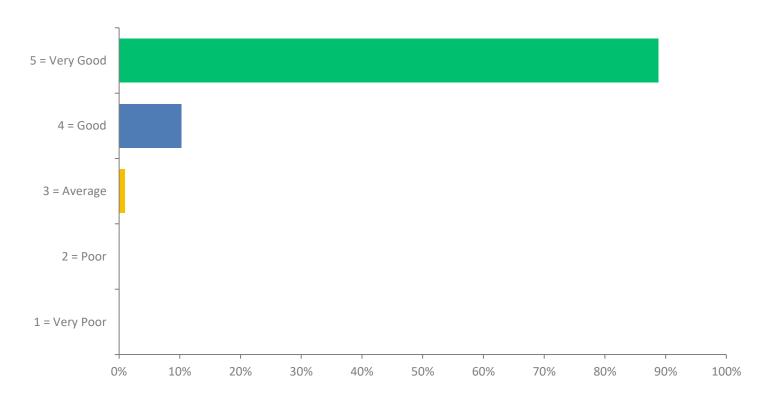
How would you rate the following festival characteristics?

Answered: 107 Skipped: 8

| | VERY GOOD | GOOD | AVERAGE | POOR | VERY POOR | N/A | TOTAL | WEIGHTED AVERAGE |
|-----------------------|--------------|--------------|------------|---------|--------------|------------|-------|---------------------|
| Event Location | 92.52% 99 | 6.54% 7 | 0% 0 | 0% 0 | 0% 0 | 0.93% 1 | 107 | 4.93 |
| Parking | 69.52% 73 | 19.05% 20 | 4.76% 5 | 0% 0 | 0.95% 1 | 5.71% 6 | 105 | 4.66 |
| Crowd Flow | 79.25% 84 | 16.98% 18 | 2.83% | 0% 0 | 0% 0 | 0.94% 1 | 106 | 4.77 |
| Staff Friendliness | 94.29% 99 | 4.76% 5 | 0% 0 | 0% 0 | 0% 0 | 0.95% 1 | 105 | 4.95 |

On a scale of 1 to 5, with 5 being the BEST, how would you rate your overall experience with the 2023 Concours d'Elegance and Motoring Festival?

Answered: 107 Skipped: 8



How likely are you to return to next year's festival and recommend the festival to friends?

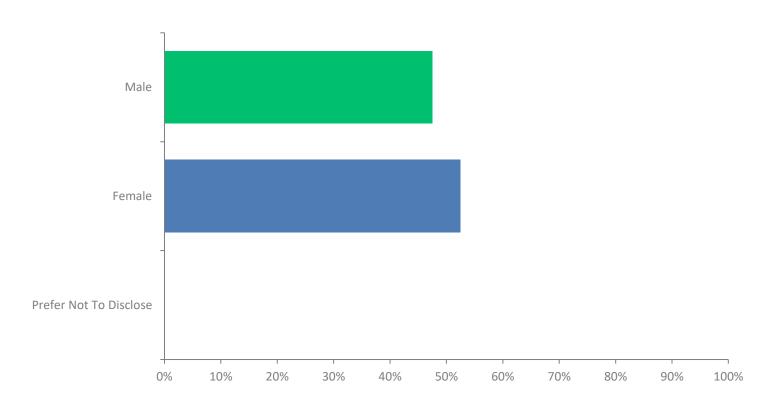
Answered: 108 Skipped: 7

| | EXTREMELY LIKELY | VERY LIKELY | NOT SURE | VERY UNLIKELY | EXTREMELY UNLIKELY | TOTAL | WEIGHTED AVERAGE |
|---|---------------------|--------------|--------------|------------------|-----------------------|-------|---------------------|
| Return to next year's festival | 66.67% 72 | 20.37% 22 | 10.19% 11 | 0% 0 | 2.78% | 108 | 4.48 |
| Recommend the festival to friends | 76.92% 80 | 23.08% 24 | 0% 0 | 0% 0 | 0% 0 | 104 | 4.77 |



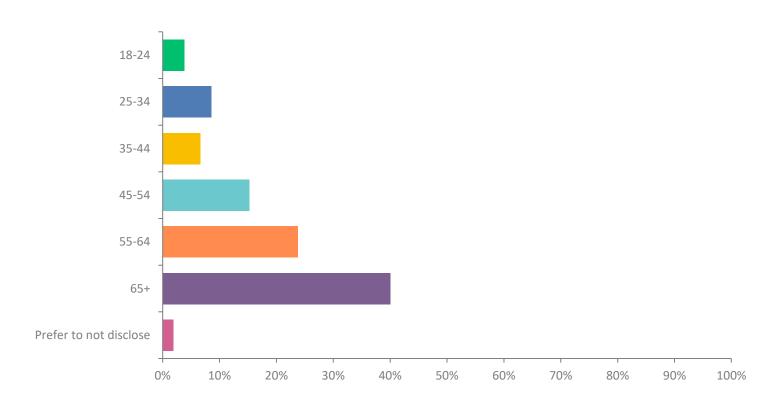
Gender Identity

Answered: 101 Skipped: 14



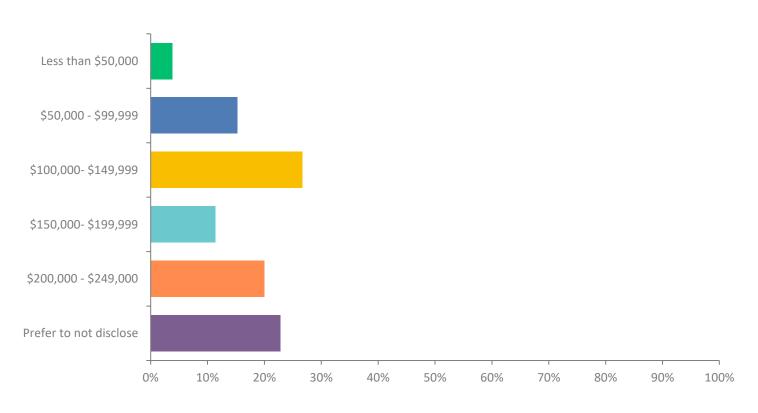
Please indicate your age below.

Answered: 105 Skipped: 10



What is your approximate annual household income?

Answered: 105 Skipped: 10



Additional Comments

Fascinating' Friendly and fun People friendly and nice

Well done!

Awesome thanks

Collaborate more with the Grand Motoring Film

We especially enjoyed the aero expo

Live band and beer garden tent for socializing.

Perfect weather

Movie cars were better than race cars

Miss the tshirts

Great event for Hilton head

Make it easier for the people who enter to leave early if they need to.

More seating

More advertising on the island.

Awesome event

Always great fun!

Good mix

A great time

Couldn't be better

Nice show

Fabulous experience

Needs a fan t shirt competition, free lunch a tickets for next year

Long walk around to get to event merchandise

Beautiful day

Beautiful tents cars and great venders bought a alligator purse

Tents look amazing, cars are beautiful!

A wonderful event to relax and enjoy beautiful cars.

Wonderful event

More signage for VIP parking and better directions. Improve the font

size on the maps for the older crowds.



Contact Us:

Sarah Beachkofsky sbeach@uscb.edu

Dr. Kim Dudas kdudas@uscb.edu

Trey Ramsey wjramsey@uscb.edu THANK YOU!



CENTER FOR LOWCOUNTRY HOSPITALITY EDUCATION

CORPORATE RESOLUTION

of

Hilton Head Island Concours d' Elegance, Inc.

The Board of Trustees of the Hilton Head Island Concours d'Elegance, Inc., organized and existing under the laws of the State of South Carolina and having its principal place of business at 1 Cardinal Road, Suite 16, Hilton Head Island, SC 29926 (the "Corporation"), via vote completed of the Board of Trustees with a quorum in attendance, voted unanimously to approve the following resolution:

RESOLVED:

"The Board authorizes the Hilton Head Island Concours d'Elegance, Inc. to apply for 2025 ATAX funding in the amount of \$350,000 from the Town of Hilton Head Island."

This resolution has not been modified, rescinded or revoked and is at present in full force and effect.

CERTIFICATE OF SECRETARY

The Secretary of the Corporation herby certifies that he/she is the duly elected and qualified Secretary of the Hilton Head Island Concours d'Elegance, Inc. and certifies that the above is a true and correct record of the resolution that was duly adopted by the Corporation on September 4, 2022.

F. Truitt Rabun, Jr.

Secretary

Hilton Head Island Concours d'Elegance, Inc. Profit & Loss Budget Overview January through December 2024

| | Jan - Dec 24 |
|--|---|
| Ordinary Income/Expense | |
| Income Award Sponsors Banner Sales Beverage Sales Business Expo Tents Concours Charitable Fund (DYA) | 10,000.00 0.00 0.00 0.00 100,000.00 |
| Driving Tour Tickets | 11,000.00 |
| Exhibitor Registration Fees | 20,000.00 |
| Hospitality Other - Airport | 120,000.00 |
| Interest Income Merchandise Sales | 0.00 22,000.00 |
| Misc Income | 0.00 |
| Parking Fees - VIP Patrons | 7,000.00 111,000.00 |
| Program Advertising Public Funding | 33,000.00 395,000.00 |
| Retail Vendor Space Sponsors | 25,000.00 372,000.00 |
| Ticket Sales | 250,000.00 |
| Total Income | 1,476,000.00 |
| Gross Profit | 1,476,000.00 |
| Expense Administration | 143,200.00 |
| Charitable Fund | 18,100.00 |
| Event Production | 189,900.00 |
| Facilities | 287,100.00 |
| Hospitality | 63,000.00 |
| Marketing | 373,000.00 |
| Merchandise | 19,000.00 |
| Payroll Expenses | 259,000.00 |
| Sponsor Solicitation | 36,100.00 |

Hilton Head Island Concours d'Elegance, Inc. Profit & Loss Budget Overview January through December 2024

| | Jan - Dec 24 |
|--|--------------|
| Ticketing | 20,000.00 |
| void Volunteers | 0.00 |
| Total Expense | 1,422,100.00 |
| Net Ordinary Income | 53,900.00 |
| Other Income/Expense Other Expense CONTRIBUTIONS | 48,000.00 |
| InterestExpense | 5,200.00 |
| Total Other Expense | 53,200.00 |
| Net Other Income | -53,200.00 |
| Net Income | 700.00 |

Hilton Head Island Concours d'Elegance, Inc. Balance Sheet

As of August 31, 2024

| | Aug 31, 24 |
|---|------------|
| ASSETS | |
| Current Assets | |
| Checking/Savings Cash On Hand | 1,839.39 |
| SC Unemployment Reserve | 2,360.82 |
| Synovus Bank Checking | 0.01 |
| Synovus Bank New Checking | 175,777.82 |
| Total Checking/Savings | 179,978.04 |
| Accounts Receivable Accounts Receivable | 62,636.67 |
| | |
| Total Accounts Receivable | 62,636.67 |
| Other Current Assets | |
| Deposits - Current | 5,958.00 |
| Undeposited Funds | 5,000.00 |
| Total Other Current Assets | 10,958.00 |
| Total Current Assets | 253,572.71 |
| TOTAL ASSETS | 253,572.71 |
| LIABILITIES & EQUITY | |
| Liabilities | |
| Current Liabilities | |
| Accounts Payable Accounts Payable | 16,864.00 |
| • | |
| Total Accounts Payable | 16,864.00 |
| Other Current Liabilities | |
| Cafeteria Plan | 0.00 |
| Payroll Liabilities | -61.45 |
| Total Other Current Liabilities | -61.45 |
| Total Current Liabilities | 16,802.55 |
| Long Term Liabilities SBA - EIDL | 122 696 71 |
| | 132,686.71 |
| Total Long Term Liabilities | 132,686.71 |
| Total Liabilities | 149,489.26 |
| Equity | |

11:34 AM 09/02/24 Accrual Basis

Hilton Head Island Concours d'Elegance, Inc. Balance Sheet

As of August 31, 2024

| | Aug 31, 24 |
|----------------------------|------------|
| Opening Bal Equity | 15,975.45 |
| Retained Earnings | 41,112.19 |
| Net Income | 46,995.81 |
| Total Equity | 104,083.45 |
| TOTAL LIABILITIES & EQUITY | 253,572.71 |

Hilton Head Island Concours d'Elegance, Inc. Balance Sheet

| | Dec 31, 23 |
|---|--|
| ASSETS | |
| Current Assets | |
| Checking/Savings Cash On Hand | 1,712.46 |
| SC Unemployment Reserve | -119.68 |
| Synovus Bank Checking | 28,610.66 |
| Synovus Bank New Checking | 135,065.09 |
| Total Checking/Savings | 165,268.53 |
| Accounts Receivable | |
| Accounts Receivable | 119,078.23 |
| Total Accounts Receivable | 119,078.23 |
| Other Current Assets | |
| Deposits - Current | 5,958.00 |
| Undeposited Funds | 7,819.86 |
| Total Other Current Assets | 13,777.86 |
| Total Current Assets | 298,124.62 |
| TOTAL ASSETS | 298,124.62 |
| LIABILITIES & EQUITY | |
| Liabilities | |
| Current Liabilities | |
| Accounts Payable | |
| | 404 405 04 |
| Accounts Payable Accounts Payable | 104,465.81 |
| | 104,465.81 104,465.81 |
| Accounts Payable Total Accounts Payable Other Current Liabilities | 104,465.81 |
| Accounts Payable Total Accounts Payable | <u>-</u> |
| Accounts Payable Total Accounts Payable Other Current Liabilities | 104,465.81 |
| Accounts Payable Total Accounts Payable Other Current Liabilities Cafeteria Plan | 104,465.81 |
| Accounts Payable Total Accounts Payable Other Current Liabilities Cafeteria Plan Payroll Liabilities | 104,465.81 0.00 11.46 |
| Accounts Payable Total Accounts Payable Other Current Liabilities Cafeteria Plan Payroll Liabilities Total Other Current Liabilities Total Current Liabilities Long Term Liabilities | 104,465.81 0.00 11.46 11.46 104,477.27 |
| Accounts Payable Total Accounts Payable Other Current Liabilities Cafeteria Plan Payroll Liabilities Total Other Current Liabilities Total Current Liabilities | 104,465.81 0.00 11.46 11.46 |
| Accounts Payable Total Accounts Payable Other Current Liabilities Cafeteria Plan Payroll Liabilities Total Other Current Liabilities Total Current Liabilities Long Term Liabilities | 104,465.81 0.00 11.46 11.46 104,477.27 |
| Accounts Payable Total Accounts Payable Other Current Liabilities Cafeteria Plan Payroll Liabilities Total Other Current Liabilities Total Current Liabilities Long Term Liabilities SBA - EIDL | 104,465.81 0.00 11.46 11.46 104,477.27 136,559.71 |

11:32 AM 09/02/24 Accrual Basis

Hilton Head Island Concours d'Elegance, Inc. Balance Sheet

| | Dec 31, 23 |
|----------------------------|------------|
| Opening Bal Equity | 15,975.45 |
| Retained Earnings | 54,020.75 |
| Net Income | -12,908.56 |
| Total Equity | 57,087.64 |
| TOTAL LIABILITIES & EQUITY | 298,124.62 |

Hilton Head Island Concours d'Elegance, Inc. Balance Sheet

| | Dec 31, 22 |
|--|---------------------------------|
| ASSETS Current Assets Checking/Savings | |
| Cash On Hand SC Unemployment Reserve Synovus Bank Checking | 531.87 -903.52 180,466.35 |
| Total Checking/Savings | 180,094.70 |
| Accounts Receivable Accounts Receivable | 43,075.18 |
| Total Accounts Receivable | 43,075.18 |
| Other Current Assets Deposits - Current | 5,958.00 |
| Undeposited Funds | 4,204.50 |
| Total Other Current Assets | 10,162.50 |
| Total Current Assets | 233,332.38 |
| TOTAL ASSETS | 233,332.38 |
| LIABILITIES & EQUITY Liabilities Current Liabilities Accounts Payable Accounts Payable | 23,723.09 |
| Total Accounts Payable | 23,723.09 |
| Other Current Liabilities Cafeteria Plan | 0.00 |
| Payroll Liabilities | 495.42 |
| Total Other Current Liabilities | 495.42 |
| Total Current Liabilities | 24,218.51 |
| Long Term Liabilities SBA - EIDL | 139,117.67 |
| Total Long Term Liabilities | 139,117.67 |
| Total Liabilities | 163,336.18 |
| Equity Opening Bal Equity Retained Earnings | 15,975.45 205,819.40 |

11:32 AM 09/02/24 Accrual Basis

Hilton Head Island Concours d'Elegance, Inc. Balance Sheet

| | Dec 31, 22 |
|----------------------------|-------------|
| Net Income | -151,798.65 |
| Total Equity | 69,996.20 |
| TOTAL LIABILITIES & EQUITY | 233,332.38 |

Hilton Head Island Concours d'Elegance, Inc. Balance Sheet

| | Dec 31, 22 |
|---|--|
| ASSETS Current Assets | |
| Checking/Savings Cash On Hand | 531.87 |
| SC Unemployment Reserve | -903.52 |
| Synovus Bank Checking | 175,466.34 |
| Total Checking/Savings | 175,094.69 |
| Accounts Receivable Accounts Receivable | 43,075.18 |
| Total Accounts Receivable | 43,075.18 |
| Other Current Assets Deposits - Current | 5,958.00 |
| Undeposited Funds | 4,204.50 |
| Total Other Current Assets | 10,162.50 |
| Total Current Assets | 228,332.37 |
| TOTAL ASSETS | 228,332.37 |
| LIABILITIES & EQUITY Liabilities Current Liabilities Accounts Payable | 22 427 09 |
| Accounts Payable | 23,427.08 |
| Total Accounts Payable | 23,427.08 |
| Other Current Liabilities Cafeteria Plan | 0.00 |
| Payroll Liabilities | 495.42 |
| Total Other Current Liabilities | 495.42 |
| Total Current Liabilities | 23,922.50 |
| Long Term Liabilities SBA - EIDL | 140,622.95 |
| Total Long Term Liabilities | 140,622.95 |
| Total Liabilities | 164,545.45 |
| Equity Opening Bal Equity Retained Earnings Net Income | 15,975.45 204,314.12 -156,502.65 |
| Total Equity | 63,786.92 |
| TOTAL LIABILITIES & EQUITY | 228,332.37 |
| | |

| | Jan - Aug 24 |
|---|-------------------------|
| Ordinary Income/Expense | |
| Income Business Expo Tents Concours Charitable Fund (DYA) | 8,250.00 34,570.00 |
| Driving Tour Tickets | 5,190.00 |
| Exhibitor Registration Fees | 15,095.00 |
| Hospitality Events | 50.00 |
| Hospitality Other - Airport | 36,026.00 |
| Misc Income | 297.38 |
| Parking Fees - VIP Patrons | 1,900.00 57,650.00 |
| Program Advertising Public Funding | 10,700.00 140,571.50 |
| Retail Vendor Space Sponsors | 17,250.00 155,983.33 |
| Ticket Sales | 39,746.00 |
| Total Income | 523,279.21 |
| Gross Profit | 523,279.21 |
| Expense Administration | 70,698.02 |
| Auction | 119.97 |
| Event Production | 15,816.71 |
| Facilities | 30,446.07 |
| Marketing | 137,733.09 |
| Merchandise | 815.00 |
| Payroll Expenses | 169,385.35 |
| Sponsor Solicitation | 7,550.00 |
| Ticketing | 475.00 |
| void Volunteers | 0.00 948.19 |

| | Jan - Aug 24 |
|--|--------------|
| Total Expense | 433,987.40 |
| Net Ordinary Income | 89,291.81 |
| Other Income/Expense Other Expense CONTRIBUTIONS | 40,400.00 |
| InterestExpense | 1,896.00 |
| Total Other Expense | 42,296.00 |
| Net Other Income | -42,296.00 |
| Net Income | 46,995.81 |

| | Jan - Aug 24 |
|---|-------------------------|
| Ordinary Income/Expense | |
| Income Business Expo Tents Concours Charitable Fund (DYA) | 8,250.00 34,570.00 |
| Driving Tour Tickets | 5,190.00 |
| Exhibitor Registration Fees | 15,095.00 |
| Hospitality Events | 50.00 |
| Hospitality Other - Airport | 36,026.00 |
| Misc Income | 297.38 |
| Parking Fees - VIP Patrons | 1,900.00 57,650.00 |
| Program Advertising Public Funding | 10,700.00 140,571.50 |
| Retail Vendor Space Sponsors | 17,250.00 155,983.33 |
| Ticket Sales | 39,746.00 |
| Total Income | 523,279.21 |
| Gross Profit | 523,279.21 |
| Expense Administration | 70,698.02 |
| Auction | 119.97 |
| Event Production | 15,816.71 |
| Facilities | 30,446.07 |
| Marketing | 137,733.09 |
| Merchandise | 815.00 |
| Payroll Expenses | 169,385.35 |
| Sponsor Solicitation | 7,550.00 |
| Ticketing | 475.00 |
| void Volunteers | 0.00 948.19 |

| | Jan - Aug 24 |
|--|--------------|
| Total Expense | 433,987.40 |
| Net Ordinary Income | 89,291.81 |
| Other Income/Expense Other Expense CONTRIBUTIONS | 40,400.00 |
| InterestExpense | 1,896.00 |
| Total Other Expense | 42,296.00 |
| Net Other Income | -42,296.00 |
| Net Income | 46,995.81 |

| | Jan - Dec 23 |
|--|--|
| Ordinary Income/Expense | |
| Income Award Sponsors Banner Sales Beverage Sales Business Expo Tents Concours Charitable Fund (DYA) | 4,500.00 500.00 9,231.00 7,250.00 120,948.31 |
| Driving Tour Tickets | 10,813.00 |
| Exhibitor Registration Fees | 19,710.00 |
| Hospitality Other - Airport | 91,315.50 |
| Interest Income Merchandise Sales | 14.45 15,045.64 |
| Misc Income | 0.00 |
| Parking Fees - VIP Patrons | 7,000.00 116,666.50 |
| Program Advertising Public Funding | 32,500.00 425,532.28 |
| Retail Vendor Space Sponsors | 18,700.00 364,603.83 |
| Ticket Sales | 224,868.06 |
| Total Income | 1,469,198.57 |
| Gross Profit | 1,469,198.57 |
| Expense Administration | 126,616.42 |
| Charitable Fund | 16,599.66 |
| Event Production | 204,135.64 |
| Facilities | 261,371.48 |
| Hospitality | 70,854.48 |
| Marketing | 371,307.64 |
| Merchandise | 19,024.83 |
| Payroll Expenses | 249,489.52 |
| Sponsor Solicitation | 78,270.25 |

| | Jan - Dec 23 |
|--|-------------------|
| Ticketing | 19,783.14 |
| void Volunteers | 0.00 13,446.58 |
| Total Expense | 1,430,899.64 |
| Net Ordinary Income | 38,298.93 |
| Other Income/Expense Other Expense CONTRIBUTIONS | 46,188.00 |
| InterestExpense | 5,019.49 |
| Total Other Expense | 51,207.49 |
| Net Other Income | -51,207.49 |
| Net Income | -12,908.56 |

| | Jan - Dec 22 |
|--|---|
| Ordinary Income/Expense | |
| Income Award Sponsors Banner Sales Beverage Sales Concours Charitable Fund (DYA) | 2,000.00 500.00 7,873.57 66,574.75 |
| Driving Tour Tickets | 7,570.00 |
| Exhibitor Registration Fees | 7,050.00 |
| Hospitality Events | 16,093.75 |
| Hospitality Other - Airport | 132,771.29 |
| Merchandise Sales | 13,116.68 |
| Misc Income | 0.10 |
| Patrons | 110,907.50 |
| Program Advertising Public Funding | 27,450.00 347,340.00 |
| Retail Vendor Space Sponsors | 12,550.00 355,700.00 |
| Ticket Sales | 247,426.00 |
| Total Income | 1,354,923.64 |
| Gross Profit | 1,354,923.64 |
| Expense Administration | 135,099.00 |
| Charitable Fund | 4,459.21 |
| Event Production | 201,520.35 |
| Facilities | 315,010.66 |
| Hospitality | 86,690.44 |
| Marketing | 313,911.50 |
| Merchandise | 12,338.60 |
| Payroll Expenses | 243,285.40 |
| Savannah Events Sponsor Solicitation | 2,863.70 79,460.74 |

| | Jan - Dec 22 |
|--|-------------------|
| Ticketing | 22,138.18 |
| void Volunteers | 0.00 13,477.33 |
| Total Expense | 1,430,255.11 |
| Net Ordinary Income | -75,331.47 |
| Other Income/Expense Other Expense CONTRIBUTIONS | 73,451.00 |
| InterestExpense | 3,016.18 |
| Total Other Expense | 76,467.18 |
| Net Other Income | -76,467.18 |
| Net Income | -151,798.65 |

| | Jan - Dec 22 |
|--|---------------------------------|
| Ordinary Income/Expense | |
| Income Award Sponsors Banner Sales Beverage Sales Concours Charitable Fund (DYA) | 2,000 500 7,874 66,575 |
| Driving Tour Tickets | 7,570 |
| Exhibitor Registration Fees | 7,050 |
| Hospitality Events | 16,094 |
| Hospitality Other - Airport | 132,771 |
| Merchandise Sales | 13,117 |
| Misc Income | 0 |
| Patrons | 110,908 |
| Program Advertising Public Funding | 27,450 347,340 |
| Retail Vendor Space Sponsors | 12,550 355,700 |
| Ticket Sales | 247,426 |
| Total Income | 1,354,924 |
| Gross Profit | 1,354,924 |
| Expense Administration | 135,053 |
| Charitable Fund | 4,459 |
| Event Production | 201,520 |
| Facilities | 315,011 |
| Hospitality | 86,690 |
| Marketing | 313,912 |
| Merchandise | 12,339 |
| Payroll Expenses | 243,285 |
| Savannah Events Sponsor Solicitation | 2,864 79,461 |
| Ticketing | 22,138 |
| void Volunteers | 0 13,477 |
| Total Expense | 1,430,209 |
| Net Ordinary Income | -75,285 |
| Other Income/Expense Other Expense | 70 204 |
| CONTRIBUTIONS | 78,201 |
| InterestExpense | 3,016 |
| Total Other Expense | 81,217 |
| Net Other Income | -81,217 |
| et Income | -156,503 |

EXTERNAL USE - PUBLIC INSPECTION COPY Return of Organization Exempt From Income Tax

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

OMB No. 1545-0047 Open to Public

Department of the Treasury Internal Revenue Service

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

| ΑF | or the | 2022 calendar year, or tax year beginning | and | d ending | | |
|--------------|---------------------------------------|--|--------------------------------------|----------------|-----------------------------|-------------------------------|
| B c | heck if pplicable | HILTON HEAD ISLAND CONG | COURS D'ELEGANC | Ε, | D Employer identifi | cation number |
| | Addres | INC. | | | | |
| | Name change | Doing business as | | | **-***77 | 59 |
| | Initial return Final return/ | Number and street (or P.O. box if mail is not de 1 CARDINAL ROAD | livered to street address) | Room/suite 16 | E Telephone number 843-785- | |
| | termin ated | City or town, state or province, country, and | ZIP or foreign postal code | • | G Gross receipts \$ | 1,354,925. |
| | Ameno | | 29926 | | H(a) Is this a group r | eturn |
| | Applic tion | F Name and address of principal officer: AUD | ERT LEE | | | ? Yes X No |
| | pendir | SAME AS C ABOVE | | | H(b) Are all subordinates i | |
| ΙĪ | ax-exe | empt status: X 501(c)(3) 501(c) () | (insert no.) 4947(a)(1) | or 527 | 1 | list. See instructions |
| | Vebsit | | | | H(c) Group exemption | |
| K F | orm of | organization: X Corporation Trust As | sociation Other | L Year | | M State of legal domicile: SC |
| Pa | art I | Summary | | | | g |
| | 1 | Briefly describe the organization's mission or most | significant activities: ANNU | JAL AUT | O SHOW & MO | TORING |
| Governance | | FESTIVAL LOCATED ON HILTOI | | | | |
| nar | 2 | Check this box if the organization disco | ntinued its operations or dispo | sed of more | than 25% of its net as | sets. |
| Ve | 3 | Number of voting members of the governing body | • | | 3 | 17 |
| ဇိ | 4 | Number of independent voting members of the gov | | | | 17 |
| ళ | | Total number of individuals employed in calendar y | | | | 5 |
| Ęį | | Total number of volunteers (estimate if necessary) | | | | 400 |
| Activities & | I | Total unrelated business revenue from Part VIII, co | | | 7a | 07 450 |
| ď | I | Net unrelated business taxable income from Form | | | | _ |
| | | | , | | Prior Year | Current Year |
| _ | 8 | Contributions and grants (Part VIII, line 1h) | | | 420,915. | 347,340. |
| Revenue | l | | | | 647,918. | 925,563. |
| š | l | Investment income (Part VIII, column (A), lines 3, 4, | | | 0. | 0. |
| æ | | Other revenue (Part VIII, column (A), lines 5, 6d, 8c | | | 314,290. | 69,683. |
| | l | Total revenue - add lines 8 through 11 (must equal | | | 1,383,123. | |
| | | Grants and similar amounts paid (Part IX, column (| | | 27,949. | <u> </u> |
| | l | Benefits paid to or for members (Part IX, column (A | | | 0. | 0. |
| " | 45 | Salaries, other compensation, employee benefits (F | | | 223,983. | 242,998. |
| Expenses | 16a | Professional fundraising fees (Part IX, column (A), I | | | 0. | 0. |
| ben | b | Total fundraising expenses (Part IX, column (D), line | | 0. | - | |
| Ä | 17 | Other expenses (Part IX, column (A), lines 11a-11d, | · — | | 1,080,809. | 1,174,892. |
| | | Total expenses. Add lines 13-17 (must equal Part I) | | | 1,332,741. | |
| | I | Revenue less expenses. Subtract line 18 from line | | | 50,382. | -156,505. |
| P S | | <u> </u> | | Ве | ginning of Current Year | End of Year |
| t Assets or | 20 | Total assets (Part X, line 16) | | | 386,265. | 228,332. |
| ASS | 21 | Total liabilities (Part X, line 26) | | | 166,476. | 164,545. |
| Net | | Net assets or fund balances. Subtract line 21 from | line 20 | | 219,789. | 63,787. |
| _ | rt II | Signature Block | | | · | |
| Und | er pena | lties of perjury, I declare that I have examined this return, | including accompanying schedule | es and stateme | ents, and to the best of m | y knowledge and belief, it is |
| true, | correc | t, and complete. Declaration of preparer (other than office | er) is based on all information of w | hich preparer | has any knowledge. | |
| | | | | | | |
| Sigi | n | Signature of officer | | | Date | |
| Her | | ROBERT LEE, TREASURER | | | | |
| | | Type or print name and title | | | | |
| | | Print/Type preparer's name | Preparer's signature | | Date Check | PTIN |
| Paid | | MICHAEL R. PUTICH, CPA | | 1 | .1/08/23 if self-emplo | P00853466 |
| | | MICHAEL R. IUIICH, CIA | | | | |
| Prep | | Firm's name ROBINSON GRANT & | CO., P.A. | <u> </u> | | *-***5924 |
| | l oarer Only | | CO., P.A. | | | |
| | arer | Firm's name ROBINSON GRANT & | | | Firm's EIN * | |

HILTON HEAD ISLAND CONCOURS D'ELEGANCE, INC. **-***7759 Page 2 Part III | Statement of Program Service Accomplishments Check if Schedule O contains a response or note to any line in this Part III Briefly describe the organization's mission: THE CONCOURS EVENT IS HELD ANNUALLY ON HILTON HEAD ISLAND, SC AND DISPLAYS HISTORICAL AND SIGNIFICANT AUTOMOBILES FOR THE PURPOSE OF EDUCATING THE PUBLIC ON THE AUTOMOTIVE INDUSTRY ORIGIN, DEVELOPMENT AND CONTRIBUTION TO HISTORY Did the organization undertake any significant program services during the year which were not listed on the Yes X No prior Form 990 or 990-EZ? If "Yes," describe these new services on Schedule O. Did the organization cease conducting, or make significant changes in how it conducts, any program services? _______ Yes X No If "Yes," describe these changes on Schedule O. Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported. 1,342,586. (Code:) (Expenses \$ 1,311,657 • including grants of \$) (Revenue \$ PRODUCTION OF A WEEK-LONG FESTIVAL MOTOR SHOW THAT FOCUSES UPON AUTOMOBILES AND OTHER VARIOUS METHODS OF TRANSPORTATION AND WHICH IS OPEN AND AVAILABLE TO THE GENERAL PUBLIC. 70,200. including grants of \$ 70,200.) (Revenue \$) (Expenses \$ PAYMENT OF GRANTS TO LOCAL NOT-FOR-PROFIT ORGANIZATIONS (Code:) (Expenses \$ including grants of \$) (Revenue \$

4d Other program services (Describe on Schedule O.)

(Expenses \$\frac{1}{2.01} \text{ (Revenue \$}\frac{1}{2.01} \text{ (Percentage of \$\frac{1}{2.01} \text{ (Per

4e Total program service expenses 1,381,857.

Form 990 (2022) INC. Part IV Checklist of Required Schedules

| | | | Yes | No |
|-----|--|--------|-----|--------------|
| 1 | Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? | | 37 | |
| | If "Yes," complete Schedule A | 1 | X | |
| 2 | Is the organization required to complete Schedule B, Schedule of Contributors? See instructions | 2 | X | |
| 3 | Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for | | | ,, |
| | public office? If "Yes," complete Schedule C, Part I | 3 | | X |
| 4 | Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect | _ | | , |
| _ | during the tax year? If "Yes," complete Schedule C, Part II | 4 | | X |
| 5 | Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or | _ | | , v |
| _ | similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III | 5 | | X |
| 6 | Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to | | | ₩ |
| _ | provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I | 6 | | X |
| 7 | Did the organization receive or hold a conservation easement, including easements to preserve open space, | _ | | x |
| _ | the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II | 7 | | |
| 8 | Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete | | | x |
| _ | Schedule D, Part III | 8 | | |
| 9 | Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for | | | |
| | amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? | _ | | _v |
| 40 | If "Yes," complete Schedule D, Part IV | 9 | | X |
| 10 | Did the organization, directly or through a related organization, hold assets in donor-restricted endowments | 40 | | x |
| | or in quasi endowments? If "Yes," complete Schedule D, Part V | 10 | | _ |
| 11 | If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X, | | | |
| | as applicable. | | | |
| а | Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, | | | , . |
| | Part VI | 11a | | X |
| D | Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total | 441. | | x |
| | assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII | 11b | | |
| С | Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total | 44- | | x |
| ٦ | assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII | 11c | | <u> </u> |
| u | 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 | 11d | | x |
| _ | Part X, line 16? If "Yes," complete Schedule D, Part IX Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X | 11e | Х | 122 |
| f | | 116 | 21 | |
| • | Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X | 11f | | x |
| 122 | Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete | - ' '' | | |
| 124 | , | 12a | | x |
| h | Schedule D, Parts XI and XII Was the organization included in consolidated, independent audited financial statements for the tax year? | IZa | | |
| b | | 12b | | x |
| 13 | If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E | 13 | | X |
| | Did the organization maintain an office, employees, or agents outside of the United States? | 14a | | X |
| | Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, | 174 | | |
| | investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 | | | |
| | or more? If "Yes," complete Schedule F, Parts I and IV | 14b | | x |
| 15 | Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any | | | |
| | foreign organization? If "Yes," complete Schedule F, Parts II and IV | 15 | | x |
| 16 | Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to | | | |
| | or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV | 16 | | x |
| 17 | Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, | | | |
| | column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions | 17 | | x |
| 18 | Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines | | | |
| | 1c and 8a? If "Yes," complete Schedule G, Part II | 18 | X | L |
| 19 | Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes." | | | |
| | complete Schedule G, Part III | 19 | | х |
| 20a | Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H | 20a | | Х |
| | If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? | 20b | | |
| 21 | Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or | | | |
| | domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II | 21 | | х |

HILTON HEAD ISLAND CONCOURS D'ELEGANCE, INC **-***7759 Page 4 Form 990 (2022) Part IV | Checklist of Required Schedules (continued) Yes No Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III Х 22 23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes." complete X 23 Schedule J 24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Х Schedule K. If "No," go to line 25a 24a b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? 24b Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? 24c d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? 24d 25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I 25a Х b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Х 25b 26 Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% Х 26 controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III Х 27 28 Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV, instructions for applicable filing thresholds, conditions, and exceptions): A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If Х "Yes." complete Schedule L, Part IV 28a X **b** A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV 28b A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If 28c "Yes," complete Schedule L, Part IV 29 29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M 30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M 30 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I Х 31 31 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes." complete 32 Х Schedule N, Part II Did the organization own 100% of an entity disregarded as separate from the organization under Regulations Х sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I 33 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and 34 35a Did the organization have a controlled entity within the meaning of section 512(b)(13)? 35a b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 35b Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? Х If "Yes," complete Schedule R, Part V, line 2 36

Note: All Form 990 filers are required to complete Schedule O Part V Statements Regarding Other IRS Filings and Tax Compliance

Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI

Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?

| | Check if Schedule O contains a response or note to any line in this Part V | | | | | |
|--|---|----|----|----|-----|----|
| | | | | | Yes | No |
| 1a | Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable | 1a | 10 | | | |
| b | Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable | 1b | 0 | | | |
| c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming | | | | | | |
| | (gambling) winnings to prize winners? | | | 1c | X | |

Х

Х

37

38

Page 5

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

If "Yes," complete Form 6069.

