

2024

Accommodations Tax Funds Request Application

Organization Name: Art League of Hilton Head

Project/Event Name: ATAX Application

Executive Summary

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

2024 Accommodations Tax Funds Request Application

Date Received: 08/31/2023

Time Received: 06:51 PM

By: Online Submittal

Applications will not be accepted if submitted after 4 pm on September 1, 2023

A. SUMMARY OF GRANT REQUEST:

ORGANIZATION NAME: Art League of Hilton Head

Project/Event Name: ATAX Application

Contact Name: Kristen McIntosh Title: Executive Director

Address: PO Box 22834, Hilton Head Island, SC 29925

Email Address:

admin@artleaguehhi.org

Contact Phone: 843-681-5060

Event Date: 2024

Event Location: Art League of Hilton Head Gallery and Academy

Total Budget: \$530,070.00

Grant Requested: \$75,000.00

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

The use of the ATAX grant is for marketing expenditures to;

- Create and distribute valuable information to attract the community and tourists to ALHH Gallery for monthly changing exhibits and special events
- Create and distribute national advertising for ALHH art classes highlighting Hilton Head as an inspiring creative destination
- Create and distribute valuable information to advertise special events with partner organizations

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)

Art League Gallery's space is rented from the Arts Center of Coastal Carolina, conveniently located mid-island. The gallery showcases almost 250 Lowcountry artists and is open seven days a week and 90 minutes before ACCC performances. We also provide exhibits at HH Library, St. Joseph's/Candler Medical Center, Rose Hill Mansion, and our Academy. We offer art

classes and workshops in all levels and media at our Academy. **ALHH fulfills a desire to view local art and learn how to create art from professional art educators.**

Customer/tourist/attendee data is collected from:

- enrollment lists
- event data
- digital marketing companies
- partner organizations

A. Total Number of Physical Tourists Served: 6653

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: 4022

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: 6758

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): 17433

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

ALHH uses daily attendance logs, enrollment lists, attendance at events, sales events, and data collected from partners and collaborating entities. In addition to patrons entering ALHH Gallery and Academy, the totals above do not include an additional **44,770** that are exposed to our art exhibits displayed throughout Hilton Head Island and beyond.

B. DESCRIPTION OF OPERATIONS:

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

Our mission is inspiring visual arts for our community and its visitors through exhibitions, education, and partnerships.

Art League of Hilton Head operates a synergistic art gallery and teaching art Academy that welcomes artists and students of all levels for classes in various media. Member artists exhibit and sell their work from our professional gallery. Tourists and residents enjoy art produced by almost 250 Lowcountry artists in one location. ALHH runs year-round classes at our Academy with programs in painting, pastels, drawing, mixed media, photography, printmaking, sculpture, and jewelry-making. Some tourists enhance their HHI experience

by volunteering at ALHH Gallery or Academy.

ALHH provides an annual arts education scholarship to a local graduating high school senior to further their art education efforts. In 2023, we awarded our \$2,000 scholarship to Sophia Paris, who will attend Tufts in Boston this Fall.

ALHH partners with local businesses to expand our outreach and confirm that the visual arts are part of the fabric of the community by displaying artists' work in their establishments. This collaboration expands the visual arts across the island and beyond.

ALHH partners with other local nonprofits to expand outreach and cross-promote both organizations.

ALHH offers our facilities free to local nonprofits for private events.

By bringing national juried exhibits to our gallery, we draw in an artistic tourist base from across the US.

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

Funds will be used in five areas:

- Online Marketing
 - to attract tourist attendance to our classes
 - to promote art exhibits to enhance visits to HHI
- Print Advertising
 - to increase tourist attendance and awareness of events and classes, especially workshops taught by nationally known guest instructors
- Design
 - to design eye-catching and professional advertisements to draw tourists to our events, exhibits, classes, and HHI
- Social Media Advertising
 - to promote events, exhibits, classes, partnerships, and HHI
- Printing and Postage
 - to print and deliver professional advertising materials for exhibits, classes, special events, partnership collaborations, and HHI.

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

Partial funding would result in ALHH having to decrease our advertising. This would reduce our reach to tourists. In 2022, over 50% of our daytime walk-in patrons were tourists. We expect this percentage to grow with our continued expansion of classes and

national advertising.

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

Economic Impact of the Nonprofit Arts & Culture Industry Calculator Results from 2022: Industry impact: \$1,099,279, FT Jobs: 31, Household Incomes: \$604,020, Local Gov't: \$37,951, State Gov't: \$60,370.

The 2023 Biennale, a National juried Exhibition, received 639 entries from 297 artists from 36 states.

ALHH is the visual arts hub of Hilton Head Island. The visual arts promote and preserve the culture of our island.

ALHH is a leader in initiating and operating events with collaborative partners.

We provide unique and stimulating events and classes that attract visitors and tourists, such as art openings, fundraiser events, special classes, workshops, etc.

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

1 - Destination Advertising/Promotion <i>Advertising and promotion of tourism so as to develop and increase tourist attendance through the generation of publicity.</i>	100 %
2 - Tourism-Related Events <i>Promotion of the arts and cultural events.</i>	0 %
3 - Tourism-Related Facilities <i>Construction, maintenance and operation of facilities for civic and cultural activities including construction and maintenance of access and other nearby roads and utilities for the facilities.</i>	0 %
4 - Tourism-Related Public Services <i>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.</i>	0 %
5 - Tourist Public Transportation <i>Tourist shuttle transportation.</i>	0 %
6 - Waterfront Erosion/Control/Repair <i>Control and repair of waterfront erosion.</i>	0 %
7 - Operation of Visitor Information Centers <i>Operating visitor information centers.</i>	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)

ALHH is proud of our collaborative efforts in our community. Here are some ways we collaborate with other community organizations:

- Provide the most prominent visual arts exhibition space on the island, free and open to the public
- Provide low-cost studio space for local artists throughout the area
- Provide exhibition space for NIBCAA's Gullah Celebration exhibit in February, plus a free permanent 12-ft. display wall in the gallery year-round
- Host collaborative, often fundraising, exhibits with other nonprofits
- ALHH artists provide HH Symphony Orchestra with artwork for their annual program
- The gallery is open every night for 90 minutes before every ACCC performance
- Donate the gallery space for ACCC media events, Lean Ensemble's patron appreciation event, and to other local nonprofits (TEDx in 2023)
- Academy space is leased from Island Recreation Center for a nominal fee. In return, we maintain and make substantial improvements to the building and grounds as needed, enabling the IRC to maintain the building with minimal cost to the Town.
- Pop-up galleries at St. Joseph Candler Medical Center, Rose Hill Mansion, and HHI Library
- Donate gift certificates for artwork and classes to local nonprofit fundraisers
- Partner with local community organizations to provide artwork or artists when needed such as; CultureHHI, Chamber, and the Women's Association of Hilton Head Island
- Participate in CultureHHI and Town events to enhance the visual arts further
- In 2023, we hosted a collaborative fundraiser for Sea Turtle Patrol HHI
- In 2023, we began partnering with Sea Pines to offer on-site art classes at Harbour Town Marina

7. Additional comments. (250 words or less)

ALHH's cost per tourist:

- 2017 - \$4.85
- 2018 - \$5.75
- 2019 - \$5.28
- 2020 - \$15.35
- 2021 - \$14.07
- 2022 - \$14.28

- \$11.27 if we did not include the extra \$20,000 in expenses toward our 50th celebration

C. FUNDING:

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

A summary of revenue for ALHH based on the last completed fiscal year, 2022:

Art Sales/ Class Tuition/ Got Art? Annual Fundraiser/ Collaborative Fundraisers - \$315,988 **54.7%**

Exhibition Fees/ Membership Drives - \$50,952 **8.8%**

Government Grants - \$119,868 **20.7%**

Grants - \$11,200 **1.9%**

Individual Donations - \$32,597 **5.6%**

Corporate Donations - \$4,500 **.8%**

50th Anniversary Income - \$35,717 **6.2%**

Other Income (Call for Entry Fees, Raffles, Interest, Miscellaneous Income & Scholarship Income) - \$7,057 **1.2%**

Total - \$577,879

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

<u>20.7</u> Government Sources	<u>7.5</u> Private Contributions, Donations and Grants
.8 Corporate Support, Sponsors	<u>8.8</u> Membership, Dues, Subscriptions
<u>54.7</u> Ticket Sales, or Sales and Services	<u>7.4</u> Other

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

Yes X No

If so, please list top 3 sources and amounts.

South Carolina Arts Commission

\$24,868.00

Gaylord & Dorothy Donnelley Foundation

\$10,000.00

SouthArts

\$1,200.00

D. FINANCIAL INFORMATION:

Fiscal Year Disclosure: Start Month: **January** End Month: **December**

Financial Statement Requirements:

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

Budget Provided: **Yes**

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

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

Previous fiscal year Profit Loss Reports Provided:

2022- Previous FY 1

2021- Previous FY 2

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

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

Previous fiscal year Balance Sheets Provided:

2022 - Previous FY 1

2021 - Previous FY 2

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

Current year IRS Form 990 or 990T Provided: **Yes**

Previous IRS Form 990 or 990T Years Provided:

2021 - Previous FY 1

2020 - Previous FY 2

E. FINANCIAL GUARANTEES AND PROCEDURES:

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

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

2. Indicate whether your organization follows Town procurement guidelines or has its own procurement guidelines which are utilized and followed in the expenditure of ATAX grant funds.

- Follow Town procurement guidelines
- Utilize and follow organization's own procurement guidelines
- Our organization does not have or follow procurement guidelines

F. MEASURING EFFECTIVENESS:

If you received 2022 or 2023 HHI ATAX funds

1. List any ATAX award amounts received in 2022 and/or 2023.

2022	\$95,000.00
2023	\$75,000.00

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

ATAX Funds were used for:

- Print and digital distribution of monthly exhibition information
- Print and digital direct mail campaign for classes and special events
- Special ads with HHI-Bluffton Chamber of Commerce
- Hired a social media contractor in 2022 who created brand templates and a Pinterest profile plus worked on daily updates on our social media pages, updates to our Google My Business pages, and special 50th-anniversary projects.
- Paid Advertising of Facebook and Instagram postings boosted exhibition, class, and special event posts.
- Our digital marketing company, Local IQ, used Geofencing and Targeted Display Ads to promote exhibits and HHI.
- Placed ads in every issue of Plein Air Magazine plus one special email blast ad
- Display ads were purchased for outdoorpainter.com to advertise for classes all year
- The balance was paid for the 50th Anniversary Gala video which interviewed key longtime members to preserve our history. View the video here <https://www.youtube.com/watch?v=YDrav0BRIso>.
- Our designer updated our website monthly with new class and exhibit information. Website traffic increased by 25% in 2022 to 38,048 users
- Local print ads in Lowcountry Weekly, HH Sun, Bluffton Today, Pink Magazine, and HH Monthly
- Special ads with Harris Teeter RX Express and the Discovery Map

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

Art League of Hilton Head, since its inception in 1972, has been at the forefront of the arts on Hilton Head Island. Artists came to this island from big cities for creative inspiration; maybe from the unique culture of the island's natives, the beautiful landscapes, or the awe-inspiring waterways.

Art League Gallery and Art League Academy serve a need that no other organization does on Hilton Head Island. With the marketing dollars provided by ATAX, ALHH continues to be a nationally recognized arts organization. These funds make tourists aware of the unique art and cultural opportunities available in HHI. We are bringing in more nationally known instructors than ever to teach at the Academy. Our juried show, Biennale, attracts national attention. Our social media and website traffic are growing at excellent rates.

Our art sales and tuition remained strong through 2022. Our membership remains strong, with new community members joining and finding their niche here.

ALHH satisfies a tourist's desire to see our island through the eyes of our local artists or to take a class in almost any media by professional educators in our inspiring environment.

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

Effectiveness is measured by attendance and sales from year to year.

The success of our exhibitions is measured financially and by the quality of the artwork presented. In addition to engaging customers about the exhibits, we monitor reviews on Facebook, Trip Advisor, Google, etc.

Our Academy's effectiveness is determined by attendance and class popularity. Students are asked to complete a satisfaction survey at the end of each class. This helps determine improvement areas and guides expanding class types and instructors.

One indicator of success is the retention and increase in exhibiting artists. Our professional-looking gallery hung by a trained staff ensures maximum visual impact. This quality of presentation increases sales, which increases our exhibiting membership.

Following and meeting goals from our strategic plan guides our organization. A strategic plan for late 2023-2026 will be approved in September 2023 which will be an excellent

resource for tracking our goals and objectives to continue the positive momentum Art League of Hilton Head has obtained.

G. EXECUTIVE SUMMARY

Provide an executive summary using the "ATAX Effectiveness Measurement" form provided via the link on the left, or by utilizing the text area provided below to report uses of the organization's prior ATAX grant, if applicable. If creating your own format, please refer to the "ATAX Effectiveness Measurement" form and use the criteria as a guideline in developing your executive summary below. *(1300 words or less)*

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

Signature: Kristen McIntosh

Title/Position: Executive Director

Mailing Address: PO Box 22834, Hilton Head Island, SC 29925

Email Address: admin@artleaguehi.org

Office Phone Number: 843-681-5060

Home Phone Number: 843-681-5060

Daily Log

Date: 1/12/22

Name: Madison

Gallery Shift Time: 9:45-7

Day Shift Pre-Show Reception

Gallery Attendance:

Daytime: The total number of tally marks should be equal to the total zip codes below. Pre-shows & Receptions: Use the clicker, no zip codes required.		Total: 174
Day Shift: PT	Reception: 197	

Customer Zip Code Tracker:

29910	29928		
29910	29928		
29910	29928		
29910	23188		
29926	29926		
29909	29926		
29909	28532		
29926	28532		
29928	32092		
07719	32092.		
29926			
01266			
29928			
29928			
29924			
29928			
28630			
30342			
23188			
29928			

Daily Log

Date: 1/14/22

Name: Madison

Gallery Shift Time: 9:45 - 4:15

Day Shift Pre-Show Reception

Gallery Attendance:

<p><small>Daytime: The total number of tally marks should be equal to the total zip codes below. Pre-shows & Receptions: Use the clicker, no zip codes required.</small></p> <div style="font-size: 2em; font-family: monospace; margin-top: 10px;"> </div>	<p>Total:</p> <div style="font-size: 2em; font-family: monospace; margin-top: 10px;"> 21 </div>
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Customer Zip Code Tracker:

22701	62946		
22701			
29926			
29928			
29928			
29928			
29926			
29926			
29909			
29909			
16602			
04920			
29928			
29928			
29928			
29926			
29926			
29910			
29910			
29910			

Daily Log

Date: 1/15/2022

Name: Auro

Gallery Shift Time: 10-5

Day Shift Pre-Show Reception

Gallery Attendance:

Daytime: The total number of tally marks should be equal to the total zip codes below.
Pre-shows & Receptions: Use the clicker, no zip codes required.

|||||

Total:

22

Customer Zip Code Tracker:

29926	07450		
29730	07450		
29544			
29544			
29544			
BOM 150 - cancel Nova Scotia			
29909			
29928			
02882			
02882			
29909			
44124			
44126			
29928			
29928			
29210			
29210			
47374			
47374			

Daily Log

Date: 1/22/22

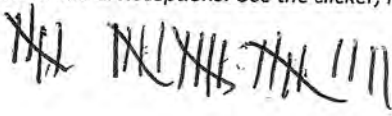
Name: Lina

Gallery Shift Time: 10-4

Day Shift Pre-Show Reception

Gallery Attendance:

Daytime: The total number of tally marks should be equal to the total zip codes below.
 Pre-shows & Receptions: Use the clicker, no zip codes required.

	Total: 24
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Customer Zip Code Tracker:

128.14	43425		
128.14	43425		
29928	21210		
29928	21210		
29928			
29928			
44721			
29928			
44721			
29928			
49009			
49056			
44721			
28134			
28134			
29928			
29928			
29928			
43425			
43425			

Daily Log

Date: 1/26

Name: Madison

Gallery Shift Time: 9:45 - 4:15

Day Shift Pre-Show Reception

Gallery Attendance:

Daytime: The total number of tally marks should be equal to the total zip codes below.
Pre-shows & Receptions: Use the clicker, no zip codes required.

~~XXXXXXXXXX~~ ||| ||| ||| ||| ||| |||

Total:
29

Customer Zip Code Tracker:

XXXXXXXXXX	29928		
XXXXXXXXXX	30809		
08534	29928		
08534	29926		
29909	47586		
29909	29928		
29928	29927		
07456	29927		
E4P4R4 (Canada)	29928		
07450	29928		
29928	29928		
29926			
47905			
47905			
29928			
29909			
29909			
46260			
29928			
29928			

Daily Log

Date: 1/27

Name: Madison

Gallery Shift Time: 9:45 - 4:15

Day Shift Pre-Show Reception

Gallery Attendance:

Daytime: The total number of tally marks should be equal to the total zip codes below.
Pre-shows & Receptions: Use the clicker, no zip codes required.

|||| | |

Total:

17

Customer Zip Code Tracker:

29072			
29072			
45069			
19560			
29928			
29928			
31406			
31406			
29910			
29910			
29910			
29926			
29926			
24926			
29909			
14850			
14850			

Daily Log

Date: 2-1-2022

Name: Rim Harding / Lyndsi

Gallery Shift Time: 10-1 10-4

Day Shift Pre-Show Reception

Gallery Attendance:

Daytime: The total number of tally marks should be equal to the total zip codes below.
Pre-shows & Receptions: Use the clicker, no zip codes required.

Total: 45

Customer Zip Code Tracker:

04105	48067	29926	
04046	43016		
29926	43016		
26253	29927		
28715	29927		
12148	29928		
12148	29928		
19473	29928		
19473	15001		
29928	29926		
29926	29926		
29926	03870		
67502	03870		
29501	29926		
29926 31322	21093		
18017	21093		
18017	54311		
31410	54311		
3140	45205		
16635	45205		

Daily Log

Date: 2/2/22

Name: Syndsi

Gallery Shift Time: 10-4

Day Shift Pre-Show Reception

Gallery Attendance:

Daytime: The total number of tally marks should be equal to the total zip codes below.
Pre-shows & Receptions: Use the clicker, no zip codes required.

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Total:
49

Customer Zip Code Tracker:

32257	19968	03466	
21108	19968	29920	
21108	29928	54893	
08302	30016	54893	
08332	30016	15042	
08302	22963	29926	
08332	19067	44685	
29909	30075	29928	
14226	30076	29928	
29926	44126		
31419	44126		
75049	44074		
28412	44074		
29926	60605		
29926	48104		
20910	44094		
29928	44094		
29928	31401		
46807	31401		
46845	11201		

46806

Daily Log

Date: 2/3/2022

Name: Lyndsi

Gallery Shift Time: 10-4

Day Shift Pre-Show Reception

Gallery Attendance:

Daytime: The total number of tally marks should be equal to the total zip codes below.
Pre-shows & Receptions: Use the clicker, no zip codes required.

Total:
50

Customer Zip Code Tracker:

29109	30213	55447	
29910	30213	29926	
29910	29909	29926	
17404	29926	22003	
28469	29928	29672	
16002	29910	29910	
17402	43065	29910	
63025	43065	29928	
63025	29909	29926	
27282	29909	29926	
27282	29910		
28469	29925		
14703	29926		
29926	29928		
44074	29928 29928		
28692	29928		
60010	29928		
17015	40356		
55117	40356		
55117	55447		

Daily Log

Date: 2/4/2022

Name: Lyndsi Pawlder

Gallery Shift Time: 10-4

Day Shift Pre-Show Reception

Gallery Attendance:

Daytime: The total number of tally marks should be equal to the total zip codes below.
Pre-shows & Receptions: Use the clicker, no zip codes required.

Total:
42

Customer Zip Code Tracker:

53217	29928	29910	
53217	29928	29910	
15208	29928		
29926	49506		
30458	49505		
30458	49505		
75215	49506		
75215	09544		
29909	53545		
46590	47403		
28715	47403		
44708	44870		
03461	44870		
03461	30033		
29926	30033		
29926	49361		
98506	69361		
33704	49685		
29928	48390		
29928	29928		

Daily Log

Date: 2/5/22

Name: Lena

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Gallery Shift Time: 10-4

Gallery Attendance:

Day: TH TH TH TH TH <u>11</u>	Pre-Show:	Total:
<u>60</u>		

Sales - List artists whose works sold; all artists must be called if a work is sold.

Artist Name	Piece Sold	Price	Artist Notified	Item Inventoried
Joan Ackerman	Early morning	95	✓	✓
Catherine Thiem	Note card	5	✓	✓
Ate Schwann	plate Delarosa	85	✓	✓
NIBCAA	Posters 2 @ 12 ea	24	—	✓
"	Posters 2 @ 12 ea	24	—	✓
NIBCAA	signed poster 2 @ 25 ea	50	—	✓
Alvin B. Glenn	Tobacco Dollie	55	—	✓
Cindy Strickland	Bookmarks 2 @ 3 ea	6	✓	—
Margi Smith	Note cards 3 @ 4 ea	12	✓	—
Cindy Lou Fancher	NC	6	✓	—
Alvin B. Glenn	Painting Determination	3000	✓	✓
Samantha Clever	NC	20	✓	—
Face Mask	—	7	—	—
NIBCAA	Patricia Sabree	20	—	✓

Additional Notes:

Replacement Artwork - List all new works; must have two Change of Show Forms.

Artist Name	Piece Title & Media	Price	Inventoried?

Daily Log

Date: 2-5-22

Name: Lydia

Gallery Shift Time: Pre Show 5:30-7:30p

Gallery Attendance:

Day:	Pre-Show: <u>57</u>	Total:
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Sales - List artists whose works sold; all artists must be called if a work is sold.

Artist Name	Piece Sold	Price	Artist Notified	Item Inventoried
Amuro Ferriz	Signed Poster	25	—	—
Barbara Snow	NC	15	—	—
ALHH	2 Calendars @ \$25	50	—	—

Additional Notes: 4 \$50 set of Quilt Raffle tickets \$50 —

Replacement Artwork - List all new works; must have two Change of Show Forms.

Artist Name	Piece Title & Media	Price	Inventoried?

Daily Log

Date: 2-6-22

Name: Lina

Gallery Shift Time: 12-4

Gallery Attendance:

Day:	Pre-Show:	Reception:	Total:
 Gallah tours	#95		

Customer Zip Code Tracker:

06375	49723		
06375			
29928			
29928			
17110			
17110			
32955			
32955			
29928			
29928			
29906			
29909			
29909			
29909			
29909			
29926			
29926			
30022			
30022			
49723			

Daily Log

Date: 2/7/2022

Name: Lyndsi Calder

Gallery Shift Time: 10-4

Gallery Attendance:

Day:	Pre-Show:	Reception:	Total:

Customer Zip Code Tracker:

29928	12010	43785	
29928	12095	20191	
29926	04555	29910	
29926	02152	29909	
29926	20012	29909	
29926	92377	60047	
29926	20012	67206	
29926	19968	02860	
29926	19968	02860	
29926	85248	30087	
29926 29926	29926	30087	
29926	29926	29926	
29926	29909	29926	
29926	29926		
49723	55126		
49723	55126		
29909	29928		
29909	67826		
16648	67826		
16648	43785		

Daily Log

Date: 2/8/2022

Name: Lyndsi Caulder

Gallery Shift Time: 10-4

Gallery Attendance:

Day: 43	Pre-Show:	Reception:	Total:
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Customer Zip Code Tracker:

29910	29928		
02910	29928		
29910	19958		
29910	19958		
23120	04364		
17349	04364		
48313	04421		
48313	04421		
03857	04421		
03857	29926		
17349	03301		
63020	29909		
21032	29909		
21032	29909		
08226	29909		
08226			
08226			
46725			
29036			
44313			

Daily Log

Date: 2/9/2022

Name: Lyndsi Caulder

Gallery Shift Time: 10-4

Gallery Attendance: 45

Day:	Pre-Show:	Reception:	Total:

Customer Zip Code Tracker:

06117	06877	43235	
06710	49506		
28804	49506		
27705	29928		
13760	26254		
13760	19807		
00490	92807		
00998	47119		
04074	15024		
04074	46725		
55421	46725		
55116	29926		
13760	29928		
04704	12309		
29910	29909		
13118	29902		
32259	13617		
53029	13617		
53029	17015		
29020	17015		

Daily Log

Date: 2-9-22

Name: Lydia (Lyndee)

Gallery Shift Time: 5:30-7:30P

Gallery Attendance:

Day:	Pre-Show:	Reception:	Total:
	79	198	

Customer Zip Code Tracker:

- RW

Daily Log

Date: 2/10/22

Name: Lyndsi Caulder

Gallery Shift Time: 10-4

Gallery Attendance: 50

Day:	Pre-Show:	Reception:	Total:
 			

Customer Zip Code Tracker:

30518	NOH150		
30518	NOH150		
29928	29926		
255123	29926		
55011	29928		
55417	40245		
55123	53092		
29909	30088		
29926	30269		
29926			
30338			
29909			
29909			
17327			
21009			
21042			
4028			
64116			
29928			
29910			

Daily Log

Date: 2/11/2022

Name: Lyndsi Caulder

Gallery Shift Time: 10-4

Day Shift Pre-Show Reception

Gallery Attendance:

Daytime: The total number of tally marks should be equal to the total zip codes below.
Pre-shows & Receptions: Use the clicker, no zip codes required.