Form 990 (2022)

INC.

-*7759

6 ans

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 | | | | X |
|-----|---|----------------------------|------------|---------|-------------|
| Sec | tion A. Governing Body and Management | | | | |
| | | | | Yes | No |
| 1a | Enter the number of voting members of the governing body at the end of the tax year | 1a 1' | 7 | | |
| | If there are material differences in voting rights among members of the governing body, or if the governing | | | | |
| | body delegated broad authority to an executive committee or similar committee, explain on Schedule O. | | | | |
| b | Enter the number of voting members included on line 1a, above, who are independent | 1b 1' | 7 | | |
| 2 | Did any officer, director, trustee, or key employee have a family relationship or a business relationship | • | | | |
| | officer, director, trustee, or key employee? | | 2 | | х |
| 3 | Did the organization delegate control over management duties customarily performed by or under the | | | | |
| | | | 3 | | х |
| 4 | Did the organization make any significant changes to its governing documents since the prior Form 99 | | 4 | | Х |
| 5 | Did the organization become aware during the year of a significant diversion of the organization's asset | | 5 | | Х |
| 6 | Did the organization have members or stockholders? | | 6 | | Х |
| 7a | Did the organization have members, stockholders, or other persons who had the power to elect or app | | " | | |
| 74 | more members of the governing body? | | 7a | | x |
| h | Are any governance decisions of the organization reserved to (or subject to approval by) members, sto | | 'a | | |
| b | | | 7b | | x |
| 8 | persons other than the governing body? Did the organization contemporaneously document the meetings held or written actions undertaken during the year | | 75 | | |
| | The governing body? | , | 0.0 | Х | |
| a | | | 8a 8b | X | |
| b | Each committee with authority to act on behalf of the governing body? | | OD | - 22 | |
| 9 | Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reach approximation to resilient address 2 (47) 4 (47) | | 9 | | x |
| Sec | organization's mailing address? If "Yes." provide the names and addresses on Schedule O | | 9 | | _ 2\ |
| 000 | tion B. Policies (This Section B requests information about policies not required by the Internal Rev | enue Coae.) | | Yes | No |
| 100 | Did the organization have local chapters, branches, or affiliates? | | 10a | 162 | X |
| | Did the organization have local chapters, branches, or affiliates? If "Yes," did the organization have written policies and procedures governing the activities of such cha | | 100 | | 1 |
| b | | | 10b | | |
| 110 | Has the organization provided a complete copy of this Form 990 to all members of its governing body | hefore filing the form? | 11a | | Х |
| b | Describe on Schedule O the process, if any, used by the organization to review this Form 990. | before filling the form: | 1 Ia | | |
| 12a | Did the organization have a written conflict of interest policy? If "No," go to line 13 | | 12a | | х |
| b | Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise | | 12b | | 1 |
| | Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Y(| | 120 | | |
| С | | • | 12c | | |
| 13 | on Schedule O how this was done Did the organization have a written whistleblower policy? | | 13 | | Х |
| 14 | Did the organization have a written whistleblower policy? Did the organization have a written document retention and destruction policy? | | 14 | | X |
| 15 | | | 14 | | |
| 15 | Did the process for determining compensation of the following persons include a review and approval persons, comparability data, and contemporaneous substantiation of the deliberation and decision? | | | | |
| • | The organization's CEO, Executive Director, or top management official | | 150 | х | |
| | | | 15a 15b | 21 | Х |
| b | Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions. | | 130 | | |
| 160 | Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangem | ont with a | | | |
| 10a | Associate and the decision than a second | | 16a | | х |
| h | If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate | | 104 | | |
| b | in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organi | | | | |
| | exempt status with respect to such arrangements? | | 16b | | |
| Sec | tion C. Disclosure | | 100 | l | |
| 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, an | d 990-T (section 501/c)/3 | ls only) | availal | ble |
| 10 | for public inspection. Indicate how you made these available. Check all that apply. | a 550 1 (500tion 501(6)(5 | orny) | avallal | OIC |
| | | on Schedule O) | | | |
| 19 | Describe on Schedule O whether (and if so, how) the organization made its governing documents, cor | , | d finan | cial | |
| 19 | statements available to the public during the tax year. | mor or interest policy, at | u iiiail | oiai | |
| 20 | State the name, address, and telephone number of the person who possesses the organization's bool | ve and records | | | |
| 20 | BOB LEE - 843-785-5747 | va and records | | | |
| | 1 CARDINAL ROAD, SUITE #16, HILTON HEAD ISLAND, SC | 29926 | | | |
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| INC. | | | | | **-***7759 | Page 7 |
| | | | | | | |

Form 990 (2022) Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated **Employees, and Independent Contractors**

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

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

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

| Check this box if neither the organization no | or any related | orga | niza | tion | con | nper | sate | ed any current officer, d | irector, or trustee. | | | |
|---|-------------------|--------------------------------------|---------------------------|---------|--------------|---------------------------------|--------|---------------------------------|------------------------------|--------------------------|--|--|
| (A) | (B) | (C) | | | | | | (D) | (E) | (F) | | |
| Name and title | Average | Position (do not check more than one | | | | | nne | Reportable | Reportable | Estimated | | |
| | hours per | box, unless person is both an | | | | | n an | compensation | compensation | amount of | | |
| | week | officer and a director/trustee) | | | | | | from | from related | other | | |
| | (list any | irecto | | | | | | the | organizations | compensation | | |
| | hours for related | e or d | tee | | | sated | | organization (W-2/1099-MISC/ | (W-2/1099-MISC/ 1099-NEC) | from the organization | | |
| | organizations | ruste | ll trus | | ee/ | mpen | | 1099-NEC) | 1099-1120) | and related | | |
| | below | Individual trustee or director | In stit utio nal tru stee | Ji. | Key employee | st co | -e | 1355 1.25, | | organizations | | |
| | line) | Indivi | Instit | Officer | Key e | Highest compensated employee | Former | | | | | |
| (1) LINDSEY HARRELL | 40.00 | | | | | | | | | | | |
| PRESIDENT | | X | | Х | | | | 100,752. | 0. | 0. | | |
| (2) MEREDITH HARLACHER | 5.00 | | | | | | | | | | | |
| CHAIRMAN | | X | | Х | | | | 0. | 0. | 0. | | |
| (3) BOB LEE | 20.00 | | | | | | | | | | | |
| TREASURER | | Х | | Х | | | | 0. | 0. | 0. | | |
| (4) TRUITT RABUN | 5.00 | | | | | | | | | | | |
| SECRETARY | | Х | | Х | | | | 0. | 0. | 0. | | |
| (5) MIKE MCCLELLAND | 5.00 | | | | | | | | | | | |
| BOARD MEMBER | | Х | | | | | | 0. | 0. | 0. | | |
| (6) LAWRENCE KOCH | 5.00 | | | | | | | _ | _ | _ | | |
| BOARD MEMBER | | Х | | | | | | 0. | 0. | 0. | | |
| (7) JOYCE CARLTON | 5.00 | | | | | | | _ | _ | _ | | |
| BOARD MEMBER | | Х | | | | | | 0. | 0. | 0. | | |
| (8) PAUL IANUARIO | 5.00 | | | | | | | _ | _ | _ | | |
| BOARD MEMBER | | Х | | | | | | 0. | 0. | 0. | | |
| (9) WALTER NESTER | 5.00 | | | | | | | _ | | | | |
| BOARD MEMBER | | Х | | | | | | 0. | 0. | 0. | | |
| (10) LEE NINER | 5.00 | | | | | | | _ | | _ | | |
| BOARD MEMBER | | Х | | | | | | 0. | 0. | 0. | | |
| (11) DENNIS WRIGHT | 5.00 | | | | | | | | | | | |
| BOARD MEMBER | | Х | | | | | | 0. | 0. | 0. | | |
| (12) ELKE MARTIN | 5.00 | | | | | | | | • | • | | |
| BOARD MEMBER | F 00 | Х | | | | | | 0. | 0. | 0. | | |
| (13) ERIK DOERRING | 5.00 | | | | | | | | • | | | |
| BOARD MEMBER | F 00 | Х | | | | | | 0. | 0. | 0. | | |
| (14) PAUL BOES | 5.00 | ., | | | | | | | | • | | |
| BOARD MEMBER | F 00 | Х | | | | | | 0. | 0. | 0. | | |
| (15) CARROL JENSEN | 5.00 | 3,7 | | | | | | | 0 | • | | |
| BOARD MEMBER | E 00 | Х | \vdash | | | | | 0. | 0. | 0. | | |
| (16) BILL SCMITT BOARD MEMBER | 5.00 | v | | | | | | 0. | | 0 | | |
| (17) STEWART BROWN | 5.00 | Х | | | | - | | 0. | 0. | 0. | | |
| BOARD MEMBER | 3.00 | Х | | | | | | 0. | 0. | 0 | | |
| DOWN MEMDER | <u> </u> | Λ | L | | | | l | <u> </u> | J U • | 0. | | |

Form **990** (2022) 232007 12-13-22

| (A) Name and title Average hours per week water and the position per week water and the companies of the co | Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued) | | | | | | | | | | | | | | |
|---|---|--|--|-------------------------------|---------|--------|----------|---------------|----------|---------------------------|-------------------|----------------|-----------|--------|----------|
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| The Subtotal The | | Name and title | Average | verage Position | | | | | nne | Reportable Reportable | | | Es | timate | ed |
| Subtotal 100,752. | | | • | box, unless person is both an | | | | | an | compensation compensation | | | amount of | | |
| hours for related organizations below below line) 15 Subtotal 16 Subtotal 17 Total (add lines 15 and 16) 27 Total amount of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization size and related organizations and related organizations. 18 Subtotal 19 Total (add lines 15 and 16) 28 Total amount of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization size are than \$150,000? If "Yes," complete Schedule J for such individual of services and related organizations greater than \$150,000? If "Yes, "complete Schedule J for such individual for services and related organizations greater than \$150,000? If "Yes, "complete Schedule J for such person. (A) NONE Description of services Compensation Report compensation from the organization from the organization from the organization. Report compensation from the organization from the organization from the organization. Report compensation from the organization from the organization. Report compensation from the organization is tax year. (A) NONE Description of services Compensation | | | | | cer an | a a a | Irecto | or/trus | iee) | | | | | | |
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| 1b Subtotal 1 | | | | rustee | l trust | | ee ee | n pen | | | 1099-NEC) | | • | | |
| 1b Subtotal 1 | | | " | dual t | rtio na | _ | nploy | st cor | - | 1033 (420) | | | | | |
| 1b Subtotal 1 | | | line) | ndivic | nstit | Office | ey en | Highe mplo | -0 m 6 | | | | 0.90 | | |
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| Total (add lines 1b and 1c) Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization list any former officer, director, trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person Section B. Independent Contractors Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year. (A) NONE Description of services Compensation | | | | | | | | | | | | | | | |
| Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization Yes No | | | | | | | | | | _ | | | | | |
| compensation from the organization Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person | | | | | | | | | | | 000 of reportable | | | | <u> </u> |
| 3 Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual 4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual 5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person 5 X Section B. Independent Contractors 1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year. (A) (B) (C) Name and business address NONE Description of services Compensation | 2 | • | ot illilited to th | ose | IISLE | u au | ove | ;) vvi i | o re | ceived more than \$100, | ooo or reportable | | | | 1 |
| 3 Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual 4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual 5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person 5 X Section B. Independent Contractors 1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year. (A) (B) (C) Compensation None and business address None Description of services | | compensation from the organization | | | | | | | | | | | | Ves | |
| line 1a? If "Yes," complete Schedule J for such individual 4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual 5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person 5 X Section B. Independent Contractors 1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year. (A) (B) (C) Compensation Compensation | 2 | Did the examination list any former officer | divactor to ot | ا مما | | امصا | 0.10 | | bia. | haat aammanaatad amal | 0,400 00 | Г | | 103 | 140 |
| 4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual 4 X 5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person 5 X Section B. Independent Contractors 1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year. (A) (B) (C) Name and business address NONE Description of services Compensation | 3 | | | | | | | | | | | | _ | | v |
| and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual | | | | | | | | | | | | ··· | 3 | | |
| 5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person Section B. Independent Contractors 1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year. (A) (B) (C) Compensation Compensation | 4 | · | | | | | | | | | | | | v | |
| rendered to the organization? If "Yes," complete Schedule J for such person Section B. Independent Contractors 1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year. (A) (B) (C) Compensation None Description of services | _ | | | | | | | | | | | ···· | 4 | | Λ |
| Section B. Independent Contractors 1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year. (A) (B) (C) Compensation Compensation | 5 | · · · · · · · · · · · · · · · · · · · | | | | | | | | | | _ | | v | |
| 1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year. (A) (B) (C) Compensation Compensation | Soc | | | | | | | | | | | | | Λ | |
| the organization. Report compensation for the calendar year ending with or within the organization's tax year. (A) (B) (C) Compensation Name and business address NONE Description of services Compensation | | · | | | | | | | 41. | | 100 000 of comm | | : 4 | | |
| (A) Name and business address NONE (B) Description of services (C) Compensation | 1 | | | | | | | | | | | ensati | ion irc | om | |
| Name and business address NONE Description of services Compensation | | <u> </u> | | | | | | | | | | | (0) | | |
| | | | NONE | | | | | | | | | | | | |
| 2 Total number of independent contractors (including but not limited to those listed above) who received more than | | | | 147 |)IN I | | | | \dashv | 2 2 2 2 3 1 2 1 2 1 2 | - | | | | |
| 2 Total number of independent contractors (including but not limited to those listed above) who received more than | | | | | | | | | | | | | | | |
| 2 Total number of independent contractors (including but not limited to those listed above) who received more than | | | | | | | | | - | | | | | | |
| 2 Total number of independent contractors (including but not limited to those listed above) who received more than | | | | | | | | | | | | | | | |
| Total number of independent contractors (including but not limited to those listed above) who received more than | | | | | | | | | \dashv | | + | | | | |
| 2 Total number of independent contractors (including but not limited to those listed above) who received more than | | | | | | | | | | | | | | | |
| Total number of independent contractors (including but not limited to those listed above) who received more than | | | | | | | | | \dashv | | + | | | | |
| Total number of independent contractors (including but not limited to those listed above) who received more than | | | | | | | | | | | | | | | |
| Total number of independent contractors (including but not limited to those listed above) who received more than | | | | | | | | | \dashv | | | | | | |
| 2 Total number of independent contractors (including but not limited to those listed above) who received more than | | | | | | | | | | | | | | | |
| 2 lotal number of independent contractors (including but not limited to those listed above) who received more than | | Total country of the state of t | and the setting of th | - 1 | | | | | | -1 | 11 | | | | |
| \$100,000 of compensation from the organization | 2 | | | ot III | ilitec | 101 | _ | | ıea | above) who received mo | ore man | | | | |

\$100,000 of compensation from the organization

Page 9

Form 990 (2022) INC.
Part VIII | Statement of Revenue

| ı a | | ••• | Check if Schedule O | | | resnonse (| or note to any lin | e in this Part VIII | | | |
|--|----|-----|--|-----------|--------------------|-------------|----------------------|---------------------|-------------------|------------------|------------------------------------|
| | | | Crieck ii Scriedule O (| JUITE | <u> </u> | esponse (| or note to any iin | (A) | (B) | (C) | (D) |
| | | | | | | | | Total revenue | Related or exempt | Unrelated | Revenue excluded from tax under |
| | | | | | | | | | function revenue | business revenue | sections 512 - 514 |
| တ္ တ | 1 | a | Federated campaigns | | | 1a | | | | | |
| Contributions, Gifts, Grants and Other Similar Amounts | | | Membership dues | | | 1b | | | | | |
| ₽,E | | | Fundraising events | | | 1c | | | | | |
| ifts ar A | | | Related organizations | | | 1d | | | | | |
| s, G | | | Government grants (contr | | | | 347,340. | | | | |
| Sign | | | All other contributions, gifts, | | | | | | | | |
| but | | | similar amounts not included | | | 1f | | | | | |
| d di | | g | Noncash contributions included in | lines 1 | la-1f | 1g \$ | | | | | |
| Co | | h | Total. Add lines 1a-1f | | | | | 347,340. | | | |
| | | | | | | | Business Code | | | | |
| ė | 2 | а | SPONSORSHIP I | NC | OME | | 900099 | 355,700. | 355,700. | | |
| r vic | | | EVENT TICKET | | | | 900099 | 247,426. | 247,426. | | |
| Se | | С | HOSPITALITY E | VE | NTS | /INC | 900099 | 156,739. | 156,739. | | |
| Program Service Revenue | | | PATRON INCOME | | | | 990099 | 110,908. | 110,908. | | |
| ogr B | | е | DRIVING YOUNG | A | MER] | [CA_ | 900099 | 40,170. | 40,170. | | |
| P | | f | All other program service | rever | nue | | 900099 | 14,620. | 14,620. | | |
| | | g | Total. Add lines 2a-2f | | | | | 925,563. | | | |
| | 3 | | Investment income (include | ling (| dividen | nds, intere | st, and | | | | |
| | | | | | | | | | | | |
| | 4 | | Income from investment of | of tax | -exem _l | pt bond p | roceeds | | | | |
| | 5 | | Royalties | . <u></u> | | | | | | | |
| | | | | | (i) | Real | (ii) Personal | | | | |
| | 6 | а | Gross rents | 6a | | | | | | | |
| | | | Less: rental expenses | 6b | | | | | | | |
| | | | Rental income or (loss) | 6с | | | | | | | |
| | | | Net rental income or (loss) |) <u></u> | | | (") OH | | | | |
| | 7 | а | Gross amount from sales of | | (1) Se | ecurities | (ii) Other | | | | |
| | | | assets other than inventory | 7a | | | | | | | |
| 4 | | b | Less: cost or other basis | | | | | | | | |
| nue l | | | and sales expenses | 7b 7c | | | | | | | |
| Revenue | | | Gain or (loss) | | | | | | | | |
| er B | | | Net gain or (loss) | | | | | | | | |
| Othe | 8 | | Gross income from fundraising including \$ | ig ev | ents (n | | | | | | |
| 0 | | | contributions reported on | lino | 10) 80 | of | | | | | |
| | | | • | | , | | 26,405. | | | | |
| | | b | Part IV, line 18 | | | 8b | 0. | | | | |
| | | | Net income or (loss) from | fund | raisina | | | 26,405. | | | 26,405. |
| | 9 | | Gross income from gamin | | | | | | | | |
| | • | _ | Part IV, line 19 | - | | | | | | | |
| | | b | Less: direct expenses | | | | | | | | |
| | | | Net income or (loss) from | | | | | | | | |
| | 10 | | Gross sales of inventory, I | | | | | | | | |
| | | | and allowances | | | | 13,117. | | | | |
| | | b | Less: cost of goods sold | | | | | | | | |
| | | | Net income or (loss) from | | | | | 778. | 778. | | |
| , | | | | | | | Business Code | | | | |
| sno e | 11 | а | PROGRAM ADVER | TI: | SIN | 3 IN | 541800 | 27,450. | | 27,450. | |
| ane | | | RETAIL VENDOR | | | | 990099 | 12,550. | 12,550. | | |
| Miscellaneous Revenue | | С | MISCELLANEOUS | O | THE | RE | 990099 | 2,500. | 2,500. | | |
| Misc B | | d | All other revenue | | | | | | | | |
| | | е | Total. Add lines 11a-11d | | | | | 42,500. | | | |
| | 12 | | Total revenue. See instruction | ns | | | | 1,342,586. | 941,391. | 27,450. | 26,405. |

Form 990 (2022) INC. Part IX Statement of Functional Expenses

| Conti | on E01(a)(2) and E01(a)(4) arganizations must come | aloto all columns. All othe | or organizations must con | anlata calumn (A) | |
|-------|---|-----------------------------|------------------------------------|---------------------------------|----------------------|
| Secti | on 501(c)(3) and 501(c)(4) organizations must comp | | | | X |
| | Check if Schedule O contains a respon | | this Part IX | (C) | (D) |
| | not include amounts reported on lines 6b, Bb, 9b, and 10b of Part VIII. | (A) Total expenses | (B) Program service expenses | Management and general expenses | Fundraising expenses |
| 1 | Grants and other assistance to domestic organizations | | | | |
| | and domestic governments. See Part IV, line 21 | 70,200. | 70,200. | | |
| 2 | Grants and other assistance to domestic | | | | |
| | individuals. See Part IV, line 22 | 11,001. | 11,001. | | |
| 3 | Grants and other assistance to foreign | - | | | |
| | organizations, foreign governments, and foreign | | | | |
| | individuals. See Part IV, lines 15 and 16 | | | | |
| 4 | Benefits paid to or for members | | | | |
| 5 | Compensation of current officers, directors, | | | | |
| 3 | | 100,752. | 75,564. | 25,188. | |
| _ | trustees, and key employees | 100,752. | 75,504. | 25,100. | |
| 6 | Compensation not included above to disqualified | | | | |
| | persons (as defined under section 4958(f)(1)) and | | | | |
| | persons described in section 4958(c)(3)(B) | 102 420 | 00 751 | 24 600 | |
| 7 | Other salaries and wages | 123,439. | 98,751. | 24,688. | |
| 8 | Pension plan accruals and contributions (include | | | | |
| | section 401(k) and 403(b) employer contributions) | | | | |
| 9 | Other employee benefits | 10.00 | 11.10- | | |
| 10 | Payroll taxes | 18,807. | 14,105. | 4,702. | |
| 11 | Fees for services (nonemployees): | | | | |
| а | Management | | | | |
| b | Legal | | | | |
| С | Accounting | 25,715. | 12,858. | 12,857. | |
| d | Lobbying | | | | |
| е | Professional fundraising services. See Part IV, line 17 | | | | |
| f | Investment management fees | | | | _ |
| g | Other. (If line 11g amount exceeds 10% of line 25, | | | | |
| _ | column (A), amount, list line 11g expenses on Sch 0.) | | | | |
| 12 | Advertising and promotion | 313,912. | 313,912. | | |
| 13 | Office expenses | - | | | |
| 14 | Information technology | 25,532. | 12,766. | 12,766. | |
| 15 | Royalties | - | | | |
| 16 | Occupancy | 21,294. | 12,776. | 8,518. | |
| 17 | Travel | 3,801. | 3,801. | | |
| 18 | Payments of travel or entertainment expenses | - | | | |
| | for any federal, state, or local public officials | | | | |
| 19 | Conferences, conventions, and meetings | | | | _ |
| 20 | Interest | 3,016. | | 3,016. | |
| 21 | Payments to affiliates | - | | | |
| 22 | Depreciation, depletion, and amortization | | | | |
| 23 | Insurance | 19,624. | 15,699. | 3,925. | |
| 24 | Other expenses. Itemize expenses not covered | | | | |
| | above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A). | | | | |
| | amount, list line 24e expenses on Schedule 0.) | | | | |
| а | FACILITY EXPENSES/RENTA | 315,011. | 315,011. | | |
| b | EVENT PRODUCTION COSTS | 201,520. | 201,520. | | |
| c | HOSPITALITY TENT COSTS | 86,690. | 86,690. | | _ |
| d | SPONSOR SOLICITATION EX | 79,461. | 79,461. | | |
| | All other expenses SEE SCH O | 79,316. | 57,742. | 21,574. | _ |
| 25 | Total functional expenses. Add lines 1 through 24e | 1,499,091. | 1,381,857. | 117,234. | 0. |
| 26 | Joint costs. Complete this line only if the organization | • | | • | _ |
| | reported in column (B) joint costs from a combined | | | | |
| | educational campaign and fundraising solicitation. | | | | |
| | Check here if following SOP 98-2 (ASC 958-720) | | | | |
| | | | | | 000 |

INC.

Form 990 (2022)
Part X Balance Sheet

| Pai | rt X | Balance Sheet | | | |
|-----------------------------|------|--|--------------------------|-----|---------------------------|
| | | Check if Schedule O contains a response or note to any line in this Pa | | | |
| | | | (A) Beginning of year | | (B) End of year |
| | 1 | Cash - non-interest-bearing | 341. | 1 | 175,094. |
| | 2 | Savings and temporary cash investments | | 2 | |
| | 3 | Pledges and grants receivable, net | | 3 | |
| | 4 | Accounts receivable, net | 76,534. | 4 | 43,075. |
| | 5 | Loans and other receivables from any current or former officer, direct | | | |
| | | trustee, key employee, creator or founder, substantial contributor, or | 35% | | |
| | | controlled entity or family member of any of these persons | | 5 | |
| | 6 | Loans and other receivables from other disqualified persons (as define | | | |
| | | under section 4958(f)(1)), and persons described in section 4958(c)(3) | (B) | 6 | |
| Ś | 7 | Notes and loans receivable, net | | 7 | |
| Assets | 8 | Inventories for sale or use | | 8 | |
| As | 9 | Prepaid expenses and deferred charges | | 9 | |
| | 10a | Land, buildings, and equipment: cost or other | | | |
| | | basis. Complete Part VI of Schedule D 10a | | | |
| | b | Less: accumulated depreciation 10b | | 10c | |
| | 11 | Investments - publicly traded securities | | 11 | |
| | 12 | Investments - other securities. See Part IV, line 11 | | 12 | |
| | 13 | Investments - program-related. See Part IV, line 11 | | 13 | |
| | 14 | Intangible assets | | 14 | |
| | 15 | Other assets. See Part IV, line 11 | 5,958. | 15 | 10,163. |
| | 16 | Total assets. Add lines 1 through 15 (must equal line 33) | | 16 | 228,332. |
| | 17 | Accounts payable and accrued expenses | 18,023. | 17 | 23,427. |
| | 18 | Grants payable | | 18 | |
| | 19 | Deferred revenue | | 19 | |
| | 20 | Tax-exempt bond liabilities | | 20 | |
| | 21 | Escrow or custodial account liability. Complete Part IV of Schedule D | | 21 | |
| S | 22 | Loans and other payables to any current or former officer, director, | | | |
| Liabilities | | trustee, key employee, creator or founder, substantial contributor, or | 35% | | |
| abi | | controlled entity or family member of any of these persons | | 22 | |
| ij | 23 | Secured mortgages and notes payable to unrelated third parties | | 23 | |
| | 24 | Unsecured notes and loans payable to unrelated third parties | 145,070. | 24 | 140,623. |
| | 25 | Other liabilities (including federal income tax, payables to related third | | | |
| | | parties, and other liabilities not included on lines 17-24). Complete Pa | | | |
| | | of Schedule D | 3,383. | 25 | 495. |
| | 26 | Total liabilities. Add lines 17 through 25 | 166,476. | 26 | 164,545. |
| | | Organizations that follow FASB ASC 958, check here | | | |
| ces | | and complete lines 27, 28, 32, and 33. | | | |
| lan | 27 | Net assets without donor restrictions | 219,789. | 27 | 63,787. |
| Ва | 28 | Net assets with donor restrictions | | 28 | |
| pur | | Organizations that do not follow FASB ASC 958, check here | | | |
| Ŧ | | and complete lines 29 through 33. | | | |
| S | 29 | Capital stock or trust principal, or current funds | | 29 | |
| set | 30 | Paid-in or capital surplus, or land, building, or equipment fund | | 30 | |
| Net Assets or Fund Balances | 31 | Retained earnings, endowment, accumulated income, or other funds | | 31 | |
| Net | 32 | Total net assets or fund balances | 219,789. | 32 | 63,787. |
| | 33 | Total liabilities and net assets/fund balances | | 33 | 228,332. |

INC. Page 12 Form 990 (2022) Part XI Reconciliation of Net Assets Check if Schedule O contains a response or note to any line in this Part XI 1,342,586. Total revenue (must equal Part VIII, column (A), line 12) 1 1,499,091. Total expenses (must equal Part IX, column (A), line 25) 2 2 -156,505. Revenue less expenses. Subtract line 2 from line 1 3 3 219,789. Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) 4 4 5 5 Net unrealized gains (losses) on investments Donated services and use of facilities 6 6 7 7 Investment expenses 503 8 8 Prior period adjustments 9 9 Other changes in net assets or fund balances (explain on Schedule O) Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, 10 63,787. 10 column (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 X Accrual Accounting method used to prepare the Form 990: Cash Other If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O. Х 2a Were the organization's financial statements compiled or reviewed by an independent accountant? 2a 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: Both consolidated and separate basis Separate basis Consolidated basis Х Were the organization's financial statements audited by an independent accountant? 2b 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: Separate basis Consolidated basis Both consolidated and separate basis

c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit,

3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the

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

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

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

review, or compilation of its financial statements and selection of an independent accountant?

Uniform Guidance, 2 C.F.R. Part 200, Subpart F?

Form 990 (2022)

Х

2c

За

SCHEDULE A

(Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

Public Charity Status and Public Support

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

Attach to Form 990 or Form 990-EZ.

HILTON HEAD ISLAND CONCOURS D'ELEGANCE,

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

OMB No. 1545-0047

Open to Public Inspection

Employer identification number

INC. **-***7759 Reason for Public Charity Status. (All organizations must complete this part.) See instructions. Part I The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or 10 X An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 11 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization. Enter the number of supported organizations Provide the following information about the supported organization(s). (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of other your governing document? (described on lines 1-10 organization support (see instructions) support (see instructions) No above (see instructions)) Total

-*7759 Page **2**

| Part II | Support Schedule for Org | ganizations Described in Sections | 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) |
|---------|--------------------------|-----------------------------------|---------------------------------------|

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

| Sec | tion A. Public Support | | | | | | |
|------|--|-----------------------|----------------------|------------------------------------|----------------------|----------------------|-----------|
| Cale | ndar year (or fiscal year beginning in) | (a) 2018 | (b) 2019 | (c) 2020 | (d) 2021 | (e) 2022 | (f) Total |
| | Gifts, grants, contributions, and | | | | | | |
| | membership fees received. (Do not | | | | | | |
| | include any "unusual grants.") | | | | | | |
| 2 | Tax revenues levied for the organ- | | | | | | _ |
| | ization's benefit and either paid to | | | | | | |
| | or expended on its behalf | | | | | | |
| 3 | The value of services or facilities | | | | | | |
| | furnished by a governmental unit to | | | | | | |
| | the organization without charge | | | | | | |
| 4 | Total. Add lines 1 through 3 | | | | | | |
| | The portion of total contributions | | | | | | |
| _ | by each person (other than a | | | | | | |
| | governmental unit or publicly | | | | | | |
| | supported organization) included | | | | | | |
| | on line 1 that exceeds 2% of the | | | | | | |
| | amount shown on line 11, | | | | | | |
| | column (f) | | | | | | |
| 6 | Public support. Subtract line 5 from line 4. | | | | | | |
| | tion B. Total Support | | | | | | |
| Cale | ndar year (or fiscal year beginning in) | (a) 2018 | (b) 2019 | (c) 2020 | (d) 2021 | (e) 2022 | (f) Total |
| | Amounts from line 4 | | | | | | |
| | Gross income from interest, | | | | | | |
| | dividends, payments received on | | | | | | |
| | securities loans, rents, royalties, | | | | | | |
| | and income from similar sources | | | | | | |
| 9 | Net income from unrelated business | | | | | | |
| | activities, whether or not the | | | | | | |
| | business is regularly carried on | | | | | | |
| 10 | Other income. Do not include gain | | | | | | |
| | or loss from the sale of capital | | | | | | |
| | assets (Explain in Part VI.) | | | | | | |
| 11 | Total support. Add lines 7 through 10 | | | | | | |
| | Gross receipts from related activities, | etc. (see instruction | ons) | | • | 12 | |
| | First 5 years. If the Form 990 is for the | | | | | 01(c)(3) | |
| | organization, check this box and stor | - | | | | | |
| Sec | tion C. Computation of Publi | | | | | | |
| 14 | Public support percentage for 2022 (I | ine 6, column (f), d | ivided by line 11, o | column (f)) | | 14 | % |
| 15 | Public support percentage from 2021 | Schedule A, Part | II, line 14 | | | 15 | % |
| 16a | 33 1/3% support test - 2022. If the | organization did no | t check the box or | n line 13, and line | 14 is 33 1/3% or m | ore, check this box | and |
| | stop here. The organization qualifies | as a publicly supp | orted organization | | | | |
| b | 33 1/3% support test - 2021. If the | organization did no | t check a box on I | ine 13 or 16a, and | line 15 is 33 1/3% | or more, check thi | s box |
| | and stop here. The organization qual | ifies as a publicly s | supported organiza | ation | | | |
| 17a | 10% -facts-and-circumstances test | - 2022. If the org | anization did not d | check a box on line | e 13, 16a, or 16b, a | and line 14 is 10% o | or more, |
| | and if the organization meets the fact | | | | | | |
| | meets the facts-and-circumstances te | st. The organizatio | n qualifies as a pu | blicly supported o | rganization | | |
| b | 10% -facts-and-circumstances test | - 2021. If the org | anization did not o | check a box on line | e 13, 16a, 16b, or 1 | | |
| | more, and if the organization meets the | | | | | | |
| | organization meets the facts-and-circu | umstances test. Th | e organization qua | alifies as a publicly | supported organiz | ation | |
| 18 | Private foundation. If the organization | n did not check a | box on line 13, 16a | a, 16b, 17a, or 1 <mark>7</mark> b | o, check this box a | nd see instructions | |
| | | | | | | | |

Schedule A (Form 990) 2022

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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.)

| Se | ction A. Public Support | siow, please comp | lete Fart II.) | | | | |
|----------|--|----------------------|---|-----------------------|--------------------|----------------------|--------------------|
| | ndar year (or fiscal year beginning in) | (a) 2018 | (b) 2019 | (c) 2020 | (d) 2021 | (e) 2022 | (f) Total |
| | Gifts, grants, contributions, and membership fees received. (Do not | | | 323,066. | • | • • | |
| 2 | include any "unusual grants.") 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 | 251,166. | 332,790. 971,844. | 20,802. | | 347,340. 995,386. | 3887629. |
| 3 | Gross receipts from activities that are not an unrelated trade or business under section 513 | | 3,11,0110 | 20,0020 | 30272000 | 33373333 | 30070231 |
| 4 | Tax revenues levied for the organization's benefit and either paid to or expended on its behalf | | | | | | |
| 5 | The value of services or facilities furnished by a governmental unit to the organization without charge | | | | | | |
| 6 | Total. Add lines 1 through 5 | 1188555. | 1304634. | 343,868. | 1383123. | 1342726. | 5562906. |
| | Amounts included on lines 1, 2, and 3 received from disqualified persons | | | | | | 0. |
| k | Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year | | | | | | 0. |
| (| Add lines 7a and 7b | | | | | | 0. |
| 8 | Public support. (Subtract line 7c from line 6.) | | | | | | 5562906. |
| Se | ction B. Total Support | | | | | | |
| | ndar year (or fiscal year beginning in) | (a) 2018 | (b) 2019 | (c) 2020 | (d) 2021 | (e) 2022 | (f) Total |
| | Amounts from line 6 | 1188555. | 1304634. | 343,868. | 1383123. | 1342726. | 5562906. |
| 10a | dross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources | 190. | 144. | 5. | | | 339. |
| k | Unrelated business taxable income (less section 511 taxes) from businesses | | | | | | |
| | acquired after June 30, 1975 | 190. | 144. | 5. | | | 339. |
| 11 | Add lines 10a and 10b Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on | 190. | T##• | 5 | | | 339. |
| 12 | Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) | | | | | | |
| 13 | Total support. (Add lines 9, 10c, 11, and 12.) | 1188745. | 1304778. | 343,873. | 1383123. | 1342726. | 5563245. |
| 14 | First 5 years. If the Form 990 is for the | e organization's fir | st, second, third, f | ourth, or fifth tax y | ear as a section 5 | 01(c)(3) organizatio | on, |
| | | - 0 1 D - | | | | | |
| | ction C. Computation of Publi | | | | | [| 00 00 |
| | Public support percentage for 2022 (li | | - · · · · · · · · · · · · · · · · · · · | | | 15 | 99.99 % 99.99 % |
| 16 Se | Public support percentage from 2021 ction D. Computation of Inves | | | | | 16 | 99.99 % |
| | • | | | 20 12 column (f) | | 17 | .01 % |
| 17 18 | Investment income percentage for 20 Investment income percentage from 2 | | | | | 18 | .01 % .01 % |
| | a 33 1/3% support tests - 2022. If the | | | | | | |
| .56 | more than 33 1/3%, check this box ar | | | | | | X |
| k | 33 1/3% support tests - 2021. If the | | | | | | |
| | line 18 is not more than 33 1/3%, che | | | | | | |
| 20 | Private foundation. If the organizatio | | | | | | |

Part IV | Supporting Organizations

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

Section A. All Supporting Organizations

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

| | | Yes | No |
|-----|---------|--------|------|
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| | 1 | | |
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| | 2 | | |
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| | 10a | | |
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| | 10b | | |
| ule | A (Forn | n 990) | 2022 |

HILTON HEAD ISLAND CONCOURS D'ELEGANCE, **-***7759 Page 5 INC. Schedule A (Form 990) 2022 Part IV Supporting Organizations (continued) Yes No 11 Has the organization accepted a gift or contribution from any of the following persons? a A person who directly or indirectly controls, either alone or together with persons described on lines 11b and 11c below, the governing body of a supported organization? 11a **b** A family member of a person described on line 11a above? 11b c A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide <u>detail in P</u>art VI 11c Section B. Type I Supporting Organizations Yes No Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the 1 supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year. 2 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, upervised, or controlled the supporting organization. 2 Section C. Type II Supporting Organizations Yes No Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).

Section D. All Type III Supporting Organizations No Yes Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided? 1 2 Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how 2 the organization maintained a close and continuous working relationship with the supported organization(s). By reason of the relationship described on line 2, above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes." describe in Part VI the role the organization's 3 Section E. Type III Functionally Integrated Supporting Organizations Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions). 1 b The organization is the parent of each of its supported organizations. Complete line 3 below. The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instructions) С Yes No 2 Activities Test. Answer lines 2a and 2b below. a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes." then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined 2a that these activities constituted substantially all of its activities. b Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes." explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in 2b these activities but for the organization's involvement. Parent of Supported Organizations. Answer lines 3a and 3b below. a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? If "Yes" or "No" provide details in Part VI. За

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

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| Pa | rt V Type III Non-Functionally Integrated 509(a)(3) Supporti | ng Organ | izations | |
|------|--|----------------|-----------------------------|--------------------------------|
| 1 | Check here if the organization satisfied the Integral Part Test as a qualify | ing trust on I | Nov. 20, 1970 (explain in | Part VI). See instructions. |
| | All other Type III non-functionally integrated supporting organizations mu | | | |
| Sect | ion A - Adjusted Net Income | | (A) Prior Year | (B) Current Year (optional) |
| 1 | Net short-term capital gain | 1 | | |
| 2 | Recoveries of prior-year distributions | 2 | | |
| 3 | Other gross income (see instructions) | 3 | | |
| _4 | Add lines 1 through 3. | 4 | | |
| _5 | Depreciation and depletion | 5 | | |
| 6 | Portion of operating expenses paid or incurred for production or | | | |
| | collection of gross income or for management, conservation, or | | | |
| | maintenance of property held for production of income (see instructions) | 6 | | |
| _7_ | Other expenses (see instructions) | 7 | | |
| _8_ | Adjusted Net Income (subtract lines 5, 6, and 7 from line 4) | 8 | | |
| Sect | ion B - Minimum Asset Amount | | (A) Prior Year | (B) Current Year (optional) |
| 1 | Aggregate fair market value of all non-exempt-use assets (see | | | |
| | instructions for short tax year or assets held for part of year): | | | |
| a | Average monthly value of securities | 1a | | |
| b | Average monthly cash balances | 1b | | |
| с | Fair market value of other non-exempt-use assets | 1c | | |
| d | Total (add lines 1a, 1b, and 1c) | 1d | | |
| е | Discount claimed for blockage or other factors | | | |
| | (explain in detail in Part VI): | | | |
| 2 | Acquisition indebtedness applicable to non-exempt-use assets | 2 | | |
| _3_ | Subtract line 2 from line 1d. | 3 | | |
| 4 | Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, | | | |
| | see instructions). | 4 | | |
| _5 | Net value of non-exempt-use assets (subtract line 4 from line 3) | 5 | | |
| _6 | Multiply line 5 by 0.035. | 6 | | |
| _7_ | Recoveries of prior-year distributions | 7 | | |
| _8_ | Minimum Asset Amount (add line 7 to line 6) | 8 | | |
| Sect | ion C - Distributable Amount | | | Current Year |
| _1 | Adjusted net income for prior year (from Section A, line 8, column A) | 1 | | |
| 2 | Enter 0.85 of line 1. | 2 | | |
| _3_ | Minimum asset amount for prior year (from Section B, line 8, column A) | 3 | | |
| 4 | Enter greater of line 2 or line 3. | 4 | | |
| _5 | Income tax imposed in prior year | 5 | | |
| 6 | Distributable Amount. Subtract line 5 from line 4, unless subject to | | | |
| | emergency temporary reduction (see instructions). | 6 | | |
| 7 | Check here if the current year is the organization's first as a non-function | ally integrate | ed Type III supporting orga | nization (see |

Schedule A (Form 990) 2022

instructions).

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| Par | t v Type III Non-Functionally integrated 509(| a)(3) Supporting Orga | ınızatıons _{(continu} | <u>ued) </u> | |
|----------|--|-------------------------------|---------------------------------------|---|---|
| Secti | on D - Distributions | | | | Current Year |
| 1 | Amounts paid to supported organizations to accomplish exer | mpt purposes | | 1 | |
| 2 | Amounts paid to perform activity that directly furthers exemp | t purposes of supported | | | |
| | organizations, in excess of income from activity | | | 2 | |
| 3 | Administrative expenses paid to accomplish exempt purpose | es of supported organizations | 3 | 3 | |
| 4 | Amounts paid to acquire exempt-use assets | | | 4 | |
| 5 | Qualified set-aside amounts (prior IRS approval required - pro | ovide details in Part VI) | | 5 | |
| 6 | Other distributions (describe in Part VI). See instructions. | | | 6 | |
| 7 | Total annual distributions. Add lines 1 through 6. | | | 7 | |
| 8 | Distributions to attentive supported organizations to which th | ne organization is responsive | | | |
| | (provide details in Part VI). See instructions. | | | 8 | |
| 9 | Distributable amount for 2022 from Section C, line 6 | | | 9 | |
| 10 | Line 8 amount divided by line 9 amount | | | 10 | |
| Secti | on E - Distribution Allocations (see instructions) | (i) Excess Distributions | (ii) Underdistributior Pre-2022 | าร | (iii) Distributable Amount for 2022 |
| 1 | Distributable amount for 2022 from Section C, line 6 | | | | |
| 2 | Underdistributions, if any, for years prior to 2022 (reason- | | | | |
| | able cause required - explain in Part VI). See instructions. | | | | |
| 3 | Excess distributions carryover, if any, to 2022 | | | | |
| a | From 2017 | | | | |
| b | From 2018 | | | | |
| С | From 2019 | | | | |
| d | From 2020 | | | | |
| <u>e</u> | From 2021 | | | | |
| f | Total of lines 3a through 3e | | | | |
| g | Applied to underdistributions of prior years | | | | |
| <u>h</u> | Applied to 2022 distributable amount | | | | |
| <u>i</u> | Carryover from 2017 not applied (see instructions) | | | | |
| j_ | Remainder. Subtract lines 3g, 3h, and 3i from line 3f. | | | | |
| 4 | Distributions for 2022 from Section D, | | | | |
| | line 7: \$ | | | | |
| <u>a</u> | Applied to underdistributions of prior years | | | | |
| <u>b</u> | Applied to 2022 distributable amount | | | | |
| <u> </u> | Remainder. Subtract lines 4a and 4b from line 4. | | | | |
| 5 | Remaining underdistributions for years prior to 2022, if | | | | |
| | any. Subtract lines 3g and 4a from line 2. For result greater | | | | |
| | than zero, explain in Part VI. See instructions. | | | | |
| 6 | Remaining underdistributions for 2022. Subtract lines 3h | | | | |
| | and 4b from line 1. For result greater than zero, explain in | | | | |
| | Part VI. See instructions. | | | | |
| 7 | Excess distributions carryover to 2023. Add lines 3j | | | | |
| | and 4c. | | | | |
| | Breakdown of line 7: | | | | |
| | Excess from 2018 | | | | |
| <u>b</u> | Excess from 2019 | | | | |
| c | Excess from 2020 | | | | |
| <u>d</u> | Excess from 2021 | | | | |
| е | Excess from 2022 | | | | |

Schedule A (Form 990) 2022

-*7759 Page 8 INC. Schedule A (Form 990) 2022 Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. Part VI (See instructions.)

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SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

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

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

OMB No. 1545-0047 Inspection

Name of the organization

HILTON HEAD ISLAND CONCOURS D'ELEGANCE, INC.

Employer identification number **-***7759

| Pai | Organizations Maintaining Donor Advised organization answered "Yes" on Form 990, Part IV, line | | s or Accounts. Complete if the |
|--------|--|--|---------------------------------------|
| | | (a) Donor advised funds | (b) Funds and other accounts |
| 1 | Total number at end of year | | |
| 2 | Aggregate value of contributions to (during year) | | |
| 3 | Aggregate value of grants from (during year) | | |
| 4 | Aggregate value at end of year | | |
| 5 | Did the organization inform all donors and donor advisors in w | vriting that the assets held in donor advis | sed funds |
| | are the organization's property, subject to the organization's e | exclusive legal control? | Yes No |
| 6 | Did the organization inform all grantees, donors, and donor ac | dvisors in writing that grant funds can be | e used only |
| | for charitable purposes and not for the benefit of the donor or | donor advisor, or for any other purpose | conferring |
| | impermissible private benefit? | | Yes No |
| Pai | t II Conservation Easements. Complete if the org | anization answered "Yes" on Form 990, | Part IV, line 7. |
| 1 | Purpose(s) of conservation easements held by the organization | | |
| | Preservation of land for public use (for example, recreat | . — | of a historically important land area |
| | Protection of natural habitat | Preservation o | of a certified historic structure |
| | Preservation of open space | | |
| 2 | Complete lines 2a through 2d if the organization held a qualific | ed conservation contribution in the form | |
| | day of the tax year. | | Held at the End of the Tax Year |
| _ | Total number of conservation easements | | |
| b | | | |
| | Number of conservation easements on a certified historic stru | | 2c |
| d | Number of conservation easements included in (c) acquired at | | |
| _ | historic structure listed in the National Register | | |
| 3 | Number of conservation easements modified, transferred, rele | eased, extinguished, or terminated by the | e organization during the tax |
| 4 | Number of states where property subject to concernation according | amont is located | |
| 4 5 | Number of states where property subject to conservation ease Does the organization have a written policy regarding the period | • | • |
| 3 | violations, and enforcement of the conservation easements it | | |
| 6 | Staff and volunteer hours devoted to monitoring, inspecting, h | | |
| Ū | otali and volunteer floure devoted to mornioring, inspecting, i | landing of violations, and emoroning our | sorvation casements daming the year |
| 7 | Amount of expenses incurred in monitoring, inspecting, handl | ling of violations, and enforcing conserva | ation easements during the year |
| | 3, 1 3, | 3 | 3 , |
| 8 | Does each conservation easement reported on line 2(d) above | e satisfy the requirements of section 170 | ı(h)(4)(B)(i) |
| | and section 170(h)(4)(B)(ii)? | * | |
| 9 | In Part XIII, describe how the organization reports conservatio | | |
| | balance sheet, and include, if applicable, the text of the footnot | ote to the organization's financial statem | nents that describes the |
| | organization's accounting for conservation easements. | | |
| Pai | t III Organizations Maintaining Collections of | Art, Historical Treasures, or O | ther Similar Assets. |
| | Complete if the organization answered "Yes" on Form | 990, Part IV, line 8. | |
| 1a | If the organization elected, as permitted under FASB ASC 958 | 3, not to report in its revenue statement a | and balance sheet works |
| | of art, historical treasures, or other similar assets held for publ | lic exhibition, education, or research in f | urtherance of public |
| | service, provide in Part XIII the text of the footnote to its finance | cial statements that describes these iten | ms. |
| b | If the organization elected, as permitted under FASB ASC 958 | | |
| | art, historical treasures, or other similar assets held for public | exhibition, education, or research in furt | herance of public service, |
| | provide the following amounts relating to these items: | | |
| | (i) Revenue included on Form 990, Part VIII, line 1 | | |
| | | | <u>'</u> |
| 2 | If the organization received or held works of art, historical trea | asures, or other similar assets for financia | al gain, provide |
| | the following amounts required to be reported under FASB AS | - | |
| а | Revenue included on Form 990, Part VIII, line 1 | | \$ |
| b | Assets included in Form 990, Part X | | \$ |

Part VI Land, Buildings, and Equipment.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

| i | | <u>, </u> | <u>, , , , , , , , , , , , , , , , , , , </u> | |
|--|--------------------------------------|--|---|----------------|
| Description of property | (a) Cost or other basis (investment) | (b) Cost or other basis (other) | (c) Accumulated depreciation | (d) Book value |
| 1a Land | | | | |
| b Buildings | | | | |
| c Leasehold improvements | | | | |
| d Equipment | | | | |
| e Other | | | | |
| Total, Add lines 1a through 1e. (Column (d) must equal | Form 990 Part X colum | nn (R) line 10c) | | 0. |

Schedule D (Form 990) 2022

| | Investments - Other Securities. | | | 7,7 00 1 agc 0 |
|-------------------|---|---------------------------|---|------------------------|
| | Complete if the organization answered "Yes" of | n Form 990, Part IV, line | e 11b. See Form 990, Part X, line 12. | |
| (a) Descrip | tion of security or category (including name of security) | (b) Book value | (c) Method of valuation: Cost or end | d-of-year market value |
| (1) Financia | al derivatives | | | |
| (2) Closely | held equity interests | | | |
| (3) Other | | | | |
| (A) | | | | |
| (B) | | | | |
| (C) | | | | |
| (D) | | | | |
| (E) | | | | |
| (F) | | | | |
| (G) | | | | |
| (H) | | | | |
| Total. (Col. (I | b) must equal Form 990, Part X, col. (B) line 12.) | | | |
| Part VIII | Investments - Program Related. | - F 000 P-+ N/ P | 44 - O Francisco Bart V Francis | |
| | Complete if the organization answered "Yes" o | | (c) Method of valuation: Cost or en | d afa |
| | (a) Description of investment | (b) Book value | (c) Method of Valuation. Cost of en | u-or-year market value |
| <u>(1)</u> | | | | |
| (2) | | | + | |
| (3) | | | + | |
| <u>(4)</u> | | | + | |
| <u>(5)</u> | | | <u> </u> | |
| <u>(6)</u> (7) | | | + | |
| (8) | | | | |
| (9) | | | | |
| | o) must equal Form 990, Part X, col. (B) line 13.) | | | |
| Part IX | Other Assets. | | | |
| | Complete if the organization answered "Yes" of | n Form 990, Part IV, line | e 11d. See Form 990, Part X, line 15. | |
| | (a) [| Description | | (b) Book value |
| (1) | | | | |
| (2) | | | | |
| (3) | | | | |
| (4) | | | | |
| (5) | | | | |
| (6) | | | | |
| (7) | | | | |
| (8) | | | | |
| (9) | | | | |
| | mn (b) must equal Form 990, Part X, col. (B) line | 15.) | | |
| Part X | Other Liabilities. | - F 000 P-+ N/ P | 44 446 O - Farm 000 Back V line 05 | |
| | Complete if the organization answered "Yes" of a Description of liability | n Form 990, Part IV, line | e 11e or 11f. See Form 990, Part X, line 25 | T |
| <u>1</u> | ,, , , | | | (b) Book value |
| | eral income taxes YROLL LIABILITIES | | | 405 |
| | TROUL LIABILITES | | | 495. |
| (3) | | | | |
| (4) | | | | |
| (5) | | | | |
| (6) | | | | |
| <u>(7)</u> (8) | | | | |
| (9) | | | | |
| | mn (b) must equal Form 990, Part X, col. (B) line | 25.) | | 495. |
| • | for uncertain tax positions. In Part XIII, provide t | • | | • |
| | provido (| | | |

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

-*7759 Page 4 Schedule D (Form 990) 2022 INC.

| | On and late if the annual institute and and all IV and are Forms 2000. Don't | IV. line 12a | |
|---------------|--|------------------------------------|-----------------|
| | Complete if the organization answered "Yes" on Form 990, Part | | T . T |
| | Total revenue, gains, and other support per audited financial statements | s | 1 |
| | Amounts included on line 1 but not on Form 990, Part VIII, line 12: | 1 - 1 | |
| | Net unrealized gains (losses) on investments | | |
| | Donated services and use of facilities | | |
| | Recoveries of prior year grants | | |
| | Other (Describe in Part XIII.) Add lines 2a through 2d | | |
| | • | | |
| | Subtract line 2e from line 1 Amounts included on Form 990, Part VIII, line 12, but not on line 1: | | |
| | Investment expenses not included on Form 990, Part VIII, line 7b | 4a | |
| | Other (Describe in Part XIII.) | | |
| | Add lines 4a and 4b | | 4c |
| 5 | Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, lin | ne 12) | 5 |
| Part | XII Reconciliation of Expenses per Audited Financia | I Statements With Expens | ses per Return. |
| | Complete if the organization answered "Yes" on Form 990, Part | IV, line 12a. | |
| 1 | Total expenses and losses per audited financial statements | | 1 |
| 2 | Amounts included on line 1 but not on Form 990, Part IX, line 25: | | |
| а | Donated services and use of facilities | 2a | |
| b | Prior year adjustments | 2b | |
| | Other losses | | |
| | Other (Describe in Part XIII.) | • | |
| | Add lines 2a through 2d | | |
| 3 | Subtract line 2e from line 1 | | 3 |
| | Amounts included on Form 990, Part IX, line 25, but not on line 1: | 1 4. 1 | |
| | Investment expenses not included on Form 990, Part VIII, line 7b | | |
| | Other (Describe in Part XIII.) | 40 | |
| C | Add lines 43 and 4h | | 40 |
| 5 | Add lines 4a and 4b Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I.) | | |
| Part | Total expenses. Add lines 3 and 4c. (This must equal Form 990. Part I, I XIII Supplemental Information. | line 18.) | 5 |
| Par l | Total expenses. Add lines 3 and 4c. (This must equal Form 990. Part I. I | and 4; Part IV, lines 1b and 2b; P | 5 |
| Par | Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, It XIII Supplemental Information. The the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a | and 4; Part IV, lines 1b and 2b; P | 5 |
| Part rovic | Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, It XIII Supplemental Information. The the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a | and 4; Part IV, lines 1b and 2b; P | 5 |
| Par | Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, It XIII Supplemental Information. The the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a | and 4; Part IV, lines 1b and 2b; P | 5 |
| Par | Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, It XIII Supplemental Information. The the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a | and 4; Part IV, lines 1b and 2b; P | 5 |
| Par l | Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, It XIII Supplemental Information. The the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a | and 4; Part IV, lines 1b and 2b; P | 5 |
| Part rovic | Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, It XIII Supplemental Information. The the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a | and 4; Part IV, lines 1b and 2b; P | 5 |
| Part rovic | Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, It XIII Supplemental Information. The the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a | and 4; Part IV, lines 1b and 2b; P | 5 |

SCHEDULE G (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

Supplemental Information Regarding Fundraising or Gaming Activities

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

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Open to Public Inspection

Employer identification number

HILTON HEAD ISLAND CONCOURS D'ELEGANCE, **-***7759 INC. Part I Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part. 1 Indicate whether the organization raised funds through any of the following activities. Check all that apply. а Mail solicitations Solicitation of non-government grants Internet and email solicitations b Solicitation of government grants Phone solicitations Special fundraising events С g d In-person solicitations 2 a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? Yes No **b** If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. (iii) Did fundraiser have custody or control of contributions? (v) Amount paid (vi) Amount paid (i) Name and address of individual (iv) Gross receipts to (or retained by) (ii) Activity to (or retained by) fundraiser or entity (fundraiser) from activity organization listed in col. (i) Yes No Total 3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

Schedule G (Form 990) 2022

INC.

-*7759 Page 2

| Pa | Part II Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 | | | | | | | |
|-----------------|---|--|--------------------------|-----------------------------|---------------------------|----------------------------|--|--|
| | | of fundraising event contributions and gro | oss income on Form 990 | • | events with gross receipt | s greater than \$5,000. | | |
| | | | (a) Event #1 | (b) Event #2 | (c) Other events | (d) Total events | | |
| | | | SILENT | | NONE | (add col. (a) through | | |
| | | | AUCTION-DYA | | | col. (c)) | | |
| Φ | | | (event type) | (event type) | (total number) | 331. (3) | | |
| Revenue | | | | | | | | |
| Seve | 1 | Gross receipts | 26,405. | | | 26,405. | | |
| ш | | | | | | | | |
| | 2 | Less: Contributions | | | | | | |
| | _ | 0 | 26 405 | | | 26 405 | | |
| _ | 3 | Gross income (line 1 minus line 2) | 26,405. | | | 26,405. | | |
| | 4 | Cash prizes | | | | | | |
| | _ | Oddin prized | | | | | | |
| | 5 | Noncash prizes | | | | | | |
| es | | | | | | | | |
| ens | 6 | Rent/facility costs | | | | | | |
| Direct Expenses | | | | | | | | |
| ect | 7 | Food and beverages | | | | | | |
| ٦ | | | | | | | | |
| | 8 | Entertainment | | | | | | |
| | 9 | Other direct expenses Direct expense summary. Add lines 4 through | \ | | | | | |
| | 10 | 26,405. | | | | | | |
| Pa | rt I | Net income summary. Subtract line 10 from li Gaming. Complete if the organization a | | 000 Part IV line 10 or | | 20,403. | | |
| | | \$15,000 on Form 990-EZ, line 6a. | answered res on rollin | 1990, Fait IV, line 19, 011 | reported more than | | | |
| | | · · · · · · · · · · · · · · · · · · · | | (b) Pull tabs/instant | | (d) Total gaming (add | | |
| Revenue | | | (a) Bingo | bingo/progressive bingo | (c) Other gaming | col. (a) through col. (c)) | | |
| eve | | | | | | | | |
| <u> </u> | 1 | Gross revenue | | | | | | |
| | | | | | | | | |
| S | 2 | Cash prizes | | | | | | |
| ense | | | | | | | | |
| Direct Expenses | 3 | Noncash prizes | | | | | | |
| ct E | | Double oilibracete | | | | | | |
| Dire | 4 | Rent/facility costs | | | | | | |
| | 5 | Other direct expenses | | | | | | |
| | | Other direct expenses | Yes% | Yes % | Yes % | | | |
| | 6 | Volunteer labor | No | No No | No /* | | | |
| | | | | | | | | |
| | 7 | Direct expense summary. Add lines 2 through | 5 in column (d) | | | | | |
| | | | | | | | | |
| | 8 | Net gaming income summary. Subtract line 7 | from line 1, column (d) | | | | | |
| | | | | | | | | |
| | | ter the state(s) in which the organization condu | _ | | | | | |
| | | the organization licensed to conduct gaming ac | | | | Yes No | | |
| a | II " | No," explain: | | | | | | |
| | _ | | | | | | | |
| 10a | We | ere any of the organization's gaming licenses re | evoked, suspended, or te | rminated during the tax v | /ear? | Yes No | | |
| | | Yes," explain: | | | | | | |
| | | | | | | | | |
| | | | | | | | | |

| Sch | edule G (Form 990) 2022 INC. **- | ***7 | 759 | Page 3 |
|------------|--|-------------|----------|-------------|
| 11 | Does the organization conduct gaming activities with nonmembers? | | Yes | ☐ No |
| | Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed | | | |
| | to administer charitable gaming? | | Yes | ☐ No |
| 13 | Indicate the percentage of gaming activity conducted in: | | | |
| | The organization's facility | 13a | | % |
| | o An outside facility | 13b | | % |
| | Enter the name and address of the person who prepares the organization's gaming/special events books and records: | 100 | | |
| | Name | | | |
| | Address | | | |
| 15a | Does the organization have a contract with a third party from whom the organization receives gaming revenue? | 🗆 | Yes | ☐ No |
| b | o If "Yes," enter the amount of gaming revenue received by the organization \$ and the amount | | | |
| | of gaming revenue retained by the third party \$ | | | |
| c | If "Yes," enter name and address of the third party: | | | |
| | | | | |
| | Name | | | |
| | Address | | | |
| 16 | Gaming manager information: | | | |
| | | | | |
| | Name | | | |
| | Gaming manager compensation \$ | | | |
| | | | | |
| | Description of services provided | | | |
| | | | | |
| | | | | |
| | | | | |
| | Director/officer Employee Independent contractor | | | |
| | | | | |
| 17 | Mandatory distributions: | | | |
| а | a Is the organization required under state law to make charitable distributions from the gaming proceeds to | | | □. . |
| | retain the state gaming license? | . Ш | Yes | ∟ No |
| b | Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the | | | |
| D - | organization's own exempt activities during the tax year \$ | | | |
| Pa | Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Pa | rt III, lir | nes 9, 9 | ∌b, 10b, |
| | 15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions. | | | |
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| Schedule G | G (Form 990) INC. | **-***7759 | Page 4 |
|------------|--------------------------------------|------------|--------|
| Part IV | Supplemental Information (continued) | | |
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SCHEDULE L

Department of the Treasury Internal Revenue Service

Name of the organization

(Form 990)

Transactions With Interested Persons

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

Attach to Form 990 or Form 990-EZ.

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

HILTON HEAD ISLAND CONCOURS D'ELEGANCE,

OMB No. 1545-0047

2022

Open To Public Inspection

Employer identification number

| | .NC • | | | | | | | | | | | * / / | 59 | | |
|---------------------------------|----------------|----------|---------------------------------------|--------|---------|-----------|---|-------|-----------------------------|----------|-----------------|--------|---------|---------------|--------|
| Part I Excess Bene | | | | | | | | | | | | | | | |
| Complete if the o | | | | | | | e 25a or 25b | , or | Form 990-EZ, Pa | art V, I | ine 40 | b. | | | |
| (a) Name of disqualified person | | | (b) Relationship between disqualified | | | | le | •) D | escription of tran | sactio | n | | (d) | (d) Corrected | |
| — (a) Name of allequamies p | 0010011 | | person and or | ganıza | ation | | ,, | ,, ,, | | | ·· | | _ Y | es | No |
| | | | | | | | | | | | | | _ | _ | |
| | | | | | | | | | | | | | _ | | |
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| | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | |
| 2 Enter the amount of tax i | ncurred by t | he org | ganization mana | agers | or disq | qualified | persons duri | ng t | the year under | | | | | | |
| | | | | | | | | | | | | | | | |
| 3 Enter the amount of tax, | if any, on lin | e 2, at | bove, reimburs | ed by | the org | ganizatio | on | | | | \$ | | | | |
| D. III I | | 1 | | | | | | | | | | | | | |
| Part II Loans to and | d/or From | Inte | rested Pers | ons. | | | | | | | | | | | |
| Complete if the | - | | | | | , Part V, | line 38a or F | orm | n 990, Part IV, lin | e 26; d | or if th | e orga | nizatio | n | |
| reported an amo | | | | | | | | | | Ι | | Ma An | oround | ı | |
| (a) Name of | (b) Relation | | (c) Purpose | | | | (e) Original (f) Balar principal amount | | (i) Dalarice due (g) b\ | | 1 . 'T' 1 DV DO | | ard or | (1) | ritten |
| interested person | with organiza | alion | of loan | | zation? | ł | Jai amount | | | default? | | comm | ittee? | agree | |
| | | | | То | From | | | | | Yes | No | Yes | No | Yes | No |
| | | | | | | | | | | | | | | | |
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| | | | | | | | | | | | | | | | |
| Total | | | ···· | ····· | | | \$ | | | | | | | | |
| Part III Grants or As | | | _ | | | | | | | | | | | | |
| Complete if the o | | answe | ered "Yes" on F | orm 9 | 90, Pa | | | | T | | | | | | |
| (a) Name of interested p | person | | Relationship | | | | Amount of | | (d) Type | | | | | ose of | |
| | | ' | interested pers the organiza | | a | 8 | ssistance | | assistan | ce | | • | assista | arice | |
| | | | THE Organize | LIOIT | | | | | | | | | | | |
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-**7759 Page **2**

| Schedule I (| Form 990) 202 |)) I | NC. | | | **-***7 | 759 | Page 2 |
|--------------|---------------|--|-----------|---|---------------------------|--------------------------------|-----|-------------------------------|
| | | | | ng Interested Persons. | | <u> </u> | | r age z |
| | | | | "Yes" on Form 990, Part IV, line 28a, 2 | Bb or 28c | | | |
| (a) | • | rested person | anowored_ | (b) Relationship between interested person and the organization | (c) Amount of transaction | (d) Description of transaction | | aring of zation's nues? |
| | | | | | | | Yes | No |
| | | | | TREASURER/COMPTROLL | | PROVIDES AC | | X |
| TRUITT | RABURN | ASSOC., | INC/ | SECRETARY | 7,696. | PROVIDES LA | | Х |
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| Part V | Suppleme | ntal Informa | tion. | | | ı | | |
| | | | | nses to questions on Schedule L (see i | nstructions). | | | |
| | | | | | , | | | |
| SCH L, | PART I | V, BUSINI | ESS TI | RANSACTIONS INVOLVIN | G INTERESTE | D PERSONS: | | |
| | | | | | | | | |
| (A) NAI | ME OF PI | ERSON: BI | EACON | ALLIED RESOURCES, I | NC./ROBERT | LEE | | |
| /D\ DE | | | | THERE ARE AND AND | 00033377387 | .037 | | |
| (B) RE | LAT'TONSI | HID BELME | SEN II | NTERESTED PERSON AND | ORGANIZATI | .ON: | | |
| TREASIII | RER / COMI | PTROLLER | | | | | | |
| INDADOI | CLIC/ COM | . TRODDDR | | | | | | |
| (D) DES | SCRIPTIO | ON OF TRA | ANSAC' | TION: PROVIDES ACCOU | NTING, TECH | NOLOGY AND | | |
| | | | | | • | | | |
| OTHER (| CONSULT | ING SERV | CES ! | TO THE ORGANIZATION | VIA BEACON | ALLIED | | |
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| RESOUR | CES, INC | <u>. </u> | | | | | | |
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| (A) NAI | ME ∩E DI | EDCON. TI | יייידני | RABURN ASSOC., INC/ | ים א ס א ס זיי | IDM | | |
| (A) IVAL | TE OF FI | ZKSON: II | COLLI | RABURN ASSOC:, INC/ | IKUIII KABU | IVIN | | |
| (D) DES | SCRIPTIO | ON OF TRA | ANSAC' | TION: PROVIDES LAND | PLANNING SE | RVICES THRO | UGH | |
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| TRUITT | RAYBUN | ASSOCIAT | res, | INC. | | | | |
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SCHEDULE 0 (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or Form 990-EZ.

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

Inspection

OMB No. 1545-0047

Name of the organization

HILTON HEAD ISLAND CONCOURS D'ELEGANCE, INC.

Employer identification number **-***7759

| FORM 990, PART VI, SECTION B, LINE 11B: THE TAX RETURN IS GIVEN TO THE COMPTROLLER/TREASURER OF THE ORGANIZATION FOR REVIEW BEFORE THE TAX RETURN IS FILED. FORM 990, PART VI, SECTION B, LINE 15A: THE EXCECUTIVE DIRECTOR UNDERGOES AN ANNUAL PERFORMANCE REVIEW AND HIS/HER SALARY IS BASED ON COMPARABLE POSITIONS. FORM 990, PART VI, SECTION C, LINE 19: DOCUMENTATION IS AVAILABLE TO THE PUBLIC UPON REQUEST FORM 990, PART IX, LINE 24E, ALL OTHER FUNCTIONAL EXPENSES: TICKETING: PROGRAM SERVICE EXPENSES 0. FUNDRAISING EXPENSES 0. TOTAL EXPENSES 8,157. MANAGEMENT AND GENERAL EXPENSES 8,156. FUNDRAISING EXPENSES 0. TOTAL EXPENSES 16,313. | INC. | " " = " " " 1 1 5 9 |
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| TOTAL EXPENSES O. TOTAL EXPENSES 16,313. VOLUNTEER EXPENSE: | PROGRAM SERVICE EXPENSES | 8,157. |
| TOTAL EXPENSES 16,313. VOLUNTEER EXPENSE: | MANAGEMENT AND GENERAL EXPENSES | 8,156. |
| VOLUNTEER EXPENSE: | FUNDRAISING EXPENSES | 0. |
| | TOTAL EXPENSES | 16,313. |
| | | |
| DDOCDAM SERVICE EXDENSES 13 477 | VOLUNTEER EXPENSE: | |
| TROGRAM DERVICE EXIENDED 15, 477. | PROGRAM SERVICE EXPENSES | 13,477. |

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

| Schedule O (Form 990) 2022 | Page 2 |
|---|--|
| Name of the organization HILTON HEAD ISLAND CONCOURS D'ELEGANCE, INC. | Employer identification number **-**7759 |
| MANAGEMENT AND GENERAL EXPENSES | 0. |
| FUNDRAISING EXPENSES | 0. |
| TOTAL EXPENSES | 13,477. |
| SUPPLIES: | |
| PROGRAM SERVICE EXPENSES | 3,495. |
| MANAGEMENT AND GENERAL EXPENSES | 3,494. |
| FUNDRAISING EXPENSES | 0. |
| TOTAL EXPENSES | 6,989. |
| DUES AND SUBSCRIPTIONS: | |
| PROGRAM SERVICE EXPENSES | 2,945. |
| MANAGEMENT AND GENERAL EXPENSES | 2,944. |
| FUNDRAISING EXPENSES | 0. |
| TOTAL EXPENSES | 5,889. |
| TELEPHONE: | |
| PROGRAM SERVICE EXPENSES | 1,629. |
| MANAGEMENT AND GENERAL EXPENSES | 1,628. |
| FUNDRAISING EXPENSES | 0. |
| TOTAL EXPENSES | 3,257. |
| PROGRAM COSTS - SAVANNAH, GA LOCATION AND EVENTS: | |
| PROGRAM SERVICE EXPENSES | 2,864. |
| MANAGEMENT AND GENERAL EXPENSES | 0. |
| FUNDRAISING EXPENSES | 0. |
| TOTAL EXPENSES | 2,864. |
| | |

| Schedule O (Form 990) 2022 Page 2 |
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| Schedule O (Form 990) 2022 | Page 2 |
|---|--|
| Name of the organization HILTON HEAD ISLAND CONCOURS D'ELEGANCE, INC. | Employer identification number **-**7759 |
| MISCELLANEOUS EXPENSE: | |
| PROGRAM SERVICE EXPENSES | 1,310. |
| MANAGEMENT AND GENERAL EXPENSES | 1,309. |
| FUNDRAISING EXPENSES | 0. |
| TOTAL EXPENSES | 2,619. |
| POSTAGE: | |
| PROGRAM SERVICE EXPENSES | 811. |
| MANAGEMENT AND GENERAL EXPENSES | 1,217. |
| FUNDRAISING EXPENSES | 0. |
| TOTAL EXPENSES | 2,028. |
| GENERAL AND ADMINISTRATIVE MISCELLANEOUS: | |
| PROGRAM SERVICE EXPENSES | 0. |
| MANAGEMENT AND GENERAL EXPENSES | 1,459. |
| FUNDRAISING EXPENSES | 0. |
| TOTAL EXPENSES | 1,459. |
| SERVICES: | |
| PROGRAM SERVICE EXPENSES | 596. |
| MANAGEMENT AND GENERAL EXPENSES | 597. |
| FUNDRAISING EXPENSES | 0. |
| TOTAL EXPENSES | 1,193. |
| LICENSES AND FEES: | |
| PROGRAM SERVICE EXPENSES | 320. |
| MANAGEMENT AND GENERAL EXPENSES | 480. |
| FUNDRAISING EXPENSES | 0. |
| 020010 10 00 00 | Schodulo O (Form 990) 2022 |

Schedule O (Form 990) 2022 Page 2 HILTON HEAD ISLAND CONCOURS D'ELEGANCE, Name of the organization **Employer identification number** **-***7759 INC. TOTAL EXPENSES 800. PAYROLL ADMIN. FEES: 0. PROGRAM SERVICE EXPENSES 290. MANAGEMENT AND GENERAL EXPENSES 0. FUNDRAISING EXPENSES 290. TOTAL EXPENSES TOTAL OTHER EXPENSES ON FORM 990, PART IX, LINE 24E, COL A 79,316.