~~||||~~ ~~||||~~ ~~||||~~ ~~||||~~ ~~||||~~ ~~||||~~ ~~||||~~ ~~||||~~ ~~||||~~ ~~||||~~

Total:

Customer Zip Code Tracker:

22485	20169		
29910	11731		
29910			
20012			
20012			
70124			
30260			
80230			
30311			
30038			
70124			
29926			
30094			
30094			
29926			
35206			
23908			
23908			
24540			
24540			

Daily Log

Date: 2/12/22

Name: Lina

Gallery Shift Time: _____

Day Shift Pre-Show Reception

Gallery Attendance:

Daytime: The total number of tally marks should be equal to the total zip codes below.
Pre-shows & Receptions: Use the clicker, no zip codes required.

<p> Apok 300</p>	<p>Total:</p>
--	----------------------

Customer Zip Code Tracker:

29928	32244		
24928	29926		
29909	29926		
24909	46033		
55125	46033		
55125	46033		
55125	64068		
32063	34715		
32217			
32217			
34471			
32217			
32217			
32217			
29928			
M9B4J6 Canada (2)			
M9B4J6 " (3)			
32244			
L5E3IE (4)			
MSTINUA (6)			

14

Daily Log

Date: 2-13-22

Name: Maria

Gallery Shift Time: 12-4

Day Shift Pre-Show Reception

Gallery Attendance:

Pre Show

Daytime: The total number of tally marks should be equal to the total zip codes below.
Pre-shows & Receptions: Use the clicker, no zip codes required.

/ 110

Total:

Customer Zip Code Tracker:

29720	37204		
29720	37204		
29223	37204		
29223			
29720			
29720			
29910			
29910			
06002			
06001			
06001			
29927			
29927			
29909			
29909			
34471			
95111			
95111			
95111			



Daily Log

Date: 2/14/2022

Name: Lyndsi Caulder

Gallery Shift Time: 10-4

Day Shift Pre-Show Reception

Gallery Attendance:

Daytime: The total number of tally marks should be equal to the total zip codes below.
Pre-shows & Receptions: Use the clicker, no zip codes required.

|||| ~~||||~~ ~~||||~~ ~~||||~~ ~~||||~~ |||| 34

Total:

Customer Zip Code Tracker:

45299	29926		
45299			
124628 64657			
04032			
04657			
29926			
29461			
29461			
12853			
53901			
53901			
29928			
29926			
29907			
29907			
49726			
49783			
49783			
49726			
29926			

Daily Log

Date: 2/15/2022

Name: Lyndsi Caulder

Gallery Shift Time: 10-4

Day Shift Pre-Show Reception

Gallery Attendance:

Daytime: The total number of tally marks should be equal to the total zip codes below.
Pre-shows & Receptions: Use the clicker, no zip codes required.

Total

Customer Zip Code Tracker:

29928	29910		
30022	29926		
30024	68123		
30223	68123		
30223	29928		
53714	29928		
53714	23113		
54217	23113		
54217	N6K4A8		
23693	44060		
29928	20190		
55033	20191		
55033	20190 7/201		
44118			
23693			
45239			
45239			
21228			
21666			
21666			

Daily Log

Date: 2/16/2022

Name: Lyndsi Caulder

Gallery Shift Time: 10-4

Day Shift Pre-Show Reception

Gallery Attendance:

Daytime: The total number of tally marks should be equal to the total zip codes below.
Pre-shows & Receptions: Use the clicker, no zip codes required.

	Total:
island Academy / Gullah tour	

Customer Zip Code Tracker:

16801	18567	60610	
29928	49770	60610	
29928	30024	07470	
18045	30024	07110	
28562	48104		
29928	19089		
29928	48104		
29928	19187		
29928	02891		
29928	02891		
29928	80550		
13035	80550		
34243	20148		
04074	17403		
04074	17403		
29926	17403		
37027	15143		
29928	15143		
37027	31331		
04074	31331		

Daily Log

Date: 2/17/22

Name: Lyndsi Caulder

Gallery Shift Time: 10-4

Day Shift Pre-Show Reception

Gallery Attendance:

*Daytime: The total number of tally marks should be equal to the total zip codes below.
Pre-shows & Receptions: Use the clicker, no zip codes required.*

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Total:

Customer Zip Code Tracker:

15232	P 2A155		
29926	30263		
29926	30263		
29928	29910		
29928	44074		
29928	33469		
29926	29926		
29910	33469		
175219	25049		
56011	29928		
56011	29928		
43612	24060		
43612	24060		
29926	11784		
20008	18902		
20008	18902		
29928			
06498			
06498			
P2A155			

Daily Log

Date: 2/18/2022

Name: Lyndsi Caulder

Gallery Shift Time: 10-4

Day Shift Pre-Show Reception

Gallery Attendance:

Daytime: The total number of tally marks should be equal to the total zip codes below.
Pre-shows & Receptions: Use the clicker, no zip codes required.

Total:

Customer Zip Code Tracker:

29926	22012	37204	
21788	22182	37216	
21788	30064	65802 65802	
38004	30064	65757	
29620	55906	65802	
20020	55972	24060	
20020	55906	55303	
21788	64113		
29620	64113		
10023	14430		
10023	14430		
29909	22802		
29909	22802		
22101	44126		
22101	44126		
60632	29928		
21032	29928		
22314 22314	29928		
22046	10950		
22046	10950		

Daily Log

Date: 2/19/22

Name: Dina

Gallery Shift Time: 10-4

Day Shift Pre-Show Reception

Gallery Attendance:

Daytime: The total number of tally marks should be equal to the total zip codes below.
Pre-shows & Receptions: Use the clicker, no zip codes required.

||||| ||||| ||||| ||||| ||||| ||||| ||||| ||||| |||||

Total:

Customer Zip Code Tracker:

30458	29917		
30458	27932		
60441	29910		
60441	29910		
29909	20060		
29909	20020		
37922	45387		
37922	45387		
17110	28754		
17110	33542		
17110	20020		
30328	20020		
85020	31404		
30328	31320		
85020	29909		
29928	29909		
29928	55106		
21286	55106		
21286			
28023			

Daily Log

Date: 2/20/22

Name: Lina

Gallery Shift Time: _____

Day Shift Pre-Show Reception

Gallery Attendance:

Daytime: The total number of tally marks should be equal to the total zip codes below.

Pre-shows & Receptions: Use the clicker, no zip codes required.

Matinee
62

Total:

Customer Zip Code Tracker:

29901			
29901			
30458			
30458			
29928			
29928			
04976			
04976			
04976			
77047			
77047			
29928			
14610			
141610			
29926			
29926			
29928			

Daily Log

Date: 2/22/22

Name: Lyndsi Calder

Gallery Shift Time: 10-4

Day Shift Pre-Show Reception

Gallery Attendance:

Daytime: The total number of tally marks should be equal to the total zip codes below.
Pre-shows & Receptions: Use the clicker, no zip codes required.

Gullah tars

Total:

Customer Zip Code Tracker:

29928	29928		
20009	29926		
29910	02119		
02139	49525		
23944	49525		
02139			
17050			
56131			
45322			
17050			
56131			
45415			
45415			
02459			
02459			
02459			
33469			
60045			
29928			
01590			

Daily Log

Date: 2/23/22

Name: Lyndsi Caulder

Gallery Shift Time: 10-4

Day Shift Pre-Show Reception

Gallery Attendance:

Daytime: The total number of tally marks should be equal to the total zip codes below.
Pre-shows & Receptions: Use the clicker, no zip codes required.

Total:

Gullah tours

Customer Zip Code Tracker:

29926	14621		
29926	29928		
02139	14226		
02139	14226		
14621	29928		
53051	27104		
53051	16046		
14477	29926		
61920	22835		
14615	29803		
14609	29803		
14609	29928		
29910			
29928			
29909			
29906			
29910			
29910			
14621			
14621			

Daily Log

Date: 2/24/22

Name: Lyndsi Caulder

Gallery Shift Time: 10-4

Day Shift Pre-Show Reception

Gallery Attendance:

Daytime: The total number of tally marks should be equal to the total zip codes below.
Pre-shows & Receptions: Use the clicker, no zip codes required.

<p style="text-align: center;">Gullah tours</p>	Total:
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Customer Zip Code Tracker:

29926	29928	14150	
29926	29926 34761	14150	
04021	20906	37620 37620	
04021	29072	37620	
33614	29072	37686	
33614	28791	37664	
22309	04043		
22309	04043		
29928	04043		
37861	04043		
28715	04043		
29928	04043		
29928	64043		
22309	48025		
22309	48025		
29910	12814		
29910	27713		
53074	37664		
53074	37686		
29926	37620		

Daily Log

Date: 2/25/22

Name: Lynesi Caulder

Gallery Shift Time: 10-4

Day Shift Pre-Show Reception

Gallery Attendance:

Daytime: The total number of tally marks should be equal to the total zip codes below.
Pre-shows & Receptions: Use the clicker, no zip codes required.

~~||||~~ ~~||||~~ ~~||||~~ ~~||||~~ ~~||||~~ ~~||||~~ ~~||||~~ ~~||||~~ ~~||||~~ ~~||||~~ ~~||||~~ |

Total:

Customer Zip Code Tracker:

29928	30009	29928	
28710	08204	29928	
28710	21108	31322	
29928	21108	31322	
15232	08204	31322	
15232	29928		
49970	29926		
49770	29576		
49770	29576		
30078	29576		
30078	22405		
60643	29445		
60643	29455		
18938	29466		
B051H0	29902		
18938	29405		
B051H0	29445		
29926	99455		
29928	29466		
22405	29902		

Daily Log

Date: 7/26/22

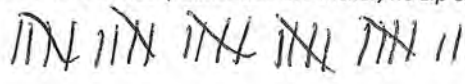
Name: Hina

Gallery Shift Time: 10-4

Day Shift Pre-Show Reception

Gallery Attendance:

Daytime: The total number of tally marks should be equal to the total zip codes below.
 Pre-shows & Receptions: Use the clicker, no zip codes required.

<p>  + approx 15 more w/ bus tour </p>	<p>Total:</p>
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Customer Zip Code Tracker:

17311	03878		
17311	29928		
95608	29928		
80538	40324		
80538	89044		
30326	36532		
30326	42629		
30326			
95608			
29483			
29483			
30082			
30082			
30082			
30082			
30082			
35213			
71110			
03878			
03878			

Daily Log

Date: 2-27-22

Name: Jena

Gallery Shift Time: 12-2

Gallery Attendance:

Day:	Pre-Show:	Reception:	Total:
 			

Customer Zip Code Tracker:

20855	28786		
20855	02130		
11234	02130		
29966	55409		
29966	55409		
28202	55409		
29928	11123		
29928	11123		
27713	14610		
27713	06443		
27713	06443		
27707	30253		
27707			
27707			
12866			
12866			
12866			
29926			
27713			
28786			

Daily Log

Date: 3/8/2022

Name: Lyndsi Caulder

Gallery Shift Time: 10-4

Gallery Attendance:

Day:	Pre-Show:	Reception:	Total:
			16

Customer Zip Code Tracker:

29926			
29926			
29928			
32162			
32162			
29646			
29926			
29926			
93923			
9 2923			
92921			
29928			
29928			
29928			
29928			
29928			

Daily Log

Date: 3/9/2022

Name: Lyndsi Caulder

Gallery Shift Time: 10-4

Gallery Attendance:

Day:	Pre-Show:	Reception:	Total:
			25

Customer Zip Code Tracker:

48346	19073		
48642	19073		
48346			
48642			
43017			
43068			
29910			
29910			
29928			
45429			
03301			
03301			
22910			
22910			
44236			
44236			
29926			
29926			
60510			
60510			

Daily Log

Date: 3/10/22

Name: Lyndsi Caulder

Gallery Shift Time: 10-4

Gallery Attendance:

Day: 	Pre-Show:	Reception:	Total: <u>20</u>
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Customer Zip Code Tracker:

29928			
45429			
45429			
54701			
54761			
29926			
29926			
47586			
94606			
94606			
29928			
47586			
53212			
53212			
14450			
14450			
02061			
02061			

Daily Log

Date: 3/11/2022

Name: Lyndsi Caulder

Gallery Shift Time: 10-4

Gallery Attendance:

Day: TH TH TH TH TH TH TH	Pre-Show:	Reception:	Total: <u>32</u>
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Customer Zip Code Tracker:

29926	11958		
29926	11958		
29910	29492		
29910	29492		
08226	29492		
08226	29492		
30328	03905		
29926	03905		
29910	48154		
29926	48154		
29926	29926		
20009	29926		
20009			
20009			
20009 32168			
32168			
92078			
22553			
29926			
29926			

Daily Log

Date: 3/12/22

Name: China Smith

Gallery Shift Time: 10-4

Gallery Attendance:

Day: /// /// /// /// /// <u>///</u> <u>23</u>	Pre-Show:	Reception:	Total: <u>23</u>
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Customer Zip Code Tracker:

30024	20175		
30024	28277		
03782	28277		
04108			
29928			
29928			
29928			
04401			
08845			
29928			
29928			
29928			
29928			
73235			
31304			
30809			
30809			
78731			
78731			
29928			

Daily Log

Date: 3/14/22

Name: Lyndsi Caulder

Gallery Shift Time: 10-4

Gallery Attendance:

Day:	Pre-Show:	Reception:	Total:
 			16

Customer Zip Code Tracker:

29592			
29928			
29926			
29926			
60067			
60067			
60047			
60047			
49423			
29672			
29672			
49423			
29926			
49400 49404			
29928			
29928			

Daily Log

Date: 3/15/22

Name: Lyndsi Caulder

Gallery Shift Time: 10-4

Gallery Attendance:

Day:	Pre-Show:	Reception:	Total:
			<u>18</u>

Customer Zip Code Tracker:

29928			
29928			
29928			
17201			
17225			
29926			
29926			
44126			
44126			
32926			
32904			
29926			
29926			
02061			
02061			
02061			
02061			
20854			

Daily Log

Date: 3/16/22

Name: Lyndsi Caulder

Gallery Shift Time: 10-4

Gallery Attendance:

Day: <u>11</u> III <u>IIII</u> IIII IIII IIII	Pre-Show:	Reception:	Total: <u>(32)</u>
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Customer Zip Code Tracker:

29926	15017		
29926	15017		
29926	18943		
21403	18944		
14127	16105		
14127	16105		
27330	28207		
27330	45140		
27330	45140		
68526	66085		
68526	66085		
68526	66085		
68526			
45429			
45429			
29926			
29928			
133MOG7			
133MOG7			
29926			

Daily Log

Date: 3/17/22

Name: 3/17/22 Lyndsi Caulder

Gallery Shift Time: 10-4

Gallery Attendance:

Day:	Pre-Show:	Reception:	Total:
			(22)

Customer Zip Code Tracker:

06072 06072	19709		
06072			
49920			
29909			
32118			
29926			
29909			
29928			
29928			
29910			
29707			
29707			
67M349			
67M349			
30461			
60124			
30461			
60124			
38578			
29909			

Daily Log

Date: 3/23/2022

Name: Lyndsi Caulder

Gallery Shift Time: 10-4

Gallery Attendance:

Day: IIII IIII IIII IIII IIII IIII IIII	Pre-Show:	Reception:	Total: 34
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Customer Zip Code Tracker:

29909	03824		
29909	30093		
29926	29926		
29928	29910		
18938	29910		
44223	85501		
44223	59501		
29926	27513		
29928	28749		
29926	29926		
29926	29928		
56001	29928		
56001			
P2A155			
P2A155			
29928			
28451			
15905			
28451			
03824			

Daily Log

Date: 3/24/22

Name: Lynds: Caulder

Gallery Shift Time: 10-4

Day Shift Pre-Show Reception

Gallery Attendance:

Daytime: The total number of tally marks should be equal to the total zip codes below.
 Pre-shows & Receptions: Use the clicker, no zip codes required.

	Total: <u>58</u>
--	---------------------

Customer Zip Code Tracker:

29926	29909		
44240	29909		
44240	60614		
29928	44126		
29928	44126		
04066	92651		
04066	92629		
07470	91011		
33511	92651		
12033	30683		
12033	30683		
33511	30683		
53005	60047		
53005	60047		
29926	60047		
29926	60047		
08033			
29926			
60462			
60467			

Daily Log

Date: 3/30/2022



Name: Lyndsi Caulder

Gallery Shift Time: 10-4

Day Shift Pre-Show Reception

Gallery Attendance:

Daytime: The total number of tally marks should be equal to the total zip codes below.
Pre-shows & Receptions: Use the clicker, no zip codes required.

	Total: 
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Customer Zip Code Tracker:

29926			
64055			
64055			
29909			
48455			
48455			
29928			
29928			
44126			
44126			
29928			
22926			
45377			
40502			
40502			
29902			
29902			
45459			
29902			
29902			

Daily Log

Date: 3/31/22

Name: Lyndsi Caulder

Gallery Shift Time: 10-4

Day Shift Pre-Show Reception

Gallery Attendance:

Daytime: The total number of tally marks should be equal to the total zip codes below.
 Pre-shows & Receptions: Use the clicker, no zip codes required.

	Total: 27
--	---

Customer Zip Code Tracker:

48084	48757		
48084	48757		
48084	48757		
29926	29928		
34949	29309		
34949	37341		
08008			
08008			
29928			
44011			
44035			
44011			
97086			
29928			
29928			
10573			
10573			
44011			
44035			
29926			

Daily Log

Date: 4/6/22

Name: Lyndsi Caulder

Gallery Shift Time: 10-4

Day Shift Pre-Show Reception

Gallery Attendance:

Daytime: The total number of tally marks should be equal to the total zip codes below.
Pre-shows & Receptions: Use the clicker, no zip codes required.

Total:
21

Customer Zip Code Tracker:

29928			
29928			
29928			
30518			
30518			
30518			
40205			
40205			
30269			
30269			
54929			
15218			
15218			
46077			
32162			
32162			
32128			
32164			
98144			
98144			

Daily Log

Date: 4-9-22

Name: Lina Smith

Gallery Shift Time: _____

Day Shift Pre-Show Reception

Gallery Attendance:

Daytime: The total number of tally marks should be equal to the total zip codes below.
Pre-shows & Receptions: Use the clicker, no zip codes required.

Total:
(21)

Customer Zip Code Tracker:

46033	23114		
46033			
30188			
30188			
23417			
31605			
31605			
31605			
31605			
23417			
23417			
29928			
06073			
06019			
06019			
06019			
06019			
29909			
31401			
29928			

Daily Log

Date: 4/19/22

Name: Kristen & Lyndsi

Gallery Shift Time: 10-4

Gallery Attendance:

Day:	Pre-Show:	Reception:	Total:
			(19)

Customer Zip Code Tracker:

96818			
96818			
28173			
28173			
28173			
29928			
28105			
28105			
28105			
28105			
28105			
78613			
75243			
22181			
22181			
75093			
75093			
43040			
43040			

Daily Log

Date: 4/20/22

Name: Lyndsi Caulder

Gallery Shift Time: 10-4

Day Shift Pre-Show Reception

Gallery Attendance:

Daytime: The total number of tally marks should be equal to the total zip codes below.
Pre-shows & Receptions: Use the clicker, no zip codes required.

~~||||~~ ~~||||~~ ~~||||~~ ||| 18

75 Reception,

Total:
93

Customer Zip Code Tracker:

05673			
29926			
05673			
29928			
29926			
48109			
48104			
30068			
16213			
05452			
16648			
29928			
29928			
32507			
32507			
32128			
32128			
29928			
29928			

Daily Log

Date: 4/30/22

Name: Dina Smith

Gallery Shift Time: _____

Gallery Attendance:

Day:	Pre-Show:	Reception:	Total:
 			

Customer Zip Code Tracker:

29928	29902		
30151	29902		
90713	29905		
94534	29926		
29528	11772		
90753	29910		
90713	33483		
29928			
31522			
29928			
31522			
31324			
31324			
04849			
04849			
29928			
29928			
29926			
29909			
29909			

Daily Log

Date: 5/3/22

Name: Lyndsi Caulder

Gallery Shift Time: 10-4

Gallery Attendance:

Day: 	Pre-Show:	Reception:	Total: 9
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Customer Zip Code Tracker:

01983			
44001			
44001			
29928			
29926			
29926			
29928			
43081			
43081			



Daily Log

Date: 5/9/22

Name: Lyndsi Caulder

Gallery Shift Time: 10-4

Gallery Attendance:

Day:	Pre-Show:	Reception:	Total:
 			(19)

Customer Zip Code Tracker:

29926			
29926			
28443			
29928			
29926			
29926			
29926			
29926			
29926			
30017			
29926			
29928			
29928			
29928			
29926			
48085			1
48085			

Daily Log

Date: 5-15-22

Name: Lydia

Gallery Shift Time: 12-4pm

Gallery Attendance:

Day: <u> </u> <u>19</u>	Pre-Show: <u>75</u>	Reception:	Total: <u>94</u>
--------------------------------	------------------------	------------	---------------------

Customer Zip Code Tracker:

<u>71655</u>			
<u>71655</u>			
<u>30083</u>			
<u>30083</u>			
<u>29926</u>			
<u>52307</u>			
<u>29926</u>			
<u>52307</u>			
<u>29909</u>			
<u>29909</u>			
<u>29909</u>			
<u>29910</u>			
<u>29910</u>			
<u>48446</u>			
<u>48448</u>			
<u>29928</u>			
<u>29928</u>			
<u>29910</u>			
<u>31405</u>			

Daily Log

Date: 5/24/22

Name: Lyndsi Caulder

Gallery Shift Time: 10-4

Gallery Attendance:

Day:	Pre-Show:	Reception:	Total:
 			

Customer Zip Code Tracker:

29928	40515		
29926			
28465			
29928			
29928			
29926			
29926			
30083			
30083			
29860			
29860			
40324			
40324			
29928			
29926			
29928			
29926			
40515			
40515			
40515			

Daily Log

Date: 5/28/22

Name: Merion

Gallery Shift Time: 10-4

Day Shift Pre-Show Reception

Gallery Attendance:

Daytime: The total number of tally marks should be equal to the total zip codes below.
Pre-shows & Receptions: Use the clicker, no zip codes required.

Total:

23

Customer Zip Code Tracker:

30097	29928		
30092	29928		
30315	29926		
30315			
29928			
29928			
29909			
29926			
29909			
29909			
31326			
30009			
30009			
02893			
02893			
29926			
29926			
29601			
29601			
29928			

Daily Log

Date: 5/31/22

Name: Lyndsi Caulder

Gallery Shift Time: 10-4

Day Shift Pre-Show Reception

Gallery Attendance:

Daytime: The total number of tally marks should be equal to the total zip codes below.

Pre-shows & Receptions: Use the clicker, no zip codes required.

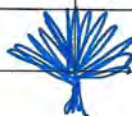


Total:

13

Customer Zip Code Tracker:

29910			
29926			
46142			
46142			
46142			
37922			
37922			
29926			
29926			
29609			
29609			
29928			
29926			



Daily Log

Date: 6/1/22

Name: Lynnda Caulder

Gallery Shift Time: 10-4

Day Shift Pre-Show Reception

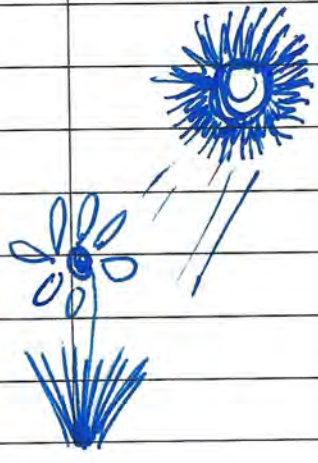
Gallery Attendance:

Daytime: The total number of tally marks should be equal to the total zip codes below.
Pre-shows & Receptions: Use the clicker, no zip codes required.

Total: 14

Customer Zip Code Tracker:

<u>29909</u>			
<u>32118</u>			
<u>29926</u>			
<u>23015</u>			
<u>23015</u>			
<u>29928</u>			
<u>17110</u>			
<u>17110</u>			
4308 <u>43050</u>			
<u>43209</u>			
<u>30909</u>			
<u>30909</u>			
<u>29928</u>			



Daily Log

Date: 6/4/22

Name: Diana Smith

Gallery Shift Time: _____

Day Shift Pre-Show Reception

Gallery Attendance:

Daytime: The total number of tally marks should be equal to the total zip codes below.
Pre-shows & Receptions: Use the clicker, no zip codes required.

|||| |

Total:

(18)

Customer Zip Code Tracker:

29926			
29926			
32222			
29909			
29909			
29909			
29928			
33487			
29928			
29928			
33487			
29926			
29926			
21617			
21617			
43054			
29928			
29928			

Daily Log

Date: 6-13-22

Name: Lynn

Gallery Shift Time: 10a-4p.