PUBLIC INSPECTION COPY

Form **990**

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

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

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

Open to Public Inspection

| А | roi tile | e 2021 calendar year, or tax year beginning and end | unig | _ | | |
|-------------------------|--------------------------|---|-------------|-----------------------------|--------------------------|----------|
| В | Check if applicable | I THE THE TELEPROOF OF THE SANCE, | , | D Employer identif | cation number | |
| | chang Name | | | 02-05477 | 50 | |
| | chang Initial | <u> </u> | a ma /a ita | | | |
| | return Final | 1 CARDINAL BOAD | om/suite | E Telephone number 843-785- | | |
| | return/ termin | | , | G Gross receipts \$ | 1,404,1 | 99 |
| | ated Amend | City or town, state or province, country, and ZIP or foreign postal code HILTON HEAD ISLAND, SC 29926 | | - | | 99. |
| | return Applic tion | | | H(a) Is this a group r | | No |
| | tion pendir | SAME AS C ABOVE | | for subordinate | | |
| _ | Tay ay | empt status: X 501(c)(3) 501(c) () ◀ (insert no.) 4947(a)(1) or | 527 | H(b) Are all subordinates | | No |
| | | re: FITTP: //WWW.HHICONCOURS.COM/ | 321 | H(c) Group exemption | list. See instruction | 5 |
| | | organization: X Corporation Trust Association Other | I Vear | of formation: 2002 | | le: SC |
| | art I | Summary | L I cai | or formation. 2002 | VI State of legal domici | 10. 00 |
| | | Briefly describe the organization's mission or most significant activities: ANNUAL | AUT | O SHOW & MC | TORING | |
| Activities & Governance | ' | FESTIVAL LOCATED ON HILTON HEAD ISLAND, SC | 2. | <u> </u> | | |
| 'n | | Check this box if the organization discontinued its operations or disposed | | than 25% of its net a | ssets | |
| ĕ | | | | 3 | | 15 |
| ၓ | | Number of independent voting members of the governing body (Part VI, line 1b) | | ····· | | 15 |
| న | | Total number of individuals employed in calendar year 2021 (Part V, line 2a) | | | | 5 |
| ij | | Total number of volunteers (estimate if necessary) | | | | 400 |
| 냟 | | Total unrelated business revenue from Part VIII, column (C), line 12 | | | 29,5 | |
| Ă | | Net unrelated business taxable income from Form 990-T, Part I, line 11 | | | | 0. |
| _ | ├ ~ | Not diffolded business taxable filedine from one 1,1 arti, file 11 | | Prior Year | Current Year | |
| • | 8 | Contributions and grants (Part VIII, line 1h) | | 323,066. | | 15. |
| ng | | Program service revenue (Part VIII, line 2g) | | 7,450. | 647,9 | |
| Revenue | | Investment income (Part VIII, column (A), lines 3, 4, and 7d) | | 5. | | 0. |
| æ | | Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) | | 20,802. | | 90. |
| | | Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) | | 351,323. | | |
| | _ | Grants and similar amounts paid (Part IX, column (A), lines 1-3) | | 37,200. | 27,9 | |
| | | Benefits paid to or for members (Part IX, column (A), line 4) | | 0. | | 0. |
| w | 1 | Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) | | 182,788. | 223,9 | 83. |
| Expenses | 16a | Professional fundraising fees (Part IX, column (A), line 11e) | | 0. | . , . | 0. |
| per | h | |). <u> </u> | - | | - |
| Ж | 17 | Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) | _ | 149,659. | 1,080,8 | 09. |
| | | Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) | | 369,647. | | |
| | | Revenue less expenses. Subtract line 18 from line 12 | | -18,324. | | |
| Or or | 3 | Toroniae loce expenses. Cabitaet into 10 front into 12 | | ginning of Current Year | End of Year | |
| ets | 20 | Total assets (Part X, line 16) | | 321,177. | 386,2 | 65. |
| ASS | 21 | Total liabilities (Part X, line 26) | | 151,519. | 166,4 | |
| Net Assets or | 22 | Net assets or fund balances. Subtract line 21 from line 20 | | 169,658. | 219,7 | |
| P | art II | Signature Block | | · | , | |
| Und | ler pena | Ities of perjury, I declare that I have examined this return, including accompanying schedules ar | nd statem | ents, and to the best of m | y knowledge and belief | f, it is |
| true | , correc | t, and complete. Declaration of preparer (other than officer) is based on all information of which | n preparer | has any knowledge. | | |
| | | | | | | |
| Sig | ın | Signature of officer | | Date | | |
| He | | ROBERT LEE, TREASURER | | | | |
| | | Type or print name and title | | | | |
| | | Print/Type preparer's name Preparer's signature | | Date Check | PTIN | |
| Pai | d | MICHAEL R. PUTICH, CPA | 1 | 1/11/22 if self-emplo | _{red} P0085346 | |
| Pre | parer | Firm's name ROBINSON GRANT & CO., P.A. | | Firm's EIN | 57-0735924 | : |
| Use | Only | Firm's address P.O. DRAWER 22959 | | | | |
| | | HILTON HEAD ISLAND, SC 29925 | | Phone no.84 | 3-815-6161 | |
| Ma | y the IF | RS discuss this return with the preparer shown above? See instructions | | | X Yes | No |

| | 1990 (2021) INC. UZ-UJ47 | 133 | Page ∠ |
|-----|--|-----------------|------------------|
| Pai | rt III Statement of Program Service Accomplishments | | |
| | Check if Schedule O contains a response or note to any line in this Part III | | |
| 1 | Briefly describe the organization's mission: | M | |
| | THE CONCOURS EVENT IS HELD ANNUALLY ON HILTON HEAD ISLAND, SC A | | |
| | DISPLAYS HISTORICAL AND SIGNIFICANT AUTOMOBILES FOR THE PURPOSE | | |
| | EDUCATING THE PUBLIC ON THE AUTOMOTIVE INDUSTRY ORIGIN, DEVELOP | MENT. | |
| | AND CONTRIBUTION TO HISTORY | | |
| 2 | Did the organization undertake any significant program services during the year which were not listed on the | | |
| | prior Form 990 or 990-EZ? | Yes | X No |
| | If "Yes," describe these new services on Schedule O. | | |
| 3 | Did the organization cease conducting, or make significant changes in how it conducts, any program services? | Yes | X No |
| | If "Yes," describe these changes on Schedule O. | | |
| 4 | Describe the organization's program service accomplishments for each of its three largest program services, as measured by | xpenses | |
| - | Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total ex | | |
| | revenue, if any, for each program service reported. | 5011505, 0 | iiia |
| 4a | (Code:) (Expenses \$ 1,198,256 • including grants of \$) (Revenue \$ | | |
| 44 | PRODUCTION OF A WEEK-LONG FESTIVAL MOTOR SHOW THAT FOCUSES UPON | • | , |
| | AUTOMOBILES AND OTHER VARIOUS METHODS OF TRANSPORTATION AND | | |
| | WHICH IS OPEN AND AVAILABLE TO THE GENERAL PUBLIC. | | |
| | WHICH IS OPEN AND AVAILABLE TO THE GENERAL PUBLIC. | | |
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| 4b | (Code:) (Expenses \$ 25,449 • including grants of \$ 25,449 •) (Revenue \$ | | |
| +D | (Code:) (Expenses \$ 25,449 • including grants of \$ 25,449 •) (Revenue \$ PAYMENT OF GRANTS TO LOCAL NOT-FOR-PROFIT ORGANIZATIONS | | , |
| | TAIMENT OF GRANTS TO BOCAL NOT FOR IROTH ORGANIZATIONS | | |
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| 1 d | Other pregram con isse (Deceribe on Cabadula O.) | | |
| 4d | Other program services (Describe on Schedule O.) | ` | |
| | (Expenses \$ including grants of \$) (Revenue \$ Total program service expenses ▶ 1, 223, 705. |) | |
| 4e | Total program service expenses ► 1, 223, 705. | | 20.7- |
| | | Form 9 9 | 90 (2021) |

Form 990 (2021) INC . Part IV Checklist of Required Schedules

| | | | Yes | No |
|-----|--|-----------|-----|------------------|
| 1 | Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? | | | |
| | If "Yes," complete Schedule A | 1 | X | |
| 2 | Is the organization required to complete Schedule B, Schedule of Contributors? See instructions | 2 | Х | |
| 3 | Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for | | | v |
| | public office? If "Yes," complete Schedule C, Part I | 3 | | X |
| 4 | Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II | 4 | | х |
| 5 | Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or | | | |
| | similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III | 5 | | Х |
| 6 | Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to | | | |
| | provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I | 6 | | X |
| 7 | Did the organization receive or hold a conservation easement, including easements to preserve open space, | | | ٠,, |
| | the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II | 7 | | X |
| 8 | Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete | | | X |
| 0 | Schedule D, Part III Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for | 8 | | |
| 9 | amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? | | | |
| | If "Yes," complete Schedule D, Part IV | 9 | | х |
| 10 | Did the organization, directly or through a related organization, hold assets in donor-restricted endowments | | | |
| | or in quasi endowments? If "Yes," complete Schedule D, Part V | 10 | | х |
| 11 | If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X, | | | |
| | as applicable. | | | |
| а | Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, | | | |
| | Part VI | 11a | | X |
| b | Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII | 11b | | x |
| С | Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total | 11.5 | | |
| | assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII | 11c | | Х |
| d | Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in | | | |
| | Part X, line 16? If "Yes," complete Schedule D, Part IX | 11d | | X |
| е | Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X | 11e | Х | |
| f | Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses | | | |
| | the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X | 11f | | X |
| 12a | Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete | 40 | | X |
| | Schedule D, Parts XI and XII | 12a | | |
| D | Was the organization included in consolidated, independent audited financial statements for the tax year? | 40h | | X |
| 13 | If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E | 12b 13 | | X |
| 14a | Did the organization maintain an office, employees, or agents outside of the United States? | 14a | | X |
| b | Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, | 174 | | |
| | investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 | | | |
| | or more? If "Yes," complete Schedule F, Parts I and IV | 14b | | Х |
| 15 | Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any | | | |
| | foreign organization? If "Yes," complete Schedule F, Parts II and IV | 15 | | Х |
| 16 | Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to | | | |
| | or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV | 16 | | X |
| 17 | Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, | | | \ _{3,7} |
| 46 | column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions | 17 | | X |
| 18 | Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines | 40 | Х | |
| 10 | 1c and 8a? If "Yes," complete Schedule G, Part II Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," | 18 | Α. | - |
| 19 | | 19 | | х |
| 20a | complete Schedule G, Part III Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H | 20a | | X |
| b | If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? | 20b | | - |
| 21 | Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or | | | |
| | domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II | 21 | | х |
| | | | | |

| Part IV | Ch | ecklist | of Red | auired | Schedu | ules (| (continued) |
|---------|----|---------|--------|--------|--------|--------|-------------|

| | | | Yes | No |
|------|--|-----|-----|---------------|
| 22 | Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on | | | |
| | Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III | 22 | | Х |
| 23 | Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current | | | |
| | and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete | | | |
| | Schedule J | 23 | | X |
| 24a | Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the | | | |
| | last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete | | | |
| | Schedule K. If "No," go to line 25a | 24a | | X |
| b | Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? | 24b | | |
| С | Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease | | | |
| | any tax-exempt bonds? | 24c | | |
| d | Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? | 24d | | |
| 25 a | Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit | | | |
| | transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I | 25a | | X |
| b | Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and | | | |
| | that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete | | | |
| | Schedule L, Part I | 25b | | X |
| 26 | Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current | | | |
| | or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% | | | |
| | controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II | 26 | | X |
| 27 | Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, | | | |
| | creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled | | | |
| | entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III | 27 | | X |
| 28 | Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV, | | | |
| | instructions for applicable filing thresholds, conditions, and exceptions): | | | |
| а | A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If | | | |
| | "Yes," complete Schedule L, Part IV | 28a | Х | |
| | A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV | 28b | | Х |
| С | A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b?/f | | | l |
| | "Yes," complete Schedule L, Part IV | 28c | | X |
| 29 | Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M | 29 | | Х |
| 30 | Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation | | | l |
| | contributions? If "Yes," complete Schedule M | 30 | | X |
| 31 | Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I | 31 | | Х |
| 32 | Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete | | | l |
| | Schedule N, Part II | 32 | | X |
| 33 | Did the organization own 100% of an entity disregarded as separate from the organization under Regulations | | | |
| | sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I | 33 | | X |
| 34 | Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and | | | ,, |
| | Part V, line 1 | 34 | | X |
| | Did the organization have a controlled entity within the meaning of section 512(b)(13)? | 35a | | Х |
| b | If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity | | | |
| | within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 | 35b | | |
| 36 | Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? | | | \ |
| | If "Yes," complete Schedule R, Part V, line 2 | 36 | | X |
| 37 | Did the organization conduct more than 5% of its activities through an entity that is not a related organization | | | \ |
| | and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI | 37 | | X |
| 38 | Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? | | . v | |
| Pa | Note: All Form 990 filers are required to complete Schedule 0 rt V Statements Regarding Other IRS Filings and Tax Compliance | 38 | X | <u> </u> |
| ral | | | | |
| | Check if Schedule O contains a response or note to any line in this Part V | | | |
| | February 2000 Fe | | Yes | No |
| | Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable | | | |
| | Effect the number of Forms W 2d included of fine 1a. Effect of if not applicable. | 4 | | |
| С | Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming | | | |

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(gambling) winnings to prize winners?

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| Dart V | Statements Regarding Other IRS Filings and Tax Compliance (contin | 1100 |
|--------|---|-------------------|
| raitv | Statements negaring Other instrinings and rax compliance (contin | u c u) |

| | | | | | Yes | No | | | | | |
|------------|--|----------|----------------------|----------|-----|----|--|--|--|--|--|
| 2 a | Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, | | _ | | | | | | | | |
| | filed for the calendar year ending with or within the year covered by this return | 2a | 5 | 2b | Х | | | | | | |
| b | b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? | | | | | | | | | | |
| _ | Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. See instructions | S | | За | Х | | | | | | |
| | a Did the organization have unrelated business gross income of \$1,000 or more during the year? | | | | | | | | | | |
| | If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule | | | 3b | Х | | | | | | |
| 4a | At any time during the calendar year, did the organization have an interest in, or a signature or other time still account in a facility sound to a health account as a the financial account in a facility sound to a signature or other times and the financial account in a facility sound to a signature or other times and the financial account in a facility sound to a signature or other times and the financial account in a facility sound to a signature or other times and the financial account in a facility sound to a signature or other times and the financial account in a facility sound to a signature or other times and the financial account in a facility sound to a signature or other times and the financial account in a facility sound to a signature or other times and the financial account in a facility sound to a signature or other times and the financial account in a facility sound to a signature or other times and the financial account in a facility sound to a signature or other times and the financial account in a facility sound to a signature or other times and the financial account in a facility sound to a signature or other times and the financial account in a facility sound to a signature or other times are a signature or other times are a signature or other times and the financial account in the financial account to a signature or other times are a signature or other | | • | 4- | | x | | | | | |
| h | financial account in a foreign country (such as a bank account, securities account, or other financial and the foreign country account, securities account, or other financial and the foreign country account to the foreign country. | accoun | τ)? | 4a | | | | | | | |
| D | 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). | | | | | | | | | | |
| 52 | Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? | | | 5a | | Х | | | | | |
| | Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction at any time during the tax year? | | | 5b | | X | | | | | |
| | If "Yes" to line 5a or 5b, did the organization file Form 8886-T? | | | 5c | | | | | | | |
| | Does the organization have annual gross receipts that are normally greater than \$100,000, and did the | | | | | | | | | | |
| | any contributions that were not tax deductible as charitable contributions? | | | 6a | | Х | | | | | |
| b | If "Yes," did the organization include with every solicitation an express statement that such contribut | | | | | | | | | | |
| | were not tax deductible? | | | 6b | | | | | | | |
| 7 | Organizations that may receive deductible contributions under section 170(c). | | | | | | | | | | |
| а | Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and ser | vices pr | ovided to the payor? | 7a | | Х | | | | | |
| b | If "Yes," did the organization notify the donor of the value of the goods or services provided? | | | 7b | | | | | | | |
| С | Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was | as requ | iired | | | | | | | | |
| | to file Form 8282? | | | 7c | | X | | | | | |
| d | If "Yes," indicate the number of Forms 8282 filed during the year | 7d | | | | | | | | | |
| е | Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit of | | | 7e 7f | | | | | | | |
| f | 3 7 3 7 7 7 7 7 1 | | | | | | | | | | |
| g | | | | | | | | | | | |
| _ | | | | | | | | | | | |
| 8 | , | | | | | | | | | | |
| 9 | sponsoring organization have excess business holdings at any time during the year? Sponsoring organizations maintaining donor advised funds. | | | | | | | | | | |
| а | Did the annual includes a supplied to a supplied to the distribution and the supplied to the s | | | | | | | | | | |
| b | | | | | | | | | | | |
| 10 | Section 501(c)(7) organizations. Enter: | | | | | | | | | | |
| а | Initiation fees and capital contributions included on Part VIII, line 12 | 10a | | | | | | | | | |
| b | Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities | 10b | | | | | | | | | |
| 11 | Section 501(c)(12) organizations. Enter: | | | | | | | | | | |
| а | Gross income from members or shareholders | 11a | | | | | | | | | |
| b | Gross income from other sources. (Do not net amounts due or paid to other sources against | | | | | | | | | | |
| | amounts due or received from them.) | 11b | | | | | | | | | |
| | Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form | | | 12a | | | | | | | |
| | If "Yes," enter the amount of tax-exempt interest received or accrued during the year | 12b | | | | | | | | | |
| 13 | Section 501(c)(29) qualified nonprofit health insurance issuers. | | | 120 | | | | | | | |
| а | Is the organization licensed to issue qualified health plans in more than one state? | | | 13a | | | | | | | |
| h | Note: See the instructions for additional information the organization must report on Schedule O. Enter the amount of reserves the organization is required to maintain by the states in which the | | | | | | | | | | |
| | organization is licensed to issue qualified health plans | 13b | | | | | | | | | |
| С | Enter the amount of reserves on hand | - | | | | | | | | | |
| 14a | Did the organization receive any payments for indoor tanning services during the tax year? | | | 14a | | Х | | | | | |
| | If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedu | | | 14b | | | | | | | |
| 15 | Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remune | | | | | | | | | | |
| | excess parachute payment(s) during the year? | | | | | | | | | | |
| | If "Yes," see the instructions and file Form 4720, Schedule N. | | | | | | | | | | |
| 16 | Is the organization an educational institution subject to the section 4968 excise tax on net investment | nt incon | ne? | 16 | | Х | | | | | |
| | If "Yes," complete Form 4720, Schedule O. | | | | | | | | | | |
| 17 | $\textbf{Section 501(c)(21) organizations.} \ Did the trust, any disqualified person, or mine operator engage in the trust of the trust of$ | any | | | | | | | | | |
| | activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953? | | | 17 | | | | | | | |
| | If "Yes," complete Form 6069. | | | | | | | | | | |

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

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

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

<u> 29</u>926

INC.

Employees, and Independent Contractors

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

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

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

Form 990 (2021)

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.

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- 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 | Position (do not check more than o box, unless person is both officer and a director/truste | | | | than is bot | h an | (D) Reportable compensation from | (E) Reportable compensation from related | (F) Estimated amount of other |
|---------------------------------------|--|---|-----------------------|--------------|--------------|---------------------------------|--------|---|---|--|
| | (list any hours for related organizations below line) | Individual trustee or director | Institutional trustee | Officer | Key employee | Highest compensated employee | Former | the organization (W-2/1099-MISC/ 1099-NEC) | organizations (W-2/1099-MISC/ 1099-NEC) | compensation from the organization and related organizations |
| (1) LINDSEY HARRELL | 40.00 | Α, | | ν, | | | | 101 000 | 0 | 0 |
| EXECUTIVE DIRECTOR | F 00 | Х | | Х | | | | 101,888. | 0. | 0. |
| (2) STEWART BROWN | 5.00 | Х | | x | | | | 0. | 0. | 0. |
| CHAIR EMERITUS (3) MEREDITH HARLACHER | 5.00 | ^ | | ^ | | | | 0. | 0. | 0. |
| (3) MEREDITH HARLACHER CHAIRMAN | 3.00 | Х | | x | | | | 0. | 0. | 0. |
| (4) BOB LEE | 5.00 | ^ | | _ | | | | 0. | 0. | <u> </u> |
| TREASURER | 3.00 | X | | x | | | | 0. | 0. | 0. |
| (5) TRUITT RABUN | 5.00 | | | | | | | 0. | 0. | |
| SECRETARY | 3.00 | x | | х | | | | 0. | 0. | 0. |
| (6) MIKE MCCLELLAND | 5.00 | | | | | | | 0. | | |
| VICE CHAIRMAN | - 3133 | | | x | | | | 0. | 0. | 0. |
| (7) LAWRENCE KOCH | 5.00 | | | | | | | | | |
| BOARD MEMBER | | х | | | | | | 0. | 0. | 0. |
| (8) JOYCE CARLTON | 5.00 | | | | | | | | | |
| BOARD MEMBER | | Х | | | | | | 0. | 0. | 0. |
| (9) PAUL IANUARIO | 5.00 | | | | | | | | | |
| BOARD MEMBER | | Х | | | | | | 0. | 0. | 0. |
| (10) WALTER NESTER | 5.00 | | | | | | | | | |
| BOARD MEMBER | | Х | | | | | | 0. | 0. | 0. |
| (11) LEE NINER | 5.00 | | | | | | | | | |
| BOARD MEMBER | | Х | | | | | | 0. | 0. | 0. |
| (12) DENNIS WRIGHT | 5.00 | | | | | | | | | |
| BOARD MEMBER | | Х | | | | | | 0. | 0. | 0. |
| (13) ELKE MARTIN | 5.00 | | | | | | | _ | _ | _ |
| BOARD MEMBER | | Х | | | | | | 0. | 0. | 0. |
| (14) ERIC DOERRING | 5.00 | | | | | | | | _ | _ |
| BOARD MEMBER | | Х | | | | | | 0. | 0. | 0. |
| (15) PAUL BOES | 5.00 | l | | | | | | | • | |
| BOARD MEMBER | | Х | | | | | | 0. | 0. | 0. |
| | | - | | | | | | | | |
| | | | _ | | _ | | | | | |
| | | - | | | | | | | | |
| | I | ı | l | | | ı | l | | | 1 |

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| Part VII Section A. Officers, Directors, Trus | stees, Key Em | ploy | ees | , an | d Hi | ighe | st C | Compensated Employe | es (continued) | | | |
|--|------------------------|--------------------------------|-----------------------|---------|--------------|------------------------------|---------|--------------------------------|---------------------------|-------|---------------|---------------------|
| (A) | (B) | | | • | C) | | | (D) | (E) | | (| (F) |
| Name and title | Average | | not c | | more | than | | Reportable | Reportable | | | mated |
| | hours per week | | | | | is bot or/trus | | compensation from | compensation from related | | | unt of ther |
| | (list any | ctor | | | | | | the | organization | | | ensation |
| | hours for | r direc | | | | ted | | organization | (W-2/1099-MIS | | | m the |
| | related | istee c | trustee | | ۵ | pensa | | (W-2/1099-MISC/ | 1099-NEC) | | _ | nization |
| | organizations below | ual tru | ional | | ploye | t com | | 1099-NEC) | | | | related izations |
| | line) | Individual trustee or director | Institutional trustee | Officer | Key employee | Highest compensated employee | - Forme | | | | organ | Zationio |
| | | - | | | | | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
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| _ | | | | | | | | | | | | |
| | | <u> </u> | _ | | | _ | | | | | | |
| | | | | | | | | | | | | |
| | | - | | | | | | | | | | |
| | | | | | | | | | | | | |
| 4.01.11 | | | | | | | Ļ | 101,888. | | 0. | | 0. |
| 1b Subtotal | II Cootion A | | | | | | | 0. | | 0. | | 0. |
| c Total from continuation sheets to Part V d Total (add lines 1b and 1c) | | | | | | | | 101,888. | | 0. | | 0. |
| Total number of individuals (including but r | | | | | | | | <u> </u> | ,000 of reportab | - | | |
| compensation from the organization | | | | | | | | | · • | | - 1. | 1 |
| 3 Did the organization list any former officer | director trust | ם ו | (OV (| amn | love | a | r hic | sheet compensated emr | Novee on | | Y | es No |
| line 1a? If "Yes," complete Schedule J for s | , | , | , | | , | , | • | | , | | 3 | х |
| 4 For any individual listed on line 1a, is the s | | | | | | | | | | | | |
| and related organizations greater than \$15 | 0,000? If "Yes, | " co | mpl | ete S | Sch | edul | e J | for such individual | | | 4 | X |
| 5 Did any person listed on line 1a receive or | - | | | | - | | | ted organization or indiv | idual for services | ; | | - I |
| rendered to the organization? If "Yes," con Section B. Independent Contractors | nplete Schedul | e J f | or s | uch | pers | son | | | | | 5 | X |
| Complete this table for your five highest co | ompensated in | depe | ende | ent c | ont | racto | ors 1 | that received more than | \$100,000 of con | npens | ation fro | om |
| the organization. Report compensation for | the calendar y | ear e | endi | ing v | vith | or w | /ithi | | year. | | (0) | |
| (A) Name and business | address | NC | INC | E | | | | (B) Description of s | ervices | С | (C) ompens | ation |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
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| | | | | | | | | | | | | |
| Total number of independent contractors (\$100,000 of compensation from the organ | | ot li | mite | d to | tho | se li 0 | sted | d above) who received n | nore than | | | |
| w 100,000 of compensation from the organ | Lation | | | | | | | | | | - 0 | 20 (2224) |

Page 9

Form 990 (2021) INC .
Part VIII Statement of Revenue

| | | Check if Schedule O | conta | ains a response | or note to any lir | ne 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 |
| ts ts | 1 a | Federated campaigns | | 1a | | | | | |
| Contributions, Gifts, Grants and Other Similar Amounts | | Membership dues | | ····· | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| <u>a</u> | | | | | 417,915. | | | | |
| Sin | | Government grants (contr | | | 411,913. | | | | |
| ēĦ | f | All other contributions, gifts, | | | 2 000 | | | | |
| 흔된 | | similar amounts not included | | ··· | 3,000. | | | | |
| d d | g | | | | | 400 015 | | | |
| <u>a</u> C | h | Total. Add lines 1a-1f | | | | 420,915. | | | |
| | | ~ | | | Business Code | 242 255 | 242 255 | | |
| e Ce | 2 a | | | | 990099 | 313,375. | 313,375. | | |
| e Z | b | EVENT TICKET | | LES | 990099 | 216,254. | 216,254. | | |
| en S | С | PATRON INCOME | | | 900099 | 99,344. | 99,344. | | |
| ev ev | d | | | | 990099 | 10,851. | 10,851. | | |
| Program Service Revenue | е | EXHIBITOR REG | IS | TRATION | 990099 | 6,560. | 6,560. | | |
| ≖ੋ | f | All other program service | reve | nue | 990099 | 1,534. | 1,534. | | |
| | g | Total. Add lines 2a-2f | | | | 647,918. | | | |
| | 3 | Investment income (include | ding | dividends, intere | est, and | | | | |
| | | other similar amounts) | | | | | | | |
| | 4 | Income from investment of | | | _ | | | | |
| | 5 | Royalties | | | | | | | |
| | | | | (i) Real | (ii) Personal | | | | |
| | 6 a | Gross rents | 6a | | | | | | |
| | b | Less: rental expenses | 6b | | | | | | |
| | С | 5 | 6с | | | | | | |
| | | Net rental income or (loss |) | | > | | | | |
| | | Gross amount from sales of | | (i) Securities | (ii) Other | | | | |
| | | assets other than inventory | 7a | | | | | | |
| | b | Less: cost or other basis | | | | | | | |
| e | | and sales expenses | 7b | | | | | | |
| le l | С | Gain or (loss) | 7c | | | | | | |
| Bè | | Net gain or (loss) | | | • | | | | |
| Other Revenue | | Gross income from fundraising | | | | | | | |
| ₹ | _ | including \$ | • | ` . | | | | | |
| | | contributions reported on | | | | | | | |
| | | • | | | 59,584. | | | | |
| | b | Part IV, line 18 8a b Less: direct expenses 8b | | | 8,792. | | | | |
| | | Net income or (loss) from | | | <u> </u> | 50,792. | | | 50,792. |
| | | Gross income from gamin | | | | , | | | |
| | • • | Part IV, line 19 | | | | | | | |
| | h | | | 9b | | | | | |
| | | | | | <u> </u> | | | | |
| | | Net income or (loss) from gaming activities Gross sales of inventory, less returns | | | | | | | |
| | 10 u | and allowances | | | 6,628. | | | | |
| | h | Less: cost of goods sold | | | 4000 | | | | |
| | | Net income or (loss) from | | | | -5,656. | -5,656. | | |
| | | | 54100 | 2 3voiltory | Business Code | 2,000 | 2,000 | | |
| Miscellaneous Revenue | 11 a | HOSPITALITY E | VE | NTS/INC | 990099 | 154,322. | 154,322. | | |
| nue an | u | DD TITTAIG MOTIATO | | | 990099 | 40,038. | 40,038. | | |
| | | PROGRAM ADVER | | | 541800 | 29,550. | ., | 29,550. | |
| <u> </u> | | A.IIII | | 2110 111 | 990099 | 45,244. | 45,244. | | |
| ≥ | | | | | | 269,154. | .,=== | | |
| | 12 | Total revenue See instruction | | | ····· | 1.383.123. | 881,866. | 29.550. | 50.792. |

Form 990 (2021)

INC.

02-0547759 Page **10**

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A). X Check if Schedule O contains a response or note to any line in this Part IX (D) (C) Do not include amounts reported on lines 6b. Program service expenses Management and general expenses Total expenses Fundráisina 7b, 8b, 9b, and 10b of Part VIII. expenses Grants and other assistance to domestic organizations 25,449. 25,449. and domestic governments. See Part IV, line 21 Grants and other assistance to domestic individuals. See Part IV, line 22 2,500. 2,500. Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 Benefits paid to or for members Compensation of current officers, directors, 101,888. 76,416. 25,472. trustees, and key employees Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) 105,339. 84,271. 21,068. Other salaries and wages 7 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) Other employee benefits 9 16,756. 12,567. 4,189. Payroll taxes 10 Fees for services (nonemployees): 11 a Management Legal 25,308. 12,654. 12,654. Accounting Lobbying Professional fundraising services. See Part IV, line 17 Investment management fees Other, (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch O.) 300,820. 300,820. Advertising and promotion 12 Office expenses 13 20,676. 10,338. 10,338. 14 Information technology 15 Royalties 16,211. 9,727. 6,484. 16 Occupancy 17 Travel Payments of travel or entertainment expenses for any federal, state, or local public officials ... Conferences, conventions, and meetings 19 6,219. 6,219. 20 Payments to affiliates 21 Depreciation, depletion, and amortization 22 20,076. 16,061. 4,015. 23 Other expenses. Itemize expenses not covered 24 above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.) 262,476. 262,476. FACILITY EXPENSES/RENTA **EVENT PRODUCTION COSTS** 217,667. 217,667. HOSPITALITY TENT COSTS 68,667. 68,667. 63,135. 63,135. SPONSOR SOLICITATION EX 79,554. 60,957. 18,597. SEE SCH O e All other expenses 1,332,741. 1,223,705. 109,036. 0. Total functional expenses. Add lines 1 through 24e 25 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.

Check here

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

Form 990 (2021)
Part X Balance Sheet

| Pa | IL A | balance Sheet | | | | |
|-----------------------------|------|--|--------------------------------|---------------------------------|---------------------------------------|---------------------------|
| | | Check if Schedule O contains a response or n | ote to any line in this Part X | | ······ | |
| | | | | (A) Beginning of year | | (B) End of year |
| | 1 | Cash - non-interest-bearing | | 139. | 1 | 341. |
| | 2 | Savings and temporary cash investments | | 311,597. | 2 | 303,432. |
| | 3 | Pledges and grants receivable, net | | - | 3 | · |
| | 4 | Accounts receivable, net | | 3,483. | 4 | 76,534. |
| | 5 | Loans and other receivables from any current | | | | · |
| | | trustee, key employee, creator or founder, sub | | | | |
| | | controlled entity or family member of any of th | | | 5 | |
| | 6 | Loans and other receivables from other disqui | | | | |
| | | under section 4958(f)(1)), and persons describ | | | 6 | |
| ιχ | 7 | Notes and loans receivable, net | | 7 | | |
| Assets | 8 | Inventories for sale or use | | 8 | | |
| As | 9 | Prepaid expenses and deferred charges | | | 9 | |
| | | Land, buildings, and equipment: cost or other | | | | |
| | | basis. Complete Part VI of Schedule D | | | | |
| | Ь | Less: accumulated depreciation | | | 10c | |
| | 11 | Investments - publicly traded securities | | 11 | | |
| | 12 | Investments - other securities. See Part IV, line | | 12 | | |
| | 13 | Investments - program-related. See Part IV, lin | | 13 | | |
| | 14 | Intangible assets | | 14 | | |
| | 15 | Other assets. See Part IV, line 11 | 5,958. | 15 | 5,958. | |
| | 16 | Total assets. Add lines 1 through 15 (must ed | | 321,177. | 16 | 386,265. |
| | 17 | Accounts payable and accrued expenses | 1 | 1,000. | 17 | 18,023. |
| | 18 | Grants payable | • | 18 | · · · · · · · · · · · · · · · · · · · | |
| | 19 | Deferred revenue | | | 19 | |
| | 20 | Tax-exempt bond liabilities | | | 20 | |
| | 21 | Escrow or custodial account liability. Complete | | | 21 | |
| ý | 22 | Loans and other payables to any current or fo | | | | |
| Liabilities | | trustee, key employee, creator or founder, sub | | | | |
| apil | | controlled entity or family member of any of th | | | 22 | |
| Ë | 23 | Secured mortgages and notes payable to unre | | | 23 | |
| | 24 | Unsecured notes and loans payable to unrelate | | 149,747. | 24 | 145,070. |
| | 25 | Other liabilities (including federal income tax, p | | - | | · |
| | | parties, and other liabilities not included on lin | - | | | |
| | | of Schedule D | , · | 772. | 25 | 3,383. |
| | 26 | Total liabilities. Add lines 17 through 25 | | 151,519. | 26 | 166,476. |
| | | Organizations that follow FASB ASC 958, cl | | | | |
| ces | | and complete lines 27, 28, 32, and 33. | · | | | |
| <u>a</u> | 27 | Net assets without donor restrictions | | 169,658. | 27 | 219,789. |
| Ва | 28 | Net assets with donor restrictions | | | 28 | |
| nd | | Organizations that do not follow FASB ASC | | | | |
| Ţ | | and complete lines 29 through 33. | , | | | |
| s o | 29 | Capital stock or trust principal, or current fund | ls | | 29 | |
| set | 30 | Paid-in or capital surplus, or land, building, or | | | 30 | |
| As | 31 | Retained earnings, endowment, accumulated | | | 31 | |
| Net Assets or Fund Balances | 32 | Total net assets or fund balances | | 169,658. | 32 | 219,789. |
| _ | 33 | Total liabilities and net assets/fund balances | | 321,177. | 33 | 386,265. |
| | • | | | - | | |

HILTON HEAD ISLAND CONCOURS D'ELEGANCE,

| Form | 1990 (2021) INC. | 02- | -0547759 | Pa | ge 12 |
|------|--|---------|------------|----------|--------------|
| | rt XI Reconciliation of Net Assets | | | <u> </u> | .go |
| | Check if Schedule O contains a response or note to any line in this Part XI | | | | |
| | • | | | | |
| 1 | Total revenue (must equal Part VIII, column (A), line 12) | 1 | 1,38 | 3,1 | 23. |
| 2 | Total expenses (must equal Part IX, column (A), line 25) | 2 | 1,33 | 2,7 | 41. |
| 3 | Revenue less expenses. Subtract line 2 from line 1 | 3 | 5 | 0,3 | 82. |
| 4 | Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) | 4 | 16 | 9,6 | 58. |
| 5 | Net unrealized gains (losses) on investments | 5 | | | |
| 6 | Donated services and use of facilities | 6 | | | |
| 7 | Investment expenses | 7 | | | |
| 8 | Prior period adjustments | 8 | | -2 | 51. |
| 9 | Other changes in net assets or fund balances (explain on Schedule O) | 9 | | | 0. |
| 10 | Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, | | | | |
| | column (B)) | 10 | 21 | 9,7 | 89. |
| Pa | rt XII Financial Statements and Reporting | | | | |
| | Check if Schedule O contains a response or note to any line in this Part XII | | | | |
| | | | | Yes | No |
| 1 | Accounting method used to prepare the Form 990: Cash X Accrual Other | | | | |
| | If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedul | e O. | | | |
| 2a | Were the organization's financial statements compiled or reviewed by an independent accountant? | | 2a | | X |
| | If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed | d on a | | | |
| | separate basis, consolidated basis, or both: | | | | |
| | Separate basis Consolidated basis Both consolidated and separate basis | | | | |
| b | Were the organization's financial statements audited by an independent accountant? | | 2b | | X |
| | If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate | e basis | s , | | |

Both consolidated and separate basis

Form **990** (2021)

Х

2c

consolidated basis, or both: Separate basis

Consolidated basis

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

c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit,

review, or compilation of its financial statements and selection of an independent accountant?