Day Shift Pre-Show Reception

Gallery Attendance:

Daytime: The total number of tally marks should be equal to the total zip codes below.
Pre-shows & Receptions: Use the clicker, no zip codes required.

26	Total:
----	--------

Customer Zip Code Tracker:

29958	94507		
29958	94507		
29926	29910		
29928	33913		
18064	29926		
29926	29928		
29926			
29926			
29958			
29928			
29926			
29926			
29926			
29910			
29910			
29910			
29926			
29926			
29928			
29928			

Daily Log

Date: 6-16-22

Name: Lynne Yvonne

Gallery Shift Time: 10a-1p. 1-4p.

Day Shift Pre-Show Reception

Gallery Attendance:

Daytime: The total number of tally marks should be equal to the total zip codes below.
Pre-shows & Receptions: Use the clicker, no zip codes required.

|||||

Total:
22

Customer Zip Code Tracker:

29928	37922		
29926	37922		
29926			
29926			
43953			
43953			
29926			
29926			
11768			
11768			
29926			
29926			
29928			
29928			
29928			
29926			
29926			
29928			
29928			
94507			

Daily Log

Date: June 22, 2022

Name: Lyndsi Caulder

Gallery Shift Time: 10-4

Day Shift Pre-Show Reception

Gallery Attendance:

Daytime: The total number of tally marks should be equal to the total zip codes below.
Pre-shows & Receptions: Use the clicker, no zip codes required.

~~||||~~ ~~||||~~ ~~||||~~ |

Total:

16

Customer Zip Code Tracker:

37923			
37923			
37923			
37923			
29910			
29910			
40509			
40509			
29926			
29926			
29926			
29926			
29676			
29676			
29928			
29926			

Daily Log

Date: 6/24/22

Name: Lyndsi Cowlder

Gallery Shift Time: 10-4

Day Shift Pre-Show Reception

Gallery Attendance:

Daytime: The total number of tally marks should be equal to the total zip codes below.

Pre-shows & Receptions: Use the clicker, no zip codes required.

~~||||~~ ~~||||~~ ~~||||~~ ~~||||~~

Total:

21

Customer Zip Code Tracker:

47401	29910		
47401			
29926			
45106			
29928			
29910			
29926			
29926			
29928			
29928			
29910			
22701			
22701			
20105			
26105			
29206			
23113			
29910			
29910			
29910			

Daily Log

Date: 6/28/22

Name: Lyndsi Caulder

Gallery Shift Time: 10-4

Day Shift Pre-Show Reception

Gallery Attendance:

Daytime: The total number of tally marks should be equal to the total zip codes below.
Pre-shows & Receptions: Use the clicker, no zip codes required.

~~||||~~ ~~||||~~ ~~||||~~ ~~||||~~ ~~||||~~ ||||

Total:

34

Customer Zip Code Tracker:

29928	29928		
29928	30339		
22724	30339		
27724	29928		
30076	29910		
30076	29909		
30068	29909		
30068	06437		
34229	28277		
29909	28277		
20854	27703		
20854	27703		
29928	17517		
29928	29928		
29909			
28270			
28270			
29926			
29928			
29928			

Daily Log

Date: 6/30/22

Name: Lyndsi Caulder

Gallery Shift Time: 10-4

Gallery Attendance:

Day:	Pre-Show:	Reception:	Total:
 			17

Customer Zip Code Tracker:

29926			
29928			
22701			
22701			
29910			
29910			
29910			
29926			
29928			
29928			
29926			
29926			
29926			
29710			
29710			
76092			
76092			

Lyndsi

7/11/22

Lyndsi Caudler

Gallery Shift Time: 10-4

Day Shift Pre-Show Reception

Gallery Attendance:

Daytime: The total number of tally marks should be equal to the total zip codes below.
Pre-shows & Receptions: Use the clicker, no zip codes required.

	Total: 53
--	--

Customer Zip Code Tracker:

30345	30288	29910	
29926	11434	29910	
29926	21144	29910	
29928	11106	29349	
20194	01886	29349	
20194	01886	29928	
29910	29928	29928	
29928	29928	29928	
29926	29928	29928	
29926	29928	29928	
31014	29928	29928	
30339	29926	29928	
30339	29926	29928	
30040	29926		
20187	29910		
20187	29928		
20187	29928		
11433	29928		
28226	29926		
11106	29926		

7/8/22

Name: Cyndis Caulder

Gallery Shift Time: 10-4

Day Shift Pre-Show Reception

Gallery Attendance:

Daytime: The total number of tally marks should be equal to the total zip codes below.
Pre-shows & Receptions: Use the clicker, no zip codes required.

|||| |||| |||| |||| |||| |||| ||

Total: 33

Customer Zip Code Tracker:

29928	29926		
29910	29926		
29910	29926		
45067	29920		
45067	29920		
34668	29926		
45067	29926		
29928	32119		
29928	29926		
" "	29926		
	29926		
" "			
29928			

7/13/22

Name: Lynne Caulder

Gallery Shift Time: 10-4

Day Shift Pre-Show Reception

Gallery Attendance:

Daytime: The total number of tally marks should be equal to the total zip codes below.
Pre-shows & Receptions: Use the clicker, no zip codes required.

~~||||~~ ~~||||~~ ~~||||~~ ~~||||~~ ~~||||~~ ~~||||~~ ~~||||~~ ~~||||~~

Total:

29

Customer Zip Code Tracker:

29928	29926		
29928	29926		
31406	75248		
31406	30342		
29928	30342		
29926	37153		
29926	37153		
29928	37215		
29928	29928		
29926			
29926			
29926			
34481			
29926			
34481			
30269			
30269			
30269			
30269			
30407			

7/14/22

Name:

7/14/22

Lyndsi Calder

Gallery Shift Time:

10-4

Day Shift

Pre-Show

Reception

Gallery Attendance:

Daytime: The total number of tally marks should be equal to the total zip codes below.

Pre-shows & Receptions: Use the clicker, no zip codes required.

||||| ||||| ||||| ||||| |||||

Total:

24

Customer Zip Code Tracker:

29926	29926		
49404	29926		
29926	29909		
29926	29909		
29926			
29928			
29928			
29928			
29910			
29910			
29928			
47711			
47711			
53545			
53545			
90277			
06410			
40207			
46207			
29926			

Daily Log

Date: 7/15/22

Name: Lyndsi Caulder

Gallery Shift Time: 10-4

Day Shift Pre-Show Reception

Gallery Attendance:

Daytime: The total number of tally marks should be equal to the total zip codes below.

Pre-shows & Receptions: Use the clicker, no zip codes required.

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Total:
27

Customer Zip Code Tracker:

29926	29926		
29926	30907		
29928	35242		
30126	30907		
45504	35242		
45504	29928		
29928	29928		
29928			
29928			
29928			
29928			
29926			
29928			
29928			
29926			
29926			
29928			
29928			
29928			
29926			

Daily Log

Date: 7/17/22


Name: Gino Smith

Gallery Shift Time: 12-4

Day Shift Pre-Show Reception

Gallery Attendance:

Daytime: The total number of tally marks should be equal to the total zip codes below.
Pre-shows & Receptions: Use the clicker, no zip codes required.

	<p>Pre Show</p> <p style="font-size: 2em; border: 1px solid black; border-radius: 50%; padding: 5px;">31</p>	<p>Total:</p>
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Customer Zip Code Tracker:

29926			
29926			
29909			
32118			
29926			
29926			
22701			
22701			
29926			
29926			
29926			
29928			
29928			
29909			
29910			
30303			
15473			
15473			
29926			
29926			

7/22/22

Name: Lyndsi Caulder

Gallery Shift Time: 10-4

Day Shift Pre-Show Reception

Gallery Attendance:

58

Daytime: The total number of tally marks should be equal to the total zip codes below.
Pre-shows & Receptions: Use the clicker, no zip codes required.

	Total: <u>58</u>
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Customer Zip Code Tracker:

28204	29926	80534	
29928	29928	90046	
75002	37919	29926	
20155	37919	29926	
14618	37919	29926	
11213	37919	29926	
30907	37919	29928	
30907	29926	29928	
30907	29928	29928	
29926	29910	29926	
29926	29926	29926	
29928	29926	29926	
30338	29928	29926	
29928	29926	32250	
30338	29926		
22152	29926		
22152	29926		
22152	29928		
22152	29928		
29910	80543		

Daily Log

Date: 7/25/22

Name: Lyndsi Caulder

Gallery Shift Time: 10-4

Day Shift Pre-Show Reception

Gallery Attendance:

Daytime: The total number of tally marks should be equal to the total zip codes below.
Pre-shows & Receptions: Use the clicker, no zip codes required.

Total: 20

Customer Zip Code Tracker:

29928			
29910			
29910			
29910			
29910			
29910			
29910			
29910			
29910			
29910			
29910			
29910			
29910			
15243			
15243			
29907			
29907			
29909			
29909			

Daily Log

Date: 7/26/22

Name: Lyndsi Caulder

Gallery Shift Time: 10-4

Day Shift Pre-Show Reception

Gallery Attendance:

Daytime: The total number of tally marks should be equal to the total zip codes below.
Pre-shows & Receptions: Use the clicker, no zip codes required.

~~||||~~ ~~||||~~ ~~||||~~ ~~||||~~ |||

Total:
23

Customer Zip Code Tracker:

29926	47750		
29928	02370		
29928	02370		
17360			
16823			
16823			
60827			
60652			
29909			
29910			
29910			
29910			
29920			
29920			
29910			
29910			
60050			
60050			
26253			
45750			

Daily Log

Date: 8/4/22

Name: Cyndsi Caulder

Gallery Shift Time: 10-4

Day Shift Pre-Show Reception

Gallery Attendance:

Daytime: The total number of tally marks should be equal to the total zip codes below.
Pre-shows & Receptions: Use the clicker, no zip codes required.

~~||||~~ ~~||||~~ ~~||||~~ ||||

Total:
18

Customer Zip Code Tracker:

29928			
29928			
29928			
29928			
29803			
29803			
46530			
46530			
46530			
46530			
29920			
29920			
29926			
29907			
29909			
29902			
29928			
29928			

Daily Log

Date: 8/18/2022

Name: Lynda: Caulder

Gallery Shift Time: 10-4

Day Shift Pre-Show Reception

Gallery Attendance:

Daytime: The total number of tally marks should be equal to the total zip codes below.
Pre-shows & Receptions: Use the clicker, no zip codes required.

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~~||||~~
~~||||~~
~~||||~~
~~||||~~

Total:
28

Customer Zip Code Tracker:

29926	24503		
35043	24503		
35043	27605		
29928	27605		
43953	29926		
15632	30044		
29909	30044		
29909	30044		
21013			
21013			
23185			
23602			
23608			
23608			
34736			
30236			
37416			
37416			
29926			

Daily Log

Date: 8/24/22

Name: Lyndsi Caulder

Gallery Shift Time: 10-4

Day Shift Pre-Show Reception

Gallery Attendance:

Daytime: The total number of tally marks should be equal to the total zip codes below.
Pre-shows & Receptions: Use the clicker, no zip codes required.

~~||||~~ ~~||||~~ ~~||||~~ ~~||||~~ |

Total: 21

Customer Zip Code Tracker:

11767	29909		
11767	29803		
29910			
29909			
29926			
29926			
29928			
29928			
29910			
29910			
29910			
29928			
37215			
37215			
11792			
11792			
37215			
11792			
12603			

Daily Log

Date: 8/28/22

Name: Aina Smith

Gallery Shift Time: 12-4

Day Shift Pre-Show Reception

Gallery Attendance:

Daytime: The total number of tally marks should be equal to the total zip codes below.
Pre-shows & Receptions: Use the clicker, no zip codes are required.

11	Total: 2
----	-------------

Customer Zip Code Tracker:

29909			
29909			

Daily Log

Date: 8/29/22

Name: Lyndsi Caulder

Gallery Shift Time: 10-4

Day Shift Pre-Show Reception

Gallery Attendance: Matinee

Daytime: The total number of tally marks should be equal to the total zip codes below.
Pre-shows & Receptions: Use the clicker, no zip codes are required.

~~||||~~ ~~||||~~ ~~||||~~ ~~||||~~ ||||

Total:
24/48

Customer Zip Code Tracker:

29928	06111		
29926	29909		
29036	32081		
29926	32081		
29909			
29926			
01056			
01056			
29909			
29909			
10312			
10312			
10312			
29909			
31904			
98052			
29909			
29909			
06111			
06111			

Daily Log

Date: 9/4/22

Name: Lina Smith

PRE: AMY

Gallery Shift Time: 12-4

SHOW: 5:45-7:30

Day Shift Pre-Show Reception

Gallery Attendance:

Daytime: The total number of tally marks should be equal to the total zip codes below.
Pre-shows & Receptions: Use the clicker, no zip codes are required.

		<p>Total: <u>303</u>⁴¹</p>
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Customer Zip Code Tracker:

29910	29909	29926	
29910	29909	29926	
29926	64052	29926	
29926	29910	15090	
29926	29910	15090	
29926	29910	07090	
29926	29910	07090	
29928	29910	29928	
29928	29910	29926	
29605	29910	29928	
29605	29909	29926	
	29909		
	29928		
	29926		
	29928		
	31324		
	31324		
	29926		
	29926		
	29926		

Daily Log

Date: 9/17/2022

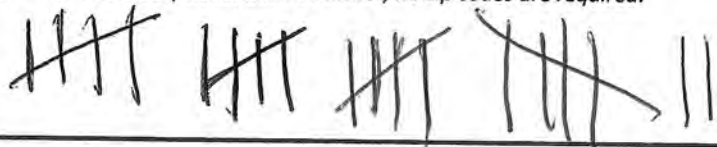
Name: Amy

Gallery Shift Time: 10am

Day Shift Pre-Show Reception

Gallery Attendance:

Daytime: The total number of tally marks should be equal to the total zip codes below.
 Pre-shows & Receptions: Use the clicker, no zip codes are required.

	Total: 22
--	--

Customer Zip Code Tracker:

29926	29926		
29910	29926		
29928			
33477			
29928			
19606			
29926			
18032			
18032			
29928			
29928			
29909			
29909			
29910			
07405			
07470			
29909			
29909			
29909			
29909			

Daily Log

Date: 9/9/22

Name: Lyndsi Caulder

Gallery Shift Time: 10-4

Day Shift Pre-Show Reception

Gallery Attendance:

Daytime: The total number of tally marks should be equal to the total zip codes below.
Pre-shows & Receptions: Use the clicker, no zip codes are required.

Total: 25

Customer Zip Code Tracker:

29928	23181		
07932	29910		
34677	23185		
60525	970934		
43320	97034		
43320			
43320			
29926			
94582			
01752			
01752			
01609			
28210			
07940			
45208			
31088			
29926			
31088			
63021			
63021			

Daily Log

Date: 9/22/22

Name: Lyndsi Caulder

Gallery Shift Time: 10-4

Day Shift Pre-Show Reception



Gallery Attendance:

Daytime: The total number of tally marks should be equal to the total zip codes below.
Pre-shows & Receptions: Use the clicker, no zip codes are required.

Total:

17

~~||||~~ ~~||||~~ ~~||||~~ ||

Customer Zip Code Tracker:

97213			
97213			
29072			
18618			
29926			
29928			
27518			
27518			
45102			
45102			
41017			
41091			
29909			
29909			
29909			
42303			
42303			

Daily Log

Date: 10-1-22

Name: Hena Smith | Amy

Gallery Shift Time: 10-4 | 4-7:30

Day Shift Pre-Show Reception

Gallery Attendance:

Daytime: The total number of tally marks should be equal to the total zip codes below.
 Pre-shows & Receptions: Use the clicker, no zip codes are required.

	Total: <u>15</u> / <u>32</u> <u>47</u>
--	--

Customer Zip Code Tracker:

29928	29926	29909	
29928	29910	29909	
29910	29910	29928	
29910	29926	29926	
29910	29926	29910	
29910	29926	29926	
29910	06878		
29926	06878		
29926	29926		
27606	29928		
27932	29928		
27932	29910		
27606	29910		
29926	29928		
29926	29926		
	29926		
	29926		
	↓		

Daily Log

Date: 10/5/23

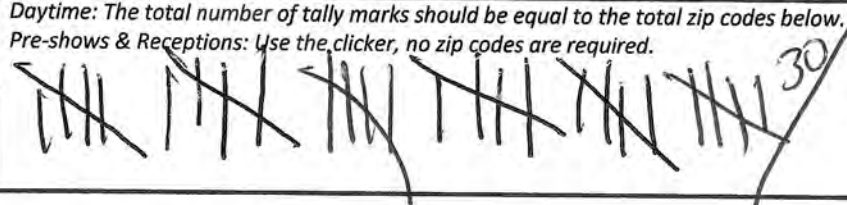
Name: Lyndsi Caulder

Gallery Shift Time: 10-4

Day Shift Pre-Show Reception

Gallery Attendance:

Daytime: The total number of tally marks should be equal to the total zip codes below.
Pre-shows & Receptions: Use the clicker, no zip codes are required.

	Total: 94
--	---

Customer Zip Code Tracker:

29928	44011		
29928	44011		
29909	18940		
29928	18940		
29928	22033		
29926	22033		
29926	18940		
29928	18940		
29928	46321		
29926	46321		
29926			
37919			
29909			
29909			
29909			
22902			
29928			
29928			
29928			
29926			

Daily Log

Date: 10/7/22

Name: Lyndsi Caulder

Gallery Shift Time: 10-4

Day Shift Pre-Show Reception

Gallery Attendance:

Daytime: The total number of tally marks should be equal to the total zip codes below.
Pre-shows & Receptions: Use the clicker, no zip codes are required.

~~||||~~ ~~||||~~ ~~||||~~ ~~||||~~ ||

Total: (22)

Customer Zip Code Tracker:

29926	30308		
29910	30308		
29910			
29926			
29910			
29910			
87505			
29928			
29438			
29926			
29928			
87505			
87505			
29926			
19064			
19064			
19064			
29926			
29926			
29910			

Daily Log

Date: 10-8-22

Name: Mina

Gallery Shift Time: 10-4

Day Shift Pre-Show Reception

Gallery Attendance:

Daytime: The total number of tally marks should be equal to the total zip codes below.
Pre-shows & Receptions: Use the clicker, no zip codes are required.

|||| ||| ||| ||| ||| ||| ||

Total:

27

Customer Zip Code Tracker:

49464	27406		
29909	29910		
29909	29910		
49464	29928		
29909	31322		
29370	29843		
29325	29907		
29926			
29926			
37064			
38485			
29910			
29926			
29926			
29928			
29928			
29928			
27406			
29910			
27406			

Daily Log

Date: October 11, 2022

Name: Kristen | Lyndsi

Gallery Shift Time: 10-12 | 12-4

Day Shift Pre-Show Reception

Gallery Attendance:

Daytime: The total number of tally marks should be equal to the total zip codes below.
Pre-shows & Receptions: Use the clicker, no zip codes are required.

Total:
31

Customer Zip Code Tracker:

49855	41016		
49855	29909		
23464	29910		
23464	29910		
29928	17011		
32043	17050		
29910	29926		
29910	29926		
07739	29926		
07739			
29576			
29576			
29928			
29928			
91381			
91381			
84121			
84121			
29928			
91047			

Daily Log

Date: 10/12/22

Name: Lyndsi Caulder

Gallery Shift Time: 10-4

Day Shift Pre-Show Reception

Gallery Attendance:

Daytime: The total number of tally marks should be equal to the total zip codes below.
Pre-shows & Receptions: Use the clicker, no zip codes are required.

~~||||~~ ~~||||~~ ~~||||~~ ~~||||~~ |||||

Total:
28

Customer Zip Code Tracker:

29928	47126		
29910	47126		
28278	30305		
29910	30305		
32256	29928		
32256	02481		
29910	29621		
29910	29621		
29926			
29926			
37209			
30188			
30004			
30094			
45233			
44685			
29926			
27012			
27012			
47126			

Daily Log

Date: 10/19/22

Name: Lyndsi Caulder

Gallery Shift Time: 10-4

Day Shift Pre-Show Reception

Gallery Attendance:

*Daytime: The total number of tally marks should be equal to the total zip codes below.
Pre-shows & Receptions: Use the clicker, no zip codes are required.*

	<p>Total: <u>24</u></p>
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Customer Zip Code Tracker:

29910	28601		
29910	28601		
02539	29920		
29926	29928		
29926			
29926			
37774			
37774			
19064			
34654			
34654			
19064			
29909			
29909			
29902			
29920			
14617			
14617			
29926			
29926			

Daily Log

Date: 10/19/22

Name: Ryan McGivern

Gallery Shift Time: 6-7:30 pm

Day Shift Pre-Show Reception

Gallery Attendance:

Daytime: The total number of tally marks should be equal to the total zip codes below.
Pre-shows & Receptions: Use the clicker, no zip codes are required.

Total: 42

Customer Zip Code Tracker:

29928	29910	30269	
37923	29909		
24251	20554		
20311	77384		
38572	29926		
29910	29224		
29910	29710		
48430	29926		
29928	21234		
29926	21023		
30350	21171		
29907	19970		
29907	21042		
29906	29928		
29910	30269		
29926	29926		
29615	32159		
29927	29928		
29927			

Daily Log

Date: 10/20/22

Name: Lyndsi Caulder

Amy Wehman-Jones
 10pm to 7:30pm
 pre-show

Gallery Shift Time: 10-4

Day Shift Pre-Show Reception

Gallery Attendance:

Daytime: The total number of tally marks should be equal to the total zip codes below.
 Pre-shows & Receptions: Use the clicker, no zip codes are required.

		Total:
--	--	---------------

Customer Zip Code Tracker:

29910		29928	29926
29910		29928	29926
29926		29910	29926
29926		29910	29928
29910		29910	29928
29910		29910	54142
29928		29910	54142
28106		29909	29907
29926		29909	29907
29926		29910	29928
01001		41091	29926
01001		29910	29910
01001		07470	29909
29928		07470	29909
29928		07912	
91325		07912	
91325		29910	
29926		29928	
		29910	
		29926	

Daily Log

Date: 10/21/22

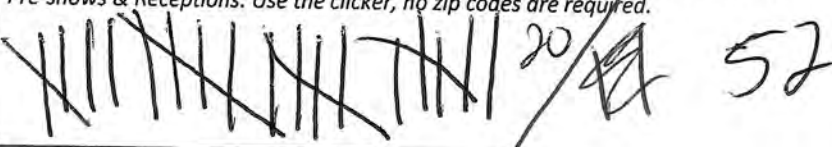
Name: Lynesi Caulder

Gallery Shift Time: 10-4

Day Shift Pre-Show Reception

Gallery Attendance:

Daytime: The total number of tally marks should be equal to the total zip codes below.
 Pre-shows & Receptions: Use the clicker, no zip codes are required.

	Total: 72
--	--

Customer Zip Code Tracker:

20010		60480	
34987		29928	
13795			
13795			
64138			
64138			
29928			
31411			
31411			
03885			
03885			
02135			
01775			
29928			
29928			
01095			
01095			
29928			

Daily Log

Date: 10-22-22

Name: Gina Smith

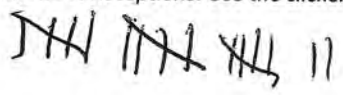
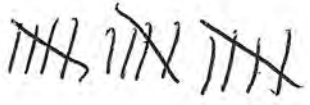
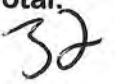
Gallery Shift Time: 10-4

Day Shift Pre-Show Reception

Gallery Attendance:

matinee ↓

Daytime: The total number of tally marks should be equal to the total zip codes below.
Pre-shows & Receptions: Use the clicker, no zip codes are required.

		Total: 
---	--	---

Customer Zip Code Tracker:

29928			
29928			
60067			
29927 29927			
29909			
28822 (Canada)			
29927			
29927			
29927			
29928			
29909			
29909			
97201			
97239			
97239			
30905			
31401			

Daily Log

Date: 10/24/22

Name: Cyndsi Caulder

Gallery Shift Time: 10-4

Day Shift Pre-Show Reception

Gallery Attendance:

Daytime: The total number of tally marks should be equal to the total zip codes below.
 Pre-shows & Receptions: Use the clicker, no zip codes are required.

~~||||~~ ~~||||~~ ~~||||~~ |||

Total:

Customer Zip Code Tracker:

32163			
32163			
14120			
29928			
29928			
29928			
29928			
29928			
29928			
12766			
12766			
29928			
29928			
29928			
H953A5			
H953A5			

Daily Log

Date: 10/26/22

Name: Lyndsi Caulder

Gallery Shift Time: 10-4

Day Shift Pre-Show Reception

Gallery Attendance:

Daytime: The total number of tally marks should be equal to the total zip codes below.
Pre-shows & Receptions: Use the clicker, no zip codes are required.