Act and OMB Circular A-133?

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

If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O. 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit

SCHEDULE A

(Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

Public Charity Status and Public Support

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

➤ Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Open to Public Inspection

Employer identification number

INC. 02-0547759

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

requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type III, Type III

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

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

INC.

02-0547759 Page 2

| (Complete only if you ch fails to qualify under the | ecked the box on line s | 5, 7, or 8 of Part I | or if the organization | | | • |
|--|--------------------------|----------------------|------------------------|----------|----------------------|-----------|
| Section A. Public Support | tests listed below, pier | asc complete i art | ···. <i>,</i> | | | |
| Calendar year (or fiscal year beginning in | n) (a) 2017 | (b) 2018 | (c) 2019 | (d) 2020 | (e) 2021 | (f) Total |
| 1 Gifts, grants, contributions, and | (a) 2017 | (b) 2018 | (6) 2019 | (u) 2020 | (e) 2021 | (i) iotai |
| membership fees received. (Do r | not | | | | | |
| include any "unusual grants.") | | | | | | |
| 2 Tax revenues levied for the organ | n- | | | | | |
| ization's benefit and either paid t | I | | | | | |
| or expended on its behalf | | | | | | |
| 3 The value of services or facilities | | | | | | |
| furnished by a governmental uni | | | | | | |
| the organization without charge | | | | | | |
| 4 Total. Add lines 1 through 3 | | | | | | |
| 5 The portion of total contributions | | | | | | |
| by each person (other than a | | | | | | |
| governmental unit or publicly | | | | | | |
| supported organization) included | b | | | | | |
| on line 1 that exceeds 2% of the | ; | | | | | |
| amount shown on line 11, | | | | | | |
| column (f) | | | | | | |
| 6 Public support. Subtract line 5 from I | ine 4. | | | | | |
| Section B. Total Support | | | | | | |
| Calendar year (or fiscal year beginning in | | (b) 2018 | (c) 2019 | (d) 2020 | (e) 2021 | (f) Total |
| 7 Amounts from line 4 | | | | | | |
| 8 Gross income from interest, | | | | | | |
| dividends, payments received or | n | | | | | |
| securities loans, rents, royalties, | | | | | | |
| and income from similar sources | | | | | | |
| 9 Net income from unrelated busin | ness | | | | | |
| activities, whether or not the | | | | | | |
| business is regularly carried on | | | | | | |
| 10 Other income. Do not include ga | in | | | | | |
| or loss from the sale of capital | | | | | | |
| assets (Explain in Part VI.) | | | | | | |
| 11 Total support. Add lines 7 through | | | | | 140 | |
| 12 Gross receipts from related activ | | | | | | |
| 13 First 5 years. If the Form 990 is | | , , , | • | • | ()() | _ |
| organization, check this box and Section C. Computation of F | | | | | | ····· |
| 14 Public support percentage for 20 | | | column (f)) | | 14 | % |
| 15 Public support percentage from | | | | | | % |
| 16a 33 1/3% support test - 2021. If | | | | | | |
| stop here. The organization qua | | | | | | |
| b 33 1/3% support test - 2020. If | | | | | | |
| and stop here. The organization | | | | | | |
| 17a 10% -facts-and-circumstances | | | | | | |
| and if the organization meets the | | | | | | |
| meets the facts-and-circumstand | | | | | t vi now the organiz | _ |
| b 10% -facts-and-circumstance | | | | | | |

more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the

Schedule A (Form 990) 2021

Schedule A (Form 990) 2021

INC.

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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.)

| | (Complete only if you checked | | | organization falled | to quality under F | art II. II trie organiz | ation fails to | |
|---|--|-----------------------------|-----------------------|----------------------|---------------------|-------------------------|-----------------|--|
| Sec | qualify under the tests listed be ction A. Public Support | elow, please comp | olete Part II.) | | | | | |
| Cale | ndar year (or fiscal year beginning in) 🕨 | (a) 2017 | (b) 2018 | (c) 2019 | (d) 2020 | (e) 2021 | (f) Total | |
| 1 | Gifts, grants, contributions, and | | | | | | | |
| | membership fees received. (Do not | | | | | | | |
| | include any "unusual grants.") | 220,448. | 251,166. | 332,790. | 323,066. | 420,915. | 1,548,385. | |
| 2 | Gross receipts from admissions, | | | | | | | |
| | merchandise sold or services per- formed, or facilities furnished in | | | | | | | |
| | anv activity that is related to the | | | | | | | |
| | organization's tax-exempt purpose | 1,044,492. | 937,389. | 971,844. | 20,802. | 962,208. | 3,936,735. | |
| 3 | Gross receipts from activities that | | | | | | | |
| | are not an unrelated trade or bus- | | | | | | | |
| | iness under section 513 | | | | | | | |
| 4 | Tax revenues levied for the organ- | | | | | | _ | |
| | ization's benefit and either paid to | | | | | | | |
| | or expended on its behalf | | | | | | | |
| 5 | The value of services or facilities | | | | | | _ | |
| | furnished by a governmental unit to | | | | | | | |
| | the organization without charge | | | | | | | |
| 6 | Total. Add lines 1 through 5 | 1,264,940. | 1,188,555. | 1,304,634. | 343,868. | 1,383,123. | 5,485,120. | |
| 7 <i>a</i> | Amounts included on lines 1, 2, and | | | | | | | |
| | 3 received from disqualified persons | | | | | | 0. | |
| b | Amounts included on lines 2 and 3 received | | | | | | _ | |
| | from other than disqualified persons that exceed the greater of \$5,000 or 1% of the | | | | | | | |
| | amount on line 13 for the year | | | | | | 0. | |
| c | Add lines 7a and 7b | | | | | | 0. | |
| 8 Public support. (Subtract line 7c from line 6.) | | | | | | | | |
| | ction B. Total Support | | | | | | | |
| Cale | ndar year (or fiscal year beginning in) 🕨 | (a) 2017 | (b) 2018 | (c) 2019 | (d) 2020 | (e) 2021 | (f) Total | |
| 9 | Amounts from line 6 | 1,264,940. | 1,188,555. | 1,304,634. | 343,868. | 1,383,123. | 5,485,120. | |
| 10a | Gross income from interest, | | | | | | | |
| | dividends, payments received on securities loans, rents, royalties, | | | | | | | |
| | and income from similar sources | 228. | 190. | 144. | 5. | | 567. | |
| b | Unrelated business taxable income | | | | | | | |
| | (less section 511 taxes) from businesses | | | | | | | |
| | acquired after June 30, 1975 | | | | | | | |
| c | Add lines 10a and 10b | 228. | 190. | 144. | 5. | | 567. | |
| 11 | Net income from unrelated business | | | | | | | |
| | activities not included on line 10b, whether or not the business is | | | | | | | |
| | regularly carried on | | | | | | | |
| 12 | Other income. Do not include gain | | | | | | | |
| | or loss from the sale of capital assets (Explain in Part VI.) | | | | | | | |
| 13 | Total support. (Add lines 9, 10c, 11, and 12.) | 1,265,168. | 1,188,745. | 1,304,778. | 343,873. | 1,383,123. | 5,485,687. | |
| 14 | First 5 years. If the Form 990 is for th | ne organization's fi | rst, second, third, | fourth, or fifth tax | year as a section 5 | 601(c)(3) organization | on, | |
| | check this box and stop here | | | | | | > | |
| Sec | ction C. Computation of Publ | ic Support Pe | rcentage | | | | | |
| 15 | Public support percentage for 2021 (| line 8, column (f), c | livided by line 13, | column (f)) | | 15 | 99.99 % | |
| 16 | Public support percentage from 2020 | Schedule A, Part | III, line 15 | | | 16 | 99.98 % | |
| Sec | ction D. Computation of Inves | stment Incom | e Percentage | | | | | |
| 17 | Investment income percentage for 20 |)21 (line 10c, colun | nn (f), divided by li | ne 13, column (f)) | | 17 | .01 % | |
| 18 | Investment income percentage from | 2020 Schedule A, | Part III, line 17 | | | 18 | .02 % | |
| 19a | 33 1/3% support tests - 2021. If the | | | | | 3 1/3%, and line 1 | 7 is not | |
| | more than 33 1/3%, check this box a | nd stop here. The | organization qualit | ies as a publicly s | upported organiza | tion | > X | |
| b | 33 1/3% support tests - 2020. If the | | | | | | | |
| | line 18 is not more than 33 1/3%, che | - | | | | | | |
| 20 | Private foundation. If the organization | | - | = | | - | | |
| | | | | | | | (Form 000) 2001 | |

Part IV | Supporting Organizations

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

Section A. All Supporting Organizations

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

| , | | Yes | No |
|------|---------|--------|------|
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| aule | A (Forr | n 990) | 2021 |

| 0.1 | dule A (Form 990) 2021 INC. 02-05 | 1775 | : a - 5 | _ |
|----------|---|-----------|----------|--------------|
| | dule A (Form 990) 2021 INC. 02-05 t IV Supporting Organizations (continued) | 4//5 | 9 Pa | age 5 |
| rai | Supporting Organizations (continued) | | Vac | No |
| 44 | Healthe expenientian accepted a gift or contribution from any of the following negacine? | | Yes | No |
| 11 | Has the organization accepted a gift or contribution from any of the following persons? | | | |
| а | A person who directly or indirectly controls, either alone or together with persons described on lines 11b and | 4.4 | | |
| | 11c below, the governing body of a supported organization? | 11a | \vdash | |
| | A family member of a person described on line 11a above? | 11b | | |
| С | A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide | | | |
| 800 | detail in Part VI. tion B. Type I Supporting Organizations | 11c | | |
| 360 | tion B. Type i Supporting Organizations | | T., | · |
| | | | Yes | No |
| 1 | Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or | | | |
| | more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) | | | |
| | effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported | | | |
| | organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the | | | |
| | supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year. | 1 | Ь | |
| 2 | Did the organization operate for the benefit of any supported organization other than the supported | | | |
| | organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in | | | |
| | Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, | | | |
| | supervised, or controlled the supporting organization. | 2 | | |
| Sec | tion C. Type II Supporting Organizations | | | |
| | | | Yes | No |
| 1 | Were a majority of the organization's directors or trustees during the tax year also a majority of the directors | | | |
| | or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control | | | |
| | or management of the supporting organization was vested in the same persons that controlled or managed | | | |
| | the supported organization(s). | 1 | | |
| Sec | tion D. All Type III Supporting Organizations | | | · |
| | · · · · · · · · · · · · · · · · · · · | | Yes | No |
| 1 | Did the organization provide to each of its supported organizations, by the last day of the fifth month of the | | | |
| - | organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax | | | |
| | year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the | | | |
| | organization's governing documents in effect on the date of notification, to the extent not previously provided? | 1 | | |
| 2 | Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported | | | |
| 2 | | | | |
| | organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how | | | |
| _ | the organization maintained a close and continuous working relationship with the supported organization(s). | 2 | | |
| 3 | By reason of the relationship described on line 2, above, did the organization's supported organizations have a | | | |
| | significant voice in the organization's investment policies and in directing the use of the organization's | | | |
| | income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's | | | |
| <u> </u> | supported organizations played in this regard. | 3 | | |
| Sec | tion E. Type III Functionally Integrated Supporting Organizations | | | |
| 1 | Check the box next to the method that the organization used to satisfy the Integral Part Test during the yea(see instructions |). | | |
| а | The organization satisfied the Activities Test. Complete line 2 below. | | | |
| b | The organization is the parent of each of its supported organizations. Complete line 3 below. | | | |
| С | The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see in | าstructio | ns). | |
| 2 | Activities Test. Answer lines 2a and 2b below. | | Yes | No |
| а | Did substantially all of the organization's activities during the tax year directly further the exempt purposes of | | | |
| | the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify | | | |
| | those supported organizations and explain how these activities directly furthered their exempt purposes, | | | |
| | how the organization was responsive to those supported organizations, and how the organization determined | | | |
| | that these activities constituted substantially all of its activities. | 2a | | |
| b | Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, | | | |
| | one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in | | | |
| | Part VI the reasons for the organization's position that its supported organization(s) would have engaged in | | | |
| | these activities but for the organization's involvement. | 2b | | |
| 3 | Parent of Supported Organizations. Answer lines 3a and 3b below. | | | |
| | Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or | | | |
| а | trustees of each of the supported organizations? If "Yes" or "No" provide details in Part VI. | 3a | | |
| h | | Ja | | |
| ม | Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each | | | |

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

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02-0547759 Page 6

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

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

| | All other Type III non-functionally integrated supporting organizations mus | t complete | Sections A through E. | 1 |
|------|--|----------------|---------------------------|--------------------------------|
| Sect | ion A - Adjusted Net Income | | (A) Prior Year | (B) Current Year (optional) |
| 1 | Net short-term capital gain | 1 | | |
| 2 | Recoveries of prior-year distributions | 2 | | |
| 3 | Other gross income (see instructions) | 3 | | |
| 4 | Add lines 1 through 3. | 4 | | |
| 5 | Depreciation and depletion | 5 | | |
| 6 | Portion of operating expenses paid or incurred for production or | | | |
| | collection of gross income or for management, conservation, or | | | |
| | maintenance of property held for production of income (see instructions) | 6 | | |
| 7 | Other expenses (see instructions) | 7 | | |
| 8 | Adjusted Net Income (subtract lines 5, 6, and 7 from line 4) | 8 | | |
| Sect | ion B - Minimum Asset Amount | | (A) Prior Year | (B) Current Year (optional) |
| 1 | Aggregate fair market value of all non-exempt-use assets (see | | | |
| | instructions for short tax year or assets held for part of year): | | | |
| а | Average monthly value of securities | 1a | | |
| b | Average monthly cash balances | 1b | | |
| С | Fair market value of other non-exempt-use assets | 1c | | |
| d | Total (add lines 1a, 1b, and 1c) | 1d | | |
| е | Discount claimed for blockage or other factors | | | |
| | (explain in detail in Part VI): | | | |
| 2 | Acquisition indebtedness applicable to non-exempt-use assets | 2 | | |
| 3 | Subtract line 2 from line 1d. | 3 | | |
| 4 | Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, | | | |
| | see instructions). | 4 | | |
| 5 | Net value of non-exempt-use assets (subtract line 4 from line 3) | 5 | | |
| 6 | Multiply line 5 by 0.035. | 6 | | |
| 7 | Recoveries of prior-year distributions | 7 | | |
| 8 | Minimum Asset Amount (add line 7 to line 6) | 8 | | |
| Sect | ion C - Distributable Amount | | | Current Year |
| 1 | Adjusted net income for prior year (from Section A, line 8, column A) | 1 | | |
| 2 | Enter 0.85 of line 1. | 2 | | |
| 3 | Minimum asset amount for prior year (from Section B, line 8, column A) | 3 | | |
| 4 | Enter greater of line 2 or line 3. | 4 | | |
| 5 | Income tax imposed in prior year | 5 | | |
| 6 | Distributable Amount. Subtract line 5 from line 4, unless subject to | | | |
| | emergency temporary reduction (see instructions). | 6 | | |
| 7 | Check here if the current year is the organization's first as a non-functional | ally integrate | d Type III supporting org | anization (see |

Schedule A (Form 990) 2021

instructions).

INC.

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

| | dule A (Form 990) 2021 INC. | (a)(2) Supporting Orga | ni-ations | 0 | 2-0547759 Page 7 |
|-------|---|-----------------------------------|---------------------------------------|------|---|
| | t V Type III Non-Functionally Integrated 509 | (a)(3) Supporting Orga | anizations _{(continu} | ıed) | |
| | ion D - Distributions | | | | Current Year |
| 1 | Amounts paid to supported organizations to accomplish exe | · · · · | | 1 | |
| 2 | Amounts paid to perform activity that directly furthers exemp | | _ | | |
| | organizations, in excess of income from activity | | 2 | | |
| _3_ | Administrative expenses paid to accomplish exempt purpose | es of supported organization | S | 3 | |
| _4_ | Amounts paid to acquire exempt-use assets | | | 4 | |
| _5_ | Qualified set-aside amounts (prior IRS approval required - pro | ovide details in Part VI) | | 5 | |
| _6_ | Other distributions (describe in Part VI). See instructions. | | | 6 | |
| _7_ | Total annual distributions. Add lines 1 through 6. | | | 7 | |
| 8 | Distributions to attentive supported organizations to which the | he organization is responsive |) | | |
| | (provide details in Part VI). See instructions. | | | 8 | |
| _9_ | Distributable amount for 2021 from Section C, line 6 | | | 9 | |
| 10 | Line 8 amount divided by line 9 amount | | | 10 | |
| Secti | ion E - Distribution Allocations (see instructions) | (i) Excess Distributions | (ii) Underdistributior Pre-2021 | ıs | (iii) Distributable Amount for 2021 |
| 1 | Distributable amount for 2021 from Section C, line 6 | | | | |
| 2 | Underdistributions, if any, for years prior to 2021 (reason- | | | | |
| | able cause required - explain in Part VI). See instructions. | | | | |
| 3 | Excess distributions carryover, if any, to 2021 | | | | |
| a | From 2016 | | | | |
| b | From 2017 | | | | |
| С | From 2018 | | | | |
| d | From 2019 | | | | |
| е | From 2020 | | | | |
| f | Total of lines 3a through 3e | | | | |
| g | Applied to underdistributions of prior years | | | | |
| | Applied to 2021 distributable amount | | | | |
| ī | Carryover from 2016 not applied (see instructions) | | | | |
| | Remainder. Subtract lines 3g, 3h, and 3i from line 3f. | | | | |
| 4 | Distributions for 2021 from Section D, | | | | |
| | line 7: | | | | |
| а | Applied to underdistributions of prior years | | | | |
| b | Applied to 2021 distributable amount | | | | |
| С | Remainder. Subtract lines 4a and 4b from line 4. | | | | |
| 5 | Remaining underdistributions for years prior to 2021, if | | | | |
| | any. Subtract lines 3g and 4a from line 2. For result greater | | | | |
| | than zero, explain in Part VI. See instructions. | | | | |
| 6 | Remaining underdistributions for 2021. Subtract lines 3h | | | | |
| | and 4b from line 1. For result greater than zero, explain in | | | | |
| | Part VI. See instructions. | | | | |
| 7 | Excess distributions carryover to 2022. Add lines 3j | | | | |
| - | and 4c. | | | | |
| 8 | Breakdown of line 7: | | | | |
| | Excess from 2017 | | | | |
| | Excess from 2018 | | | | |
| | Excess from 2019 | | | | |
| | Excess from 2020 | | | | |
| | Excess from 2021 | | | | |
| | | | | | |

Schedule A (Form 990) 2021

HILTON HEAD ISLAND CONCOURS D'ELEGANCE,

Schedule A (Form 990) 2021 INC.

Supplemental Information. Provide the explanations required by Part II, line 10; Part III, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section B, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section B, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section B, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1c, 2a, 2b, 3a, and 3b; Part V, line 1c, 2a, 2b, 3a, and 3b; Part V, line 1c, 2a, 2b, 3a, and 3b; Part V, line 1c, 2a, 2b, 3a, and 3b; Part V, line 1c, 2a, 2b, 3a, and 3b; Part V, line 1c, 2a, 2b, 3a, and 3b; Part V, line 1c, 2a, 2b, 3a, and 3b; Part V, line 1c, 2a, 2b, 3a, and 3b; Part V, line 1c, 2a, 2b, 3a, and 3b; Part V, line 1c, 2a, 2b, 3a, and 3b; Part V, line 1c, 2a, 2b, 3a, 3a, 3b, 3a, 3a, 3b, 3a, 3a, 3b,

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

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

► Attach to Form 990.

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

HILTON HEAD ISLAND CONCOURS D'ELEGANCE, INC.

Employer identification number 02-0547759

| Pai | rt I | Organizations Maintaining Donor Advise organization answered "Yes" on Form 990, Part IV, lin | | s or Acc | counts.Complete if | the |
|-----|----------|--|--|---------------|-----------------------|--------------|
| | | | (a) Donor advised funds | (b) l | Funds and other acc | ounts |
| 1 | Total | number at end of year | , , | | | |
| 2 | | egate value of contributions to (during year) | | | | |
| 3 | | egate value of grants from (during year) | | | | |
| 4 | | egate value at end of year | | | | |
| 5 | | ne organization inform all donors and donor advisors in v | writing that the assets hold in donor advis | and funds | | |
| 3 | | ne organization's property, subject to the organization's | - | | Yes | No |
| 6 | | ne organization's property, subject to the organization's ne organization inform all grantees, donors, and donor a | | | | NO |
| 6 | | | | | | |
| | | naritable purposes and not for the benefit of the donor or rmissible private benefit? | | | - | Na |
| Pai | | Conservation Easements. Complete if the org | ranization answered "Ves" on Form 900 | | Yes | No_ |
| 1 | | ose(s) of conservation easements held by the organizati | | i aitiv, iiii | C 1. | |
| • | ruip | Preservation of land for public use (for example, recrea | | a historia | ally important land a | r02 |
| | | Protection of natural habitat | • | | d historic structure | ea |
| | | | Freservation of | a certinet | Thistoric structure | |
| • | C | Preservation of open space | | -f | | |
| 2 | | plete lines 2a through 2d if the organization held a qualif of the tax year. | ned conservation contribution in the form | or a cons | Held at the End of | |
| | | | | | | THE TAX TOUT |
| а | | number of conservation easements | | | a | |
| b | | acreage restricted by conservation easements | | | 2b | |
| С. | | ber of conservation easements on a certified historic str | | | ec e | |
| d | | ber of conservation easements included in (c) acquired a | | | | |
| _ | | In the National Register | | | ed | |
| 3 | | ber of conservation easements modified, transferred, rel | leased, extinguished, or terminated by the | e organiza | ition during the tax | |
| _ | year | · | | | | |
| 4 | | ber of states where property subject to conservation ear | | | | |
| 5 | | the organization have a written policy regarding the per | | | | |
| | | ions, and enforcement of the conservation easements it | | | | No |
| 6 | Staff | and volunteer hours devoted to monitoring, inspecting, | handling of violations, and enforcing con | servation | easements during th | e year |
| | - | | | | | |
| 7 | | unt of expenses incurred in monitoring, inspecting, hand | lling of violations, and enforcing conserva | ation ease | ments during the yea | ar |
| | ▶\$ | | | | | |
| 8 | | each conservation easement reported on line 2(d) above | | | | |
| | | section 170(h)(4)(B)(ii)? | | | | No |
| 9 | | rt XIII, describe how the organization reports conservati | • | | | |
| | | nce sheet, and include, if applicable, the text of the footr | note to the organization's financial statem | ents that | describes the | |
| _ | | nization's accounting for conservation easements. | (| 0: | | |
| Pai | rt III | Organizations Maintaining Collections or | | tner Sir | milar Assets. | |
| | | Complete if the organization answered "Yes" on Form | | | | |
| 1a | | organization elected, as permitted under FASB ASC 95 | ' ' | | | |
| | | , historical treasures, or other similar assets held for pub | , , | | e of public | |
| | | ce, provide in Part XIII the text of the footnote to its finar | | | | |
| b | | organization elected, as permitted under FASB ASC 95 | | | | |
| | art, h | istorical treasures, or other similar assets held for public | exhibition, education, or research in furt | herance o | f public service, | |
| | - | de the following amounts relating to these items: | | | | |
| | (i) R | Revenue included on Form 990, Part VIII, line 1 | | | \$ | |
| | | | | | \$ | |
| 2 | If the | organization received or held works of art, historical tre- | asures, or other similar assets for financia | al gain, pro | ovide | |
| | | ollowing amounts required to be reported under FASB A | | | | |
| а | Reve | nue included on Form 990, Part VIII, line 1 | | | \$ | |
| b | Asset | ts included in Form 990, Part X | | | ▶ \$ | |

| 02-0547759 _{Page} 2 |
|------------------------------|
|------------------------------|

| Par | t III | Organizations Maintaining C | Collections of Ar | t, His | torical Tr | easures, o | r Other | Simila | ar Asse | ts (cont | inued |) |
|----------|--------|---|------------------------|------------|----------------|----------------|-------------|-------------|---------------|-----------------|---------|---------|
| 3 | Using | g the organization's acquisition, accessi | on, and other record | s, chec | k any of the | following that | make sig | nificant | use of its | | | |
| | collec | ction items (check all that apply): | | | | | | | | | | |
| а | | Public exhibition | d | | Loan or exc | hange prograr | m | | | | | |
| b | | Scholarly research | е | | Other | | | | | | | |
| С | | Preservation for future generations | | | | | | | | | | |
| 4 | Provi | de a description of the organization's co | ollections and explair | n how t | hey further tl | he organizatio | n's exem | pt purpo | se in Part | XIII. | | |
| 5 | | g the year, did the organization solicit o | | | | | | | | | | |
| _ | | sold to raise funds rather than to be ma | | | | | | | | Yes | | No |
| Pai | t IV | Escrow and Custodial Arran | - | ete if the | e organizatio | n answered "\ | Yes" on F | orm 990 | , Part IV, | ine 9, d | or | |
| | | reported an amount on Form 990, Pa | | | | | | | | | | |
| 1a | | e organization an agent, trustee, custod | | • | | | | | | ., | | |
| | | orm 990, Part X? | | | | | | | | Yes | | No |
| D | IT "YE | es," explain the arrangement in Part XIII | and complete the to | llowing | table: | | | | | Amou | nt | |
| • | Dogir | aning halanga | | | | | | 10 | | 7 111001 | - | |
| | | nning balance | | | | | | | | | | |
| | | tions during the yearbutions during the year | | | | | | | | | | |
| f | | ng balance | | | | | | 1f | | | | |
| | | ne organization include an amount on F | | | | | | - | | Yes | | No |
| | | es," explain the arrangement in Part XIII. | · | | | | • | | | | | |
| Par | | Endowment Funds. Complete i | | | | | | | | | | |
| | | | (a) Current year | | Prior year | (c) Two years | | | ears back | (e) Fo | ır year | s back |
| 1a | Begir | nning of year balance | | | | | | | | | | |
| | | ributions | | | | | | | | | | |
| | | nvestment earnings, gains, and losses | | | | | | | | | | |
| d | Grant | ts or scholarships | | | | | | | | | | |
| е | Othe | r expenditures for facilities | | | | | | | | | | |
| | and p | programs | | | | | | | | | | |
| f | Admi | nistrative expenses | | | | | | | | | | |
| g | End o | of year balance | | | | | | | | | | |
| 2 | Provi | de the estimated percentage of the cur | rent year end balanc | e (line 1 | lg, column (a | a)) held as: | | | | | | |
| а | Board | d designated or quasi-endowment 🕨 ု | | _% | | | | | | | | |
| | | anent endowment | % | | | | | | | | | |
| С | | | % | | | | | | | | | |
| | | percentages on lines 2a, 2b, and 2c sho | • | | | | | | | | | |
| 3a | | here endowment funds not in the posse | ession of the organiza | ation th | at are held a | nd administer | ed for the | e organiz | ation | | Vac | No |
| | by: | | | | | | | | | 0 (1) | 1 | NO |
| | | Inrelated organizations | | | | | | | | 3a(i) | _ | + |
| L | | Related organizationses" on line 3a(ii), are the related organiza | | | | | | | | 3a(ii) | 1 | +- |
| D 1 | | ribe in Part XIII the intended uses of the | | | | | | | | 30 | | |
| Par | t VI | Land, Buildings, and Equipm | | willelit | iulius. | | | | | | | |
| | • • • | Complete if the organization answere | |). Part l' | V. line 11a. S | See Form 990. | Part X. lir | ne 10. | | | | |
| | | Description of property | (a) Cost or of | | · | or other | | umulate | а | (d) Bo | ok val | |
| | | 2335/1Ption of property | basis (investn | | | (other) | | eciation | ~ | (4) | on vai | |
| 1a | Land | | ' | | | . , | | | | | | |
| | | ings | | | | | | | | | | |
| | | ehold improvements | | | | | | | | | | |
| | | oment | | | | | | | | | | |
| | Othe | | | | | | | | | | | |
| | | lines 1a through 1e. (Column (d) must e | | X, colui | mn (B), line 1 | 0c.) | | | | | | 0. |
| | | <u> </u> | • | | , | | | | . | | | 2) 0004 |

| Schedule D (Form 990) 2021 INC. | | 02 | 2-05 4 7759 Page 3 |
|---|----------------------------|---|----------------------------------|
| Part VII Investments - Other Securities. | | | <u> </u> |
| Complete if the organization answered "Yes" | on Form 990, Part IV, line | e 11b. See Form 990, Part X, line 12. | |
| (a) Description of security or category (including name of security) | (b) Book value | (c) Method of valuation: Cost or en | d-of-year market value |
| (1) Financial derivatives | | | |
| (2) Closely held equity interests | | | |
| (3) Other | | | |
| (A) | | | |
| (B) | | | |
| (C) | | | |
| (D) | | | |
| (E) | | | |
| (F) | | | |
| (G) | | | |
| (H) | | | |
| Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ▶ | | | |
| Part VIII Investments - Program Related. | | | |
| Complete if the organization answered "Yes" | on Form 990, Part IV, line | | |
| (a) Description of investment | (b) Book value | (c) Method of valuation: Cost or en | d-of-year market value |
| (1) | | | |
| (2) | | | |
| (3) | | | |
| (4) | | | |
| (5) | | | |
| (6) | | | |
| (7) | | | |
| (8) | | | |
| (9) | | | |
| Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) | | | |
| Part IX Other Assets. | | | |
| Complete if the organization answered "Yes" | | e 11d. See Form 990, Part X, line 15. | 1 |
| (a) | Description | | (b) Book value |
| (1) | | | |
| (2) | | | |
| (3) | | | |
| (4) | | | |
| (5) | | | |
| (6) | | | |
| (7) | | | |
| (8) | | | |
| (9) | | | |
| Total. (Column (b) must equal Form 990, Part X, col. (B) lin | e 15.) | > | |
| Part X Other Liabilities. | | | |
| Complete if the organization answered "Yes" | on Form 990, Part IV, line | e 11e or 11t. See Form 990, Part X, line 25 | |
| 1. (a) Description of liability | | | (b) Book value |
| (1) Federal income taxes | | | 2 202 |
| (2) PAYROLL LIABILITIES | | | 3,383. |
| (3) | | | |

 1.
 (a) Description of liability
 (b) Book value

 (1) Federal income taxes
 3, 383.

 (2) PAYROLL LIABILITIES
 3,383.

 (3)
 (4)

 (5)
 (6)

 (7)
 (8)

 (9)
 (9)

 Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)
 3,383.

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

HILTON HEAD ISLAND CONCOURS D'ELEGANCE,

Schedule D (Form 990) 2021

INC.

02-0547759 Page 4

| Pai | | | |
|----------------------------------|---|-------------------------------------|------------------|
| | Complete if the organization answered "Yes" on Form 990, Part IV, li | | |
| 1 | Total revenue, gains, and other support per audited financial statements | | 1 |
| 2 | Amounts included on line 1 but not on Form 990, Part VIII, line 12: | 1 1 | |
| а | Net unrealized gains (losses) on investments | | |
| b | Donated services and use of facilities | | |
| С | Recoveries of prior year grants | | |
| d | Other (Describe in Part XIII.) | 2d | |
| е | Add lines 2a through 2d | | |
| 3 | Subtract line 2e from line 1 | | 3 |
| 4 | Amounts included on Form 990, Part VIII, line 12, but not on line 1: | 1 . 1 | |
| а | Investment expenses not included on Form 990, Part VIII, line 7b | | |
| b | Other (Describe in Part XIII.) | 4b | |
| _ | Add lines 4a and 4b | | |
| 5 | Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12 | | |
| Pai | rt XII Reconciliation of Expenses per Audited Financial St | - | nses per Return. |
| | Complete if the organization answered "Yes" on Form 990, Part IV, II | | |
| 1 | Total expenses and losses per audited financial statements | | 1 |
| 2 | Amounts included on line 1 but not on Form 990, Part IX, line 25: | | |
| a | Donated services and use of facilities | | |
| b | Prior year adjustments | | |
| C | Other losses | | |
| d | Other (Describe in Part XIII.) | - | 0.0 |
| _ | Add lines 2a through 2d | | |
| 3 4 | Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: | | 3 |
| - | Investment expenses not included on Form 990, Part VIII, line 7b | 40 | |
| a b | | - I | |
| | | | |
| | Add lines 12 and 14 | | 1 40 |
| | Add lines 4a and 4b Total expenses Add lines 3 and 4c (This must equal Form 990 Part I line 1 | | |
| 5 | Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 1 | | |
| 5 Pai | Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 1 rt XIII Supplemental Information. | 8.) | 5 |
| 5 Pa l Provi | Total expenses. Add lines 3 and 4c. (<i>This must equal Form</i> 990, <i>Part I, line 1</i> or XIII Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and | 8.) 4; Part IV, lines 1b and 2b; | 5 |
| 5 Pa l Provi | Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 1 rt XIII Supplemental Information. | 8.) 4; Part IV, lines 1b and 2b; | 5 |
| 5 Pa l Provi | Total expenses. Add lines 3 and 4c. (<i>This must equal Form</i> 990, <i>Part I, line 1</i> or XIII Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and | 8.) 4; Part IV, lines 1b and 2b; | 5 |
| 5 Pa l Provi | Total expenses. Add lines 3 and 4c. (<i>This must equal Form</i> 990, <i>Part I, line 1</i> or XIII Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and | 8.) 4; Part IV, lines 1b and 2b; | 5 |
| 5 Pa l Provi | Total expenses. Add lines 3 and 4c. (<i>This must equal Form</i> 990, <i>Part I, line 1</i> or XIII Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and | 8.) 4; Part IV, lines 1b and 2b; | 5 |
| 5 Pa l Provi | Total expenses. Add lines 3 and 4c. (<i>This must equal Form</i> 990, <i>Part I, line 1</i> or XIII Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and | 8.) 4; Part IV, lines 1b and 2b; | 5 |
| 5 Pa l Provi | Total expenses. Add lines 3 and 4c. (<i>This must equal Form</i> 990, <i>Part I, line 1</i> or XIII Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and | 8.) 4; Part IV, lines 1b and 2b; | 5 |
| 5 Pa l Provi | Total expenses. Add lines 3 and 4c. (<i>This must equal Form</i> 990, <i>Part I, line 1</i> or XIII Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and | 8.) 4; Part IV, lines 1b and 2b; | 5 |
| 5 Pa l Provi | Total expenses. Add lines 3 and 4c. (<i>This must equal Form</i> 990, <i>Part I, line 1</i> or XIII Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and | 8.) 4; Part IV, lines 1b and 2b; | 5 |
| 5 Pa l Provi | Total expenses. Add lines 3 and 4c. (<i>This must equal Form</i> 990, <i>Part I, line 1</i> or XIII Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and | 8.) 4; Part IV, lines 1b and 2b; | 5 |
| 5 Pa l Provi | Total expenses. Add lines 3 and 4c. (<i>This must equal Form</i> 990, <i>Part I, line 1</i> or XIII Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and | 8.) 4; Part IV, lines 1b and 2b; | 5 |
| 5 Pa l Provi | Total expenses. Add lines 3 and 4c. (<i>This must equal Form</i> 990, <i>Part I, line 1</i> or XIII Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and | 8.) 4; Part IV, lines 1b and 2b; | 5 |
| 5 Pa l Provi | Total expenses. Add lines 3 and 4c. (<i>This must equal Form</i> 990, <i>Part I, line 1</i> or XIII Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and | 8.) 4; Part IV, lines 1b and 2b; | 5 |
| 5 Pa l Provi | Total expenses. Add lines 3 and 4c. (<i>This must equal Form</i> 990, <i>Part I, line 1</i> or XIII Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and | 8.) 4; Part IV, lines 1b and 2b; | 5 |
| 5 Pa l Provi | Total expenses. Add lines 3 and 4c. (<i>This must equal Form</i> 990, <i>Part I, line 1</i> or XIII Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and | 8.) 4; Part IV, lines 1b and 2b; | 5 |
| 5 Pa l Provi | Total expenses. Add lines 3 and 4c. (<i>This must equal Form</i> 990, <i>Part I, line 1</i> or XIII Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and | 8.) 4; Part IV, lines 1b and 2b; | 5 |
| 5 Pa l Provi | Total expenses. Add lines 3 and 4c. (<i>This must equal Form</i> 990, <i>Part I, line 1</i> or XIII Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and | 8.) 4; Part IV, lines 1b and 2b; | 5 |
| 5 Pa l Provi | Total expenses. Add lines 3 and 4c. (<i>This must equal Form</i> 990, <i>Part I, line 1</i> or XIII Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and | 8.) 4; Part IV, lines 1b and 2b; | 5 |
| 5 Pa l Provi | Total expenses. Add lines 3 and 4c. (<i>This must equal Form</i> 990, <i>Part I, line 1</i> or XIII Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and | 8.) 4; Part IV, lines 1b and 2b; | 5 |
| 5 Pa l Provi | Total expenses. Add lines 3 and 4c. (<i>This must equal Form</i> 990, <i>Part I, line 1</i> or XIII Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and | 8.) 4; Part IV, lines 1b and 2b; | 5 |
| 5 Pa l Provi | Total expenses. Add lines 3 and 4c. (<i>This must equal Form</i> 990, <i>Part I, line 1</i> or XIII Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and | 8.) 4; Part IV, lines 1b and 2b; | 5 |
| 5 Pa l Provi | Total expenses. Add lines 3 and 4c. (<i>This must equal Form</i> 990, <i>Part I, line 1</i> or XIII Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and | 8.) 4; Part IV, lines 1b and 2b; | 5 |
| 5 Pa l Provi | Total expenses. Add lines 3 and 4c. (<i>This must equal Form</i> 990, <i>Part I, line 1</i> or XIII Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and | 8.) 4; Part IV, lines 1b and 2b; | 5 |
| 5 Pa l Provi | Total expenses. Add lines 3 and 4c. (<i>This must equal Form</i> 990, <i>Part I, line 1</i> or XIII Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and | 8.) 4; Part IV, lines 1b and 2b; | 5 |

SCHEDULE G (Form 990)

Department of the Treasury

Part I

Supplemental Information Regarding Fundraising or Gaming Activities

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

► Attach to Form 990 or Form 990-EZ.

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

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

OMB No. 1545-0047

2021

Open to Public Inspection

Name of the organization

HILTON HEAD ISLAND CONCOURS D'ELEGANCE, INC.

Employer identification number 02-0547759

required to complete this part. 1 Indicate whether the organization raised funds through any of the following activities. Check all that apply. Mail solicitations Solicitation of non-government grants а е b Internet and email solicitations f Solicitation of government grants Phone solicitations С g Special fundraising events In-person solicitations d 2 a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? Yes No b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. (iii) Did fundraiser have custody or control of contributions? (v) Amount paid (vi) Amount paid (i) Name and address of individual (iv) Gross receipts to (or retained by) (ii) Activity to (or retained by) fundraiser or entity (fundraiser) from activity organization listed in col. (i) Yes No Total 3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

Schedule G (Form 990) 2021

02-054<u>7759 Page 2</u> INC. Part II Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000

| | | of fundraising event contributions and gr | oss income on Form 990 | -EZ, lines 1 and 6b. List | events with gross receip | ots greater than \$5,000. |
|-----------------|---|---|--|----------------------------|--------------------------|---|
| | | | (a) Event #1 SILENT AUCTION - DY | (b) Event #2 | (c) Other events NONE | (d) Total events (add col. (a) through |
| 4 | | | (event type) | (event type) | (total number) | col. (c)) |
| Revenue | 1 | Gross receipts | 59,584. | | | 59,584. |
| | 2 | Less: Contributions | | | | |
| | | | | | | |
| | 3 | Gross income (line 1 minus line 2) | 59,584. | | | 59,584. |
| | 4 | Cash prizes | | | | |
| | 5 | Noncash prizes | 5,809. | | | 5,809. |
| Direct Expenses | | Rent/facility costs | | | | 2,983. |
| Direct E) | 7 | Food and beverages | | | | |
| | 8 | Entertainment | | | | |
| | 9 | Other direct expenses | | | | |
| | | Direct expense summary. Add lines 4 through | | | | 8,792. |
| Pa | | Net income summary. Subtract line 10 from li Gaming. Complete if the organization is | | 2000 Port IV line 10 or | | 50,792. |
| 1 4 | | \$15,000 on Form 990-EZ, line 6a. | answered res on Form | 1990, Part IV, line 19, 01 | reported more than | |
| 4 | | ψ , | (a) Dinas | (b) Pull tabs/instant | (c) Other gaming | (d) Total gaming (add |
| Revenue | | | (a) Bingo | bingo/progressive bingo | (c) Other garning | col. (a) through col. (c)) |
| Rev | | | | | | |
| | 1 | Gross revenue | | | | |
| | 2 | Cash prizes | | | | |
| ses | _ | Oddit prized | | | | |
| Direct Expenses | 3 | Noncash prizes | | | | |
| Jirec | 4 | Rent/facility costs | | | | |
| | 5 | Other direct expenses | | | | |
| | _ | - · · · · · · · · · · · · · · · · · · · | Yes % | Yes % | Yes % | |
| | 6 | Volunteer labor | No | No | No | |
| | 7 | Direct expense summary. Add lines 2 through | n 5 in column (d) | | > | |
| | 8 | Net gaming income summary. Subtract line 7 | from line 1 column (d) | | | |
| | 0 | Net garning income summary. Subtract line 7 | nomine i, column (a) | | P | <u> </u> |
| | | ter the state(s) in which the organization condu | | states? | | Yes No |
| | | No," explain: | | | | |
| | | | | | | |
| | | ere any of the organization's gaming licenses re Yes," explain: | | | year? | Yes No |
| | | | | | | |
| | | | | | | |

HILTON HEAD ISLAND CONCOURS D'ELEGANCE,

02-0547759 Schedule G (Form 990) 2021 Page 3 Does the organization conduct gaming activities with nonmembers? Yes No 12 Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed to administer charitable gaming? Yes No **13** Indicate the percentage of gaming activity conducted in: a The organization's facility 13a % b An outside facility 13b % 14 Enter the name and address of the person who prepares the organization's gaming/special events books and records: Name > Address -15a Does the organization have a contract with a third party from whom the organization receives gaming revenue? Yes No **b** If "Yes," enter the amount of gaming revenue received by the organization **>** \$ _____ and the amount of gaming revenue retained by the third party > \$ c If "Yes," enter name and address of the third party: **16** Gaming manager information: Name > Gaming manager compensation ▶ \$_____ Description of services provided Director/officer Employee Independent contractor 17 Mandatory distributions: a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? Yes No b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year > \$ Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.

HILTON HEAD ISLAND CONCOURS D'ELEGANCE,

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

Department of the Treasury

Internal Revenue Service

(Form 990)

Transactions With Interested Persons

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

► Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2021

Open To Public Inspection

| ivam | ie of the organization H | ILLTON H | EAD ISLAI | עם ע | ONC | OURS D ELE | GANCE, | | | 477 | | on nu | ımber | |
|------------|-----------------------------|------------------|----------------------------------|------------|----------------|-------------------------|------------------------|-----------|----------------|---------------------------|-------------------|---------------|----------|--|
| Pa | | | | | | | ection 501(c)(29) orga | | | | | | | |
| | Complete if the o | | | | | | o, or Form 990-EZ, P | art V, | line 40 | 0b. | 1 | | | |
| 1 | (a) Name of disqualified p | person (b) | Relationship bet person and o | | | lified (c | c) Description of tran | ansaction | | escription of transaction | | (d) Corrected | | |
| | | | person and o | i gai iiza | ation | | - | | | | Y | es | No | |
| | | | | | | | | | | | | - | | |
| | | | | | | | | | | | - | - | | |
| | | | | | | | | | | | | - | | |
| | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |
| 2 | Enter the amount of tax i | incurred by the | organization mar | nagers | or disc | qualified persons du | ring the year under | | | | | | | |
| | section 4958 | | | | | | | | > \$ | | | | | |
| 3 | Enter the amount of tax, | | | | | | | | > \$ | | | | | |
| D - | | 1/ | | | | | | | | | | | | |
| Ра | rt II Loans to and | | | | | | | | | | | | | |
| | • | - | | | | , Part V, line 38a or f | Form 990, Part IV, lin | e 26; | or if th | ne orga | anizati | on | | |
| | reported an amo (a) Name of | (b) Relationship | | | 2. an to or | (e) Original | (f) Delenge due | 100 | \ ln | (h) Ap | proved | /:x \/ | Vritten | |
| | interested person | with organizatio | | fron | n the zation? | principal amount | (f) Balance due | |) In ault? | by bo | ard or nittee? | | ement? | |
| | • | | | H- | From | | | Yes | No | Yes | No | Yes | _ | |
| | | | | 10 | 1 10111 | | | 163 | 140 | 163 | 140 | 163 | 140 | |
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| | .1 | | | | | | | | | | | | | |
| Tota Pa | rt III Grants or As | sistance Re | nefiting Inte | reste | d Pe | <u>\$</u> | | | | | | | | |
| · u | Complete if the o | | _ | | | | | | | | | | | |
| | (a) Name of interested p | | (b) Relationship | | | (c) Amount of | (d) Type | of | | (e |) Purp | ose c | of | |
| | (4) (4) | | interested per | son an | | assistance | assistan | | | | assist | | | |
| | | | the organiz | ation | | | | | | | | | | |
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LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule L (Form 990) 2021

INC.

02-0547759 Page 2

| Part IV Business Transactions Involv | - | 0.00 | | |
|---|---|------------------------------|--------------------------------|---------------|
| Complete if the organization answered | | | (d) Description of | (e) Sharing o |
| (a) Name of interested person | (b) Relationship between interested person and the organization | (c) Amount of transaction | (d) Description of transaction | organization' |
| | | | | Yes No |
| BEACON ALLIED RESOURCES, I | TREASURER/COMPTROLL | 23,640. | PROVIDES AC | |
| TRUITT RABURN ASSOC., INC/ | | | PROVIDES LA | |
| | | | | |
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| Part V Supplemental Information. | | | 1 | <u>l</u> |
| Provide additional information for response | onses to questions on Schedule L (see | instructions). | | |
| <u> </u> | | • | | |
| SCH L, PART IV, BUSINESS T | RANSACTIONS INVOLVI | NG INTEREST | ED PERSONS: | |
| (-) | | / | | |
| (A) NAME OF PERSON: BEACON | ALLIED RESOURCES, | INC./ROBERT | ' LEE | |
| (B) RELATIONSHIP BETWEEN I | NAEDEGAED DEDGUN YN. | $D \cap C $ | TON. | |
| (B) REDATIONSHIP BETWEEN I | NIEKESIED FERSON AN | D ORGANIZAI | . TOIN: | |
| TREASURER/COMPTROLLER | | | | |
| · | | | | |
| (D) DESCRIPTION OF TRANSAC | TION: PROVIDES ACCO | UNTING, TEC | CHNOLOGY AND | ł |
| | | | | |
| OTHER CONSULTING SERVICES | TO THE ORGANIZATION | VIA BEACON | ALLIED | |
| RESOURCES, INC. | | | | |
| REBOURCED, INC. | | | | |
| | | | | |
| | | | | |
| (A) NAME OF PERSON: TRUITI | RABURN ASSOC., INC | /TRUITT RAE | BURN | |
| /-> | | | | |
| (D) DESCRIPTION OF TRANSAC | TION: PROVIDES LAND | PLANNING S | SERVICES THR | OUGH. |
| TRUITT RAYBUN ASSOCIATES, | TNC | | | |
| TRUITI RAIBON ASSOCIATES, | INC. | | | |
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SCHEDULE 0 (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

► Attach to Form 990 or Form 990-EZ.

Open to Public Inspection

OMB No. 1545-0047

Name of the organization

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

HILTON HEAD ISLAND CONCOURS D'ELEGANCE, INC.

Employer identification number 02-0547759

| INC. | 02-0347733 |
|---|----------------------------|
| FORM 990, PART VI, SECTION B, LINE 11B: | |
| THE TAX RETURN IS GIVEN TO THE COMPTROLLER/TREASURER OF THE | CORGANIZATION |
| FOR REVIEW BEFORE THE TAX RETURN IS FILED. | |
| | |
| FORM 990, PART VI, SECTION B, LINE 15A: | |
| THE EXCECUTIVE DIRECTOR UNDERGOES AN ANNUAL PERFORMANCE REV | /IEW AND HIS/HER |
| SALARY IS BASED ON COMPARABLE POSITIONS. | |
| | |
| FORM 990, PART VI, SECTION C, LINE 19: | |
| DOCUMENTATION IS AVAILABLE TO THE PUBLIC UPON REQUEST | |
| | |
| FORM 990, PART IX, LINE 24E, ALL OTHER FUNCTIONAL EXPENSES: | <u>:</u> |
| TICKETING: | |
| PROGRAM SERVICE EXPENSES | 25,673. |
| MANAGEMENT AND GENERAL EXPENSES | 0. |
| FUNDRAISING EXPENSES | 0. |
| TOTAL EXPENSES | 25,673. |
| | |
| VOLUNTEER EXPENSE: | |
| PROGRAM SERVICE EXPENSES | 16,939. |
| MANAGEMENT AND GENERAL EXPENSES | 0. |
| FUNDRAISING EXPENSES | 0. |
| TOTAL EXPENSES | 16,939. |
| | |
| BANK AND CREDIT CARD FEES: | |
| PROGRAM SERVICE EXPENSES | 7,038. |
| LUA For Denominary Deduction Act Notice and the Instructions for Form 000 or 000 F7 | Cabadula O (Farm 000) 0004 |

Schedule O (Form 990) 2021
Page 2

| Schedule O (Form 990) 2021 | Page 2 |
|---|---|
| Name of the organization HILTON HEAD ISLAND CONCOURS D'ELEGANCE, INC. | Employer identification number 02-0547759 |
| MANAGEMENT AND GENERAL EXPENSES | 7,038. |
| FUNDRAISING EXPENSES | 0. |
| TOTAL EXPENSES | 14,076. |
| SUPPLIES: | |
| PROGRAM SERVICE EXPENSES | 3,958. |
| MANAGEMENT AND GENERAL EXPENSES | 3,958. |
| FUNDRAISING EXPENSES | 0. |
| TOTAL EXPENSES | 7,916. |
| DUES AND SUBSCRIPTIONS: | |
| PROGRAM SERVICE EXPENSES | 3,205. |
| MANAGEMENT AND GENERAL EXPENSES | 3,205. |
| FUNDRAISING EXPENSES | 0. |
| TOTAL EXPENSES | 6,410. |
| TELEPHONE: | |
| PROGRAM SERVICE EXPENSES | 1,411. |
| MANAGEMENT AND GENERAL EXPENSES | 1,411. |
| FUNDRAISING EXPENSES | 0. |
| TOTAL EXPENSES | 2,822. |
| POSTAGE: | |
| PROGRAM SERVICE EXPENSES | 1,116. |
| MANAGEMENT AND GENERAL EXPENSES | 1,674. |
| FUNDRAISING EXPENSES | 0. |
| TOTAL EXPENSES | 2,790. |
| | |

| Schedule O (Form 990) 2021 Name of the organization | Page 2 Employer identification number 02-0547759 |
|--|--|
| MISCELLANEOUS EXPENSE: | |
| PROGRAM SERVICE EXPENSES | 988. |
| MANAGEMENT AND GENERAL EXPENSES | 988. |
| FUNDRAISING EXPENSES | 0. |
| TOTAL EXPENSES | 1,976. |
| | |
| DRIVING YOUNG AMERICA COSTS: | |
| PROGRAM SERVICE EXPENSES | 500. |
| MANAGEMENT AND GENERAL EXPENSES | 0. |
| FUNDRAISING EXPENSES | 0. |
| TOTAL EXPENSES | 500. |
| | |
| PAYROLL ADMIN. FEES: | |
| PROGRAM SERVICE EXPENSES | 0. |
| MANAGEMENT AND GENERAL EXPENSES | 277. |
| FUNDRAISING EXPENSES | 0. |
| TOTAL EXPENSES | 277. |
| | |
| TRACK DAY EXPENSES: | |
| PROGRAM SERVICE EXPENSES | 98. |
| MANAGEMENT AND GENERAL EXPENSES | 0. |
| FUNDRAISING EXPENSES | 0. |
| TOTAL EXPENSES | 98. |
| | |
| LICENSES AND FEES: | |
| PROGRAM SERVICE EXPENSES | 31. |
| MANAGEMENT AND GENERAL EXPENSES | 46. |
| FUNDRAISING EXPENSES | 0 • Schedule O (Form 990) 2021 |

PUBLIC INSPECTION COPY

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Return of Organization Exempt From Income Tax

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

OMB No. 1545-0047

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

No

Yes

Phone no. 843 - 815 - 6161

HILTON HEAD ISLAND, SC 29925

Firm's address P.O. DRAWER 22959

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

Use Only

| Pai | 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: | TD. |
| | THE CONCOURS EVENT IS HELD ANNUALLY ON HILTON HEAD ISLAND, SC AND THE PROPERTY OF THE PURPOSE. | |
| | DISPLAYS HISTORICAL AND SIGNIFICANT AUTOMOBILES FOR THE PURPOSE | |
| | EDUCATING THE PUBLIC ON THE AUTOMOTIVE INDUSTRY ORIGIN, DEVELOP | TEN.I. |
| | AND CONTRIBUTION TO HISTORY | |
| 2 | Did the organization undertake any significant program services during the year which were not listed on the | |
| | prior Form 990 or 990-EZ? | Yes X No |
| | If "Yes," describe these new services on Schedule O. | |
| 3 | Did the organization cease conducting, or make significant changes in how it conducts, any program services? | Yes X No |
| | If "Yes," describe these changes on Schedule O. | |
| 4 | Describe the organization's program service accomplishments for each of its three largest program services, as measured by expensive the organization of the program services accomplishments for each of its three largest program services, as measured by expensive the organization of the program services accomplishments for each of its three largest program services. | |
| | Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total exp | enses, and |
| | revenue, if any, for each program service reported. | |
| 4a | (Code:) (Expenses \$ 264,741. including grants of \$) (Revenue \$ |) |
| | PRODUCTION OF A WEEK-LONG FESTIVAL MOTOR SHOW THAT FOCUSES UPON | |
| | AUTOMOBILES AND OTHER VARIOUS METHODS OF TRANSPORTATION AND | |
| | WHICH IS OPEN AND AVAILABLE TO THE GENERAL PUBLIC. | |
| | TORE AS A DESIGN OF THE COURT AS ALTERIA DANDENTS. THE THENT DED | |
| | NOTE: AS A RESULT OF THE COVID-19 VIRUS PANDEMIC, THE EVENT DID | NOT |
| | OCCUR DURING THE 2020 YEAR. | |
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| | | |
| | 20 200 20 200 | |
| 4b | (Code:) (Expenses \$ 28,200 • including grants of \$ 28,200 •) (Revenue \$ |) |
| | PAYMENT OF GRANTS TO LOCAL NOT-FOR-PROFIT ORGANIZATIONS | |
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| | | |
| 4c | (Code:) (Expenses \$ including grants of \$) (Revenue \$ |) |
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| 1 ~ 1 | Other program convices (Describe on Schedule O.) | |
| 4d | , | |
| 4e | (Expenses \$ including grants of \$) (Revenue \$) Total program service expenses ▶ 292,941. | |
| ru | | Form 990 (2020) |
| | | (-) |

Form 990 (2020) INC . Part IV Checklist of Required Schedules

| | | | Yes | No |
|-----|--|-------------|-----|----|
| 1 | Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A | 1 | Х | |
| 2 | Is the organization required to complete Schedule B, Schedule of Contributors? | 2 | Х | |
| 3 | Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for | | | |
| | public office? If "Yes," complete Schedule C, Part I | 3 | | Х |
| 4 | Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II | 4 | | Х |
| 5 | Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or | • | | |
| | similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III | 5 | | х |
| 6 | Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to | | | |
| | provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I | 6 | | Х |
| 7 | Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II | 7 | | Х |
| 8 | Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete | | | |
| | Schedule D, Part III | 8 | | Х |
| 9 | Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for | | | |
| | amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV | 9 | | х |
| 10 | Did the organization, directly or through a related organization, hold assets in donor-restricted endowments | | | |
| | or in quasi endowments? If "Yes," complete Schedule D, Part V | 10 | | Х |
| 11 | If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable. | | | |
| а | Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, | | | |
| | Part VI | 11a | | Х |
| b | Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII | 11b | | Х |
| С | Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total | | | |
| | assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII | 11c | | Х |
| d | Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX | 11d | | х |
| е | Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X | 11e | X | |
| f | Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses | | | |
| | the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X | 11f | | Х |
| 12a | Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII | 12a | | Х |
| b | Was the organization included in consolidated, independent audited financial statements for the tax year? | | | |
| | If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional | 12b | | Х |
| 13 | Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E | 13 | | Х |
| 14a | Did the organization maintain an office, employees, or agents outside of the United States? | 14a | | Х |
| b | Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, | | | |
| | investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 | | | 7, |
| | or more? If "Yes," complete Schedule F, Parts I and IV | 14b | | X |
| 15 | Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV | 15 | | Х |
| 16 | Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV | 16 | | х |
| 17 | Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, | - | | |
| | column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I | 17 | | Х |
| 18 | Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines | | | |
| | 1c and 8a? If "Yes," complete Schedule G, Part II | 18 | | Х |
| 19 | Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," | | | |
| | complete Schedule G, Part III | 19 | | Х |
| 20a | Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H | 20 a | | Х |
| b | If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? | 20 b | | |
| 21 | Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or | | | |
| | domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II | 21 | | X |

| Part IV | Checklist of Required Schedules (contin | nued) |
|---------|---|-------|

| | | | Yes | No |
|------|--|------------|-----|----|
| 22 | Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on | | | |
| | Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III | 22 | | Х |
| 23 | Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current | | | |
| | and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete | | | |
| | Schedule J | 23 | | Х |
| 24a | Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the | | | |
| | last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete | | | v |
| | Schedule K. If "No," go to line 25a | 24a | | Х |
| b | | 24b | | |
| С | Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? | 24c | | |
| d | Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? | 24d | | |
| 25 a | Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit | | | |
| | transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I | 25a | | X |
| b | Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and | | | |
| | that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete | | | |
| | Schedule L, Part I | 25b | | Х |
| 26 | Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current | | | |
| | or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% | | | |
| | controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II | 26 | | Х |
| 27 | Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, | | | |
| | creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled | | | 37 |
| | entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III | 27 | | Х |
| 28 | Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV | | | |
| _ | instructions, for applicable filing thresholds, conditions, and exceptions): | | | |
| а | A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If | 200 | х | |
| h | "Yes," complete Schedule L, Part IV A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV | 28a 28b | 21 | Х |
| | A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? | 200 | | |
| · | "Yes," complete Schedule L, Part IV | 28c | | Х |
| 29 | Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M | 29 | | Х |
| 30 | Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation | | | |
| | contributions? If "Yes," complete Schedule M | 30 | | Х |
| 31 | Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I | 31 | | Х |
| 32 | Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete | | | |
| | Schedule N, Part II | 32 | | X |
| 33 | Did the organization own 100% of an entity disregarded as separate from the organization under Regulations | | | |
| | sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I | 33 | | Х |
| 34 | Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and | 24 | | Х |
| 25.2 | Part V, line 1 Did the organization have a controlled entity within the meaning of section 512(b)(13)? | 34 35a | | X |
| | Did the organization have a controlled entity within the meaning of section 512(b)(13)? If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity | 33a | | |
| b | within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 | 35b | | |
| 36 | Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? | 000 | | |
| | If "Yes," complete Schedule R, Part V, line 2 | 36 | | Х |
| 37 | Did the organization conduct more than 5% of its activities through an entity that is not a related organization | | | |
| | and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI | 37 | | X |
| 38 | Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? | | | |
| | Note: All Form 990 filers are required to complete Schedule O rt V Statements Regarding Other IRS Filings and Tax Compliance | 38 | Х | |
| Pai | | | | |
| | Check if Schedule O contains a response or note to any line in this Part V | | Yes | N- |
| 10 | Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable | | res | No |
| h | Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b 0 | | | |
| c | Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming | | | |
| | (gambling) winnings to prize winners? | 1c | Х | |

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

| | | | Yes | No | | | | | | | | |
|--------|---|------------|-----|-------------------|--|--|--|--|--|--|--|--|
| 2a | Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, | | | | | | | | | | | |
| | filed for the calendar year ending with or within the year covered by this return 2a 5 | | | | | | | | | | | |
| b | If at least one is reported on line 2a, did the organization file all required federal employment tax returns? | 2b | Х | | | | | | | | | |
| | Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) | | | | | | | | | | | |
| За | Did the organization have unrelated business gross income of \$1,000 or more during the year? | 3a | | X | | | | | | | | |
| b | If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O | | | | | | | | | | | |
| 4a | a 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 | 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). | | | | | | | | | | | |
| _ | Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? | | | | | | | | | | | |
| b | Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? | 5b | | Х | | | | | | | | |
| | If "Yes" to line 5a or 5b, did the organization file Form 8886-T? | 5с | | | | | | | | | | |
| ьа | Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit | C - | | X | | | | | | | | |
| h | any contributions that were not tax deductible as charitable contributions? | 6a | | | | | | | | | | |
| D | If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? | 6b | | | | | | | | | | |
| 7 | Organizations that may receive deductible contributions under section 170(c). | OD | | | | | | | | | | |
| , а | Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? | 7a | | х | | | | | | | | |
| b | If "Yes," did the organization notify the donor of the value of the goods or services provided? | 7b | | | | | | | | | | |
| С | Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required | | | | | | | | | | | |
| | to file Form 8282? | 7c | | Х | | | | | | | | |
| d | If "Yes," indicate the number of Forms 8282 filed during the year | | | | | | | | | | | |
| е | Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? | 7e | | | | | | | | | | |
| f | Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? | 7f | | | | | | | | | | |
| g | If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? | 7g | | | | | | | | | | |
| h | If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? | 7h | | | | | | | | | | |
| 8 | Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the | | | | | | | | | | | |
| | sponsoring organization have excess business holdings at any time during the year? | 8 | | | | | | | | | | |
| 9 | Sponsoring organizations maintaining donor advised funds. | _ | | | | | | | | | | |
| а | Did the sponsoring organization make any taxable distributions under section 4966? | 9a | | | | | | | | | | |
| b | Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? | 9b | | | | | | | | | | |
| 10 | Section 501(c)(7) organizations. Enter: Initiation fees and capital contributions included on Part VIII, line 12 10a | | | | | | | | | | | |
| a | Initiation fees and capital contributions included on Part VIII, line 12 | | | | | | | | | | | |
| 11 | Section 501(c)(12) organizations. Enter: | | | | | | | | | | | |
| ·· | Gross income from members or shareholders | | | | | | | | | | | |
| b | Gross income from other sources (Do not net amounts due or paid to other sources against | | | | | | | | | | | |
| | amounts due or received from them.) | | | | | | | | | | | |
| 12a | Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? | 12a | | | | | | | | | | |
| b | If "Yes," enter the amount of tax-exempt interest received or accrued during the year | | | | | | | | | | | |
| 13 | Section 501(c)(29) qualified nonprofit health insurance issuers. | | | | | | | | | | | |
| а | Is the organization licensed to issue qualified health plans in more than one state? | 13a | | | | | | | | | | |
| | Note: See the instructions for additional information the organization must report on Schedule O. | | | | | | | | | | | |
| b | Enter the amount of reserves the organization is required to maintain by the states in which the | | | | | | | | | | | |
| | organization is licensed to issue qualified health plans | | | | | | | | | | | |
| | Enter the amount of reserves on hand | | | 77 | | | | | | | | |
| | Did the organization receive any payments for indoor tanning services during the tax year? | 14a | | X | | | | | | | | |
| | If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O | 14b | | | | | | | | | | |
| 15 | Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or | 4- | | X | | | | | | | | |
| | excess parachute payment(s) during the year? | 15 | | \vdash^{Δ} | | | | | | | | |
| 16 | If "Yes," see instructions and file Form 4720, Schedule N. Is the organization an educational institution subject to the section 4968 excise tax on net investment income? | 16 | | Х | | | | | | | | |
| 10 | If "Yes," complete Form 4720, Schedule O. | 10 | | | | | | | | | | |
| | | | | | | | | | | | | |

Page 6 Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions.

| _ | Check if Schedule O contains a response or note to any line in this Part VI | | | X |
|----------|--|---------|---------|------|
| Sec | tion A. Governing Body and Management | | | |
| | | | Yes | No |
| 1a | Enter the number of voting members of the governing body at the end of the tax year | | | |
| | If there are material differences in voting rights among members of the governing body, or if the governing | | | |
| | body delegated broad authority to an executive committee or similar committee, explain on Schedule 0. Enter the number of voting members included on line 1a. above, who are independent 15 17 | | | |
| b | | | | |
| 2 | Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other | | | Х |
| 2 | officer, director, trustee, or key employee? Did the organization delegate control over management duties customarily performed by or under the direct supervision | 2 | | |
| 3 | of officers, directors, trustees, or key employees to a management company or other person? | 3 | | х |
| 4 | Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? | 4 | | X |
| 5 | Did the organization become aware during the year of a significant diversion of the organization's assets? | 5 | | X |
| 6 | | 6 | | X |
| 7a | Did the organization have members or stockholders? Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or | | | |
| , a | more members of the governing body? | 7a | | Х |
| b | Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or | | | |
| | persons other than the governing body? | 7b | | X |
| 8 | Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: | | | |
| а | The governing body? | 8a | X | |
| b | Each committee with authority to act on behalf of the governing body? | 8b | X | |
| 9 | Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the | | | |
| | organization's mailing address? If "Yes," provide the names and addresses on Schedule O | 9 | | X |
| Sec | tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) | | ., | |
| | | | Yes | No |
| | Did the organization have local chapters, branches, or affiliates? | 10a | | X |
| b | If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, | 401 | | |
| 44- | and branches to ensure their operations are consistent with the organization's exempt purposes? | 10b | | Х |
| | Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? | 11a | | |
| b 10- | Describe in Schedule O the process, if any, used by the organization to review this Form 990. | 40- | | х |
| 12a | Did the organization have a written conflict of interest policy? If "No," go to line 13 Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? | 12a | | |
| b | Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe | 12b | | |
| С | in Schedule O how this was done | 12c | | |
| 13 | Did the organization have a written whistleblower policy? | 13 | | Х |
| 14 | Did the organization have a written document retention and destruction policy? | 14 | | X |
| 15 | Did the process for determining compensation of the following persons include a review and approval by independent | | | |
| | persons, comparability data, and contemporaneous substantiation of the deliberation and decision? | | | |
| а | The organization's CEO, Executive Director, or top management official | 15a | Х | |
| b | Other officers or key employees of the organization | 15b | | Х |
| | If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). | | | |
| 16a | Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a | | | |
| | taxable entity during the year? | 16a | | Х |
| b | If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation | | | |
| | in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's | | | |
| | exempt status with respect to such arrangements? | 16b | | |
| Sec | tion C. Disclosure | | | |
| 17 | List the states with which a copy of this Form 990 is required to be filed ►SC | | | |
| 18 | Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c)(3) | s only |) avail | able |
| | for public inspection. Indicate how you made these available. Check all that apply. | | | |
| | Own website Another's website X Upon request Other (explain on Schedule O) | | | |
| 19 | Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, an | d finar | ncial | |
| | statements available to the public during the tax year. | | | |
| 20 | State the name, address, and telephone number of the person who possesses the organization's books and records BOB LEE - 843-785-5747 | | | |

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

29926

SC

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Form 990 (2020) Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated **Employees, and Independent Contractors**

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

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

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

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

| (A) | (B) | (C) | | | | | (D) | (E) | (F) | |
|----------------------|---------------------|--------------------------------|-----------------------|---------|------------------------------------|------------------------------|--------|------------------|----------------------------------|--------------------------|
| Name and title | Average | (do | not c | Pos | ition |) than | one | Reportable | Reportable | Estimated |
| | hours per | box | , unle | ss pe | erson is both an director/trustee) | | th an | ' | compensation | amount of |
| | week | Η. | CCI aii | | 1 |) i i u u | 1 | from | from related | other |
| | (list any hours for | directo | | | | Ę | | the organization | organizations (W-2/1099-MISC) | compensation from the |
| | related | ee or | stee | | | nsate | | (W-2/1099-MISC) | (** 2) 1000 (***100) | organization |
| | organizations | trust | ıal tru | | oyee | ompe | | , | | and related |
| | below | Individual trustee or director | Institutional trustee | je, | Key employee | Highest compensated employee | ie. | | | organizations |
| | line) | Indi | Inst | Officer | Key | High | Former | | | |
| (1) LINDSEY HARRELL | 40.00 | | | | | | | 01 660 | | 0 |
| EXECUTIVE DIRECTOR | F 00 | Х | | Х | | | _ | 91,662. | 0. | 0. |
| (2) STEWART BROWN | 5.00 | | | l | | | | | • | |
| CHAIR EMERITUS | | Х | | Х | | | | 0. | 0. | 0. |
| (3) MERRY HARLACHER | 5.00 | | | l | | | | | | |
| CHAIRMAN | | Х | | Х | | | | 0. | 0. | 0. |
| (4) BOB LEE | 5.00 | | | l | | | | | | |
| TREASURER | | Х | | Х | | | | 0. | 0. | 0. |
| (5) TRUITT RABUN | 5.00 | | | l | | | | | | |
| SECRETARY | | Х | | Х | | | | 0. | 0. | 0. |
| (6) LAWRENCE KOCH | 5.00 | | | | | | | | | |
| BOARD MEMBER | | Х | | | | | | 0. | 0. | 0. |
| (7) JOYCE CARLTON | 5.00 | | | | | | | | _ | _ |
| BOARD MEMBER | | Х | | | | | | 0. | 0. | 0. |
| (8) VICKI HEAD | 5.00 | | | | | | | | _ | _ |
| BOARD MEMBER | | Х | | | | | | 0. | 0. | 0. |
| (9) PRES HENNE | 5.00 | | | | | | | | _ | _ |
| BOARD MEMBER | | Х | | | | | | 0. | 0. | 0. |
| (10) ELKE MARTIN | 5.00 | | | | | | | | _ | _ |
| BOARD MEMBER | | Х | | | | | | 0. | 0. | 0. |
| (11) PAUL IANUARIO | 5.00 | | | | | | | | _ | _ |
| BOARD MEMBER | | Х | | | | | | 0. | 0. | 0. |
| (12) WALTER NESTER | 5.00 | | | | | | | | _ | _ |
| BOARD MEMBER | | Х | | | | | | 0. | 0. | 0. |
| (13) LEE NINER | 5.00 | | | | | | | | _ | _ |
| BOARD MEMBER | | Х | | | | | | 0. | 0. | 0. |
| (14) DENNIS WRIGHT | 5.00 | | | | | | | | _ | _ |
| BOARD MEMBER | | Х | | | | | | 0. | 0. | 0. |
| (15) MIKE MCCLELLAND | 5.00 | | | | | | | | _ | _ |
| BOARD MEMBER | | Х | | | | | | 0. | 0. | 0. |
| (16) PAUL BOES | 5.00 | _ | | | | | | _ | _ | _ |
| BOARD MEMBER | | Х | | | | | 丄 | 0. | 0. | 0. |
| (17) ERIC DOERRING | 5.00 | _ | | | | | | _ | _ | _ |
| BOARD MEMBER | | Х | | | | | | 0. | 0. | 0. |