		Total:
--	--	---------------

Customer Zip Code Tracker:

20016		29909	
22102		29909	
22701		29928	
22701		29928	
22963		29928	
22963		46207	
29928		46207	
29926		46207	
29926		29926	
28451		29926	
28451		29926	
29926		29909	
29926		29909	
22066			
22066			
15061			
17517			
29928			
27703			

Daily Log

Date: 10/27/22

Name: Lyndsi Caulder

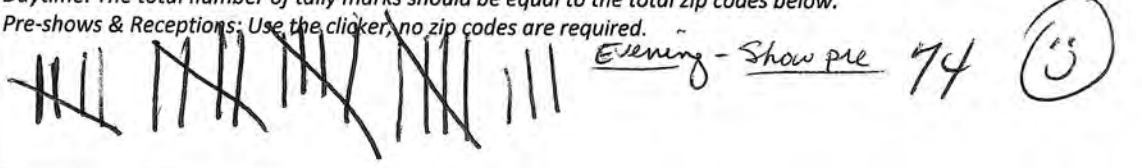
Gallery Shift Time: 10-4

Day Shift Pre-Show Reception

Gallery Attendance:

Daytime: The total number of tally marks should be equal to the total zip codes below.

Pre-shows & Receptions: Use the clicker, no zip codes are required.

	Total:
---	---------------

Customer Zip Code Tracker:

29910	29047		
29910	29047		
29910			
29910			
29909			
29926			
29928			
29928			
03106			
44022			
44022			
29928			
29928			
29926			
29928			
29926			
21619			
32081			
32081			
20194			

Daily Log

Date: 10/28/22

Name: Lyndsi' Caulder / Cindy Strickland

Gallery Shift Time: 10-4 6-7:30

Day Shift Pre-Show Reception

Gallery Attendance:

Daytime: The total number of tally marks should be equal to the total zip codes below.
Pre-shows & Receptions: Use the clicker, no zip codes are required.

	Pre-show 	total 40	Total:
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Customer Zip Code Tracker:

29902	29926		
29920	29928		
65711			
29926			
29926			
65711			
29926			
29910			
29928			
29926			
17110			
17110			
17011			
17011			
15136			
30302			
29928			
29928			
30302			
22701			

Daily Log

Date: 10/29/22

Name: Lena Smith

Gallery Shift Time: 10-4

Day Shift Pre-Show Reception

Gallery Attendance:

*Daytime: The total number of tally marks should be equal to the total zip codes below.
Pre-shows & Receptions: Use the clicker, no zip codes are required.*

<p> </p>	<p>58</p>	<p>Total:</p>
---	-----------	---------------

Customer Zip Code Tracker:

38558			
11733			
29928			
11733			
11733			
22181			
22181			
29928			
29928			
29928			
29928			
29969			
29909			
29909			
29928			
29928			
08534			
08534			
29928			
29928			

Daily Log

Date: 11/3/22

Name: Lynds: Caulder

Gallery Shift Time: 10-4

Day Shift Pre-Show Reception

Gallery Attendance:

Daytime: The total number of tally marks should be equal to the total zip codes below.
Pre-shows & Receptions: Use the clicker, no zip codes are required.

~~||||~~
 ~~||||~~
 ~~||||~~
 ~~||||~~
 ||||

Total:
24

Customer Zip Code Tracker:

30557	31411		
30557	29910		
30557	20854		
30557	20854		
29928	29928		
27587	29926		
27587			
48025			
29909			
29928			
29928			
29928			
02285			
29909			
30253			
30253			
29928			
29928			
31061			
31061			

Daily Log

Date: 11/8/22

Name: Cyndi Caulder

Gallery Shift Time: 10-4

Day Shift Pre-Show Reception

Gallery Attendance:

Daytime: The total number of tally marks should be equal to the total zip codes below.
Pre-shows & Receptions: Use the clicker, no zip codes are required.

|||| |||| |||| |

Total:
16

Customer Zip Code Tracker:

28277			
28210			
29928			
29928			
28102			
29928			
29926			
46798			
46798			
29928			
28277 NOH2LO			
NOH2LO			
29928			
29928			
36521			
35071			

Daily Log

Date: 11/9/22

Name: Lynda: Caulder

Gallery Shift Time: 10-4

Day Shift Pre-Show Reception

Gallery Attendance:

Daytime: The total number of tally marks should be equal to the total zip codes below.
Pre-shows & Receptions: Use the clicker, no zip codes are required.

Total: 33

Customer Zip Code Tracker:

55118	41101		
55118	41101		
20736	40513		
20736	29928		
20736	29928		
08755	45385		
15241	29928		
15044	04604		
15044	04604		
77489			
77489			
77075			
28803			
28803			
44685			
44685			
44685			
44685			
29928			
40383			

Daily Log

Date: 11/16/22

Name: Lyndsi Caulder

Gallery Shift Time: 10-4

Day Shift Pre-Show Reception

Gallery Attendance:

Daytime: The total number of tally marks should be equal to the total zip codes below.
Pre-shows & Receptions: Use the clicker, no zip codes are required.

~~||||~~ ~~||||~~ ~~||||~~ ~~||||~~ |||

Total:
23

Customer Zip Code Tracker:

46142	29926		
46142	30071		
29926	30071		
12747			
12742			
29928			
29928			
29926			
28903			
40794			
29803			
29926			
15642			
15642			
28374			
28374			
28374			
28374			
29926			
29926			

Daily Log

Date: 11-18-22

Name: ~~Lyndsi~~ Lyndsi Caulder

Gallery Shift Time: _____

Day Shift Pre-Show Reception

Gallery Attendance:

Daytime: The total number of tally marks should be equal to the total zip codes below.
Pre-shows & Receptions: Use the clicker, no zip codes are required.

~~Lyndsi~~ ||| ||| ||| ||| ||| ||| ||| ||| |||

Total: 28

Customer Zip Code Tracker:

44319	29926		
44319	29926		
29926	18510		
55418	89044		
55418	89044		
29926	29909		
29926	28539		
29926	29909		
29928			
29926			
29926			
60047			
60047			
29483			
21403			
40383			
40383			
85260			
19940			
30301			

Daily Log

Date: 11/19

Name: Deira Smith

Gallery Shift Time: 10-4:20

Day Shift Pre-Show Reception

Gallery Attendance:

Daytime: The total number of tally marks should be equal to the total zip codes below.
Pre-shows & Receptions: Use the clicker, no zip codes are required.

~~||||~~ ||| |||| + 52

Total:

72

Customer Zip Code Tracker:

29926			
29926			
13326			
13326			
28214			
28214			
29926			
29909			
29926			
31322			
31322			
29926			
29924			
46176			
46176			
29910			
29910			
46176			
46176			
46176			

Daily Log

Date: 11/20/22

Name: Dina Smith

Gallery Shift Time: 12-4

Day Shift Pre-Show Reception

Gallery Attendance:

Daytime: The total number of tally marks should be equal to the total zip codes below.
Pre-shows & Receptions: Use the clicker, no zip codes are required.

Total:

~~||||~~ |||| |||| |||

Customer Zip Code Tracker:

29841			
29841			
06269			
06269			
06269			
06237			
10573			
10573			
10552			
33785			
29928			
29928			
29928			
21617			
2377H3			
2377H3			
29926			
29926			

Daily Log

Date: 11/21/22

Name: Lyndsi Caulder

Gallery Shift Time: 10-4

Day Shift Pre-Show Reception

Gallery Attendance:

Daytime: The total number of tally marks should be equal to the total zip codes below.
Pre-shows & Receptions: Use the clicker, no zip codes are required.

Total:
21

Customer Zip Code Tracker:

29926	29926		
30809			
30809			
29926			
29926			
29926			
29928			
29926			
29926			
10925			
76134			
29910			
29910			
32163			
32163			
29928			
29928			
29910			
29910			
29926			

Daily Log

Date: 11/22/22

Name: Lyndsi Caulder

Gallery Shift Time: 10-4

Day Shift Pre-Show Reception

Gallery Attendance:

Daytime: The total number of tally marks should be equal to the total zip codes below.
Pre-shows & Receptions: Use the clicker, no zip codes are required.

~~||||~~ ~~||||~~ ~~||||~~ ~~||||~~ ||||

Total:
24

Customer Zip Code Tracker:

29926	29909		
29928	29909		
29928	29928		
30041	29928		
30041			
30041			
30041			
29928			
29928			
06820			
29927			
29928			
29926			
45211			
45211			
29920			
29910			
29910			
29579			
30009			

Daily Log

Date: 11/23/22

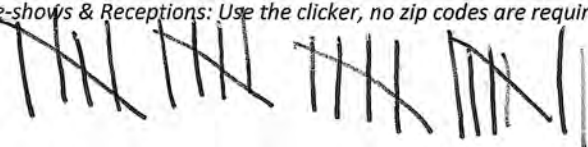
Name: Lyndsi Caulder

Gallery Shift Time: 10-4

Day Shift Pre-Show Reception

Gallery Attendance:

Daytime: The total number of tally marks should be equal to the total zip codes below.
Pre-shows & Receptions: Use the clicker, no zip codes are required.

	Total: 22
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Customer Zip Code Tracker:

29926	29455		
29926	29928		
29928			
29928			
29928			
29928			
72581			
30214			
29910			
29910			
29928			
29928			
29486			
27784			
29585			
29585			
29926			
30161			
29910			
29455			

Daily Log

Date: 11-25-2022

Name: FANOULA & Amy

Gallery Shift Time: 10-1 1-9

Day Shift Pre-Show Reception

Gallery Attendance:

Daytime: The total number of tally marks should be equal to the total zip codes below.
Pre-shows & Receptions: Use the clicker, no zip codes are required.

Total:

23

Customer Zip Code Tracker:

29928	29928		
29928	29928		
22701	29928		
22701			
29926			
30338			
30082			
29926			
29926			
20010			
07052			
02448			
02448			
31008			
31008			
31008			
29910			
29910			
34104			
34104			

Daily Log

Date: 11/26/22

Name: Mina Smith

Gallery Shift Time: 10-4

Day Shift Pre-Show Reception

Gallery Attendance:

Daytime: The total number of tally marks should be equal to the total zip codes below.
Pre-shows & Receptions: Use the clicker, no zip codes are required.

Total:

22

Customer Zip Code Tracker:

29926			
29926			
29909			
29909			
29910			
29928 x3			
29919 x2			
31405			
29926			
29926			
29926			
29928			
29108			
29108			
29926			
29926			
29926			
29909			
29909			

Daily Log

Date: 11/28/22

Name: Theresa

Gallery Shift Time: 10-4

Day Shift Pre-Show Reception

Gallery Attendance:

Daytime: The total number of tally marks should be equal to the total zip codes below.
Pre-shows & Receptions: Use the clicker, no zip codes are required.

|||| | |||| | |||| | |||

Total:
20

Customer Zip Code Tracker:

02835			
29910			
29910			
30319			
30319			
29926			
29928			
29926			
29928			
29928			
29926			
31211			
29928			
29803			
29803			
29582			
29582			
29582			
29582			
29926			

Daily Log

Date: 12/2/22

Name: Amy 10am to 4pm

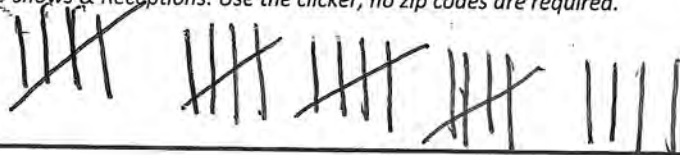
Gallery Shift Time: _____

Day Shift Pre-Show Reception

Gallery Attendance:

Daytime: The total number of tally marks should be equal to the total zip codes below.

Pre-shows & Receptions: Use the clicker, no zip codes are required.



Total:

23

Customer Zip Code Tracker:

15011	29928		
80127	29928		
22152	29928		
34609			
34609			
34609			
29928			
MAB IHU			
65629			
65629			
29910			
29910			
29910			
98844			
23454			
29909			
29909			
29909			
65259			
29928			

Daily Log

Date: 12/3/22

Name: Gina Smith

Gallery Shift Time: 10-4

Day Shift Pre-Show Reception

Gallery Attendance:

Daytime: The total number of tally marks should be equal to the total zip codes below.
Pre-shows & Receptions: Use the clicker, no zip codes are required.

||||| ||||| ||||| ||||| |||||

Total:
25

Customer Zip Code Tracker:

29910	29455		
29910	29455		
08221	31411		
08221	29935		
29910	08221		
93534			
93534			
29927			
29935			
19103			
84297			
31411			
31411			
31411			
29928			
29928			
29412			
29412			
29412			
29455			

Daily Log

Date: 12/5/22

Name: Lynda: Caulder

Gallery Shift Time: _____

Day Shift Pre-Show Reception

Gallery Attendance:

Daytime: The total number of tally marks should be equal to the total zip codes below.
Pre-shows & Receptions: Use the clicker, no zip codes are required.

~~||||~~ ~~||||~~ ~~||||~~ |||

Total:

18

Customer Zip Code Tracker:

29926			
29928			
49106			
49090			
11757			
11757			
29910			
29910			
52241			
29926			
37191			
26253			
11223			
11726			
06902			
29928			
29928			
29928			

Daily Log

Date: 12/6/22

Name: Lyndsi Caulder

Gallery Shift Time: 10-4

Day Shift Pre-Show Reception

Gallery Attendance:

<p><i>Daytime: The total number of tally marks should be equal to the total zip codes below.</i></p> <p><i>Pre-shows & Receptions: Use the clicker, no zip codes are required.</i></p> <p> </p>	<p>Total:</p> <p>19</p>
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Customer Zip Code Tracker:

29672			
29928			
29926			
06250			
06250			
29926			
29926			
30092			
30092			
30152			
30152			
17011			
17011			
48911			
37601			
23455			
23455			
37601			
29925			

Daily Log

Date: 12/9/22

Name: Lydia / Ryan

Gallery Shift Time: _____

Day Shift Pre-Show Reception

Gallery Attendance:

Daytime: The total number of tally marks should be equal to the total zip codes below.
Pre-shows & Receptions: Use the clicker, no zip codes are required.

26

24

Total:

50

Customer Zip Code Tracker:

27705	29909		
29926	29909		
29926	28467		
29926	46528		
29926	29928		
29926	84093		
29409	84093		
29928	29926		
29928	29928		
29928			
28705			
28705			
29926			
29926			
29926			
29909			
29909			

Daily Log

Date: 12-12-22

Name: Lydia Chojnacki / Ryan

Gallery Shift Time: _____

Day Shift Pre-Show Reception

Gallery Attendance:

Daytime: The total number of tally marks should be equal to the total zip codes below.
Pre-shows & Receptions: Use the clicker, no zip codes are required.

JK

Total:
22

Customer Zip Code Tracker:

18202	29958		
21012	29958		
29909			
49635			
49635			
29926			
29909			
29926			
30324			
28079			
28079			
31401			
29928			
29910			
29926			
29928			
49426			
44708			
29923			
29928			

Daily Log

Date: 12-14-22

Name: Lydia / RVN

Gallery Shift Time: _____

Day Shift Pre-Show Reception

Gallery Attendance:

Daytime: The total number of tally marks should be equal to the total zip codes below.
Pre-shows & Receptions: Use the clicker, no zip codes are required.

21

total 96

Total: 75
PS
ER

Customer Zip Code Tracker:

29909	22926		
29909			
19701			
19701			
29915			
29928			
29926			
29928			
15061			
44708			
33324			
34486			
29926			
29928			
29928			
29928			
29926			
29910			
29926			
29928			

Daily Log

Date: 12-16-22

Name: Lydia | Ryan / Amy

Gallery Shift Time: 5:30 - 7:30

Day Shift Pre-Show Reception

Gallery Attendance:

Daytime: The total number of tally marks should be equal to the total zip codes below.
Pre-shows & Receptions: Use the clicker, no zip codes are required.

20 | 58 (PRESHOW)

Total:
78

Customer Zip Code Tracker:

<u>08736</u>			
<u>29920</u>			
<u>28277</u>			
<u>28277</u>			
<u>29909</u>			
<u>29909</u>			
<u>29926</u>			
<u>29909</u>			
<u>29909</u>			
<u>29909</u>			
<u>29909</u>			
<u>29909</u>			
<u>29909</u>			
<u>29909</u>			
<u>29938</u>			
<u>75024</u>			
<u>21130</u>			
<u>29910</u>			
<u>40241</u>			
<u>55423</u>			
<u>40241</u>			
<u>29938</u>			
<u>29938</u>			

Daily Log

Date: 12-19-22

Name: Lydia

Gallery Shift Time: _____

Day Shift Pre-Show Reception

Gallery Attendance:

Daytime: The total number of tally marks should be equal to the total zip codes below.
Pre-shows & Receptions: Use the clicker, no zip codes are required.

17

Total:

Customer Zip Code Tracker:

29910			
29928			
29928			
53711			
53711			
63711			
29910			
29928			
29926			
43123			
29928			
29929			
11768			
29928			
11768			
29928			
29588			

Daily Log

Date: 12.21.22

Name: Amy Wehromaw - Jones / Lydia

Gallery Shift Time: 10am -

Day Shift Pre-Show Reception

Gallery Attendance:

Daytime: The total number of tally marks should be equal to the total zip codes below.
Pre-shows & Receptions: Use the clicker, no zip codes are required.

|||| | |||| | |||| | |||| |

53 Pre

Total:

Customer Zip Code Tracker:

29909	29926		
29928			
29926			
60462			
60462			
34786			
34786			
34786			
29926			
29926			
68516			
68516			
29928			
44202			
19123			
34761			
34761			
29928			
29928			
29926			

Daily Log

Date: 12/30/22

Name: Lynnda Caudler, Ryan

Gallery Shift/Time: 10-4 5:30-7:30

Day Shift Pre-Show Reception (Volunteer) Terri

Gallery Attendance:

Daytime: The total number of tally marks should be equal to the total zip codes below.
 Pre-shows & Receptions: Use the clicker, no zip codes are required.

	<p>Pre/Show 2:00</p>	<p>PS Total: <u>530</u> <u>730</u> <u>49</u></p>
--	----------------------	--

Customer Zip Code Tracker:

29926			
29910			
29926			
29926			
20008			
29910			
29910			
29910			
29910			
29910			
29926			
29928			
29909			
27403			
27403			
29926			

Art League of Hilton Head
Profit & Loss Budget Overview
January through December 2024

	<u>Jan - Dec 24</u>
Ordinary Income/Expense	
Income	
Art Sales	221,500.00
Classes & Workshops	99,600.00
Donations	23,100.00
Grants	107,868.00
Membership Dues	55,000.00
Special Events	10,000.00
x Other Types of Income	13,001.80
Total Income	<u>530,069.80</u>
Gross Profit	<u>530,069.80</u>
Expense	
Advertising /Promo /Mailing	75,141.02
Artist Commissions	149,000.00
Credit Card & Bank Fees	12,000.00
Instructors Fees	58,200.00
Insurance	4,200.00
Legal & Accounting	2,600.00
Miscellaneous	6,000.00
Payroll Expenses	150,000.04
Reception expense	4,200.00
Rent	41,700.00
Repairs & Maintenance	6,000.00
Scholarship Expense	2,000.00
Supplies	7,200.00
Taxes & Licenses	50.00
Utilities	12,000.00
Total Expense	<u>530,291.06</u>
Net Ordinary Income	<u>-221.26</u>
Net Income	<u><u>-221.26</u></u>

	<u>TOTAL</u>
Ordinary Income/Expense	
Income	
Art Sales	119,658.34
Classes & Workshops	50,181.71
Donations	12,057.65
Grants	35,449.92
Membership Dues	55,175.00
x Other Types of Income	20,890.50
Total Income	<u>293,413.12</u>
Gross Profit	293,413.12
Expense	
Advertising /Promo /Mailing	
Advertising	
1 Online Marketing	12,271.07
2 Print Advertising	15,238.42
Additional Advertising	1,284.99
Total Advertising	<u>28,794.48</u>
Design	2,059.88
Postage	654.21
Printing	3,940.35
Total Advertising /Promo /Mailing	35,448.92
Artist Commissions	79,620.65
Awards	5,250.00
Credit Card & Bank Fees	7,210.34
Events/Lecture/Stipends	850.00
Instructors Fees	30,874.05
Insurance	485.48
Legal & Accounting	1,800.00
Miscellaneous	2,658.92
Payroll Expenses	71,513.95
Reception expense	2,259.81
Rent	20,850.00
Repairs & Maintenance	6,134.00
Scholarship Expense	2,000.00
Supplies	4,336.55
Taxes & Licenses	50.00
Travel and Meetings	664.50
Utilities	5,555.39
Total Expense	<u>277,562.56</u>
Net Ordinary Income	<u>15,850.56</u>
Net Income	<u><u>15,850.56</u></u>

	<u>TOTAL</u>
Ordinary Income/Expense	
Income	
Art Sales	209,682.76
Classes & Workshops	98,005.07
Donations	37,097.35
Grants	131,068.00
Membership Dues	50,951.66
Scholarship Income	200.00
Special Events	44,016.57
x Other Types of Income	<u>6,857.37</u>
Total Income	<u>577,878.78</u>
Gross Profit	577,878.78
Expense	
50th Expenses	21,177.14
Advertising /Promo /Mailing	
Advertising	
1 Online Marketing	48,611.45
2 Print Advertising	19,254.55
Additional Advertising	6,533.39
WHHI TV	<u>300.00</u>
Total Advertising	74,699.39
Design	10,515.03
Postage	2,238.23
Printing	16,587.01
Website	<u>959.88</u>
Total Advertising /Promo /Mailing	104,999.54
Artist Commissions	142,671.01
Awards	2,500.00
Contract Services	120.00
Credit Card & Bank Fees	13,257.12
Depr and Amort - Allowable	920.00
Events/Lecture/Stipends	300.00
Instructors Fees	58,693.63
Insurance	3,147.40
Legal & Accounting	1,845.00
Miscellaneous	3,912.66
Model Expense	100.00
Payroll Expenses	137,383.71
Reception expense	7,993.41
Reconciliation Discrepancies	94.25
Rent	40,766.00
Repairs & Maintenance	10,956.02
Scholarship Expense	2,150.00
Supplies	13,619.75
Taxes & Licenses	93.53

Art League of Hilton Head
Profit & Loss
January through December 2022

	<u>TOTAL</u>
Travel and Meetings	569.40
Utilities	<u>12,790.63</u>
Total Expense	<u>580,060.20</u>
Net Ordinary Income	<u>-2,181.42</u>
Net Income	<u><u>-2,181.42</u></u>

	<u>TOTAL</u>
Ordinary Income/Expense	
Income	
Art Sales	150,930.69
Classes & Workshops	54,331.00
Donations	19,927.03
Grants	144,276.08
Membership Dues	59,785.00
Special Events	9,200.00
x Other Types of Income	2,701.76
Total Income	<u>441,151.56</u>
Gross Profit	441,151.56
Expense	
Advertising /Promo /Mailing	
Advertising	
1 Online Marketing	24,706.73
2 Print Advertising	13,741.25
Additional Advertising	6,805.00
WHHI TV	1,800.00
Total Advertising	<u>47,052.98</u>
Design	7,284.75
Postage	1,797.50
Printing	7,954.30
Website	959.88
Total Advertising /Promo /Mailing	65,049.41
Artist Commissions	96,322.93
Awards	5,250.00
Credit Card & Bank Fees	8,455.97
Depr and Amort - Allowable	2,048.99
Events/Lecture/Stipends	600.00
Instructors Fees	30,189.79
Insurance	3,132.40
Legal & Accounting	1,300.00
Miscellaneous	9,444.16
Other Types of Expenses	350.00
Payroll Expenses	132,554.23
Reception expense	1,386.39
Rent	38,910.00
Repairs & Maintenance	8,611.20
Scholarship Expense	2,000.00
Supplies	13,169.05
Taxes & Licenses	1,595.09
Telephone & Internet	3,822.06
Travel and Meetings	443.00
Utilities	6,003.57
Total Expense	<u>430,638.24</u>

Art League of Hilton Head
Profit & Loss
January through December 2021

	<u>TOTAL</u>
Net Ordinary Income	10,513.32
Other Income/Expense	
Other Income	
P/R Protection Program	<u>23,431.00</u>
Total Other Income	<u>23,431.00</u>
Net Other Income	<u>23,431.00</u>
Net Income	<u><u>33,944.32</u></u>

Art League of Hilton Head
Balance Sheet
As of June 30, 2023
Jun 30, 23

ASSETS

Current Assets

Checking/Savings	137,388.01
Accounts Receivable	11,491.95
Other Current Assets	
Prepaid Annual Marketing	1,199.24
Prepaid Postage	1,286.26
Undeposited Funds	2,173.83
Total Other Current Assets	<u>4,659.33</u>

Total Current Assets 153,539.29

Fixed Assets 2,888.55

Other Assets 2,500.00

TOTAL ASSETS 158,927.84

LIABILITIES & EQUITY

Liabilities

Current Liabilities

Accounts Payable	12,391.47
Credit Cards	1,006.95
Other Current Liabilities	
Gift Certificates	2,918.00
Tuition Paid in Advance	6,259.00

Total Other Current Liabilities 9,177.00

Total Current Liabilities 22,575.42

Total Liabilities 22,575.42

Equity

Restricted Funds	1,530.00
Unrestricted Net Assets	118,971.86
Net Income	15,850.56

Total Equity 136,352.42

TOTAL LIABILITIES & EQUITY 158,927.84

Dec 31, 22

ASSETS

Current Assets

Checking/Savings 163,047.08

Accounts Receivable 7,242.85

Other Current Assets

Prepaid Annual Marketing 3,507.00

Prepaid Postage 1,624.47

Total Other Current Assets 5,131.47

Total Current Assets 175,421.40

Fixed Assets 2,888.55

Other Assets 2,500.00

TOTAL ASSETS 180,809.95

LIABILITIES & EQUITY

Liabilities

Current Liabilities

Accounts Payable 16,151.86

Credit Cards 285.38

Other Current Liabilities

Gift Certificates 2,315.00

Prepaid Membership Fees 29,145.00

Sales Tax Payable 952.85

Tuition Paid in Advance 12,188.00

Total Other Current Liabilities 44,600.85

Total Current Liabilities 61,038.09

Total Liabilities 61,038.09

Equity

Restricted Funds 800.00

Unrestricted Net Assets 121,153.28

Net Income -2,181.42

Total Equity 119,771.86

TOTAL LIABILITIES & EQUITY 180,809.95

11:34 AM
08/21/23
Accrual Basis

Art League of Hilton Head
Balance Sheet
As of December 31, 2021
Dec 31, 21

ASSETS

Current Assets

Checking/Savings	127,580.67
Accounts Receivable	30,550.43
Other Current Assets	
Prepaid Postage	1,862.70
Undeposited Funds	13,478.12
Total Other Current Assets	<u>15,340.82</u>

Total Current Assets 173,471.92

Fixed Assets 1,007.41

Other Assets 2,500.00

TOTAL ASSETS 176,979.33

LIABILITIES & EQUITY

Liabilities

Current Liabilities

Accounts Payable	11,955.17
Credit Cards	61.18

Other Current Liabilities

Gift Certificates	1,503.00
Prepaid Fees & Dues	28,645.00
Rental Deposits	500.00
Unearned Tuition	11,119.00

Total Other Current Liabilities 41,767.00

Total Current Liabilities 53,783.35

Total Liabilities 53,783.35

Equity

Restricted Funds	2,042.70
Unrestricted Net Assets	87,208.96
Net Income	33,944.32

Total Equity 123,195.98

TOTAL LIABILITIES & EQUITY 176,979.33

Form **990**

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

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

2022
Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

A For the 2022 calendar year, or tax year beginning , and ending

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization <p style="text-align: center;">ART LEAGUE OF HILTON HEAD INC.</p> Doing business as Number and street (or P.O. box if mail is not delivered to street address) P.O. BOX 22834 Room/suite City or town, state or province, country, and ZIP or foreign postal code HILTON HEAD ISLAND SC 29925	D Employer identification number <p style="text-align: center;">57-1061135</p> E Telephone number <p style="text-align: center;">843-681-5060</p> G Gross receipts \$ 577,879
F Name and address of principal officer: JUDY BLAHUT 67 OUTPOST LANE HILTON HEAD ISLAND SC 29928		H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. See instructions
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		H(c) Group exemption number
J Website: WWW.ARTLEAGUEHHI.ORG		L Year of formation: 1977
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other		M State of legal domicile: SC

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: <p style="text-align: center;">ARTS EDUCATION AND PROMOTION.</p>		
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3 Number of voting members of the governing body (Part VI, line 1a)	3	18
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	18
	5 Total number of individuals employed in calendar year 2022 (Part V, line 2a)	5	5
	6 Total number of volunteers (estimate if necessary)	6	70
	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0
b Net unrelated business taxable income from Form 990-T, Part I, line 11	7b	0	
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year 272,854	Current Year 219,117
	9 Program service revenue (Part VIII, line 2g)	217,051	358,708
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	113	54
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	0	0
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	490,018	577,879
	Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	2,000
14 Benefits paid to or for members (Part IX, column (A), line 4)		0	0
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		128,454	132,286
16a Professional fundraising fees (Part IX, column (A), line 11e)		0	0
b Total fundraising expenses (Part IX, column (D), line 25) 10,583		0	0
17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		297,794	445,624
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		428,248	580,060
19 Revenue less expenses. Subtract line 18 from line 12	61,770	-2,181	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year 176,979	End of Year 180,810
	21 Total liabilities (Part X, line 26)	52,871	61,038
	22 Net assets or fund balances. Subtract line 21 from line 20	124,108	119,772

Part II Signature Block

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

Sign Here	Signature of officer JUDY BLAHUT	Date	
	Type or print name and title PRESIDENT		
Paid Preparer Use Only	Print/Type preparer's name MARK N JUNE, CPA	Preparer's signature MARK N JUNE, CPA	Date 05/11/23
	Firm's name JUNECPA	Firm's EIN 20-4046229	Check <input type="checkbox"/> if self-employed PTIN P00630869
	Firm's address 99 MAIN STREET HILTON HEAD ISLAND, SC 29926	Phone no. 843-842-6500	

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

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission:

ARTS EDUCATION AND PROMOTION.

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

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

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

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

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

4a (Code:) (Expenses \$ **511,191** including grants of \$ **2,150**) (Revenue \$ **358,708**)

ART GALLERY - PROVIDES MEMBERS A GALLERY TO EXHIBIT ARTWORK THAT CAN BE PURCHASED BY THE PUBLIC.

ART ACADEMY - OFFERS VARIOUS ART CLASSES TO THE GENERAL PUBLIC. THE PURPOSE IS TO NOT ONLY EDUCATE BUT TO DEVELOP TALENT.

SPECIAL EVENTS - PROVIDES SPONSORSHIPS FOR SPECIAL EVENTS, LECTURES, SPACE RENTAL ETC.

4b (Code:) (Expenses \$ including grants of \$) (Revenue \$)

N/A

4c (Code:) (Expenses \$ including grants of \$) (Revenue \$)

N/A

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

(Expenses \$ including grants of \$) (Revenue \$)

4e Total program service expenses **511,191**

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	<input checked="" type="checkbox"/>	
2 Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	<input checked="" type="checkbox"/>	
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		<input checked="" type="checkbox"/>
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		<input checked="" type="checkbox"/>
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		<input checked="" type="checkbox"/>
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		<input checked="" type="checkbox"/>
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		<input checked="" type="checkbox"/>
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III		<input checked="" type="checkbox"/>
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		<input checked="" type="checkbox"/>
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		<input checked="" type="checkbox"/>
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.		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	<input checked="" type="checkbox"/>	
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		<input checked="" type="checkbox"/>
c Did the organization report an amount for investments—program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII		<input checked="" type="checkbox"/>
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		<input checked="" type="checkbox"/>
e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	<input checked="" type="checkbox"/>	
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		<input checked="" type="checkbox"/>
12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII		<input checked="" type="checkbox"/>
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		<input checked="" type="checkbox"/>
13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E		<input checked="" type="checkbox"/>
14a Did the organization maintain an office, employees, or agents outside of the United States?		<input checked="" type="checkbox"/>
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV		<input checked="" type="checkbox"/>
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		<input checked="" type="checkbox"/>
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		<input checked="" type="checkbox"/>
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		<input checked="" type="checkbox"/>
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		<input checked="" type="checkbox"/>
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		<input checked="" type="checkbox"/>
20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H		<input checked="" type="checkbox"/>
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		
21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II		<input checked="" type="checkbox"/>

Part IV Checklist of Required Schedules (continued)

		Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J		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		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior 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		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		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		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):		
a	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV		X
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV		X
c	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If "Yes," complete Schedule L, Part IV		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I		X
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		X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?		X
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		
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		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		X
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? Note: All Form 990 filers are required to complete Schedule O.	X	

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

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

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

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
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.		
	1a	18	
b	Enter the number of voting members included on line 1a, above, who are independent		
	1b	18	
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2	X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?	3	X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4	X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5	X
6	Did the organization have members or stockholders?	6	X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a	X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b	X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a	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

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

		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a	X
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b	
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	X
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.		
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	X
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done	12c	X
13	Did the organization have a written whistleblower policy?	13	X
14	Did the organization have a written document retention and destruction policy?	14	X
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
a	The organization's CEO, Executive Director, or top management official	15a	X
b	Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.	15b	X
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a	X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	16b	

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed **SC**
- 18 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
 Own website Another's website Upon request Other (explain on Schedule O)
- 19 Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
- 20 State the name, address, and telephone number of the person who possesses the organization's books and records
JANICE GRAY
1 SUSSEX LANE
HILTON HEAD ISLAND
SC 29926
843-681-5060

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

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

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

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

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) LOUANNE BARRETT VICE PRESIDENT	3.00 0.00	X		X				0	0	0
(2) PAT BATTEN PAST - PRESIDENT	1.00 0.00	X						0	0	0
(3) MARIA BERLINER MEMBER-AT-LARGE	1.00 0.00	X						0	0	0
(4) JUDY BLAHUT PRESIDENT	3.00 0.00	X		X				0	0	0
(5) LINDA BLOOM COMMITTEE MEMBER	1.00 0.00	X						0	0	0
(6) ART CORNELL COMMITTEE MEMBER	1.00 0.00	X						0	0	0
(7) JANICE GRAY TREASURER	3.00 0.00	X		X				0	0	0
(8) GABRIELE HOFFMANN MEMBER-AT-LARGE	1.00 0.00	X						0	0	0
(9) REBECCA JEFFRIES MEMBER-AT-LARGE	2.00 0.00	X						0	0	0
(10) ROSALYN LESTER MEMBER-AT-LARGE	2.00 0.00	X						0	0	0
(11) DELANE MARYNOWSKI MEMBER-AT-LARGE	1.00 0.00	X						0	0	0

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(12) CHRISTINE MCMAHON	1.00									
MEMBER-AT-LARGE	0.00	X						0	0	0
(13) JAN ROSS	2.00									
MEMBER-AT-LARGE	0.00	X						0	0	0
(14) TOMMY RYCHENER	3.00									
MEMBER-AT-LARGE	0.00	X						0	0	0
(15) FANOULS SEVASTOS	2.00									
COMMITTEE MEMBER	0.00	X						0	0	0
(16) DONNA SIMMONS	3.00									
MEMBER-AT-LARGE	0.00	X						0	0	0
(17) CINDY STRICKLAND	3.00									
MEMBER-AT-LARGE	0.00	X						0	0	0
(18) DEBI WEST	1.00									
COMMITTEE MEMBER	0.00	X						0	0	0
(19) ROBERT WORTMANN	1.00									
MEMBER-AT-LARGE	0.00	X						0	0	0
1b Subtotal										
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)										
2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization								0		

	Yes	No
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		X
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		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		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) Name and business address	(B) Description of services	(C) Compensation
2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization		0

Part VIII Statement of Revenue

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

		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514	
Contributions, Gifts, Grants and Other Similar Amounts	1a Federated campaigns	1a				
	b Membership dues	1b	50,952			
	c Fundraising events	1c				
	d Related organizations	1d				
	e Government grants (contributions)	1e	119,868			
	f All other contributions, gifts, grants, and similar amounts not included above	1f	48,297			
	g Noncash contributions included in lines 1a-1f	1g	\$			
	h Total. Add lines 1a-1f		219,117			
	Program Service Revenue	2a ART SALES	Business Code			
b ART ACADEMY			209,683	209,683		
c 50TH ANNIVERSARY			98,005	98,005		
d SPECIAL EVENTS			35,717	35,717		
e CALL FOR SHOW			8,300	8,300		
f All other program service revenue			3,023	3,023		
g Total. Add lines 2a-2f			3,980	3,980		
g Total. Add lines 2a-2f			358,708			
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		54		54	
	4 Income from investment of tax-exempt bond proceeds					
	5 Royalties					
	6a Gross rents	6a	(i) Real	(ii) Personal		
		b Less: rental expenses	6b			
		c Rental inc. or (loss)	6c			
	d Net rental income or (loss)					
	7a Gross amount from sales of assets other than inventory	7a	(i) Securities	(ii) Other		
		b Less: cost or other basis and sales exps.	7b			
		c Gain or (loss)	7c			
	d Net gain or (loss)					
	8a Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18	8a				
		b Less: direct expenses	8b			
		c Net income or (loss) from fundraising events				
9a Gross income from gaming activities. See Part IV, line 19	9a					
	b Less: direct expenses	9b				
	c Net income or (loss) from gaming activities					
10a Gross sales of inventory, less returns and allowances	10a					
	b Less: cost of goods sold	10b				
	c Net income or (loss) from sales of inventory					
Miscellaneous Revenue	11a	Business Code				
	b					
	c					
	d All other revenue					
	e Total. Add lines 11a-11d					
12 Total revenue. See instructions		577,879	358,708	0	54	

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).
 Check if Schedule O contains a response or note to any line in this Part IX

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21				
2 Grants and other assistance to domestic individuals. See Part IV, line 22	2,150	2,150		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees				
6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	123,053	87,368	25,841	9,844
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9 Other employee benefits				
10 Payroll taxes	9,233	6,555	1,939	739
11 Fees for services (nonemployees):				
a Management				
b Legal				
c Accounting	1,845		1,845	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)				
12 Advertising and promotion	105,000	105,000		
13 Office expenses				
14 Information technology				
15 Royalties				
16 Occupancy	64,513	64,513		
17 Travel	569	569		
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	920		920	
23 Insurance	3,147		3,147	
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a COMMISSIONS	142,671	142,671		
b INSTRUCTOR FEES	58,694	58,694		
c 50TH ANNIVERSARY	21,177	21,177		
d SUPPLIES	13,620	11,181	2,439	
e All other expenses	33,468	11,313	22,155	
25 Total functional expenses. Add lines 1 through 24e	580,060	511,191	58,286	10,583
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 <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

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

		(A)		(B)
		Beginning of year		End of year
Assets	1 Cash—non-interest-bearing	127,581	1	163,047
	2 Savings and temporary cash investments		2	
	3 Pledges and grants receivable, net		3	
	4 Accounts receivable, net	30,550	4	7,243
	5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges		9	
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 58,166		
	b Less: accumulated depreciation	10b 55,277	1,007	10c 2,889
	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		17,841	15 7,631
16 Total assets. Add lines 1 through 15 (must equal line 33)		176,979	16 180,810	
Liabilities	17 Accounts payable and accrued expenses	12,607	17	18,752
	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	
	22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D		40,264	25 42,286
	26 Total liabilities. Add lines 17 through 25		52,871	26 61,038
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.			
	27 Net assets without donor restrictions	122,065	27	118,972
	28 Net assets with donor restrictions	2,043	28	800
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.			
	29 Capital stock or trust principal, or current funds		29	
	30 Paid-in or capital surplus, or land, building, or equipment fund		30	
	31 Retained earnings, endowment, accumulated income, or other funds		31	
32 Total net assets or fund balances		124,108	32 119,772	
33 Total liabilities and net assets/fund balances		176,979	33 180,810	

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	577,879
2	Total expenses (must equal Part IX, column (A), line 25)	2	580,060
3	Revenue less expenses. Subtract line 2 from line 1	3	-2,181
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	124,108
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	-2,155
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	119,772

Part XII Financial Statements and Reporting

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

		Yes	No
1	Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		X
b	Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		X
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? If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.		
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Uniform Guidance, 2 C.F.R. Part 200, Subpart F?		
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits		

SCHEDULE A
(Form 990)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2022

Open to Public
Inspection

Name of the organization

ART LEAGUE OF HILTON HEAD INC.

Employer identification number

57-1061135

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

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

- 1 A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**
- 2 A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E (Form 990).)
- 3 A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**
- 4 A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state: _____
- 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II.)
- 6 A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
- 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 8 A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 9 An agricultural research organization described in **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: _____
- 10 An organization that normally receives (1) more than 33 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.
 - a **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
 - b **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
 - c **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
 - d **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
 - e Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
 - f Enter the number of supported organizations
 - g Provide the following information about the supported organization(s).

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	146,518	139,811	157,669	272,854	219,117	935,969
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3	146,518	139,811	157,669	272,854	219,117	935,969
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 Public support. Subtract line 5 from line 4						935,969

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
7 Amounts from line 4	146,518	139,811	157,669	272,854	219,117	935,969
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	252	180	83	113	54	682
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						936,651
12 Gross receipts from related activities, etc. (see instructions)					12	1,395,866
13 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

14 Public support percentage for 2022 (line 6, column (f) divided by line 11, column (f))	14	99.93%
15 Public support percentage from 2021 Schedule A, Part II, line 14	15	99.92%
16a 33 1/3% support test—2022. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization <input type="checkbox"/>		
b 33 1/3% support test—2021. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization <input checked="" type="checkbox"/>		
17a 10%-facts-and-circumstances test—2022. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization <input type="checkbox"/>		
b 10%-facts-and-circumstances test—2021. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization <input type="checkbox"/>		
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions <input type="checkbox"/>		

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						

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

Section C. Computation of Public Support Percentage

15 Public support percentage for 2022 (line 8, column (f), divided by line 13, column (f))	15	%
16 Public support percentage from 2021 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2022 (line 10c, column (f), divided by line 13, column (f))	17	%
18 Investment income percentage from 2021 Schedule A, Part III, line 17	18	%

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

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

	Yes	No
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.)		

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?		
b	A family member of a person described on line 11a above?		
c	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide detail in Part VI.		

Section B. Type I Supporting Organizations

		Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.		
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.		

Section 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).		

Section 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?		
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).		
3	By reason of the relationship described on line 2, above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.		

Section E. Type III Functionally Integrated Supporting Organizations

		Yes	No
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).		
a	<input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.		
b	<input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.		
c	<input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instructions).		
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 that these activities constituted substantially all of its activities.		
b	Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.		
3	Parent of Supported Organizations. Answer lines 3a and 3b below.		
a	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? If "Yes" or "No," provide details in Part VI.		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.		

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

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

Section A – Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3.	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8	

Section B – Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (explain in detail in Part VI):		
2	Acquisition indebtedness applicable to non-exempt-use assets	2	
3	Subtract line 2 from line 1d.	3	
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by 0.035.	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	

Section C – Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1	
2	Enter 0.85 of line 1.	2	
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3	
4	Enter greater of line 2 or line 3.	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6	

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

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

Section D – Distributions

	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	1
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	3
4 Amounts paid to acquire exempt-use assets	4
5 Qualified set-aside amounts (prior IRS approval required—provide details in Part VI)	5
6 Other distributions (describe in Part VI). See instructions.	6
7 Total annual distributions. Add lines 1 through 6.	7
8 Distributions to attentive supported organizations to which the 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

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

Part VI

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

**Schedule B
(Form 990)**Department of the Treasury
Internal Revenue Service**Schedule of Contributors**

OMB No. 1545-0047

2022Attach to Form 990 or Form 990-PF.
Go to www.irs.gov/Form990 for the latest information.

Name of the organization

Employer identification number

ART LEAGUE OF HILTON HEAD INC.**57-1061135**

Organization type (check one):

Filers of:**Section:**

Form 990 or 990-EZ

 501(c)(**3**) (enter number) organization 4947(a)(1) nonexempt charitable trust not treated as a private foundation 527 political organization

Form 990-PF

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

\$

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

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

Schedule B (Form 990) (2022)

Name of organization

ART LEAGUE OF HILTON HEAD INC.

Employer identification number
57-1061135

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	TOWN OF HILTON HEAD ONE TOWN CENTER COURT HILTON HEAD ISLAND SC 29926	\$ 93,800	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	GAYLORD & DOROTHY DONNELLY FOUNDATIO 4 NORTH ATLANTIC WHARF, SUITE 100 CHARLESTON SC 29401	\$ 10,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	SC ARTS COMMISSION 1026 SUMTER STREET COLUMBIA SC 29201	\$ 26,068	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

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

OMB No. 1545-0047

2022

Open to Public Inspection

Name of the organization

Employer identification number

ART LEAGUE OF HILTON HEAD INC.

57-1061135

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

Table with 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows include: 1 Total number at end of year, 2 Aggregate value of contributions to (during year), 3 Aggregate value of grants from (during year), 4 Aggregate value at end of year, 5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?, 6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?

Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7.

Table with 2 columns: Held at the End of the Tax Year. Rows include: 1 Purpose(s) of conservation easements held by the organization (check all that apply), 2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year, 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year, 4 Number of states where property subject to conservation easement is located, 5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?, 6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year, 7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year, 8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?, 9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

Table with 2 columns: Revenue included on Form 990, Part VIII, line 1; Assets included in Form 990, Part X. Rows include: 1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items. 1b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenue included on Form 990, Part VIII, line 1; (ii) Assets included in Form 990, Part X. 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items: a Revenue included on Form 990, Part VIII, line 1; b Assets included in Form 990, Part X.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)

3 Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its collection items (check all that apply):

- a Public exhibition
- b Scholarly research
- c Preservation for future generations
- d Loan or exchange program
- e Other

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

Part IV Escrow and Custodial Arrangements.

Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No

b If "Yes," explain the arrangement in Part XIII and complete the following table:

- c Beginning balance
- d Additions during the year
- e Distributions during the year
- f Ending balance

	Amount
1c	
1d	
1e	
1f	

2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No

b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII Yes No

Part V Endowment Funds.

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance					
b Contributions					
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:

- a Board designated or quasi-endowment %
- b Permanent endowment %
- c Term endowment %

The percentages on lines 2a, 2b, and 2c should equal 100%.

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

- (i) Unrelated organizations
- (ii) Related organizations

	Yes	No
3a(i)		
3a(ii)		
3b		

b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?

4 Describe in Part XIII the intended uses of the organization's endowment funds.

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.

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		58,166		58,166
e Other			55,277	-55,277
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				2,889

Part VII Investments – Other Securities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely held equity interests		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Column (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. (Column (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) PREPAID MEMBERSHIP FEES	29,145
(3) UNEARNED TUITION	12,188
(4) SALES TAX PAYABLE	953
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)	
	42,286

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

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

Table with 5 main rows and sub-rows (a-e) for adjustments. Columns include descriptions, sub-row labels (2a-2d, 4a-4b), and totals (1, 2e, 3, 4c, 5).

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

Table with 5 main rows and sub-rows (a-e) for adjustments. Columns include descriptions, sub-row labels (2a-2d, 4a-4b), and totals (1, 2e, 3, 4c, 5).

Part XIII Supplemental Information.

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

Large empty area for providing supplemental information as required by the instructions above.

Part XIII Supplemental Information *(continued)*

**SCHEDULE O
(Form 990)**

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

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

OMB No. 1545-0047

2022

**Open to Public
Inspection**

Name of the organization

ART LEAGUE OF HILTON HEAD INC.

Employer identification number

57-1061135

FORM 990, PART VI, LINE 11B - ORGANIZATION'S PROCESS TO REVIEW FORM 990

A COPY OF THE RETURN WAS REVIEWED BY THE TREASURER PRIOR TO SUBMISSION. A
COPY WILL BE REVIEWED BY THE ENTIRE BOARD AT THE NEXT BOARD MEETING.

FORM 990, PART VI, LINE 19 - GOVERNING DOCUMENTS DISCLOSURE EXPLANATION

DOCUMENTS ARE AVAILABLE UPON REQUEST.

Form **990**

Tax Return History

2022

Name

ART LEAGUE OF HILTON HEAD INC.

Employer Identification Number
57-1061135

	2018	2019	2020	2021	2022	2023
Contributions, gifts, grants	117,044	108,484	122,289	213,069	168,165	
Membership dues	29,474	31,327	35,380	59,785	50,952	
Program service revenue	290,143	309,279	220,685	217,051	358,708	
Capital gain or loss						
Investment income	252	180	83	113	54	
Fundraising revenue (income/loss)						
Gaming revenue (income/loss)						
Other revenue						
Total revenue	436,913	449,270	378,437	490,018	577,879	
Grants and similar amounts paid	2,500	2,000	2,000	2,000	2,150	
Benefits paid to or for members						
Compensation of officers, etc.						
Other compensation	105,817	122,092	121,069	128,454	132,286	
Professional fees	2,300	2,400	7,200	1,300	1,845	
Occupancy costs	53,604	59,206	51,566	57,347	64,513	
Depreciation and depletion		563	914	572	920	
Other expenses	276,152	278,827	210,175	238,575	378,346	
Total expenses	440,373	465,088	392,924	428,248	580,060	
Excess or (Deficit)	-3,460	-15,818	-14,487	61,770	-2,181	
Total exempt revenue	436,913	449,270	378,437	490,018	577,879	
Total unrelated revenue						
Total excludable revenue	290,395	309,459	220,768	217,164	358,762	
Total Assets	145,006	126,745	135,753	176,979	180,810	
Total Liabilities	51,556	49,113	73,063	52,871	61,038	
Net Fund Balances	93,450	77,632	62,690	124,108	119,772	

Forms 990 / 990-EZ Return Summary

For calendar year 2021, or tax year beginning _____, and ending _____

57-1061135

ART LEAGUE OF HILTON HEAD INC.