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| Part VII Section A. Officers, Directors, Tr | ustees, Key Em | ploye | ees, | , and | d Hi | ghe | st C | Compensated Employe | es (continued) | | | |
|--|---|----------------------------|-----------------|------------------------------------|---------------------------------|-----------------------|---------------------|--|---|-------------------|---|--|
| (A) Name and title | (B) Average hours per week (list any hours for related organizations below line) | (do r box, office | not cl unles | Posi heck i ss per d a di | ition more rson irecto | | one h an tee) | (D) Reportable compensation from the organization (W-2/1099-MISC) | (E) Reportable compensation from related organization (W-2/1099-MI | on d ns | Esti amo o comp fro orgai and | (F) mated punt of ther ensation m the nization related nizations |
| | | - | | | | | | | | | | |
| | | - | | | | | | | | | | |
| 1b Subtotal c Total from continuation sheets to Part d Total (add lines 1b and 1c) Total number of individuals (including but | VII, Section A | | | | | | <u> </u> | 91,662. 0. 91,662. eceived more than \$100 | 0,000 of reportab | 0 . 0 . 0 . | | 0 0 |
| compensation from the organization Did the organization list any former office line 1a? If "Yes," complete Schedule J for For any individual listed on line 1a, is the and related organizations greater than \$1 Did any person listed on line 1a receive or rendered to the organization? If "Yes," consection B. Independent Contractors | er, director, trust r such individual sum of reportab 150,000? If "Yes, or accrue compe | ole con " con nsatio | mpe nple | ensa ete S rom | atior Sche | n and edule unr | d otl | her compensation from for such individual | the organization | | 3 4 5 | Yes No |
| Complete this table for your five highest the organization. Report compensation for (A) Name and busine | or the calendar y | - | endii | ng w | | | | | year. | | (C) | |
| Total number of independent contractors | s (including but r | not lic | nito | d to | the | دم اند | ateo | 1 ahove) who received | nore than | | | |
| \$100,000 of compensation from the orga | | iot IIII | ıııe | u 10 | (|) | J. C. C. | a above, who received if | IOIG IIIAII | | _ ^ | 00 (000 |

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

| Total revenue Total revenu | | | Check if Schedule O | contair | ns a response | or note to any lir | ne in this Part VIII | | | |
|--|---------------|----------------|-----------------------------------|----------|------------------|--------------------|---------------------------------------|--------------------|----|------------------------|
| ### To a Federated campaigns 1a | | | | | | | (A) | (B) | | |
| 1 a Federated campagns 1a b Membership dues 1b c d d d d d d d d d | | | | | | | l otal revenue | | | for any kaon consider. |
| 2 a SPONSORSHIP INCOME SP0099 7,000 7,000 90099 7,000 45 | | | | | | | | - Tantonon Toronas | | |
| 2 a SPONSORSHIP INCOME SP0099 7,000 7,000 90099 7,000 45 | nts | 1 a | Federated campaigns | | 1a | | | | | |
| 2 a SPONSORSHIP INCOME SP0099 7,000 7,000 90099 7,000 45 | 3ra Iou | b | Membership dues | | 1b | | | | | |
| 2 a SPONSORSHIP INCOME SP0099 7,000 7,000 90099 7,000 45 | S, (| С | Fundraising events | | 1c | | | | | |
| 2 a SPONSORSHIP INCOME SP0099 7,000 7,000 90099 7,000 45 | a git | d | Related organizations | | 1d | | | | | |
| 2 a SPONSORSHIP INCOME SP0099 7,000 7,000 90099 7,000 45 | Simi | е | Government grants (conti | ributior | ns) 1e | 255,206. | | | | |
| 2 a SPONSORSHIP INCOME SP0099 7,000 7,000 90099 7,000 45 | iti S | f | All other contributions, gifts, | grants, | and | | | | | |
| 2 a SPONSORSHIP INCOME SP0099 7,000 7,000 90099 7,000 45 | ള | | similar amounts not included | above | 1f | 67,860. | | | | |
| 2 a SPONSORSHIP INCOME SP0099 7,000 7,000 90099 7,000 45 | g | g | Noncash contributions included in | lines 1a | -1f 1g \$ | | | | | |
| 2 a SPONSORSHIP INCOME RACE TRACK DAY REVENUE 990099 7,000. 7,000. 990099 450. 450. 450. 990099 450. 450. 990099 450. 450. 990099 627. 900999 900999 900999 90099 90099 90099 90099 90099 90099 90099 900999 | <u>8 0</u> | h | Total. Add lines 1a-1f | | | | 323,066. | | | |
| B RACE TRACK DAY REVENUE 990099 450. 450. | | | | | | | | | | |
| Total. Add lines 2a21 | <u>8</u> | 2 a | | | | | | | | |
| Total. Add lines 2a21 | e Zi | b | RACE TRACK DA | Y R | EVENUE | 990099 | 450. | 450. | | |
| Total. Add lines 2a21 | n S | С | | | | | | | | |
| Total. Add lines 2a21 | ran Rev | d | | | | | | | | |
| Total. Add lines 2a21 | og I | е | | | | | | | | |
| 3 Investment income (including dividends, interest, and other similar amounts) 5 5 5 6 6 6 6 6 6 6 | Δ. | f | All other program service | revenu | ıe | | | | | |
| Other similar amounts | \rightarrow | g | Total. Add lines 2a-2f | | |) | 7,450. | | | |
| 4 Income from investment of tax-exempt bond proceeds 5 Royalties 6 a Gross rents b Less: rental expenses c Rental income or (loss) d Net rental income or (loss) for a Gross amount from sales of assets other than inventory b Less: cost or other basis and sales expenses c Gain or (loss) d Net gain or (loss) for a Gross and sales expenses c Gain or (loss) for contributions reported on line 1c). See Part IV, line 18 b Less: direct expenses c Net income or (loss) from fundraising events 9 a Gross income from gaming activities. See Part IV, line 19 b Less: direct expenses c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns and allowances b Less: cost of goods sold c Net income or (loss) from sales of inventory 11 a DONATION REVENUE - DRI Business Code e Total. Add lines 11a-11d 12 0, 802. | | 3 | · | - | | | _ | | | _ |
| S | | | | | | 5. | | | 5. | |
| Company Comp | | 4 | | | | · · | | | | |
| Section Sect | | 5 | Royalties | | | | | | | |
| b Less: rental expenses 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 | | | | | (i) Real | (ii) Personal | | | | |
| The state of the s | | 6 a | Gross rents | 6a | | | | | | |
| Table Tabl | | b | | - | | | | | | |
| Ta Gross amount from sales of assets other than inventory b Less: cost or other basis and sales expenses | | С | | | | | | | | |
| assets other than inventory b Less: cost or other basis and sales expenses 7b 7c d Net gain or (loss) | | d | Net rental income or (loss | | | | | | | |
| b Less: cost or other basis and sales expenses | | 7 a | | | (i) Securities | (ii) Other | | | | |
| and sales expenses C Gain or (loss) Net gross income from fundraising events (not including \$ | | | • | 7a | | | | | | |
| Including \$ | | b | | | | | | | | |
| Including \$ | nu. | | | - | | | | | | |
| Including \$ | eve | | | | | | | | | |
| Including \$ | Ř | | | | | | | | | |
| Including \$ | ţ. | 8 a | | ng even | | | | | | |
| Part IV, line 18 | 0 | | | | | | | | | |
| b Less: direct expenses | | | • | | , I | | | | | |
| C Net income or (loss) from fundraising events 9 a Gross income from gaming activities. See Part IV, line 19 b Less: direct expenses c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns and allowances b Less: cost of goods sold c Net income or (loss) from sales of inventory 11 a DONATION REVENUE - DRI RETAIL VENDOR SPACE IN C MISCELLANEOUS OTHER RE d MI | | | | | | | | | | |
| 9 a Gross income from gaming activities. See Part IV, line 19 b Less: direct expenses c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns and allowances b Less: cost of goods sold c Net income or (loss) from sales of inventory 11 a DONATION REVENUE - DRI PRETAIL VENDOR SPACE IN PROPOSE | | | | | | | | | | |
| Part IV, line 19 b Less: direct expenses c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns and allowances b Less: cost of goods sold c Net income or (loss) from sales of inventory 11 a DONATION REVENUE - DRI RETAIL VENDOR SPACE IN C MISCELLANEOUS OTHER RE DONOS OTHER RE All other revenue e Total. Add lines 11a-11d Part IV, line 19 9a 9b Business Code 990099 19,425. 19,425. 990099 750. 750. 20,802. | | | | | | P | | | | |
| b Less: direct expenses 9b | | у а | | | | | | | | |
| C Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns and allowances b Less: cost of goods sold c Net income or (loss) from sales of inventory 11 a DONATION REVENUE - DRI RETAIL VENDOR SPACE IN C MISCELLANEOUS OTHER RE DONATE RED All other revenue e Total. Add lines 11a-11d 20,802. | | | | | | | | | | |
| Total. Add lines 11a-11d Total Add lines 11a-11d | | | · | | | | | | | |
| and allowances b Less: cost of goods sold c Net income or (loss) from sales of inventory 11 a DONATION REVENUE - DRI RETAIL VENDOR SPACE IN C MISCELLANEOUS OTHER RE d All other revenue e Total. Add lines 11a-11d 10a | | | | - | · — | P | | | | |
| b Less: cost of goods sold c Net income or (loss) from sales of inventory 11 a DONATION REVENUE - DRI RETAIL VENDOR SPACE IN C MISCELLANEOUS OTHER RE d All other revenue e Total. Add lines 11a-11d b Less: cost of goods sold | | ю а | | | | | | | | |
| C Net income or (loss) from sales of inventory D | | h | | | | | | | | |
| Total | | | | | | • | | | | |
| 11 a DONATION REVENUE - DRI 990099 19,425. 19,425. | \dashv | С | iver income or (loss) from | sales (| or inventory | | | | | |
| e Total. Add lines 11a 11d | Snc | 11 ~ | роматтом вемя | HIN | - חדד | | 19 425 | 19 425 | | |
| e Total. Add lines 11a 11d | Jue P | | | | | | | | | |
| e Total. Add lines 11a 11d | »ela | | | | | | | | | |
| e Total. Add lines 11a 11d | RES | _ | | | | | , , , , , , , , , , , , , , , , , , , | <u> </u> | | |
| | Σ | | | | | <u> </u> | 20.802- | | | |
| | | | | | | | | 28,252. | 0. | 5. |

Form 990 (2020)

INC.

02-0547759 Page **10**

| | rt IX Statement of Functional Expens | es | | | 17705 Tage To |
|----------|---|------------------------------|---|-------------------------------------|---------------------------------------|
| Sect | on 501(c)(3) and 501(c)(4) organizations must com | plete all columns. All oth | ner organizations must co | omplete column (A). | |
| | Check if Schedule O contains a respon | se or note to any line in | this Part IX | | X |
| | not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII. | (A) Total expenses | (B) Program service expenses | (C) Management and general expenses | (D) Fundraising expenses |
| 1 | Grants and other assistance to domestic organizations | 00 000 | 00.000 | | |
| | and domestic governments. See Part IV, line 21 | 28,200. | 28,200. | | |
| 2 | Grants and other assistance to domestic | 9,000. | 9,000. | | |
| 3 | individuals. See Part IV, line 22 Grants and other assistance to foreign | 3,000. | 3,000. | | |
| 3 | organizations, foreign governments, and foreign | | | | |
| | individuals. See Part IV, lines 15 and 16 | | | | |
| 4 | Benefits paid to or for members | | | | |
| 5 | Compensation of current officers, directors, | | | | |
| | trustees, and key employees | 91,663. | 68,747. | 22,916. | |
| 6 | Compensation not included above to disqualified | | | | |
| | persons (as defined under section 4958(f)(1)) and | | | | |
| | persons described in section 4958(c)(3)(B) | 56 004 | | 45.060 | |
| 7 | Other salaries and wages | 76,801. | 61,441. | 15,360. | |
| 8 | Pension plan accruals and contributions (include | | | | |
| • | section 401(k) and 403(b) employer contributions) | | | | |
| 9 | Other employee benefits | 14,324. | 10,743. | 3,581. | |
| 10 11 | Payroll taxes Fees for services (nonemployees): | 14,524. | 10,7454 | 3,301. | |
| | Management | | | | |
| | Legal | | | | |
| | Accounting | 21,686. | 10,843. | 10,843. | |
| d | | | | | |
| е | Professional fundraising services. See Part IV, line 17 | | | | |
| f | Investment management fees | | | | |
| g | Other. (If line 11g amount exceeds 10% of line 25, | | | | |
| | column (A) amount, list line 11g expenses on Sch O.) | FO 440 | FO 440 | | |
| 12 | Advertising and promotion | 58,442. | 58,442. | | |
| 13 | Office expenses | 16,088. | 8,044. | 8,044. | |
| 14 | Information technology | 10,000. | 0,044. | 0,044. | |
| 15 16 | Royalties Occupancy | 18,546. | 11,128. | 7,418. | |
| 17 | Travel | | | .,==== | |
| 18 | Payments of travel or entertainment expenses | | | | |
| | for any federal, state, or local public officials | | | | |
| 19 | Conferences, conventions, and meetings | | | | |
| 20 | Interest | 388. | | 388. | |
| 21 | Payments to affiliates | | | | |
| 22 | Depreciation, depletion, and amortization | 1 /11 | 1 120 | 202 | |
| 23 | Other expanses, Itamiza expanses not severed | 1,412. | 1,130. | 282. | |
| 24 | Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.) | | | | |
| а | FACILITY EXPENSES/RENTA | 6,232. | 6,232. | | |
| b | SPONSOR SOLICITATION EX | 4,531. | 4,531. | | |
| С | EVENT PRODUCTION COSTS | 3,749. | 3,749. | | |
| d | SUPPLIES | 3,182. | 1,591. | 1,591. | |
| е | All other expenses SEE SCH O | 15,403. | 9,120. | 6,283. | |
| 25 | Total functional expenses. Add lines 1 through 24e | 369,647. | 292,941. | 76,706. | 0. |
| 26 | Joint costs. Complete this line only if the organization | | | | |
| | reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. | | | | |
| | Check here if following SOP 98-2 (ASC 958-720) | | | | |
| | | | | | C 000 (0000 |

Part X Balance Sheet

| | | Check if Schedule O contains a response or | note to | an | v line in this Part X | | | | |
|-----------------------------|-----|---|----------|---------|-----------------------|----------|--------------------|-----|--------------------|
| | | | | | , | | (A) ing of year | | (B) End of year |
| | 1 | Cash - non-interest-bearing | | | | | 1,210. | | |
| | 2 | Savings and temporary cash investments | | 96,740. | 2 | 311,597. | | | |
| | 3 | Pledges and grants receivable, net | | | | | | 3 | |
| | 4 | Accounts receivable, net | | | | | 79,986. | 4 | 3,483. |
| | 5 | Loans and other receivables from any currer | | | | | | | |
| | | trustee, key employee, creator or founder, su | ubstant | ial c | ontributor, or 35% | | | | |
| | | controlled entity or family member of any of | these p | erso | ons | | | 5 | |
| | 6 | Loans and other receivables from other disq | ualified | per | sons (as defined | | | | |
| | | under section 4958(f)(1)), and persons descr | ribed in | sec | tion 4958(c)(3)(B) | | | 6 | |
| ts | 7 | Notes and loans receivable, net | | | | | | 7 | |
| Assets | 8 | Inventories for sale or use | | | | | | 8 | |
| Ä | 9 | Prepaid expenses and deferred charges | | | | | | 9 | |
| | 10a | Land, buildings, and equipment: cost or other | | | | | | | |
| | | basis. Complete Part VI of Schedule D | 10 |)a | | | | | |
| | b | Less: accumulated depreciation | 10 |)b | | | | 10c | ; |
| | 11 | Investments - publicly traded securities | | | | | | 11 | |
| | 12 | Investments - other securities. See Part IV, lii | | | | | | 12 | |
| | 13 | Investments - program-related. See Part IV, li | | | | | | 13 | |
| | 14 | Intangible assets | | | | | 14 | | |
| | 15 | Other assets. See Part IV, line 11 | | 40,972. | 15 | | | | |
| | 16 | Total assets. Add lines 1 through 15 (must e | | | | 2 | 218,908. | | |
| | 17 | Accounts payable and accrued expenses | | | | | 29,218. | 17 | 1,000. |
| | 18 | Grants payable | | | | 18 | | | |
| | 19 | Deferred revenue | | | | | | 19 | |
| | 20 | Tax-exempt bond liabilities | | | | | | 20 | |
| | 21 | Escrow or custodial account liability. Comple | | | | | | 21 | |
| S | 22 | Loans and other payables to any current or f | former o | offic | er, director, | | | | |
| Liabilities | | trustee, key employee, creator or founder, su | ubstant | ial c | ontributor, or 35% | | | | |
| abi | | controlled entity or family member of any of | these p | erso | ons | | | 22 | |
| Ξ | 23 | Secured mortgages and notes payable to un | related | l thir | d parties | | | 23 | |
| | 24 | Unsecured notes and loans payable to unrel | lated th | ird p | oarties | | | 24 | 149,747. |
| | 25 | Other liabilities (including federal income tax, | , payab | les 1 | to related third | | | | |
| | | parties, and other liabilities not included on li | ines 17 | -24) | . Complete Part X | | | | |
| | | of Schedule D | | | | | 1,709. | | |
| | 26 | Total liabilities. Add lines 17 through 25 | | | | | 30,927. | 26 | 151,519. |
| " | | Organizations that follow FASB ASC 958, | check | here | e ▶ X | | | | |
| ĕ | | and complete lines 27, 28, 32, and 33. | | | | | | | |
| alan | 27 | Net assets without donor restrictions | | | | 1 | .87,981 . | 27 | 169,658. |
| B | 28 | Net assets with donor restrictions | | | | | | 28 | |
| Ę. | | Organizations that do not follow FASB AS | C 958, | che | ck here | | | | |
| Net Assets or Fund Balances | | and complete lines 29 through 33. | | | | | | | |
| ts o | 29 | Capital stock or trust principal, or current fur | nds | | | | | 29 | |
| SSE | 30 | Paid-in or capital surplus, or land, building, o | r equip | mer | nt fund | | | 30 | |
| t As | 31 | Retained earnings, endowment, accumulate | d incon | ne, d | or other funds | | | 31 | |
| Š | 32 | Total net assets or fund balances | | | | | 87,981. | 32 | |
| | 33 | Total liabilities and net assets/fund balances | | | | 2 | 218,908. | 33 | 321,177. |

Form **990** (2020)

HILTON HEAD ISLAND CONCOURS D'ELEGANCE,

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

| | Check if Schedule O contains a response or note to any line in this Part XI | | | | Х |
|----|---|------------|----|-----|----------------|
| | Oncok ii Goricadie o containo a responde oi note to any iine iii ano i arexi | | | | |
| 1 | Total revenue (must equal Part VIII, column (A), line 12) | 1 | 35 | 1,3 | 23. |
| 2 | Total expenses (must equal Part IX, column (A), line 25) | 2 | 36 | 9,6 | 47. |
| 3 | Revenue less expenses. Subtract line 2 from line 1 | 3 | -1 | 8,3 | 24. |
| 4 | Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) | 4 | 18 | 7,9 | 81. |
| 5 | Net unrealized gains (losses) on investments | 5 | | | |
| 6 | Donated services and use of facilities | 6 | | | |
| 7 | Investment expenses | 7 | | | |
| 8 | Prior period adjustments | 8 | | | |
| 9 | Other changes in net assets or fund balances (explain on Schedule O) | 9 | | | 1. |
| 10 | Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, | | | | |
| | column (B)) | 10 | 16 | 9,6 | 58. |
| Pa | rt XII Financial Statements and Reporting | | | | |
| | Check if Schedule O contains a response or note to any line in this Part XII | | | | |
| | | | | Yes | No |
| 1 | Accounting method used to prepare the Form 990: Cash X Accrual Other | | | | |
| | If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule | 0. | | | |
| 2a | Were the organization's financial statements compiled or reviewed by an independent accountant? | | 2a | | Х |
| | If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed | l on a | | | |
| | separate basis, consolidated basis, or both: | | | | |
| | Separate basis Consolidated basis Both consolidated and separate basis | | | | |
| b | Were the organization's financial statements audited by an independent accountant? | | 2b | | Х |
| | If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat | e basis, | | | |
| | consolidated basis, or both: | | | | |
| | Separate basis Consolidated basis Both consolidated and separate basis | | | | |
| С | If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the | e audit, | | | |
| | review, or compilation of its financial statements and selection of an independent accountant? | | 2c | | |
| | If the organization changed either its oversight process or selection process during the tax year, explain on Sch | edule O. | | | |
| За | As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sir | igle Audit | | | |
| | Act and OMB Circular A-133? | | 3a | | Х |
| b | If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required | red audit | | | |
| | or audits, explain why on Schedule O and describe any steps taken to undergo such audits | | 3b | | |

Form **990** (2020)

SCHEDULE A

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Name of the organization

Public Charity Status and Public Support

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

► Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Open to Public Inspection

Employer identification number

02-0547759

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

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

- 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).
- 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).)
- A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).
- A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state:
- An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.)
- A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).
- 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.)
- 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.)

INC.

- An agricultural research organization described in **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university:
- An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.)
- An organization organized and operated exclusively to test for public safety. See section 509(a)(4).
- An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2)**. See **section 509(a)(3)**. Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
- **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
- **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
- **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
- d Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V.
- e Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.

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

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

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

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

| Sec | ction A. Public Support | | | | | | |
|------|--|----------------------|---------------------|--------------------------|----------------------|---------------------|-------------|
| Cale | ndar year (or fiscal year beginning in) | (a) 2016 | (b) 2017 | (c) 2018 | (d) 2019 | (e) 2020 | (f) Total |
| 1 | Gifts, grants, contributions, and | | | | | | |
| | membership fees received. (Do not | | | | | | |
| | include any "unusual grants.") | | | | | | |
| 2 | Tax revenues levied for the organ- | | | | | | |
| | ization's benefit and either paid to | | | | | | |
| | or expended on its behalf | | | | | | |
| 3 | The value of services or facilities | | | | | | |
| | furnished by a governmental unit to | | | | | | |
| | the organization without charge | | | | | | |
| 4 | Total. Add lines 1 through 3 | | | | | | |
| | The portion of total contributions | | | | | | |
| | by each person (other than a | | | | | | |
| | governmental unit or publicly | | | | | | |
| | supported organization) included | | | | | | |
| | on line 1 that exceeds 2% of the | | | | | | |
| | amount shown on line 11, | | | | | | |
| | column (f) | | | | | | |
| 6 | Public support. Subtract line 5 from line 4. | | | | | | |
| Sec | ction B. Total Support | | | | | | |
| Cale | ndar year (or fiscal year beginning in) 🕨 | (a) 2016 | (b) 2017 | (c) 2018 | (d) 2019 | (e) 2020 | (f) Total |
| 7 | Amounts from line 4 | | | | | | |
| 8 | Gross income from interest, | | | | | | |
| | dividends, payments received on | | | | | | |
| | securities loans, rents, royalties, | | | | | | |
| | and income from similar sources | | | | | | |
| 9 | Net income from unrelated business | | | | | | |
| | activities, whether or not the | | | | | | |
| | business is regularly carried on | | | | | | |
| 10 | Other income. Do not include gain | | | | | | |
| | or loss from the sale of capital | | | | | | |
| | assets (Explain in Part VI.) | | | | | | |
| 11 | Total support. Add lines 7 through 10 | | | | | | |
| 12 | Gross receipts from related activities, | etc. (see instructi | ons) | | | 12 | |
| 13 | First 5 years. If the Form 990 is for the | ne organization's fi | rst, second, third, | fourth, or fifth tax | year as a section | 501(c)(3) | |
| | organization, check this box and stop | | | | | | > |
| Sec | ction C. Computation of Publ | ic Support Pe | rcentage | | | | |
| | Public support percentage for 2020 (| | | | | 14 | % |
| | Public support percentage from 2019 | | | | | 15 | % |
| 16a | 33 1/3% support test - 2020. If the | - | | | | | |
| | stop here. The organization qualifies | | | | | | |
| b | 33 1/3% support test - 2019. If the | - | | | | | |
| | and stop here. The organization qual | | | | | | |
| 17a | 10% -facts-and-circumstances tes | | | | | | |
| | and if the organization meets the fact | s-and-circumstand | ces test, check thi | s box and stop he | ere. Explain in Part | VI how the organiz | zation |
| | meets the facts-and-circumstances to | - | | | | | |
| b | 10% -facts-and-circumstances tes | | | | | | 10% or |
| | more, and if the organization meets the | | | | | | _ |
| | organization meets the facts-and-circ | | | | | | |
| 18 | Private foundation. If the organization | n did not check a | box on line 13, 16 | a, 16b, 17a, or 17 | b, check this box a | and see instruction | ıs |

Schedule A (Form 990 or 990-EZ) 2020

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.)

| | qualify under the tests listed b | elow, please comp | olete Part II.) | | | | |
|-----------|---|----------------------------|-----------------------|----------------------|---------------------|------------------------|---------------|
| Se | ction A. Public Support | | | | | | |
| Cale | ndar year (or fiscal year beginning in) 🕨 | (a) 2016 | (b) 2017 | (c) 2018 | (d) 2019 | (e) 2020 | (f) Total |
| 1 | Gifts, grants, contributions, and | | | | | | |
| | membership fees received. (Do not | | | | | | |
| | include any "unusual grants.") | 255,805. | 220,448. | 251,166. | 332,790. | 323,066. | 1,383,275. |
| 2 | Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in any activity that is related to the | 940 403 | | 027 200 | 071 044 | 20, 202 | 2 244 222 |
| | organization's tax-exempt purpose | 840,403. | 1,044,492. | 937,389. | 971,844. | 20,802. | 3,814,930. |
| 3 | Gross receipts from activities that are not an unrelated trade or bus- | | | | | | |
| | iness under section 513 | | | | | | |
| 4 | Tax revenues levied for the organ- | | | | | | |
| | ization's benefit and either paid to or expended on its behalf | | | | | | |
| 5 | The value of services or facilities | | | | | | |
| | furnished by a governmental unit to | | | | | | |
| | the organization without charge | | | | | | |
| 6 | Total. Add lines 1 through 5 | 1,096,208. | 1,264,940. | 1,188,555. | 1,304,634. | 343,868. | 5,198,205. |
| 78 | Amounts included on lines 1, 2, and | | | | | | _ |
| | 3 received from disqualified persons | | | | | | 0. |
| k | Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the | | | | | | • |
| | amount on line 13 for the year | | | | | | 0. |
| (| Add lines 7a and 7b | | | | | | 0. |
| 8 | Public support. (Subtract line 7c from line 6.) | | | | | | 5,198,205. |
| | ction B. Total Support | | | | | | |
| | endar year (or fiscal year beginning in) | (a) 2016 | (b) 2017 | (c) 2018 | (d) 2019 | (e) 2020 | (f) Total |
| | Amounts from line 6 | 1,096,208. | 1,264,940. | 1,188,555. | 1,304,634. | 343,868. | 5,198,205. |
| 10 | dross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources | 238. | 228. | 190. | 144. | 5. | 805. |
| k | Unrelated business taxable income | | | | | | |
| | (less section 511 taxes) from businesses acquired after June 30, 1975 | | | | | | |
| (| Add lines 10a and 10b | 238. | 228. | 190. | 144. | 5. | 805. |
| | Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on | | | | | | |
| 12 | Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) | | | | | | |
| 13 | Total support. (Add lines 9, 10c, 11, and 12.) | 1,096,446. | 1,265,168. | 1,188,745. | 1,304,778. | 343,873. | 5,199,010. |
| 14 | First 5 years. If the Form 990 is for the | ne organization's fi | rst, second, third, | fourth, or fifth tax | year as a section s | 501(c)(3) organization | on, |
| | check this box and stop here | | | | | | . |
| <u>Se</u> | ction C. Computation of Publ | ic Support Pe | rcentage | | | | |
| 15 | Public support percentage for 2020 (| ine 8, column (f), c | livided by line 13, | column (f)) | | 15 | 99.98 % |
| | Public support percentage from 2019 | | | | | 16 | 99.98 % |
| <u>Se</u> | ction D. Computation of Inves | stment Incom | e Percentage | | | | |
| 17 | Investment income percentage for 20 | 20 (line 10c, colun | nn (f), divided by li | ne 13, column (f)) | | 17 | .02 % |
| 18 | Investment income percentage from | 2019 Schedule A, | Part III, line 17 | | | 18 | .02 % |
| 19a | 33 1/3% support tests - 2020. If the | organization did n | ot check the box | on line 14, and line | e 15 is more than 3 | 33 1/3%, and line 1 | 7 is not |
| k | more than 33 1/3%, check this box a 33 1/3% support tests - 2019. If the | | | | | | > X |
| | line 18 is not more than 33 1/3%, che | • | | | • | • | |
| | • , | | | | nis box and see ins | | |

Part IV | Supporting Organizations

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

Section A. All Supporting Organizations

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

| | | Yes | No |
|-----|----------|------|------|
| | | | |
| | 1 | | |
| | | | |
| | 2 | | |
| | | | |
| | 3a | | |
| | | | |
| | 3b | | |
| | 3с | | |
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| | 5a | | |
| | - Eh | | |
| | 5b 5c | | |
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| | 6 | | |
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| | 7 | | |
| | | | |
| | 8 | | |
| | 9a | | |
| | 9b | | |
| | | | |
| | 9с | | |
| | | | |
| | 10a | | |
| | 10b | | |
| m 9 | 90 or 99 | 0-EZ | 2020 |

| Sche | | 34113 | J Pa | age 5 |
|------|--|------------|------|--------------|
| Pa | rt IV Supporting Organizations (continued) | | | ı |
| 4.4 | | | Yes | No |
| 11 | Has the organization accepted a gift or contribution from any of the following persons? | | | |
| а | A person who directly or indirectly controls, either alone or together with persons described in lines 11b and | 44- | | |
| | 11c below, the governing body of a supported organization? | 11a | | |
| | A family member of a person described in line 11a above? | 11b | | |
| С | A 35% controlled entity of a person described in line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide | 110 | | |
| Sec | detail in Part VI. etion B. Type I Supporting Organizations | 11c | | <u> </u> |
| | Type i Supporting Significations | | Yes | No |
| 1 | Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or | | 163 | NO |
| • | more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, | | | |
| | directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) | | | |
| | effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported | | | |
| | organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year. | 1 | | |
| 2 | Did the organization operate for the benefit of any supported organization other than the supported | • | | |
| _ | organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in | | | |
| | Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, | | | |
| | supervised, or controlled the supporting organization. | 2 | | |
| Sec | etion C. Type II Supporting Organizations | | | <u> </u> |
| | | | Yes | No |
| 1 | Were a majority of the organization's directors or trustees during the tax year also a majority of the directors | | | |
| | or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control | | | |
| | or management of the supporting organization was vested in the same persons that controlled or managed | | | |
| | the supported organization(s). | 1 | | |
| Sec | ction D. All Type III Supporting Organizations | | | • |
| | | | Yes | No |
| 1 | Did the organization provide to each of its supported organizations, by the last day of the fifth month of the | | | |
| | organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax | | | |
| | year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the | | | |
| | organization's governing documents in effect on the date of notification, to the extent not previously provided? | 1 | | |
| 2 | Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported | | | |
| | organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how | | | |
| | the organization maintained a close and continuous working relationship with the supported organization(s). | 2 | | |
| 3 | By reason of the relationship described in line 2, above, did the organization's supported organizations have a | | | |
| | significant voice in the organization's investment policies and in directing the use of the organization's | | | |
| | income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's | | | |
| | supported organizations played in this regard. | 3 | | |
| Sec | tion E. Type III Functionally Integrated Supporting Organizations | | | |
| 1 | Check the box next to the method that the organization used to satisfy the Integral Part Test during the yea(see instruction | s). | | |
| а | The organization satisfied the Activities Test. Complete line 2 below. | | | |
| b | 3 , | | | |
| С | The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see | instructio | | |
| 2 | Activities Test. Answer lines 2a and 2b below. | | Yes | No |
| а | | | | |
| | the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify | | | |
| | those supported organizations and explain how these activities directly furthered their exempt purposes, | | | |
| | how the organization was responsive to those supported organizations, and how the organization determined | | | |
| _ | that these activities constituted substantially all of its activities. | 2a | | |
| b | , , , | | | |
| | one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in | | | |
| | Part VI the reasons for the organization's position that its supported organization(s) would have engaged in | | | |
| _ | these activities but for the organization's involvement. | 2b | | |
| 3 | Parent of Supported Organizations. Answer lines 3a and 3b below. | | | |
| а | | | | |
| L | trustees of each of the supported organizations? If "Yes" or "No" provide details in Part VI. | 3a | | |
| b | Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard. | 3b | | |
| | or to supported diganizations: it ires, describe in rait vi the fole played by the diganization in this regard. | JUSD | I | ı |

02-0547759 Page 6

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

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

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

Schedule A (Form 990 or 990-EZ) 2020

instructions).

| Par | t V Type III Non-Functionally Integrated 509 | (a)(3) Supporting Org | anizations _{(continue} | ed) | · · |
|-------|---|------------------------------|---------------------------------|-----|----------------------------------|
| Secti | on D - Distributions | | | | Current Year |
| 1 | Amounts paid to supported organizations to accomplish exe | mpt purposes | | 1 | |
| 2 | Amounts paid to perform activity that directly furthers exemp | ot purposes of supported | | | |
| | organizations, in excess of income from activity | | | 2 | |
| 3 | Administrative expenses paid to accomplish exempt purpose | es of supported organization | ns | 3 | |
| 4 | Amounts paid to acquire exempt-use assets | | | 4 | |
| 5 | Qualified set-aside amounts (prior IRS approval required - pro | ovide details in Part VI) | | 5 | |
| 6 | Other distributions (describe in Part VI). See instructions. | | | 6 | |
| 7 | Total annual distributions. Add lines 1 through 6. | | | 7 | |
| 8 | Distributions to attentive supported organizations to which the | ne organization is responsiv | е | | |
| | (provide details in Part VI). See instructions. | | | 8 | |
| 9 | Distributable amount for 2020 from Section C, line 6 | | | 9 | |
| 10 | Line 8 amount divided by line 9 amount | | | 10 | |
| | | (i) | (ii) | | (iii) |
| Secti | on E - Distribution Allocations (see instructions) | Excess Distributions | Underdistributions Pre-2020 | s | Distributable Amount for 2020 |
| _1_ | Distributable amount for 2020 from Section C, line 6 | | | | |
| 2 | Underdistributions, if any, for years prior to 2020 (reason- | | | | |
| | able cause required - explain in Part VI). See instructions. | | | | |
| 3 | Excess distributions carryover, if any, to 2020 | | | | |
| а | From 2015 | | | | |
| b | From 2016 | | | | |
| С | From 2017 | | | | |
| d | From 2018 | | | | |
| e | From 2019 | | | | |
| f | Total of lines 3a through 3e | | | | |
| g | Applied to underdistributions of prior years | | | | |
| h | Applied to 2020 distributable amount | | | | |
| i | Carryover from 2015 not applied (see instructions) | | | | |
| j | Remainder. Subtract lines 3g, 3h, and 3i from line 3f. | | | | |
| 4 | Distributions for 2020 from Section D, | | | | |
| | line 7: \$ | | | | |
| а | Applied to underdistributions of prior years | | | | |
| b | Applied to 2020 distributable amount | | | | |
| c | Remainder. Subtract lines 4a and 4b from line 4. | | | | |
| 5 | Remaining underdistributions for years prior to 2020, if | | | | |
| | any. Subtract lines 3g and 4a from line 2. For result greater | | | | |
| | than zero, explain in Part VI. See instructions. | | | | |
| 6 | Remaining underdistributions for 2020. Subtract lines 3h | | | | |
| | and 4b from line 1. For result greater than zero, explain in | | | | |
| | Part VI. See instructions. | | | | |
| 7 | Excess distributions carryover to 2021. Add lines 3j | | | | |
| | and 4c. | | | | |
| _8_ | Breakdown of line 7: | | | | |
| | Excess from 2016 | | | | |
| b | Excess from 2017 | | | | |
| c | Excess from 2018 | | | | |
| d | Excess from 2019 | | | | |
| е | Excess from 2020 | | | | |

Schedule A (Form 990 or 990-EZ) 2020

HILTON HEAD ISLAND CONCOURS D'ELEGANCE,

02-0547759 Page 8 Schedule A (Form 990 or 990-EZ) 2020 INC. Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Part VI Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

► Attach to Form 990.