Net Asset / Fund Balance at Beginning of Year 62,690

Revenue

Contributions 272,854Program service revenue 217,051Investment income 113

Capital gain / loss _____

Fundraising / Gaming:

Gross revenue _____

Direct expenses _____

Net income _____

Other income 0Total revenue 490,018

Expenses

Program services 347,730Management and general 61,169Fundraising 19,349Total expenses 428,248Excess / (deficit) 61,770Changes -352Net Asset / Fund Balance at End of Year 124,108

*Electronically filed
June 5/13/22*

Reconciliation of Revenue

Total revenue per financial statements _____

Less:

Unrealized gains _____

Donated services _____

Recoveries _____

Other _____

Plus:

Investment expenses _____

Other _____

Total revenue per return 490,018

Reconciliation of Expenses

Total expenses per financial statements _____

Less:

Donated services _____

Prior year adjustments _____

Losses _____

Other _____

Plus:

Investment expenses _____

Other _____

Total expenses per return 428,248

Balance Sheet

	Beginning	Ending	Differences
Assets	<u>135,753</u>	<u>176,979</u>	
Liabilities	<u>73,063</u>	<u>52,871</u>	
Net assets	<u>62,690</u>	<u>124,108</u>	<u>61,418</u>

Miscellaneous Information

Amended return _____

Return / extended due date 05/16/22

Failure to file penalty _____

Form **8879-TE****IRS e-file Signature Authorization
for a Tax Exempt Entity**

OMB No. 1545-0047

For calendar year 2021, or fiscal year beginning _____, 2021, and ending _____, 20

2021Department of the Treasury
Internal Revenue Service▶ Do not send to the IRS. Keep for your records.
▶ Go to www.irs.gov/Form8879TE for the latest information.

Name of filer

ART LEAGUE OF HILTON HEAD INC.

EIN or SSN

57-1061135Name and title of officer or person subject to tax
**PAT BATTEN
PRESIDENT****Part I Type of Return and Return Information**

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

1a Form 990 check here	<input checked="" type="checkbox"/>	b Total revenue, if any (Form 990, Part VIII, column (A), line 12)	1b	<u>490,018</u>
2a Form 990-EZ check here	<input type="checkbox"/>	b Total revenue, if any (Form 990-EZ, line 9)	2b	
3a Form 1120-POL check here	<input type="checkbox"/>	b Total tax (Form 1120-POL, line 22)	3b	
4a Form 990-PF check here	<input type="checkbox"/>	b Tax based on investment income (Form 990-PF, Part VI, line 5)	4b	
5a Form 8868 check here	<input type="checkbox"/>	b Balance due (Form 8868, line 3c)	5b	
6a Form 990-T check here	<input type="checkbox"/>	b Total tax (Form 990-T, Part III, line 4)	6b	
7a Form 4720 check here	<input type="checkbox"/>	b Total tax (Form 4720, Part III, line 1)	7b	
8a Form 5227 check here	<input type="checkbox"/>	b FMV of assets at end of tax year (Form 5227, Item D)	8b	
9a Form 5330 check here	<input type="checkbox"/>	b Tax due (Form 5330, Part II, line 19)	9b	
10a Form 8038-CP check here	<input type="checkbox"/>	b Amount of credit payment requested (Form 8038-CP, Part III, line 22)	10b	

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

Under penalties of perjury, I declare that I am an officer of the above entity or I am a person subject to tax with respect to (name of entity) _____, (EIN) _____ and that I have examined a copy of the 2021 electronic return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the electronic return and, if applicable, the consent to electronic funds withdrawal.

PIN: check one box only

I authorize JUNECPA to enter my PIN 12245 as my signature
ERO firm name Enter five numbers, but do not enter all zeros

on the tax year 2021 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

As an officer or person subject to tax with respect to the entity, I will enter my PIN as my signature on the tax year 2021 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Signature of officer or person subject to tax ▶

Date ▶ 05/11/22**Part III Certification and Authentication**

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

57175462291

Do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2021 electronically filed return indicated above. I confirm that I am submitting this return in accordance with the requirements of Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature ▶ MARK N JUNE, CPADate ▶ 05/11/22**ERO Must Retain This Form — See Instructions****Do Not Submit This Form to the IRS Unless Requested To Do So**

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

2021
Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

A For the **2021** calendar year, or tax year beginning _____, and ending _____

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

C Name of organization: **ART LEAGUE OF HILTON HEAD INC.**
 Doing business as _____
 Number and street (or P.O. box if mail is not delivered to street address) Room/suite
P.O. BOX 22834
 City or town, state or province, country, and ZIP or foreign postal code
HILTON HEAD ISLAND SC 29925

D Employer identification number: **57-1061135**

E Telephone number: **843-681-5060**

F Name and address of principal officer:
LINDA SAYLOR
29 PERCHERON LN.
HILTON HEAD ISLAND SC 29926

G Gross receipts \$: **490,018**

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

H(c) Group exemption number ▶ _____

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

J Website: ▶ **WWW.ARTLEAGUEHHI.ORG**

K Form of organization: Corporation Trust Association Other ▶ _____

L Year of formation: **1977** **M** State of legal domicile: **SC**

Part I Summary		Prior Year	Current Year
Activities & Governance	1 Briefly describe the organization's mission or most significant activities: ARTS EDUCATION AND PROMOTION.		
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3 Number of voting members of the governing body (Part VI, line 1a)	3	15
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	15
	5 Total number of individuals employed in calendar year 2021 (Part V, line 2a)	5	7
	6 Total number of volunteers (estimate if necessary)	6	56
	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0
b Net unrelated business taxable income from Form 990-T, Part I, line 11	7b	0	
Revenue	8 Contributions and grants (Part VIII, line 1h)	157,669	272,854
	9 Program service revenue (Part VIII, line 2g)	220,685	217,051
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	83	113
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		0
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	378,437	490,018
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	2,000	2,000
	14 Benefits paid to or for members (Part IX, column (A), line 4)		0
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	121,069	128,454
	16a Professional fundraising fees (Part IX, column (A), line 11e)		0
	b Total fundraising expenses (Part IX, column (D), line 25) ▶ 19,349		
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	269,855	297,794
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	392,924	428,248	
19 Revenue less expenses. Subtract line 18 from line 12	-14,487	61,770	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year 135,753	End of Year 176,979
	21 Total liabilities (Part X, line 26)	73,063	52,871
	22 Net assets or fund balances. Subtract line 21 from line 20	62,690	124,108

Part II Signature Block

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

Sign Here Signature of officer: **PAT BATTEN** Date: _____
 Type or print name and title: **PRESIDENT**

Paid Preparer Use Only

Print/Type preparer's name: **MARK N JUNE, CPA** Preparer's signature: **MARK N JUNE, CPA** Date: **05/12/22** Check if self-employed if PTIN: **P00630869**

Firm's name: **JUNECPA** Firm's EIN: **20-4046229**
 Firm's address: **99 MAIN STREET**
HILTON HEAD ISLAND, SC 29926 Phone no.: **843-842-6500**

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission:

ARTS EDUCATION AND PROMOTION.

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

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

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

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

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

4a (Code:) (Expenses \$ **347,730** including grants of \$ **2,000**) (Revenue \$ **217,051**)

ART GALLERY - PROVIDES MEMBERS A GALLERY TO EXHIBIT ARTWORK THAT CAN BE PURCHASED BY THE PUBLIC.

ART ACADEMY - OFFERS VARIOUS ART CLASSES TO THE GENERAL PUBLIC. THE PURPOSE IS TO NOT ONLY EDUCATE BUT TO DEVELOP TALENT.

SPECIAL EVENTS - PROVIDES SPONSORSHIPS FOR SPECIAL EVENTS, LECTURES, SPACE RENTAL ETC.

4b (Code:) (Expenses \$ including grants of \$) (Revenue \$)

N/A

4c (Code:) (Expenses \$ including grants of \$) (Revenue \$)

N/A

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

(Expenses \$ including grants of \$) (Revenue \$)

4e Total program service expenses **347,730**

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)? <i>If "Yes," complete Schedule A</i>	X	
2	Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> (see instructions)?	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>		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? <i>If "Yes," complete Schedule C, Part II</i>		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Rev. Proc. 98-19? <i>If "Yes," complete Schedule C, Part III</i>		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? <i>If "Yes," complete Schedule D, Part I</i>		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i>		X
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? <i>If "Yes," complete Schedule D, Part V</i>		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X, as applicable.		
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i>	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? <i>If "Yes," complete Schedule D, Part VII</i>		X
c	Did the organization report an amount for investments—program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i>		X
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i>	X	
e	Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>	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)? <i>If "Yes," complete Schedule D, Part X</i>		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i>		X
b	Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i>		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV</i>		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? <i>If "Yes," complete Schedule F, Parts II and IV</i>		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? <i>If "Yes," complete Schedule F, Parts III and IV</i>		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? <i>If "Yes," complete Schedule G, Part I. See instructions</i>		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? <i>If "Yes," complete Schedule G, Part II</i>		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>		X
20a	Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>		X

Part IV Checklist of Required Schedules (continued)

		Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J		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		X
	b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
	c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
	d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I		X
	b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior 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		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		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		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):		
	a A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV		X
	b A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV		X
	c A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If "Yes," complete Schedule L, Part IV		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I		X
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		X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?		X
	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		
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		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		X
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? Note: All Form 990 filers are required to complete Schedule O.	X	

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

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

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

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
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.		
1b	Enter the number of voting members included on line 1a, above, who are independent		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?		<input checked="" type="checkbox"/>
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?		<input checked="" type="checkbox"/>
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		<input checked="" type="checkbox"/>
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		<input checked="" type="checkbox"/>
6	Did the organization have members or stockholders?		<input checked="" type="checkbox"/>
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?		<input checked="" type="checkbox"/>
7b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		<input checked="" type="checkbox"/>
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
8a	The governing body?	<input checked="" type="checkbox"/>	
8b	Each committee with authority to act on behalf of the governing body?	<input checked="" type="checkbox"/>	
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		<input checked="" type="checkbox"/>

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

		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?		<input checked="" type="checkbox"/>
10b	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?		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?		<input checked="" type="checkbox"/>
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	<input checked="" type="checkbox"/>	
12b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?		<input checked="" type="checkbox"/>
12c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done		<input checked="" type="checkbox"/>
13	Did the organization have a written whistleblower policy?		<input checked="" type="checkbox"/>
14	Did the organization have a written document retention and destruction policy?		<input checked="" type="checkbox"/>
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
15a	The organization's CEO, Executive Director, or top management official		<input checked="" type="checkbox"/>
15b	Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.		<input checked="" type="checkbox"/>
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?		<input checked="" type="checkbox"/>
16b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?		

Section C. Disclosure

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

ROBERT SEFTON
HILTON HEAD ISLAND

14 SHELTER COVER LANE

SC 29928

843-842-5738

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, Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. See the instructions for the order in which to list the persons above.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/ 1099-MISC/ 1099-NEC)	(E) Reportable compensation from related organizations (W-2/ 1099-MISC/ 1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) PAT BATTEN PRESIDENT	3.00 0.00	X		X				0	0	0
(2) JUDY BLAHUT COMMITTEE MEMBER	2.00 0.00	X						0	0	0
(3) LINDA BLOOM COMMITTEE MEMBER	2.00 0.00	X						0	0	0
(4) JANICE GRAY PAST PRESIDENT	3.00 0.00	X		X				0	0	0
(5) GABRIELE HOFFMANN MEMBER-AT-LARGE	2.00 0.00	X						0	0	0
(6) REBECCA JEFFRIES MEMBER-AT-LARGE	2.00 0.00	X						0	0	0
(7) ROSALYN LESTER SECRETARY	3.00 0.00	X		X				0	0	0
(8) DELANE MARYNOWSKI MEMBER-AT-LARGE	2.00 0.00	X						0	0	0
(9) JAN ROSS MEMBER-AT-LARGE	2.00 0.00	X						0	0	0
(10) LINDA SAYLOR VICE PRESIDENT	2.00 0.00	X		X				0	0	0
(11) ROBERT SEFTON TREASURER	3.00 0.00	X		X				0	0	0

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/ 1099-MISC/ 1099-NEC)	(E) Reportable compensation from related organizations (W-2/ 1099-MISC/ 1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(12) FANOULA SEVASTOS	5.00									
COMMITTEE CHAIR	0.00	X						0	0	0
(13) CINDY STRICKLAND	2.00									
VOLUNTEER CHAIR	0.00	X						0	0	0
(14) PEG WESCHKE	2.00									
MEMBERSHIP CHAIR	0.00	X						0	0	0
(15) DEBI WEST	2.00									
COMMITTEE MEMBER	0.00	X						0	0	0
1b Subtotal										
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)										

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **0**

	Yes	No
3 Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>		X
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? <i>If "Yes," complete Schedule J for such individual</i>		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? <i>If "Yes," complete Schedule J for such person</i>		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) Name and business address	(B) Description of services	(C) Compensation

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization **0**

Part VIII Statement of Revenue

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

		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514	
Contributions, Gifts, Grants and Other Similar Amounts	1a Federated campaigns	1a				
	b Membership dues	1b	59,785			
	c Fundraising events	1c				
	d Related organizations	1d				
	e Government grants (contributions)	1e	133,354			
	f All other contributions, gifts, grants, and similar amounts not included above	1f	79,715			
	g Noncash contributions included in lines 1a-1f	1g \$				
	h Total. Add lines 1a-1f		272,854			
Program Service Revenue	2a ART SALES	Business Code	150,981	150,981		
	b ART ACADEMY		54,331	54,331		
	c SPECIAL EVENTS		9,150	9,150		
	d MISC		2,589	2,589		
	e					
	f All other program service revenue					
	g Total. Add lines 2a-2f		217,051			
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		113		113	
	4 Income from investment of tax-exempt bond proceeds					
	5 Royalties					
	6a Gross rents	6a	(i) Real			
			(ii) Personal			
	b Less: rental expenses	6b				
	c Rental inc. or (loss)	6c				
	d Net rental income or (loss)					
	7a Gross amount from sales of assets other than inventory	7a	(i) Securities			
			(ii) Other			
	b Less: cost or other basis and sales exps.	7b				
	c Gain or (loss)	7c				
	d Net gain or (loss)					
8a Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18	8a					
b Less: direct expenses	8b					
c Net income or (loss) from fundraising events						
9a Gross income from gaming activities. See Part IV, line 19	9a					
b Less: direct expenses	9b					
c Net income or (loss) from gaming activities						
10a Gross sales of inventory, less returns and allowances	10a					
b Less: cost of goods sold	10b					
c Net income or (loss) from sales of inventory						
Miscellaneous Revenue	11a	Business Code				
	b					
	c					
	d All other revenue					
	e Total. Add lines 11a-11d					
12 Total revenue. See instructions		490,018	217,051	0	113	

Part IX Statement of Functional Expenses

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

Check if Schedule O contains a response or note to any line in this Part IX **Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.**

	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21				
2 Grants and other assistance to domestic individuals. See Part IV, line 22	2,000	2,000		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees				
6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	119,113	66,703	36,925	15,485
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9 Other employee benefits				
10 Payroll taxes	9,341	5,231	2,896	1,214
11 Fees for services (nonemployees):				
a Management				
b Legal				
c Accounting	1,300		1,300	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)				
12 Advertising and promotion	65,049	65,049		
13 Office expenses				
14 Information technology				
15 Royalties				
16 Occupancy	57,347	57,347		
17 Travel				
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	572		572	
23 Insurance	3,132	2,819	313	
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a COMMISSIONS	96,323	96,323		
b INSTRUCTOR FEES	30,190	30,190		
c SUPPLIES	13,169	9,877	3,292	
d MISCELLANEOUS	9,444	1,117	5,677	2,650
e All other expenses	21,268	11,074	10,194	
25 Total functional expenses. Add lines 1 through 24e	428,248	347,730	61,169	19,349
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 <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

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

		(A) Beginning of year		(B) End of year		
Assets	1	Cash—non-interest-bearing	91,918	1	127,581	
	2	Savings and temporary cash investments		2		
	3	Pledges and grants receivable, net		3		
	4	Accounts receivable, net	30,236	4	30,550	
	5	Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		5		
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6		
	7	Notes and loans receivable, net		7		
	8	Inventories for sale or use		8		
	9	Prepaid expenses and deferred charges		9		
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	55,364			
	b	Less: accumulated depreciation	54,357	1,579	10c	1,007
	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	12,020	15	17,841	
16	Total assets. Add lines 1 through 15 (must equal line 33)	135,753	16	176,979		
Liabilities	17	Accounts payable and accrued expenses	10,725	17	12,607	
	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		
	22	Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		22		
	23	Secured mortgages and notes payable to unrelated third parties		23		
	24	Unsecured notes and loans payable to unrelated third parties		24		
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	62,338	25	40,264	
	26	Total liabilities. Add lines 17 through 25	73,063	26	52,871	
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.					
	27	Net assets without donor restrictions	60,297	27	122,065	
	28	Net assets with donor restrictions	2,393	28	2,043	
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.					
	29	Capital stock or trust principal, or current funds		29		
	30	Paid-in or capital surplus, or land, building, or equipment fund		30		
	31	Retained earnings, endowment, accumulated income, or other funds		31		
32	Total net assets or fund balances	62,690	32	124,108		
33	Total liabilities and net assets/fund balances	135,753	33	176,979		

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	490,018
2	Total expenses (must equal Part IX, column (A), line 25)	2	428,248
3	Revenue less expenses. Subtract line 2 from line 1	3	61,770
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	62,690
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	-352
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	124,108

Part XII Financial Statements and Reporting

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

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

SCHEDULE A
(Form 990)

Public Charity Status and Public Support

OMB No. 1545-0047

2021

Open to Public Inspection

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

▶ Attach to Form 990 or Form 990-EZ.

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

Department of the Treasury
Internal Revenue Service

Name of the organization

ART LEAGUE OF HILTON HEAD INC.

Employer identification number

57-1061135

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

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

- 1 A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2 A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E (Form 990).)
- 3 A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4 A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state:
- 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II.)
- 6 A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 8 A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 9 An agricultural research organization described in **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university:
- 10 An organization that normally receives (1) more than 33 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.
 - a **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
 - b **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
 - c **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
 - d **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
 - e Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
 - f Enter the number of supported organizations
 - g Provide the following information about the supported organization(s).

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

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	122,688	146,518	139,811	157,669	272,854	839,540
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3	122,688	146,518	139,811	157,669	272,854	839,540
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 Public support. Subtract line 5 from line 4						839,540

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
7 Amounts from line 4	122,688	146,518	139,811	157,669	272,854	839,540
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	57	252	180	83	113	685
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						840,225
12 Gross receipts from related activities, etc. (see instructions)					12	1,037,158
13 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

14 Public support percentage for 2021 (line 6, column (f) divided by line 11, column (f))	14	99.92%
15 Public support percentage from 2020 Schedule A, Part II, line 14	15	99.91%
16a 33 1/3% support test—2021. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization <input checked="" type="checkbox"/>		
b 33 1/3% support test—2020. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization <input type="checkbox"/>		
17a 10%-facts-and-circumstances test—2021. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization <input type="checkbox"/>		
b 10%-facts-and-circumstances test—2020. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization <input type="checkbox"/>		
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions <input type="checkbox"/>		

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						
14 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

15 Public support percentage for 2021 (line 8, column (f), divided by line 13, column (f))	15	%
16 Public support percentage for 2020 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2021 (line 10c, column (f), divided by line 13, column (f))	17	%
18 Investment income percentage from 2020 Schedule A, Part III, line 17	18	%

- 19a 33 1/3% support tests—2021. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization
- b 33 1/3% support tests—2020. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization
- 20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

	Yes	No
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.)		

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?		
b	A family member of a person described on line 11a above?		
c	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide detail in Part VI.		

Section B. Type I Supporting Organizations

		Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.		
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.		

Section 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).		

Section 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?		
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).		
3	By reason of the relationship described on line 2, above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.		

Section E. Type III Functionally Integrated Supporting Organizations

1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).		
a	<input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.		
b	<input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.		
c	<input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instructions).		
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 that these activities constituted substantially all of its activities.		
b	Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.		
3	Parent of Supported Organizations. Answer lines 3a and 3b below.		
a	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? If "Yes" or "No," provide details in Part VI.		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.		

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

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

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

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

Section D – Distributions		Current Year		
1	Amounts paid to supported organizations to accomplish exempt purposes			
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purposes of supported organizations			
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required—provide details in Part VI)			
6	Other distributions (describe in Part VI). See instructions.			
7	Total annual distributions. Add lines 1 through 6.			
8	Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.			
9	Distributable amount for 2021 from Section C, line 6			
10	Line 8 amount divided by line 9 amount			
Section E – Distribution Allocations (see instructions)		(i) Excess Distributions	(ii) Underdistributions Pre-2021	(iii) Distributable Amount for 2021
1	Distributable amount for 2021 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2021 (reasonable cause required—explain in Part VI). See instructions.			
3	Excess distributions carryover, if any, to 2021			
a	From 2016			
b	From 2017			
c	From 2018			
d	From 2019			
e	From 2020			
f	Total of lines 3a through 3e			
g	Applied to underdistributions of prior years			
h	Applied to 2021 distributable amount			
i	Carryover from 2016 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4	Distributions for 2021 from Section D, line 7: \$			
a	Applied to underdistributions of prior years			
b	Applied to 2021 distributable amount			
c	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:			
a	Excess from 2017			
b	Excess from 2018			
c	Excess from 2019			
d	Excess from 2020			
e	Excess from 2021			

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

**Schedule B
(Form 990)**Department of the Treasury
Internal Revenue Service**Schedule of Contributors**

OMB No. 1545-0047

2021▶ Attach to Form 990 or Form 990-PF.
▶ Go to www.irs.gov/Form990 for the latest information.

Name of the organization

Employer identification number

ART LEAGUE OF HILTON HEAD INC.**57-1061135**

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

 501(c)(3) (enter number) organization 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation 527 political organization

Form 990-PF

 501(c)(3) exempt private foundation 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundationCheck if your organization is covered by the **General Rule** or a **Special Rule**.**Note:** Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.**General Rule**

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

Special Rules

- For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33¹/₃% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II.
- For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.
- For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year ▶ \$

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

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

Schedule B (Form 990) (2021)

Name of organization ART LEAGUE OF HILTON HEAD INC.	Employer identification number 57-1061135
---	---

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	TOWN OF HILTON HEAD ONE TOWN CENTER COURT HILTON HEAD ISLAND SC 29926	\$ 65,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	GAYLORD & DOROTHY DONNELLY FOUNDATIO 4 NORTH ATLANTIC WHARF, SUITE 100 CHARLESTON SC 29401	\$ 10,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	SC ARTS COMMISSION 1026 SUMTER STREET COLUMBIA SC 29201	\$ 19,488	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	STATE OF SC 1200 SENATE STREET, SUITE 214 COLUMBIA SC 29201	\$ 49,788	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

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

OMB No. 1545-0047

2021

Open to Public Inspection

Name of the organization

ART LEAGUE OF HILTON HEAD INC.

Employer identification number

57-1061135

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.

Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

Table with 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows include: 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...?, 6 Did the organization inform all grantees...?

Part II Conservation Easements.

Complete if the organization answered "Yes" on Form 990, Part IV, line 7.

Table with 2 columns: Description, Held at the End of the Tax Year. Rows include: 1 Purpose(s) of conservation easements..., 2 Complete lines 2a through 2d..., 3 Number of conservation easements modified..., 4 Number of states where property..., 5 Does the organization have a written policy..., 6 Staff and volunteer hours..., 7 Amount of expenses..., 8 Does each conservation easement..., 9 In Part XIII, describe how the organization reports...

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

Table with 2 columns: Description, Amount. Rows include: 1a If the organization elected, as permitted under FASB ASC 958, not to report..., 1b If the organization elected, as permitted under FASB ASC 958, to report..., 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain...

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)

3 Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its collection items (check all that apply):

- a Public exhibition
- b Scholarly research
- c Preservation for future generations
- d Loan or exchange program
- e Other

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

Part IV Escrow and Custodial Arrangements.

Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No

b If "Yes," explain the arrangement in Part XIII and complete the following table:

- c Beginning balance
- d Additions during the year
- e Distributions during the year
- f Ending balance

	Amount
1c	
1d	
1e	
1f	

2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No

b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII

Part V Endowment Funds.

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance					
b Contributions					
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:

- a Board designated or quasi-endowment %
- b Permanent endowment %
- c Term endowment %

The percentages on lines 2a, 2b, and 2c should equal 100%.

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

- (i) Unrelated organizations
- (ii) Related organizations

	Yes	No
3a(i)		
3a(ii)		
3b		

b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?

4 Describe in Part XIII the intended uses of the organization's endowment funds.

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.

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		55,364	54,357	1,007
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				1,007

Part VII Investments – Other Securities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely held equity interests		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Column (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. (Column (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) UNDEPOSITED FUNDS	13,478
(2) SECURITY DEPOSITS	2,500
(3) PREPAID POSTAGE	1,863
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)	17,841

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) PREPAID MEMBERSHIP FEES	28,645
(3) UNEARNED TUITION	11,119
(4) RENTAL DEPOSITS	500
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)	40,264

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

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

Table with 5 main rows and sub-rows (a-e) for adjustments. Columns include description, sub-row labels (2a-2e, 3, 4a-4c, 5), and a final column for totals.

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

Table with 5 main rows and sub-rows (a-e) for adjustments. Columns include description, sub-row labels (2a-2e, 3, 4a-4c, 5), and a final column for totals.

Part XIII Supplemental Information.

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

Large empty table area for providing supplemental information as requested in the text above.

Part XIII Supplemental Information *(continued)*

**SCHEDULE O
(Form 990)**

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2021

**Open to Public
Inspection**

Name of the organization

ART LEAGUE OF HILTON HEAD INC.

Employer identification number

57-1061135

FORM 990, PART VI, LINE 11B - ORGANIZATION'S PROCESS TO REVIEW FORM 990

A COPY OF THE RETURN WAS REVIEWED BY THE TREASURER PRIOR TO SUBMISSION. A
COPY WILL BE REVIEWED BY THE ENTIRE BOARD AT THE NEXT BOARD MEETING.

FORM 990, PART VI, LINE 19 - GOVERNING DOCUMENTS DISCLOSURE EXPLANATION

DOCUMENTS ARE AVAILABLE UPON REQUEST.

Form **4562**

Department of the Treasury
Internal Revenue Service (99)
Name(s) shown on return

Depreciation and Amortization
(Including Information on Listed Property)

▶ Attach to your tax return.

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

OMB No. 1545-0172

2021

Attachment Sequence No. **179**

ART LEAGUE OF HILTON HEAD INC.

Identifying number
57-1061135

Business or activity to which this form relates

INDIRECT DEPRECIATION

Part I Election To Expense Certain Property Under Section 179

Note: If you have any listed property, complete Part V before you complete Part I.

1	Maximum amount (see instructions)	1	1,050,000
2	Total cost of section 179 property placed in service (see instructions)	2	
3	Threshold cost of section 179 property before reduction in limitation (see instructions)	3	2,620,000
4	Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-	4	
5	Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions	5	
6	(a) Description of property	(b) Cost (business use only)	(c) Elected cost
7	Listed property. Enter the amount from line 29	7	
8	Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7	8	
9	Tentative deduction. Enter the smaller of line 5 or line 8	9	
10	Carryover of disallowed deduction from line 13 of your 2020 Form 4562	10	
11	Business income limitation. Enter the smaller of business income (not less than zero) or line 5. See instructions	11	
12	Section 179 expense deduction. Add lines 9 and 10, but don't enter more than line 11	12	
13	Carryover of disallowed deduction to 2022. Add lines 9 and 10, less line 12	▶ 13	

Note: Don't use Part II or Part III below for listed property. Instead, use Part V.

Part II Special Depreciation Allowance and Other Depreciation (Don't include listed property. See instructions.)

14	Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year. See instructions	14	
15	Property subject to section 168(f)(1) election	15	
16	Other depreciation (including ACRS)	16	

Part III MACRS Depreciation (Don't include listed property. See instructions.)

Section A

17	MACRS deductions for assets placed in service in tax years beginning before 2021	17	572
18	If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here <input type="checkbox"/>		

Section B—Assets Placed in Service During 2021 Tax Year Using the General Depreciation System

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only—see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a 3-year property						
b 5-year property						
c 7-year property						
d 10-year property						
e 15-year property						
f 20-year property						
g 25-year property			25 yrs.		S/L	
h Residential rental property			27.5 yrs.	MM	S/L	
			27.5 yrs.	MM	S/L	
i Nonresidential real property			39 yrs.	MM	S/L	
				MM	S/L	

Section C—Assets Placed in Service During 2021 Tax Year Using the Alternative Depreciation System

20a Class life					S/L	
b 12-year			12 yrs.		S/L	
c 30-year			30 yrs.	MM	S/L	
d 40-year			40 yrs.	MM	S/L	

Part IV Summary (See instructions.)

21	Listed property. Enter amount from line 28	21	
22	Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations—see instructions	22	572
23	For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	

For Paperwork Reduction Act Notice, see separate instructions.

DAA

Federal Asset Report

Form 990, Page 1

Asset	Description	Date In Service	Cost	Bus %	Sec 179 Bonus	Basis for Depr	PerConv Meth	Prior	Current
Prior MACRS:									
1	Computer	3/09/95	3,424			3,424	7 HY 200DB	3,424	0
2	Fire Ext	9/05/97	515			515	3 HY 200DB	515	0
3	Computer/Software	1/31/00	3,466			3,466	7 HY 200DB	3,466	0
4	Office Furn & Equip	1/31/01	718			718	7 HY 200DB	718	0
5	Computer H/W & S/W	1/31/01	2,299			2,299	7 HY 200DB	2,299	0
6	Carpet	1/30/01	6,363			6,363	7 HY 200DB	6,363	0
7	Furn & Fixtures	1/31/01	3,103			3,103	7 HY 200DB	3,103	0
8	Leasehold Improvements	1/31/01	17,715			17,715	7 HY 200DB	17,715	0
9	Desk/Filing Cab	1/31/00	1,732			1,732	7 HY 200DB	1,732	0
10	HP Computer	12/29/10	516		X	0	5 HY 200DB	516	0
11	Printing Press	2/28/11	800		X	0	7 HY 200DB	800	0
12	Computer	12/31/11	564		X	0	5 HY 200DB	564	0
13	Desk	12/31/11	321		X	0	7 HY 200DB	321	0
14	Shelving	9/20/11	772		X	0	7 HY 200DB	772	0
16	Computer	1/01/19	2,205			2,205	5 HY 200DB	1,147	423
17	Lockers	1/01/19	851			851	7 HY 200DB	330	149
			<u>45,364</u>			<u>42,391</u>		<u>43,785</u>	<u>572</u>
Other Depreciation:									
15	Leasehold Improvements	1/01/11	10,000			10,000	5 MO S/L	10,000	0
	Total Other Depreciation		<u>10,000</u>			<u>10,000</u>		<u>10,000</u>	<u>0</u>
	Total ACRS and Other Depreciation		<u>10,000</u>			<u>10,000</u>		<u>10,000</u>	<u>0</u>
	Grand Totals		55,364			52,391		53,785	572
	Less: Dispositions and Transfers		0			0		0	0
	Less: Start-up/Org Expense		0			0		0	0
	Net Grand Totals		<u>55,364</u>			<u>52,391</u>		<u>53,785</u>	<u>572</u>

57-1061135

SC Asset Report

FYE: 12/31/2021

Form 990, Page 1

Asset	Description	Date In Service	Cost	Basis for Depr	SC Prior	SC Current	Federal Current	Difference Fed - SC
Prior MACRS:								
1	Computer	3/09/95	3,424	3,424	3,424	0	0	0
2	Fire Ext	9/05/97	515	515	515	0	0	0
3	Computer/Software	1/31/00	3,466	3,466	3,466	0	0	0
4	Office Furn & Equip	1/31/01	718	718	718	0	0	0
5	Computer H/W & S/W	1/31/01	2,299	2,299	2,299	0	0	0
6	Carpet	1/30/01	6,363	6,363	6,363	0	0	0
7	Furn & Fixtures	1/31/01	3,103	3,103	3,103	0	0	0
8	Leasehold Improvements	1/31/01	17,715	17,715	17,715	0	0	0
9	Desk/Filing Cab	1/31/00	1,732	1,732	1,732	0	0	0
10	HP Computer	12/29/10	516	516	516	0	0	0
11	Printing Press	2/28/11	800	800	800	0	0	0
12	Computer	12/31/11	564	564	564	0	0	0
13	Desk	12/31/11	321	321	321	0	0	0
14	Shelving	9/20/11	772	772	772	0	0	0
16	Computer	1/01/19	2,205	2,205	1,147	423	423	0
17	Lockers	1/01/19	851	851	330	149	149	0
			<u>45,364</u>	<u>45,364</u>	<u>43,785</u>	<u>572</u>	<u>572</u>	<u>0</u>
Other Depreciation:								
15	Leasehold Improvements	1/01/11	10,000	10,000	10,000	0	0	0
	Total Other Depreciation		<u>10,000</u>	<u>10,000</u>	<u>10,000</u>	<u>0</u>	<u>0</u>	<u>0</u>
	Total ACRS and Other Depreciation		<u>10,000</u>	<u>10,000</u>	<u>10,000</u>	<u>0</u>	<u>0</u>	<u>0</u>
	Grand Totals		<u>55,364</u>	<u>55,364</u>	<u>53,785</u>	<u>572</u>	<u>572</u>	<u>0</u>
	Less: Dispositions		<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>
	Less: Start-up/Org Expense		<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>
	Net Grand Totals		<u>55,364</u>	<u>55,364</u>	<u>53,785</u>	<u>572</u>	<u>572</u>	<u>0</u>

57-1061135

Bonus Depreciation Report

FYE: 12/31/2021

Form 990, Page 1

Asset	Property Description	Date In Service	Tax Cost	Bus Pct	Tax Sec 179 Exp	Current Bonus	Prior Bonus	Tax - Basis for Depr
10	HP Computer	12/29/10	516		0	0	516	0
11	Printing Press	2/28/11	800		0	0	800	0
12	Computer	12/31/11	564		0	0	564	0
13	Desk	12/31/11	321		0	0	321	0
14	Shelving	9/20/11	772		0	0	772	0
Grand Total			<u>2,973</u>		<u>0</u>	<u>0</u>	<u>2,973</u>	<u>0</u>

Depreciation Adjustment Report

All Business Activities

<u>Form</u>	<u>Unit</u>	<u>Asset</u>	<u>Description</u>	<u>Tax</u>	<u>AMT</u>	<u>AMT Adjustments/ Preferences</u>
<p>There are no assets that meet the criteria of this report</p>						

<u>Asset</u>	<u>Description</u>	<u>Date In Service</u>	<u>Cost</u>	<u>Tax</u>	<u>AMT</u>
<u>Prior MACRS:</u>					
1	Computer	3/09/95	3,424	0	0
2	Fire Ext	9/05/97	515	0	0
3	Computer/Software	1/31/00	3,466	0	0
4	Office Furn & Equip	1/31/01	718	0	0
5	Computer H/W & S/W	1/31/01	2,299	0	0
6	Carpet	1/30/01	6,363	0	0
7	Furn & Fixtures	1/31/01	3,103	0	0
8	Leasehold Improvements	1/31/01	17,715	0	0
9	Desk/Filing Cab	1/31/00	1,732	0	0
10	HP Computer	12/29/10	516	0	0
11	Printing Press	2/28/11	800	0	0
12	Computer	12/31/11	564	0	0
13	Desk	12/31/11	321	0	0
14	Shelving	9/20/11	772	0	0
16	Computer	1/01/19	2,205	254	0
17	Lockers	1/01/19	851	106	0
			<u>45,364</u>	<u>360</u>	<u>0</u>
<u>Other Depreciation:</u>					
15	Leasehold Improvements	1/01/11	<u>10,000</u>	<u>0</u>	<u>0</u>
	Total Other Depreciation		<u>10,000</u>	<u>0</u>	<u>0</u>
	Total ACRS and Other Depreciation		<u>10,000</u>	<u>0</u>	<u>0</u>
	Grand Totals		<u>55,364</u>	<u>360</u>	<u>0</u>

<u>Asset</u>	<u>Description</u>	<u>Date In Service</u>	<u>Cost</u>	<u>SC</u>
<u>Prior MACRS:</u>				
1	Computer	3/09/95	3,424	0
2	Fire Ext	9/05/97	515	0
3	Computer/Software	1/31/00	3,466	0
4	Office Furn & Equip	1/31/01	718	0
5	Computer H/W & S/W	1/31/01	2,299	0
6	Carpet	1/30/01	6,363	0
7	Furn & Fixtures	1/31/01	3,103	0
8	Leasehold Improvements	1/31/01	17,715	0
9	Desk/Filing Cab	1/31/00	1,732	0
10	HP Computer	12/29/10	516	0
11	Printing Press	2/28/11	800	0
12	Computer	12/31/11	564	0
13	Desk	12/31/11	321	0
14	Shelving	9/20/11	772	0
16	Computer	1/01/19	2,205	254
17	Lockers	1/01/19	851	106
			<u>45,364</u>	<u>360</u>
<u>Other Depreciation:</u>				
15	Leasehold Improvements	1/01/11	10,000	0
	Total Other Depreciation		<u>10,000</u>	<u>0</u>
	Total ACRS and Other Depreciation		<u>10,000</u>	<u>0</u>
	Grand Totals		<u>55,364</u>	<u>360</u>

Form **990****Two Year Comparison Report****2020 & 2021**

For calendar year 2021, or tax year beginning _____, ending _____

Name

Taxpayer Identification Number

ART LEAGUE OF HILTON HEAD INC.**57-1061135**

		2020	2021	Differences
Revenue	1. Contributions, gifts, grants	37,901	79,715	41,814
	2. Membership dues and assessments	35,380	59,785	24,405
	3. Government contributions and grants	84,388	133,354	48,966
	4. Program service revenue	220,685	217,051	-3,634
	5. Investment income	83	113	30
	6. Proceeds from tax exempt bonds			
	7. Net gain or (loss) from sale of assets other than inventory			
	8. Net income or (loss) from fundraising events			
	9. Net income or (loss) from gaming			
	10. Net gain or (loss) on sales of inventory			
	11. Other revenue			
	12. Total revenue. Add lines 1 through 11	378,437	490,018	111,581
Expenses	13. Grants and similar amounts paid	2,000	2,000	
	14. Benefits paid to or for members			
	15. Compensation of officers, directors, trustees, etc.			
	16. Salaries, other compensation, and employee benefits	121,069	128,454	7,385
	17. Professional fundraising fees			
	18. Other professional fees	7,200	1,300	-5,900
	19. Occupancy, rent, utilities, and maintenance	51,566	57,347	5,781
	20. Depreciation and Depletion	914	572	-342
	21. Other expenses	210,175	238,575	28,400
	22. Total expenses. Add lines 13 through 21	392,924	428,248	35,324
	23. Excess or (Deficit). Subtract line 22 from line 12	-14,487	61,770	76,257
Other Information	24. Total exempt revenue	378,437	490,018	111,581
	25. Total unrelated revenue			
	26. Total excludable revenue	220,768	217,164	-3,604
	27. Total assets	135,753	176,979	41,226
	28. Total liabilities	73,063	52,871	-20,192
	29. Retained earnings	62,690	124,108	61,418
	30. Number of voting members of governing body	20	15	
	31. Number of independent voting members of governing body	20	15	
	32. Number of employees	5	7	
	33. Number of volunteers	56	56	

Form **990**

Tax Return History

2021

Name

ART LEAGUE OF HILTON HEAD INC.Employer Identification Number
57-1061135

	2017	2018	2019	2020	2021	2022
Contributions, gifts, grants		117,044	108,484	122,289	213,069	
Membership dues		29,474	31,327	35,380	59,785	
Program service revenue		290,143	309,279	220,685	217,051	
Capital gain or loss						
Investment income		252	180	83	113	
Fundraising revenue (income/loss)						
Gaming revenue (income/loss)						
Other revenue						
Total revenue		436,913	449,270	378,437	490,018	
Grants and similar amounts paid		2,500	2,000	2,000	2,000	
Benefits paid to or for members						
Compensation of officers, etc.						
Other compensation		105,817	122,092	121,069	128,454	
Professional fees		2,300	2,400	7,200	1,300	
Occupancy costs		53,604	59,206	51,566	57,347	
Depreciation and depletion			563	914	572	
Other expenses		276,152	278,827	210,175	238,575	
Total expenses		440,373	465,088	392,924	428,248	
Excess or (Deficit)		-3,460	-15,818	-14,487	61,770	
Total exempt revenue		436,913	449,270	378,437	490,018	
Total unrelated revenue						
Total excludable revenue		290,395	309,459	220,768	217,164	
Total Assets		145,006	126,745	135,753	176,979	
Total Liabilities		51,556	49,113	73,063	52,871	
Net Fund Balances		93,450	77,632	62,690	124,108	

Federal Statements

Taxable Interest on Investments

<u>Description</u>	<u>Amount</u>	<u>Unrelated Business</u>	<u>Exclusion Code</u>	<u>Postal Code</u>	<u>Acquired after 6/30/75</u>	<u>US Obs (\$ or %)</u>
	\$ 113			14		
TOTAL	\$ 113					

Federal Statements

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

Description	Total Expenses	Program Service	Management & General	Fund Raising
BANK FEES	\$ 7,544	3,395	4,149	\$
AWARDS	5,250	5,250		
PAYROLL FEES	4,100		4,100	
TAXES & LICENSES	1,595		1,595	
RECEPTION EXPENSE	1,386	1,386		
EVENTS	600	600		
TRAVEL & MEETINGS	443	443		
MEMBERSHIPS	350		350	
TOTAL	\$ 21,268	\$ 11,074	\$ 10,194	\$ 0

Federal Statements

Schedule A, Part II, Line 1(e)

Description	Amount
MEMBERSHIP DUES	\$ 59,785
LOW INCOME EDUCATION FUND	
P/R PROTECTIONS PROGRAM	48,866
DONATIONS	19,927
TOWN OF HILTON HEAD	
CASH CONTRIBUTION	65,000
GAYLORD & DOROTHY DONNELLY FOUNDATIO	
CASH CONTRIBUTION	10,000
SC ARTS COMMISSION	
CASH CONTRIBUTION	19,488
STATE OF SC	
CASH CONTRIBUTION	49,788
TOTAL	<u>\$ 272,854</u>

Schedule A, Part II, Line 8(e)

Description	Amount
TOTAL	\$ 113
	<u>\$ 113</u>

Schedule A, Part II, Line 12 - Current year

Description	Amount
ART SALES	\$ 150,981
ART ACADEMY	54,331
RENTALS	
HANGING FEES	
MISC	2,589
SPECIAL EVENTS	9,150
TOTAL	<u>\$ 217,051</u>

Return of Organization Exempt From Income Tax

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

- ▶ 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.

A For the 2020 calendar year, or tax year beginning _____, **and ending** _____

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

C Name of organization
ART LEAGUE OF HILTON HEAD INC.

Doing business as _____

Number and street (or P.O. box if mail is not delivered to street address) Room/suite
P.O. BOX 22834

City or town, state or province, country, and ZIP or foreign postal code
HILTON HEAD ISLAND SC 29925

D Employer identification number
57-1061135

E Telephone number
843-681-5060

F Name and address of principal officer:
LINDA SAYLOR
29 PERCHERON LN.
HILTON HEAD ISLAND SC 29926

G Gross receipts \$ **378,437**

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

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

J Website: ▶ **WWW.ARTLEAGUEHHI.ORG**

K Form of organization: Corporation Trust Association Other ▶

L Year of formation: **1977**

M State of legal domicile: **SC**

H(c) Group exemption number ▶

Part I Summary

1 Briefly describe the organization's mission or most significant activities:
ARTS EDUCATION AND PROMOTION.

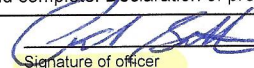
2 Check this box if the organization discontinued its operations or disposed of more than 25% of its net assets.

3 Number of voting members of the governing body (Part VI, line 1a)	3	20
4 Number of independent voting members of the governing body (Part VI, line 1b)	4	20
5 Total number of individuals employed in calendar year 2020 (Part V, line 2a)	5	5
6 Total number of volunteers (estimate if necessary)	6	56
7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0
7b Net unrelated business taxable income from Form 990-T, Part I, line 11	7b	0

	Prior Year	Current Year
8 Contributions and grants (Part VIII, line 1h)	139,811	157,669
9 Program service revenue (Part VIII, line 2g)	309,279	220,685
10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	180	83
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		0
12 Total revenue – add lines 8 through 11 (must equal Part VIII, column (A), line 12)	449,270	378,437
13 Grants and similar amounts paid (Part IX, column (A), lines 1–3)	2,000	2,000
14 Benefits paid to or for members (Part IX, column (A), line 4)		0
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	122,092	121,069
16a Professional fundraising fees (Part IX, column (A), line 11e)		0
b Total fundraising expenses (Part IX, column (D), line 25) ▶ 16,830		
17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	340,996	269,855
18 Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	465,088	392,924
19 Revenue less expenses. Subtract line 18 from line 12	-15,818	-14,487
	Beginning of Current Year	End of Year
20 Total assets (Part X, line 16)	126,745	135,753
21 Total liabilities (Part X, line 26)	49,113	73,063
22 Net assets or fund balances. Subtract line 21 from line 20	77,632	62,690

Part II Signature Block

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

Sign Here Signature of officer:  Date: **9/27/21**

PAT BATTEN **PRESIDENT**
 Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name: **MARK N JUNE, CPA** Preparer's signature: **MARK N JUNE, CPA** Date: **09/08/21** Check if self-employed PTIN: **P00630869**

Firm's name: **JUNECPA** Firm's EIN: **20-4046229**

Firm's address: **99 MAIN STREET**
HILTON HEAD ISLAND, SC 29926 Phone no.: **843-842-6500**

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission:

ARTS EDUCATION AND PROMOTION.

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

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

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

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

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

4a (Code:) (Expenses \$ **177,228** including grants of \$ **2,000**) (Revenue \$ **82,937**)

ART GALLERY - PROVIDES MEMBERS A GALLERY TO EXHIBIT ARTWORK THAT CAN BE PURCHASED BY THE PUBLIC.

4b (Code:) (Expenses \$ **97,340** including grants of \$) (Revenue \$ **76,548**)

ART ACADEMY - OFFERS VARIOUS ART CLASSES TO THE GENERAL PUBLIC. THE PURPOSE IS TO NOT ONLY EDUCATE BUT TO DEVELOP TALENT.

4c (Code:) (Expenses \$ **42,402** including grants of \$) (Revenue \$ **56,464**)

SPECIAL EVENTS - PROVIDES SPONSORSHIPS FOR SPECIAL EVENTS, LECTURES, SPACE RENTAL ETC.

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

(Expenses \$ including grants of \$) (Revenue \$)

4e Total program service expenses **▶ 316,970**

Part IV Checklist of Required Schedules

Table with 3 columns: Question ID, Question Text, Yes, No. Rows include questions 1 through 21 regarding organizational requirements and reporting.

Part IV Checklist of Required Schedules (continued)

	Yes	No
22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>		X
23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>		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? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>		X
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
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? <i>If "Yes," complete Schedule L, Part I</i>		X
b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>		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? <i>If "Yes," complete Schedule L, Part II</i>		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? <i>If "Yes," complete Schedule L, Part III</i>		X
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):		
a A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If "Yes," complete Schedule L, Part IV</i>		X
b A family member of any individual described in line 28a? <i>If "Yes," complete Schedule L, Part IV</i>		X
c A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? <i>If "Yes," complete Schedule L, Part IV</i>		X
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>		X
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>		X
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>		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? <i>If "Yes," complete Schedule R, Part I</i>		X
34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>		X
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?		X
b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>		
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>		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? <i>If "Yes," complete Schedule R, Part VI</i>		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.	X	

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

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

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? Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	X	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?		X
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		X
b	If "Yes," enter the name of the foreign country ▶ See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
7	Organizations that may receive deductible contributions under section 170(c).		
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?		
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		
d	If "Yes," indicate the number of Forms 8282 filed during the year		
	7d		
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		
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?		
9	Sponsoring organizations maintaining donor advised funds.		
a	Did the sponsoring organization make any taxable distributions under section 4966?		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		
10	Section 501(c)(7) organizations. Enter:		
a	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:		
a	Gross income from members or shareholders	11a	
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b	
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b	
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		
a	Is the organization licensed to issue qualified health plans in more than one state? Note: See the instructions for additional information the organization must report on Schedule O.	13a	
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b	
c	Enter the amount of reserves on hand	13c	
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a	X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b	
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N.	15	X
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.	16	X

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
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.		
1b	Enter the number of voting members included on line 1a, above, who are independent		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?		<input checked="" type="checkbox"/>
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?		<input checked="" type="checkbox"/>
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		<input checked="" type="checkbox"/>
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		<input checked="" type="checkbox"/>
6	Did the organization have members or stockholders?		<input checked="" type="checkbox"/>
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?		<input checked="" type="checkbox"/>
7b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		<input checked="" type="checkbox"/>
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a	The governing body?	<input checked="" type="checkbox"/>	
b	Each committee with authority to act on behalf of the governing body?	<input checked="" type="checkbox"/>	
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		<input checked="" type="checkbox"/>

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

		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?		<input checked="" type="checkbox"/>
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?		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?		<input checked="" type="checkbox"/>
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.		
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	<input checked="" type="checkbox"/>	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?		<input checked="" type="checkbox"/>
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done		<input checked="" type="checkbox"/>
13	Did the organization have a written whistleblower policy?		<input checked="" type="checkbox"/>
14	Did the organization have a written document retention and destruction policy?		<input checked="" type="checkbox"/>
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?		
a	The organization's CEO, Executive Director, or top management official		<input checked="" type="checkbox"/>
b	Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).		<input checked="" type="checkbox"/>
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?		<input checked="" type="checkbox"/>
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?		