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

OMB No. 1545-0047 Open to Public Inspection

Name of the organization

HILTON HEAD ISLAND CONCOURS D'ELEGANCE, INC.

Employer identification number 02-0547759

| Par | t I Organizations Maintaining Donor Advise | ed Funds or Other Similar Fund | s or Accou | unts.Complete if the | |
|-----|--|---|------------------|----------------------------------|--------|
| | organization answered "Yes" on Form 990, Part IV, lin | ne 6. | | | |
| | | (a) Donor advised funds | (b) Fun | nds and other accounts | |
| 1 | Total number at end of year | | | | |
| 2 | Aggregate value of contributions to (during year) | | | | |
| 3 | Aggregate value of grants from (during year) | | | | |
| 4 | Aggregate value at end of year | | | | |
| 5 | Did the organization inform all donors and donor advisors in v | writing that the assets held in donor advi | sed funds | | |
| | are the organization's property, subject to the organization's | exclusive legal control? | | Yes | No |
| 6 | Did the organization inform all grantees, donors, and donor a | dvisors in writing that grant funds can be | e used only | | |
| | for charitable purposes and not for the benefit of the donor of | or donor advisor, or for any other purpose | conferring | | |
| | impermissible private benefit? | | | Yes | No |
| Par | | | Part IV, line 7 | | |
| 1 | Purpose(s) of conservation easements held by the organizati | ion (check all that apply). | | | |
| | Preservation of land for public use (for example, recrea | ation or education) Preservation of | f a historically | important land area | |
| | Protection of natural habitat | Preservation of | f a certified hi | storic structure | |
| | Preservation of open space | | | | |
| 2 | Complete lines 2a through 2d if the organization held a qualif | fied conservation contribution in the form | of a conserv | | |
| | day of the tax year. | | | Held at the End of the Ta | x Year |
| | Total number of conservation easements | | | | |
| | Total acreage restricted by conservation easements | | | | |
| | Number of conservation easements on a certified historic str | | | | |
| d | Number of conservation easements included in (c) acquired a | | | | |
| | listed in the National Register | | | | |
| 3 | Number of conservation easements modified, transferred, rel | leased, extinguished, or terminated by th | ie organizatioi | n during the tax | |
| | year ▶ | | | | |
| 4 | Number of states where property subject to conservation eas | | | | |
| 5 | Does the organization have a written policy regarding the per | | | | |
| _ | violations, and enforcement of the conservation easements it | | | | No |
| 6 | Staff and volunteer hours devoted to monitoring, inspecting, | handling of violations, and enforcing cor | iservation eas | sements during the year | • |
| _ | Annual of constant in the state of the state | | | and a substitution of the second | |
| 7 | Amount of expenses incurred in monitoring, inspecting, hand | aling of violations, and enforcing conserva | ation easeme | nts during the year | |
| | ▶ \$ Does each conservation easement reported on line 2(d) above | re esticit the requirements of costion 17/ | 2/b\/4\/D\/i\ | | |
| 8 | | | | Yes | No |
| 9 | and section 170(h)(4)(B)(ii)? | | | | NO |
| 9 | balance sheet, and include, if applicable, the text of the footr | · | | | |
| | organization's accounting for conservation easements. | note to the organization's imancial statem | nento that des | scribes trie | |
| Par | | f Art. Historical Treasures, or C | Other Simil | ar Assets. | |
| | Complete if the organization answered "Yes" on Form | | | | |
| 1a | If the organization elected, as permitted under FASB ASC 95 | | and balance | sheet works | |
| | of art, historical treasures, or other similar assets held for pub | · | | | |
| | service, provide in Part XIII the text of the footnote to its finar | ncial statements that describes these ite | ms. | | |
| b | If the organization elected, as permitted under FASB ASC 95 | 58, to report in its revenue statement and | balance shee | et works of | |
| | art, historical treasures, or other similar assets held for public | | | | |
| | provide the following amounts relating to these items: | | | | |
| | (i) Revenue included on Form 990, Part VIII, line 1 | | | \$ | |
| | | | | \$ | |
| 2 | If the organization received or held works of art, historical treatments | | | | |
| | the following amounts required to be reported under FASB A | | - • | | |
| а | Revenue included on Form 990, Part VIII, line 1 | | | \$ | |
| | Assets included in Form 990, Part X | | | | |

| Sche | edule D (Form 990) 2020 INC. | | | | | | (| 2-05 | 47759 |) Pa | age 2 |
|------|---|-----------------------|----------------|----------------|----------------------|----------|----------|------------|-------------------|-------|--------------|
| Paı | rt III Organizations Maintaining C | ollections of A | rt, Hist | torical Tı | reasures, or O | ther | Simila | ır Asse | ts (contin | ued) | |
| 3 | Using the organization's acquisition, accession | on, and other record | ds, check | k any of the | following that ma | ke sigr | nificant | use of its | | | |
| | collection items (check all that apply): | | | | | | | | | | |
| а | Public exhibition | c | d l | Loan or exc | change program | | | | | | |
| b | Scholarly research | e | • (| Other | | | | | | | |
| С | Preservation for future generations | | | | | | | | | | |
| 4 | Provide a description of the organization's co | ollections and expla | in how th | ey further | the organization's | exemp | t purpo | se in Par | XIII. | | |
| 5 | During the year, did the organization solicit o | r receive donations | of art, his | storical trea | asures, or other sir | nilar as | ssets | | | | |
| | to be sold to raise funds rather than to be ma | | | | | | | | Yes | | No |
| Paı | rt IV Escrow and Custodial Arran | | ete if the | organization | on answered "Yes' | on Fo | orm 990 | , Part IV, | line 9, or | | |
| | reported an amount on Form 990, Par | | | | | | | | | | |
| 1a | Is the organization an agent, trustee, custodi | an or other interme | diary for | contributio | ns or other assets | not in | cluded | | | | |
| | on Form 990, Part X? | | | | | | | | Yes | | No |
| b | If "Yes," explain the arrangement in Part XIII | and complete the fo | ollowing t | able: | | | | | | | |
| | | | | | | | | | Amount | | |
| | Beginning balance | | | | | | 1c | | | | |
| | Additions during the year | | | | | | 1d | | | | |
| е | Distributions during the year | | | | | | 1e | | | | |
| f | • | | | | | | 1f | | | | |
| | Did the organization include an amount on Fo | | | | | - | ? | | Yes | | No |
| _ | If "Yes," explain the arrangement in Part XIII. | | | | | | | | | | |
| Pai | rt V Endowment Funds. Complete it | | | | 1 | | | | | | |
| | | (a) Current year | (b) ₽ | rior year | (c) Two years bac | K (d) | Three y | ears back | (e) Four | years | раск |
| | Beginning of year balance | | | | | | | | | | |
| | Contributions | | | | | | | | | | |
| | Net investment earnings, gains, and losses | | | | | | | | | | |
| | Grants or scholarships | | | | | | | | | | |
| е | Other expenditures for facilities | | | | | | | | | | |
| | and programs | | | | | | | | | | |
| | Administrative expenses | | | | | + | | | | | |
| g | | | /: 4 | l / | '-\\ | | | | | | |
| 2 | Provide the estimated percentage of the curr | rent year end baland | | g, column (| a)) neid as: | | | | | | |
| | Board designated or quasi-endowment ► Permanent endowment ► | 0/ | % | | | | | | | | |
| | | % % | | | | | | | | | |
| C | The percentages on lines 2a, 2b, and 2c sho | , <u>-</u> | | | | | | | | | |
| 32 | Are there endowment funds not in the posse | | ation tha | nt are held : | and administered f | or tha | organiz | ation | | | |
| Ja | by: | 331011 Of the Organiz | ation the | it are rielu a | and administered i | OI LITE | organiz | ation | Г | Yes | No |
| | (i) Unrelated organizations | | | | | | | | 3a(i) | 103 | 110 |
| | (ii) Related organizations | | | | | | | | | | |
| b | If "Yes" on line 3a(ii), are the related organiza | | | | | | | | | | |
| 4 | Describe in Part XIII the intended uses of the | | | | · | | | | 0.0 | - | |
| Pai | rt VI Land, Buildings, and Equipm | | 5 VVIII OITE I | idildo. | | | | | | | |
| | Complete if the organization answered | | 0. Part IV | /. line 11a.: | See Form 990. Par | t X. lin | e 10. | | | | |
| | Description of property | (a) Cost or o | | | | | ımulate | d T | (d) Book | value | e |
| | zeesp.io or proporty | basis (investi | | . , | (other) | • | ciation | | , =, ==== | | - |
| 1a | Land | <u> </u> | | | . , | | | | | | |
| | Buildings | | | | | | | | | | |
| | Leasehold improvements | | | | | | | | | | |
| | Fauinment | | | | | | | | | | |

Schedule D (Form 990) 2020

0.

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

| Part VIII Investments - Other Securities. Competed if the organization answered "Ves" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12. | T110 | ISLAND CONCO | URS D'ELEGANCE, | 02 0547750 - 6 |
|---|--|----------------------------|---------------------------------------|---------------------------------------|
| Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12 (a) Description of security or category (notuding name or accuracy) (b) Book value (c) Method of valuation: Cost or end-of-year market value (d) Financial derivatives (g) Closely held equity interests (g) Other (A) (G) (G) (G) (G) (G) (G) (G) (G) (G) (G | Schedule D (Form 990) 2020 INC. | | | 02-0547759 Page 3 |
| (a) Description of security or category (enclaring name of security) (b) Book value (c) Method of valuation: Cost or end-of-year market value (f) Financial derivatives (g) Closely held equity interests (g) Other (h) (g) (g) (g) (g) (g) (g) (g) (g) (g) (g | | on Form 000 Port IV line | 11h Soc Form 000 Bort V line 12 | |
| (1) Financial derivatives (2) Closely held equity interests (3) Other (A) (B) (C) (C) (B) (C) (C) (B) (C) (C) (C) (C) (C) (C) (C) (C) (C) (C | (a) Description of security or category (including name of security) | | | r end-of-vear market value |
| (2) Closely held equity interests | | (b) Dook raids | (0, | · · · · · · · · · · · · · · · · · · · |
| (3) Other (A) (B) (B) (C) (C) (C) (C) (C) (C) (C) (C) (C) (C | | | | |
| (B) (C) (C) (D) (E) (F) (F) (G) (G) (F) (G) (F) (G) (G) (G) (G) (G) (D) (D) (D) (D) (D) (D) (D) (D) (D) (D | | | | |
| (B) (C) (C) (C) (C) (C) (C) (C) (C) (C) (C | | | | |
| (C) (D) (E) (F) (F) (G) (F) (G) (H) (G) (G) (G) (G) (G) (G) (G) (G) (G) (G | | | | |
| (E) (E) (F) (G) (G) (H) Total L(Col. (b) must equal form 990, Part X, col. (B) line 12.) ▶ Part VIIII Investments - Program Related. | . , | | | |
| (E) (F) (F) (G) (H) (F) (F) (G) (H) (F) (G) (H) (F) (F) (G) (H) (F) (F) (G) (H) (F) (F) (F) (F) (F) (F) (F) (F) (F) (F | | | | |
| (G) (H) (H) (Total: (Ob. (b) must equal Form 990, Part X, col. (B) line 12.) ▶ Part VIII Investments - Program Related. Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13. (a) Description of investment (b) Book value (c) Method of valuation: Cost or end-of-year market value (d) (e) (f) (g) (h) (g) (g) (g) (h) (g) (g) (g) (g) (g) (g) (g) (g) (g) (h) (g) (g) (h) (h) (h) (h) (h) (h) (h) (h) (h) (h | | | | |
| (ti) Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ▶ Part VIII Investments - Program Related. Complete if the organization answered "Yes" on Form 990, Part IV. line 11c. See Form 990, Part X, line 13. (a) Description of investment (b) Book value (c) Method of valuation: Cost or end of year market value (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶ Part XI Other Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15. (a) Description (b) Book value (1) (2) (3) (4) (5) (6) (7) (8) (9) (9) Total. (Col. (m) must equal Form 990, Part X, col. (B) line 15.) ▶ Part XI Other Liabilities. Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25. 1. (a) Description of liability (b) Book value (1) (7) (8) (9) Part XI Other Liabilities. Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25. (a) (a) (b) Book value (1) Federal income taxes (2) PAYROLL LIABILITIES (b) Book value (5) (6) (6) | (F) | | | |
| Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12. ▶ | (G) | | | |
| Investments - Program Related. Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13. (a) Description of investment (b) Book value (c) Method of valuation: Cost or end-of-year market value (2) | (H) | | | |
| Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13. (a) Description of investment (b) Book value (c) Method of valuation: Cost or end-of-year market value (d) (e) (f) (g) (g) (g) (g) (g) (g) (g) (g) (g) (g | | | | |
| (a) Description of investment (b) Book value (c) Method of valuation: Cost or end-of-year market value (1) (2) (3) (4) (4) (5) (6) (7) (8) (9) (9) (7) (10) (10) must equal form 990, Part X, col. (8) line 13.) ▶ Part X Other Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15. (a) Description (b) Book value (1) (2) (3) (4) (9) (9) (9) (9) (9) (9) (9) (9) (9) (9 | Part VIII Investments - Program Related. | | | |
| (1) (2) (3) (4) (5) (6) (6) (7) (8) (9) (7) (8) (9) (7) (8) (9) (7) (8) (9) (7) (8) (9) (7) (8) (9) (9) (1) (1) (2) (3) (4) (4) (5) (6) (6) (7) (8) (9) (9) (9) (1) (1) (2) (3) (4) (4) (5) (6) (7) (8) (9) (9) (9) (1) (1) (2) (3) (4) (4) (5) (5) (6) (7) (8) (9) (9) (9) (1) (1) (2) (3) (4) (4) (5) (5) (6) (7) (8) (9) (9) (9) (1) (1) (2) (2) (3) (4) (4) (5) (5) (6) (6) (7) (7) (8) (9) (9) (9) (9) (1) (1) (2) (2) (3) (4) (4) (5) (6) (6) (6) (7) (7) (8) (9) (9) (9) (9) (9) (9) (1) (1) (2) (2) (3) (4) (4) (5) (6) (6) (6) (7) (7) (8) (9) (9) (9) (9) (9) (9) (9) (9) (9) (9 | Complete if the organization answered "Yes" | | 11c. See Form 990, Part X, line 13. | |
| (2) (3) (4) (5) (6) (7) (8) (9) Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶ Part IX Other Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15. (a) Description (b) Book value (1) (2) (3) (4) (5) (6) (77 (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) ▶ Part X Other Liabilities. Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25. 1. (a) Description of liability (b) Book value (1) Federal income taxes (2) PAYROLL LIABILITIES 7772. (3) (4) (5) (6) | (a) Description of investment | (b) Book value | (c) Method of valuation: Cost o | r end-of-year market value |
| (3) (4) (5) (6) (7) (8) (9) Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶ Part IX Other Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15. (a) Description (b) Book value (1) (2) (3) (4) (5) (6) (7) (8) (9) (9) (9) Part X Other Liabilities. Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25. 1. (a) Description of liability (b) Book value (1) Federal income taxes (2) PAYROLL LIABILITIES 7772. (3) (4) (5) (6) | (1) | | | |
| (4) (5) (6) (7) (8) (9) Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)▶ Part IX Other Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15. (a) Description (b) Book value (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) Part X Other Liabilities. Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25. 1. (a) Description of liability (b) Book value (1) Federal income taxes (2) PAYROLL LIABILITIES 7772. (3) (4) (5) (6) | (2) | | | |
| (5) (6) (7) (8) (9) Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶ Part IX Other Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15. (a) Description (b) Book value (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) Part X Other Liabilities. Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25. 1. (a) Description of liability (b) Book value (1) Federal income taxes (2) PAYROLL LIABILITIES (772. (3) (4) (5) (6) | | | | |
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| (7) (8) (9) Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶ Part IX Other Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15. (a) Description (b) Book value (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) Part X Other Liabilities. Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25. (a) Description (b) Book value (1) Federal income taxes (2) PAYROLL LIABILITIES (772. (3) (4) (5) (6) | | | | |
| (8) (9) Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶ Part IX Other Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15. (a) Description (b) Book value | | | | |
| State Column (b) must equal Form 990, Part X, col. (B) line 13.) | | | | |
| Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶ Part IX | | | | |
| Part IX | | | | |
| Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15. (a) Description (b) Book value (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) Part X Other Liabilities. Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25. 1. (a) Description of liability (b) Book value (1) Federal income taxes (2) PAYROLL LIABILITIES 7772. (3) (4) (5) (6) | | | | |
| (a) Description (b) Book value (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) Part X Other Liabilities. Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25. 1. (a) Description of liability (b) Book value (1) Federal income taxes (2) PAYROLL LIABILITIES 772. (3) (4) (5) (6) | | on Form 000 Part IV line | 11d See Form 990 Part V line 15 | |
| (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) Part X Other Liabilities. Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25. 1. (a) Description of liability (b) Book value (1) Federal income taxes (2) PAYROLL LIABILITIES 7772. (3) (4) (5) (6) | | | Tru. See Form 990, Part A, line 15. | (b) Book value |
| (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) Part X Other Liabilities. Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25. 1. (a) Description of liability (b) Book value (1) Federal income taxes (2) PAYROLL LIABILITIES 7772. (3) (4) (5) (6) | | | | (a) Dealt raide |
| (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) Part X Other Liabilities. Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25. 1. (a) Description of liability (b) Book value (1) Federal income taxes (2) PAYROLL LIABILITIES 772. (3) (4) (5) (6) | | | | |
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| (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) Part X Other Liabilities. Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25. 1. (a) Description of liability (b) Book value (1) Federal income taxes (2) PAYROLL LIABILITIES 7772. (3) (4) (5) (6) | | | | |
| (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) Part X Other Liabilities. Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25. 1. (a) Description of liability (b) Book value (1) Federal income taxes (2) PAYROLL LIABILITIES 7772 (3) (4) (5) (6) | (7) | | | |
| Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) Part X Other Liabilities. Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25. 1. (a) Description of liability (b) Book value (1) Federal income taxes (2) PAYROLL LIABILITIES 7772 (3) (4) (5) (6) | (8) | | | |
| Part X Other Liabilities. Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25. 1. (a) Description of liability (b) Book value (1) Federal income taxes (2) PAYROLL LIABILITIES 7772. (3) (4) (5) (6) | (9) | | | |
| Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25. 1. (a) Description of liability (b) Book value (1) Federal income taxes (2) PAYROLL LIABILITIES 7772. (3) (4) (5) (6) | | e 15.) | | . ▶ |
| 1. (a) Description of liability (b) Book value (1) Federal income taxes 772 . (2) PAYROLL LIABILITIES 772 . (3) (4) (5) (6) | Part X Other Liabilities. | | | |
| (1) Federal income taxes (2) PAYROLL LIABILITIES (3) (4) (5) (6) | | on Form 990, Part IV, line | 11e or 11f. See Form 990, Part X, lir | |
| (2) PAYROLL LIABILITIES 772 (3) (4) (5) (6) | 1. (a) Description of liability | | | (b) Book value |
| (3) (4) (5) (6) | | | | |
| (4) (5) (6) | (-) | | | 772. |
| (5) (6) | | | | |
| (6) | | | | |
| | | | | |
| (7) | | | | |

Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) 2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII.

772.

(8) (9)

HILTON HEAD ISLAND CONCOURS D'ELEGANCE,

Schedule D (Form 990) 2020

INC.

02-0547759 Page 4

| Pai | | | |
|----------------------------------|---|-------------------------------------|------------------|
| | Complete if the organization answered "Yes" on Form 990, Part IV, li | | |
| 1 | Total revenue, gains, and other support per audited financial statements | | 1 |
| 2 | Amounts included on line 1 but not on Form 990, Part VIII, line 12: | 1 1 | |
| а | Net unrealized gains (losses) on investments | | |
| b | Donated services and use of facilities | | |
| С | Recoveries of prior year grants | | |
| d | Other (Describe in Part XIII.) | 2d | |
| е | Add lines 2a through 2d | | |
| 3 | Subtract line 2e from line 1 | | 3 |
| 4 | Amounts included on Form 990, Part VIII, line 12, but not on line 1: | 1 . 1 | |
| а | Investment expenses not included on Form 990, Part VIII, line 7b | | |
| b | Other (Describe in Part XIII.) | 4b | |
| _ | Add lines 4a and 4b | | |
| 5 | Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12 | | |
| Pai | rt XII Reconciliation of Expenses per Audited Financial St | - | nses per Return. |
| | Complete if the organization answered "Yes" on Form 990, Part IV, II | | |
| 1 | Total expenses and losses per audited financial statements | | 1 |
| 2 | Amounts included on line 1 but not on Form 990, Part IX, line 25: | | |
| a | Donated services and use of facilities | | |
| b | Prior year adjustments | | |
| C | Other losses | | |
| d | Other (Describe in Part XIII.) | - | 0.0 |
| _ | Add lines 2a through 2d | | |
| 3 4 | Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: | | 3 |
| - | Investment expenses not included on Form 990, Part VIII, line 7b | 40 | |
| a b | | - I | |
| | | | |
| | Add lines 12 and 14 | | 1 40 |
| | Add lines 4a and 4b Total expenses Add lines 3 and 4c (This must equal Form 990 Part I line 1 | | |
| 5 | Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 1 | | |
| 5 Pai | Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 1 rt XIII Supplemental Information. | 8.) | 5 |
| 5 Pa l Provi | Total expenses. Add lines 3 and 4c. (<i>This must equal Form</i> 990, <i>Part I, line 1</i> or XIII Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and | 8.) 4; Part IV, lines 1b and 2b; | 5 |
| 5 Pa l Provi | Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 1 rt XIII Supplemental Information. | 8.) 4; Part IV, lines 1b and 2b; | 5 |
| 5 Pa l Provi | Total expenses. Add lines 3 and 4c. (<i>This must equal Form</i> 990, <i>Part I, line 1</i> or XIII Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and | 8.) 4; Part IV, lines 1b and 2b; | 5 |
| 5 Pa l Provi | Total expenses. Add lines 3 and 4c. (<i>This must equal Form</i> 990, <i>Part I, line 1</i> or XIII Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and | 8.) 4; Part IV, lines 1b and 2b; | 5 |
| 5 Pa l Provi | Total expenses. Add lines 3 and 4c. (<i>This must equal Form</i> 990, <i>Part I, line 1</i> or XIII Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and | 8.) 4; Part IV, lines 1b and 2b; | 5 |
| 5 Pa l Provi | Total expenses. Add lines 3 and 4c. (<i>This must equal Form</i> 990, <i>Part I, line 1</i> or XIII Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and | 8.) 4; Part IV, lines 1b and 2b; | 5 |
| 5 Pa l Provi | Total expenses. Add lines 3 and 4c. (<i>This must equal Form</i> 990, <i>Part I, line 1</i> or XIII Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and | 8.) 4; Part IV, lines 1b and 2b; | 5 |
| 5 Pa l Provi | Total expenses. Add lines 3 and 4c. (<i>This must equal Form</i> 990, <i>Part I, line 1</i> or XIII Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and | 8.) 4; Part IV, lines 1b and 2b; | 5 |
| 5 Pa l Provi | Total expenses. Add lines 3 and 4c. (<i>This must equal Form</i> 990, <i>Part I, line 1</i> or XIII Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and | 8.) 4; Part IV, lines 1b and 2b; | 5 |
| 5 Pa l Provi | Total expenses. Add lines 3 and 4c. (<i>This must equal Form</i> 990, <i>Part I, line 1</i> or XIII Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and | 8.) 4; Part IV, lines 1b and 2b; | 5 |
| 5 Pa l Provi | Total expenses. Add lines 3 and 4c. (<i>This must equal Form</i> 990, <i>Part I, line 1</i> or XIII Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and | 8.) 4; Part IV, lines 1b and 2b; | 5 |
| 5 Pa l Provi | Total expenses. Add lines 3 and 4c. (<i>This must equal Form</i> 990, <i>Part I, line 1</i> or XIII Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and | 8.) 4; Part IV, lines 1b and 2b; | 5 |
| 5 Pa l Provi | Total expenses. Add lines 3 and 4c. (<i>This must equal Form</i> 990, <i>Part I, line 1</i> or XIII Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and | 8.) 4; Part IV, lines 1b and 2b; | 5 |
| 5 Pa l Provi | Total expenses. Add lines 3 and 4c. (<i>This must equal Form</i> 990, <i>Part I, line 1</i> or XIII Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and | 8.) 4; Part IV, lines 1b and 2b; | 5 |
| 5 Pa l Provi | Total expenses. Add lines 3 and 4c. (<i>This must equal Form</i> 990, <i>Part I, line 1</i> or XIII Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and | 8.) 4; Part IV, lines 1b and 2b; | 5 |
| 5 Pa l Provi | Total expenses. Add lines 3 and 4c. (<i>This must equal Form</i> 990, <i>Part I, line 1</i> or XIII Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and | 8.) 4; Part IV, lines 1b and 2b; | 5 |
| 5 Pa l Provi | Total expenses. Add lines 3 and 4c. (<i>This must equal Form</i> 990, <i>Part I, line 1</i> or XIII Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and | 8.) 4; Part IV, lines 1b and 2b; | 5 |
| 5 Pa l Provi | Total expenses. Add lines 3 and 4c. (<i>This must equal Form</i> 990, <i>Part I, line 1</i> or XIII Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and | 8.) 4; Part IV, lines 1b and 2b; | 5 |
| 5 Pa l Provi | Total expenses. Add lines 3 and 4c. (<i>This must equal Form</i> 990, <i>Part I, line 1</i> or XIII Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and | 8.) 4; Part IV, lines 1b and 2b; | 5 |
| 5 Pa l Provi | Total expenses. Add lines 3 and 4c. (<i>This must equal Form</i> 990, <i>Part I, line 1</i> or XIII Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and | 8.) 4; Part IV, lines 1b and 2b; | 5 |
| 5 Pa l Provi | Total expenses. Add lines 3 and 4c. (<i>This must equal Form</i> 990, <i>Part I, line 1</i> or XIII Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and | 8.) 4; Part IV, lines 1b and 2b; | 5 |
| 5 Pa l Provi | Total expenses. Add lines 3 and 4c. (<i>This must equal Form</i> 990, <i>Part I, line 1</i> or XIII Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and | 8.) 4; Part IV, lines 1b and 2b; | 5 |
| 5 Pa l Provi | Total expenses. Add lines 3 and 4c. (<i>This must equal Form</i> 990, <i>Part I, line 1</i> or XIII Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and | 8.) 4; Part IV, lines 1b and 2b; | 5 |
| 5 Pa l Provi | Total expenses. Add lines 3 and 4c. (<i>This must equal Form</i> 990, <i>Part I, line 1</i> or XIII Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and | 8.) 4; Part IV, lines 1b and 2b; | 5 |

SCHEDULE L

Department of the Treasury

Internal Revenue Service

(Form 990 or 990-EZ)

Transactions With Interested Persons

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

► Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2020

Open To Public Inspection

HILTON HEAD ISLAND CONCOURS D'ELEGANCE, Employer identification number Name of the organization INC. 02-0547759 Excess Benefit Transactions (section 501(c)(3), section 501(c)(4), and section 501(c)(29) organizations only). Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b. (b) Relationship between disqualified (d) Corrected? (a) Name of disqualified person (c) Description of transaction person and organization Yes No 2 Enter the amount of tax incurred by the organization managers or disqualified persons during the year under section 4958 3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization Loans to and/or From Interested Persons. Part II Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a or Form 990, Part IV, line 26; or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22 (d) Loan to or (i) Written (b) Relationship (c) Purpose (a) Name of (e) Original (f) Balance due (g) In by board or from the interested person with organization of loan principal amount default? agreement? committee? organization? To From Yes No Yes No Yes No Total ▶ \$ **Grants or Assistance Benefiting Interested Persons.** Part III Complete if the organization answered "Yes" on Form 990, Part IV, line 27. (c) Amount of (a) Name of interested person (d) Type of (e) Purpose of (b) Relationship between assistance assistance assistance interested person and the organization

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

Schedule L (Form 990 or 990-EZ) 2020

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

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or 990-EZ.

Open to Public

OMB No. 1545-0047

Inspection

Name of the organization

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

Employer identification number 02-0547759

| INC. | 02-054//59 |
|--|---------------------------------------|
| FORM 990, PART VI, SECTION B, LINE 11B: | |
| THE TAX RETURN IS GIVEN TO THE COMPTROLLER/TREASURER OF | THE ORGANIZATION |
| FOR REVIEW BEFORE THE TAX RETURN IS FILED. | |
| | |
| FORM 990, PART VI, SECTION B, LINE 15A: | |
| THE PRESIDENT UNDERGOES AN ANNUAL PERFORMANCE REVIEW AN | ID HIS/HER SALARY IS |
| BASED ON COMPARABLE POSITIONS | |
| | |
| FORM 990, PART VI, SECTION C, LINE 19: | |
| DOCUMENTATION IS AVAILABLE TO THE PUBLIC UPON REQUEST | |
| | |
| FORM 990, PART IX, LINE 24E, ALL OTHER FUNCTIONAL EXPEN | ISES: |
| DUES AND SUBSCRIPTIONS: | |
| PROGRAM SERVICE EXPENSES | 1,565. |
| MANAGEMENT AND GENERAL EXPENSES | 1,565. |
| FUNDRAISING EXPENSES | 0. |
| TOTAL EXPENSES | 3,130. |
| | |
| DRIVING YOUNG AMERICA COSTS: | |
| PROGRAM SERVICE EXPENSES | 3,108. |
| MANAGEMENT AND GENERAL EXPENSES | 0. |
| FUNDRAISING EXPENSES | 0. |
| TOTAL EXPENSES | 3,108. |
| | |
| BANK AND CREDIT CARD FEES: | |
| PROGRAM SERVICE EXPENSES | 1,398. |
| LHA For Panerwork Reduction Act Notice see the Instructions for Form 990 or 990-F7 | Schedule () (Form 990 or 990-F7) 2020 |

| Name of the organization HILTON HEAD ISLAND CONCOURS D'ELEGANCE, INC. | Employer identification number 02-0547759 |
|---|---|
| MANAGEMENT AND GENERAL EXPENSES | 1,398. |
| FUNDRAISING EXPENSES | 0. |
| TOTAL EXPENSES | 2,796. |
| TELEPHONE: | |
| PROGRAM SERVICE EXPENSES | 1,271. |
| MANAGEMENT AND GENERAL EXPENSES | 1,271. |
| FUNDRAISING EXPENSES | 0. |
| TOTAL EXPENSES | 2,542. |
| POSTAGE: | |
| PROGRAM SERVICE EXPENSES | 581. |
| MANAGEMENT AND GENERAL EXPENSES | 872. |
| FUNDRAISING EXPENSES | 0. |
| TOTAL EXPENSES | 1,453. |
| PAYROLL ADMIN. FEES: | |
| PROGRAM SERVICE EXPENSES | 0. |
| MANAGEMENT AND GENERAL EXPENSES | 851. |
| FUNDRAISING EXPENSES | 0. |
| TOTAL EXPENSES | 851. |
| TRACK DAY EXPENSES: | |
| PROGRAM SERVICE EXPENSES | 618. |
| MANAGEMENT AND GENERAL EXPENSES | 0. |
| FUNDRAISING EXPENSES | 0. |
| TOTAL EXPENSES | 618. |

| Name of the organization HILTON HEAD ISLAND CONCOURS D'ELEGANCE, INC. | Employer identification number 02-0547759 | |
|---|---|--|
| MISCELLANEOUS EXPENSE: | | |
| PROGRAM SERVICE EXPENSES | 273. | |
| MANAGEMENT AND GENERAL EXPENSES | 273. | |
| FUNDRAISING EXPENSES | 0. | |
| TOTAL EXPENSES | 546. | |
| AUCTION EXPENSES: | | |
| PROGRAM SERVICE EXPENSES | 200. | |
| MANAGEMENT AND GENERAL EXPENSES | 0. | |
| FUNDRAISING EXPENSES | 0. | |
| TOTAL EXPENSES | 200. | |
| COPYING: | | |
| PROGRAM SERVICE EXPENSES | 32. | |
| MANAGEMENT AND GENERAL EXPENSES | 22. | |
| FUNDRAISING EXPENSES | 0. | |
| TOTAL EXPENSES | 54. | |
| VOLUNTEER EXPENSE: | | |
| PROGRAM SERVICE EXPENSES | 53. | |
| MANAGEMENT AND GENERAL EXPENSES | 0. | |
| FUNDRAISING EXPENSES | 0. | |
| TOTAL EXPENSES | 53. | |
| LICENSES AND FEES: | | |
| PROGRAM SERVICE EXPENSES | 21. | |
| MANAGEMENT AND GENERAL EXPENSES | 31. | |
| FUNDRAISING EXPENSES | 0. | |
| 032212 11-20-20 | Schedule O (Form 990 or 990-EZ) 2020 | |

| Schedule O (Form 990 or 990-EZ) 2020 | Page 2 |
|---|---|
| Name of the organization HILTON HEAD ISLAND CONCOURS D'ELEGANCE, INC. | Employer identification number 02-0547759 |
| TOTAL EXPENSES | 52. |
| TOTAL OTHER EXPENSES ON FORM 990, PART IX, LINE 24E, COL | A 15,403. |
| FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS: | |
| ROUNDING | 1. |
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DEPARTMENT OF THE TREASURY INTERNAL REVENUE SERVICE WASHINGTON, D.C. 20224

Date: September 23, 2002

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

Employer Identification Number: 02-0547759 Issuing Specialist: 50-380400 Charles F. Kaiser III, Esq. Toll Free Customer Service: 877-829-5500 Accounting Period Ending: December 31 Foundation Status Classification: 509(a)(2) Advance Ruling Period Begins: February 10, 2002 Advance Ruling Period Ends: December 31, 2006 Form 990 Required: Yes

Dear Applicant:

Based on the information supplied, and assuming your operations will be as stated in your application for recognition of exemption, we have determined you are exempt from federal income tax under section 501(a) of the Internal Revenue Code as an organization described in section 501(c)(3).

Because you are a newly created organization, we are not now making a final determination of your foundation status under section 509(a) of the Code. However, we have determined that you can reasonably be expected to be a publicly supported organization described in the section(s) indicated above. Accordingly, you will be treated as a publicly supported organization, and not as a private foundation, during an advance ruling period. This advance ruling period begins and ends on the dates indicated above.

Please notify the Ohio Tax Exempt and Government Entities (TE/GE) Customer Service office if there is any change in your name, address, sources of support, purposes or method of operation. If you amend your organizational document or bylaws, please send a copy of the amendment to that office. The mailing address is: Internal Revenue Servica, TE/GE Customer Service, P.O. Box 2508, Cincinnati, OH 45201.

Prior to the end of your advance ruling period, the Ohio TE/GE office will send you a letter requesting the information needed to determine whether you have met the requirements of the applicable support test during the advance ruling period. If you establish that you have been a publicly supported organization, you will be classified as a section 509(a)(1) or 509(a)(2) organization as long as you continue to meet the requirements of the applicable support test. If you do not meet the public support requirements during the advance ruling period, you will be classified as a private foundation for future periods. Also, if you are classified as a private foundation, you will be treated as a private foundation from the date of your inception for purposes of sections 507(d) and 4940.