Section C. Disclosure

17	List the states with which a copy of this Form 990 is required to be filed SC
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. <input type="checkbox"/> Own website <input type="checkbox"/> Another's website <input checked="" type="checkbox"/> Upon request <input type="checkbox"/> Other (explain on Schedule O)
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
20	State the name, address, and telephone number of the person who possesses the organization's books and records ▶ ROBERT SEFTON HILTON HEAD ISLAND 14 SHELTER COVER LANE SC 29928 843-842-5738

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

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

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

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

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) DONNA BARNAKO	2.00									
COMMITTEE MEMBER	0.00	X					0	0	0	
(2) LOUANNE BARRETT	2.00									
EDUCATION COMM CHAIR	0.00	X					0	0	0	
(3) PAT BATTEN	2.00									
PRESIDENT	0.00	X		X			0	0	0	
(4) JUDY BLAHUT	2.00									
COMMITTEE MEMBER	0.00	X					0	0	0	
(5) LINDA BLOOM	2.00									
COMMITTEE MEMBER	0.00	X					0	0	0	
(6) BILL BOSLEY	2.00									
COMMITTEE MEMBER	0.00	X					0	0	0	
(7) JANICE GRAY	2.00									
PAST PRESIDENT	0.00	X		X			0	0	0	
(8) BILLY HOWE	2.00									
FACILITIES CHAIR	0.00	X					0	0	0	
(9) JULIANA KIM	2.00									
COMMITTEE MEMBER	0.00	X					0	0	0	
(10) DENNIS LAKE	2.00									
COMMITTEE MEMBER	0.00	X					0	0	0	
(11) ROSALYN LESTER	2.00									
VICE PRESIDENT	0.00	X		X			0	0	0	

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

(A) Name and title	(B) Average hours per week per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(12) IRIS MAGIDSON	2.00									
MKTG & COMM CHAIR	0.00	X					0	0	0	
(13) PAT MCGUIRE	2.00									
VOLUNTEER CHAIR	0.00	X					0	0	0	
(14) JAN ROSS	2.00									
MEMBER-AT-LARGE	0.00	X					0	0	0	
(15) LINDA SAYLOR	2.00									
SECRETARY	0.00	X		X			0	0	0	
(16) ROBERT SEFTON	2.00									
TREASURER	0.00	X		X			0	0	0	
(17) FANOULA SEVASTOS	2.00									
COMMITTEE CHAIR	0.00	X					0	0	0	
(18) CINDY STRICKLAND	2.00									
MEMBER-AT-LARGE	0.00	X					0	0	0	
(19) PEG WESCHKE	2.00									
MEMBERSHIP CHAIR	0.00	X					0	0	0	
1b Subtotal										
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)										

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **0**

	Yes	No
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		X
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		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		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) Name and business address	(B) Description of services	(C) Compensation

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization **0**

Part VIII Statement of Revenue

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

		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514	
Contributions, Gifts, Grants and Other Similar Amounts	1a Federated campaigns	1a				
	b Membership dues	1b	35,380			
	c Fundraising events	1c				
	d Related organizations	1d				
	e Government grants (contributions)	1e	84,388			
	f All other contributions, gifts, grants, and similar amounts not included above	1f	37,901			
	g Noncash contributions included in lines 1a-1f	1g \$				
	h Total. Add lines 1a-1f		157,669			
Program Service Revenue	2a ART SALES	Business Code	124,085	124,085		
	b ART ACADEMY		76,548	76,548		
	c HANGING FEES		20,035	20,035		
	d MISC		17	17		
	e					
	f All other program service revenue					
	g Total. Add lines 2a-2f		220,685			
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		83		83	
	4 Income from investment of tax-exempt bond proceeds					
	5 Royalties					
	6a Gross rents	6a	(i) Real	(ii) Personal		
		b Less: rental expenses	6b			
		c Rental inc. or (loss)	6c			
	d Net rental income or (loss)					
	7a Gross amount from sales of assets other than inventory	7a	(i) Securities	(ii) Other		
		b Less: cost or other basis and sales exps.	7b			
		c Gain or (loss)	7c			
	d Net gain or (loss)					
	8a Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18	8a				
		b Less: direct expenses	8b			
		c Net income or (loss) from fundraising events				
9a Gross income from gaming activities. See Part IV, line 19	9a					
	b Less: direct expenses	9b				
	c Net income or (loss) from gaming activities					
10a Gross sales of inventory, less returns and allowances	10a					
	b Less: cost of goods sold	10b				
	c Net income or (loss) from sales of inventory					
Miscellaneous Revenue	11a	Business Code				
	b					
	c					
	d All other revenue					
	e Total. Add lines 11a-11d					
12 Total revenue. See instructions		378,437	220,685	0	83	

Part IX Statement of Functional Expenses

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

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

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

	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21				
2 Grants and other assistance to domestic individuals. See Part IV, line 22	2,000	2,000		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees				
6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	112,465	62,866	34,492	15,107
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9 Other employee benefits				
10 Payroll taxes	8,604	4,809	2,639	1,156
11 Fees for services (nonemployees):				
a Management				
b Legal				
c Accounting	7,200		7,200	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)				
12 Advertising and promotion	65,840	65,840		
13 Office expenses				
14 Information technology				
15 Royalties				
16 Occupancy	51,566	51,582	-16	
17 Travel				
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	914		914	
23 Insurance	3,095	2,785	310	
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a COMMISSIONS	68,488	68,488		
b INSTRUCTOR FEES	41,264	41,264		
c BANK FEES	11,587	5,058	6,529	
d SUPPLIES	6,526	4,747	1,779	
e All other expenses	13,375	7,531	5,277	567
25 Total functional expenses. Add lines 1 through 24e	392,924	316,970	59,124	16,830
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 <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year	
Assets	1	Cash—non-interest-bearing	52,053	1	91,918
	2	Savings and temporary cash investments		2	
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net	64,084	4	30,236
	5	Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		5	
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
	7	Notes and loans receivable, net		7	
	8	Inventories for sale or use		8	
	9	Prepaid expenses and deferred charges		9	
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	55,364		
	10b	Less: accumulated depreciation	53,785		
			2,493	10c	1,579
	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	8,115	15	12,020	
16	Total assets. Add lines 1 through 15 (must equal line 33)	126,745	16	135,753	
Liabilities	17	Accounts payable and accrued expenses	11,886	17	10,725
	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	
	22	Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		22	
	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	37,227	25	62,338
	26	Total liabilities. Add lines 17 through 25	49,113	26	73,063
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.				
	27	Net assets without donor restrictions	74,782	27	60,297
	28	Net assets with donor restrictions	2,850	28	2,393
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.				
	29	Capital stock or trust principal, or current funds		29	
	30	Paid-in or capital surplus, or land, building, or equipment fund		30	
	31	Retained earnings, endowment, accumulated income, or other funds		31	
32	Total net assets or fund balances	77,632	32	62,690	
33	Total liabilities and net assets/fund balances	126,745	33	135,753	

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	378,437
2	Total expenses (must equal Part IX, column (A), line 25)	2	392,924
3	Revenue less expenses. Subtract line 2 from line 1	3	-14,487
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	77,632
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	-455
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	62,690

Part XII Financial Statements and Reporting

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

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(20) DEBI WEST	2.00									
COMMITTEE MEMBER	0.00	X						0	0	
1b Subtotal										
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)										

2 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
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		

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) Name and business address	(B) Description of services	(C) Compensation

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization **▶**

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

▶ Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2020

Open to Public Inspection

Name of the organization

ART LEAGUE OF HILTON HEAD INC.

Employer identification number

57-1061135

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).)
- 3 A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4 A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state:
- 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II.)
- 6 A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 8 A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 9 An agricultural research organization described in **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university:
- 10 An organization that normally receives: (1) more than 33 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 in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
 - a **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
 - b **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
 - c **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
 - d **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
 - e Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
 - f Enter the number of supported organizations
 - g Provide the following information about the supported organization(s):

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

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

Schedule A (Form 990 or 990-EZ) 2020

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 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.")	118,178	122,688	146,518	139,811	157,669	684,864
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3	118,178	122,688	146,518	139,811	157,669	684,864
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 Public support. Subtract line 5 from line 4						684,864

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
7 Amounts from line 4	118,178	122,688	146,518	139,811	157,669	684,864
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	77	57	252	180	83	649
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						685,513
12 Gross receipts from related activities, etc. (see instructions)					12	820,107
13 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2020 (line 6, column (f) divided by line 11, column (f))	14	99.91%
15 Public support percentage from 2019 Schedule A, Part II, line 14	15	99.91%
16a 33 1/3% support test—2020. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization	<input checked="" type="checkbox"/>	
b 33 1/3% support test—2019. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization	<input type="checkbox"/>	
17a 10%-facts-and-circumstances test—2020. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization	<input type="checkbox"/>	
b 10%-facts-and-circumstances test—2019. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization	<input type="checkbox"/>	
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions	<input type="checkbox"/>	

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 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 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						
14 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

15 Public support percentage for 2020 (line 8, column (f), divided by line 13, column (f))	15	%
16 Public support percentage from 2019 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

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

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

Part IV Supporting Organizations (continued)

	Yes	No
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 in lines 11b and 11c below, the governing body of a supported organization?		
b A family member of a person described in line 11a above?		
c A 35% controlled entity of a person described in line 11a or 11b above? <i>If "Yes" to line 11a, 11b, or 11c, provide detail in Part VI.</i>		
11a		
11b		
11c		

Section B. Type I Supporting Organizations

	Yes	No
1 Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? <i>If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.</i>		
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? <i>If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.</i>		
1		
2		

Section 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)? <i>If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).</i>		
1		

Section 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?		
2 Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i>		
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? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i>		
1		
2		
3		

Section E. Type III Functionally-Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).		
a <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.		
b <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.		
c <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instructions).		
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? <i>If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.</i>	Yes	No
b Did the activities described in line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <i>If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.</i>		
3 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? <i>If "Yes" or "No," provide details in Part VI.</i>		
b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>		
2a		
2b		
3a		
3b		

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

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

Section A – Adjusted Net Income

		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3.	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8	

Section B – Minimum Asset Amount

		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (<i>explain in detail in Part VI</i>):		
2	Acquisition indebtedness applicable to non-exempt-use assets	2	
3	Subtract line 2 from line 1d.	3	
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by 0.035.	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	

Section C – Distributable Amount

			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1	
2	Enter 0.85 of line 1.	2	
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3	
4	Enter greater of line 2 or line 3.	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

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

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

Section E – Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2020	(iii) Distributable Amount for 2020
1 Distributable amount for 2020 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2020 (reasonable cause required—explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2020			
a From 2015			
b From 2016			
c 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: \$			
a 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:			
a Excess from 2016			
b Excess from 2017			
c Excess from 2018			
d Excess from 2019			
e Excess from 2020			

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

2020

Open to Public Inspection

Name of the organization

Employer identification number

ART LEAGUE OF HILTON HEAD INC.

57-1061135

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.

Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

Table with 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows include: 1 Total number at end of year, 2 Aggregate value of contributions to (during year), 3 Aggregate value of grants from (during year), 4 Aggregate value at end of year, 5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?, 6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?

Part II Conservation Easements.

Complete if the organization answered "Yes" on Form 990, Part IV, line 7.

Table with 2 columns: Held at the End of the Tax Year. Rows include: 1 Purpose(s) of conservation easements held by the organization (check all that apply), 2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year, 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year, 4 Number of states where property subject to conservation easement is located, 5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?, 6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year, 7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year, 8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?, 9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

Table with 2 columns: Revenue, Assets. Rows include: 1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items. 1b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenue included on Form 990, Part VIII, line 1, (ii) Assets included in Form 990, Part X. 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items: a Revenue included on Form 990, Part VIII, line 1, b Assets included in Form 990, Part X.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)

- 3 Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its collection items (check all that apply):
- a Public exhibition
 - b Scholarly research
 - c Preservation for future generations
 - d Loan or exchange program
 - e Other
- 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
- 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

Part IV Escrow and Custodial Arrangements.

Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

- 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No
- b If "Yes," explain the arrangement in Part XIII and complete the following table:
- | | Amount |
|---------------------------------|--------|
| c Beginning balance | 1c |
| d Additions during the year | 1d |
| e Distributions during the year | 1e |
| f Ending balance | 1f |
- 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No
- b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII

Part V Endowment Funds.

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance					
b Contributions					
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a Board designated or quasi-endowment %
 - b Permanent endowment %
 - c Term endowment %
- The percentages on lines 2a, 2b, and 2c should equal 100%.
- 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- | | Yes | No |
|-----------------------------|--------|----|
| (i) Unrelated organizations | 3a(i) | |
| (ii) Related organizations | 3a(ii) | |
- b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?
- 4 Describe in Part XIII the intended uses of the organization's endowment funds.

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.

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		55,364	53,785	1,579
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				1,579

Part VII Investments – Other Securities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely held equity interests		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Column (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. (Column (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) PREPAID MISC EXPENSES	4,948
(2) UNDEPOSITED FUNDS	3,095
(3) SECURITY DEPOSITS	2,500
(4) PREPAID POSTAGE	1,477
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)	12,020

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) PREPAID MEMBERSHIP FEES	33,290
(3) PPP LOAN	25,435
(4) PREPAID EXHIBITION FEES	2,095
(5) RENTAL DEPOSITS	1,000
(6) UNEARNED TUITION	518
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)	62,338

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

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.

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

OMB No. 1545-0047

2020

**Open to Public
Inspection**

Name of the organization

ART LEAGUE OF HILTON HEAD INC.

Employer identification number

57-1061135

FORM 990, PART VI, LINE 11B - ORGANIZATION'S PROCESS TO REVIEW FORM 990

A COPY OF THE RETURN WAS REVIEWED BY THE TREASURER PRIOR TO SUBMISSION. A

COPY WILL BE REVIEWED BY THE ENTIRE BOARD AT THE NEXT BOARD MEETING.

FORM 990, PART VI, LINE 19 - GOVERNING DOCUMENTS DISCLOSURE EXPLANATION

DOCUMENTS ARE AVAILABLE UPON REQUEST.

Art League of Hilton Head
Board of Directors Meeting August 23, 2023
Minutes

Present – Judy Blahut, Rosalyn Lester, Tomma Rychener, Cindy Strickland, Robert Wortmann, Art Cornell, Kristen McIntosh, Rebecca Jeffries, Donna Simmons, Fanoula Sevastos, Janice Gray
Online – LouAnne Barrett

Open Meeting 3.30 Judy Blahut

Consent Agenda – presented

Motion to Approve Consent Agenda

1st Roslyn Lester 2nd Janice Gray APPROVED

Financial Report – Janice Gray

Discussed January to July Income/Expenses - see statement

Discussed 2024 budget – see statement

Motion to Approve 2024 Budget

1st Janice Gray 2nd Art Cornell APPROVED

Motion to approve Kristen McIntosh has approval to present ATAX report

1st Janice Gray 2nd Art Cornell APPROVED

Judy Blahut signed approval letter to present with ATAX report

Nomination Committee – Janice Gray presented committee recommendations.

Motion to approve Judy Blahut be available for another 2 year term APPROVED

Motion to approve additional 2 year terms for Janice Gray, Gabrielle Hoffmann, Rebecca Jeffries, Robert Wortmann, Linda Bloom APPROVED

Motion to approve slate as presented by committee APPROVED

Recognized Roslyn Lester for her work with Board and her continued commitment to volunteering with Art League.

Presidents Report

Proud of effort on strategic planning.

Development committee discussed Heritage Classic Foundation matching funds and gave handouts.

Development committee requested funds to begin endowment fund with Community Foundation of the Lowcountry.

Motion to approve \$5000 from operating funds to start Community Foundation of the Lowcountry Endowment Fund/Art League

1st Janice Gray 2nd Fanoula Sevastos APPROVED

2024 Exhibition Schedule presented by Kristen McIntosh, ED

Motion to approve 2024 schedule

1st Janice Gray 2nd Roslyn Lester APPROVED

Town Council 360/40 celebration at Celebration Park – Art League will have a presence. Please attend if possible.

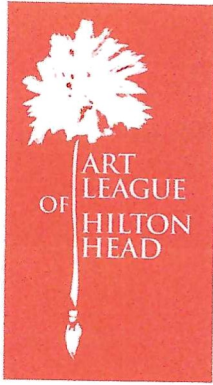
Strategic Plan Update – need a few more areas finalized to complete. Will be turned in and completed by next executive committee meeting. Will complete a full board online vote to approve ASAP.

Motion to adjourn

1st Janice Gray

2nd Art Cornell

APPROVED



August 23, 2023

Resolved by the Board of Trustees of Art League of Hilton Head, that Kristen McIntosh, Executive Director or her assigned designee is authorized to act on behalf of the organization in the execution of the Town of Hilton Head Island 2024 ATAX Grant Application.

ART LEAGUE GALLERY

Located mid-island inside
Arts Center of Coastal Carolina
at 14 Shelter Cove Lane

843.681.5060
gallery@artleaguehhi.org

Judy Blahut, Chairperson
Board of Directors

ART LEAGUE ACADEMY

Located south-island off Pope
Avenue at 106 Cordillo Parkway

843.842.5738
academy@artleaguehhi.org

MAIL TO:

PO Box 22834
Hilton Head Island, SC 29925

VISIT US ONLINE:

www.artleaguehhi.org

Live Art.Love Art.Learn Art.

ATAX EFFECTIVENESS MEASUREMENT

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

DATA FROM 2022 BUDGET vs ACTUAL

TOPIC	THE PLAN	BUDGET	ACTUAL SPENT	RESULTS <i>When possible, provide planned results vs. actual results, and/or current year vs. prior year results .</i>
Online Advertisements to Increase Tourist Attendance				
Online Marketing	Online marketing included ads with the Hilton Head Island-Bluffton Chamber of Commerce, Carolina Arts Digital Newsletter Ads, Targeted Display Ads through LocalIQ, Callforentry.org listing and ads, Artshow.com promotion, Plein Air Newsletter ad, and display ads on Outdoorpainter.com.	\$ 20,000.00	\$ 20,897.07	<ul style="list-style-type: none"> ▶ Chamber - Visitors to all ALHH ads are up 17.9% YoY, resulting in 110,556 impressions and 688 clicks in 2022. ▶ LocalIQ 2022 targeted display ads resulted in 2,155,549 impressions. ▶ #30 of 77 things to do in HHI on Trip Advisor ▶ Plein Air Magazine's digital readership is 10,256 households ▶ National call for entry ads attracted 298 artists ▶ OutdoorPainter.com Display ads resulted in 276,823 impressions and 504 clicks. ▶ Plein Air Newsletter with our ad had 18,690 opens.
Total		\$ 20,000.00	\$ 20,897.07	

Print Advertising to Increase Tourist Participation in Events & Classes				
Print Advertising	Place ads in Plein Air Magazine, Bluffton Today, HH Monthly Magazine, Lowcountry Weekly, Pink Magazine, Hilton Head Sun, the Discovery Map & RX Express.	\$ 21,000.00	\$ 19,540.55	<ul style="list-style-type: none"> ▶ Plein Air Magazine's readership is 22,000 households ▶ Advertising in local publications promotes the gallery to locals, visitors & tourists ▶ 24,000 RX bags printed with ALHH info
Total		\$ 21,000.00	\$ 19,540.55	

Design Costs to Produce Marketing Materials				
Design	Website updates, Exhibit advertisements, class advertisements, 50th Anniversary Video & Special Ads	\$ 14,000.00	\$ 13,772.53	Video and design work for all marketing materials and website updates.
Additional Design	Photographed Artwork & set-up websites for auctions	\$ 1,500.00	\$ 1,585.00	▶ 2,833 unique gallery views
Website	Hosting Fees	\$ 1,000.00	\$ 959.88	▶ Website traffic in 2022 was 38,048 users †25% YoY
WHHI		\$ 300.00	\$ 300.00	▶ Interview on Talk of the Town provides local TV advertising & a YouTube video to share on our Socials

ATAX EFFECTIVENESS MEASUREMENT

TOPIC	THE PLAN	BUDGET	ACTUAL SPENT	RESULTS <i>When possible, provide planned results vs. actual results, and/or current year vs. prior year results .</i>
Total		\$ 16,800.00	\$ 16,617.41	

Social Media Costs to Hire a Social Media Coordinator & Advertise on Social Media				
Facebook Ads	Thoughtfully curated Facebook ads geared at certain target audiences	\$ 10,000.00	\$ 9,919.27	<ul style="list-style-type: none"> ▶ Facebook ads in 2022 resulted in 664,341 impressions ▶ Facebook "Followers" increased to 4,344 †20% from August 2021 to August 2022 & another †12% from August 2022 to August 2023
Social Media Coordinator	Social media coordinator posted daily & designed content for Facebook, Instagram, Pinterest, Google My Business Pages & YouTube	\$ 20,000.00	\$ 19,200.00	<ul style="list-style-type: none"> ▶ 45,560 impressions from Pinterest (new) ▶ 75,786 reach from Facebook †36.8% ▶ 13,456 reach on Instagram †22.1% ▶ 626 video views on YouTube totaling 56 hours ▶ 724,273 Google Business Page(s) Views
Total		\$ 30,000.00	\$ 29,119.27	

Print and Postage Costs to Deliver Advertising Materials				
Printing	Continued printing brochures, membership drive material, exhibition postcards, class schedules, signage, and special 50th Anniversary materials	\$ 15,000.00	\$ 16,587.01	Delivery of professional, eye-catching marketing materials via US Mail or for public distribution. These print materials supplement all of the above plus provide vital information for display at rest stops, retail shops, and more.
Postage		\$ 2,500.00	\$ 2,238.23	
Total		\$ 17,500.00	\$ 18,825.24	
Total Budget to Actual		\$ 105,300.00	\$ 104,999.54	

Internal Revenue Service

Department of the Treasury

P. O. Box 2508
Cincinnati, OH 45201

Date: January 31, 2000

Person to Contact:
Sheena Wallace 31-04021
Customer Service Representative

Art League of Hilton Head Island Inc.
P. O. Box 3083
Hilton Head, SC 29928-0083

Telephone Number:
877-829-5500
Fax Number:
513-263-3756
Federal Identification Number:
57-1061135

Dear Sir or Madam:

This letter is in response to your request for a copy of your organization's determination letter. This letter will take the place of the copy you requested.

Our records indicate that a determination letter issued in August 1977 granted your organization exemption from federal income tax under section 501(c)(3) of the Internal Revenue Code. That letter is still in effect.

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

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

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

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

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

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

Art League of Hilton Head Island Inc.
57-1061135

Your organization is not required to file federal income tax returns unless it is subject to the tax on unrelated business income under section 511 of the Code. If your organization is subject to this tax, it must file an income tax return on the Form 990-T, Exempt Organization Business Income Tax Return. In this letter, we are not determining whether any of your organization's present or proposed activities are unrelated trade or business as defined in section 513 of the Code.

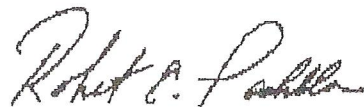
The law requires you to make your organization's annual return available for public inspection without charge for three years after the due date of the return. You are also required to make available for public inspection a copy of your organization's exemption application, any supporting documents and the exemption letter to any individual who requests such documents in person or in writing. You can charge only a reasonable fee for reproduction and actual postage costs for the copied materials. The law does not require you to provide copies of public inspection documents that are widely available, such as by posting them on the Internet (World Wide Web). You may be liable for a penalty of \$20 a day for each day you do not make these documents available for public inspection (up to a maximum of \$10,000 in the case of an annual return).

Because this letter could help resolve any questions about your organization's exempt status and foundation status, you should keep it with the organization's permanent records.

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

This letter affirms your organization's exempt status.

Sincerely,



Robert C. Padilla
Manager, Customer Service