### 2023

# 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.

### 2023

# Accommodations Tax Funds Request Application

Date Received: 09/01/2022 Time Received: 03:48 PM By: Online Submittal

Applications will not be accepted if submitted after 4 pm on September 2, 2022

#### A. SUMMARY OF GRANT REQUEST:

**ORGANIZATION NAME:** Art League of Hilton Head

**Project/Event Name:** ATAX Application

Contact Name: Kristen McIntosh Title: General Manager

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

**Email Address:** 

admin@artleaguehhi.org

Contact Phone: 843-681-5060

Event Date: 2023 Event Location: Art League of Hilton Head

Gallery and Academy

**Total Budget:** \$510,868.00 **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)

- Create and distribute valuable information to attract the community and tourists to ALHH Gallery, Academy, and Hilton Head Island
- To continue improving our marketing, both print and online, to ensure maximum return on investment
- Provide marketing for Biennale 2023, a National Juried Exhibition
- Provide national marketing of our classes, demonstrations, art exhibitions, and art auctions

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)

We maintain a centrally located gallery showcasing over 200 local artists, open seven days a week and 90 minutes before ACCC performances. We provide exhibitions at HH Library, St. Joseph's/Candler Medical Center, TOS Wine Bar, Hampton Hall Clubhouse, and our Academy. We provide art classes and workshops in all levels and media at our Academy.

Through digital marketing and hosting collaborative events, we continue our outreach locally and across the United States.

Customer/tourist/attendee data is collected from:

- enrollment lists
- event data
- digital marketing companies
- partners reports
- online sales reports
- daily attendance logs

#### A. Total Number of Physical Tourists Served: 4620

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: 3067
  - 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: 5439

  A Resident is considered any person who claims their property address within the limits
  - 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): 13126

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 **49,694** 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 tagline is "Live Art. Love Art. Learn Art."

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

A synergistic art Gallery and teaching art Academy that welcomes artists and students of all levels for classes in a variety of media. Member artists exhibit and sell their work from our professional gallery. Tourists and residents enjoy art produced by over 200 local 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 their time at ALHH Gallery or Academy.

ALHH provides arts education scholarships to a graduating high school senior to further their art education efforts. Despite the pandemic, in 2021 we awarded a \$2000 scholarship to a local student. In 2022, we awarded a \$3000 scholarship to a local student.

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 offers our facilities at no charge to other local nonprofits for private events.

By bringing juried shows to our gallery, we reach an artistic, tourist base across the US. We host at least one featured exhibition annually that attracts national attention. *Biennale 2021* brought in 100 artists from 28 states. *CraftHiltonHead2022* is scheduled for this October.

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

Funds will be used in five areas:

**Public Relations and Marketing:** Continue to streamline and standardize our marketing and public relations in-house processes. We consult quarterly with our marketing partners. This allows us to coordinate publicity, print and digital ads, website, and social media. ALHH focuses on content, branding, and publicity to build ALHH awareness.

**Social Media:** Update and extend our social media (Facebook, Twitter, Instagram, YouTube, & Pinterest) reach with announcements and photos to portray HHI as a cultural destination. Post images and videos to social media to expand audiences. We created a Pinterest account in 2022 which does an excellent job at promoting ALHH and Hilton Head Island on Google and other search engine pages.

**Print and Digital Advertising:** Continue to build digital databases to extend our tourist outreach, with an emphasis on our thriving local art community with exhibitions and the opportunity for continued education. Continue to advertise with print ads monthly and digitally every month to locals and tourists to drive traffic to the Gallery, Academy, and HHI. We will continue advertising in Plein Air Magazine on a monthly basis.

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 be detrimental to our organization. With the effects of the Covid-19 pandemic lingering and costs of doing business still rising, we need to ensure our brand, within our community and tourists around the world, remains strong.

ALHH would have to decrease our advertising, reducing our reach to tourists.

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 2021: Industry impact: \$821,350, FT Jobs: 23, Household Incomes: \$450,646, Local Gov't: \$28,394, State Gov't: \$45,134.

2021 Biennale, a National juried Exhibition received 735 entries from 343 artists from 40 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 are very attractive to visitors and tourists, such as; art openings, fundraiser events, special classes, workshops, etc.

5. In order to comply with the State's Tourism Expenditure Reveiw

Committee annual reporting requirements, please classify your current

#### grant request into the following authorized categories:

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

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

Collaboration is part of our mission statement and something we do very well. Some ways we collaborate within the community are:

- 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 permanent display wall in the gallery year-round
- 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 to the Arts Center for their media events
- Donate the gallery space for Lean Ensemble's patron appreciation event and offer this opportunity to other nonprofits too
- 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. In 2022, a beautiful piece of public art was added to the grounds.
- Collaborative partners display artwork by local artists at Hampton Hall Clubhouse, St. Joseph Candler Medical Center, TOS Wine Bar, and HHI Library. We had a special pop-up exhibit at Blick Art Supply in Savannah in August of 2021.
- Donate gift certificates for artwork and classes to local nonprofit fundraisers
- Partner with local community organizations to provide artwork or artists when needed. Some organizations are CultureHHI, Chamber, and the Women's Association of Hilton Head Island.
- Participate in CultureHHI events to enhance the visual arts even further

#### 7. Additional comments. (250 words or less)

ALHH is a member of the Arts Council of Hilton Head, part of the Town's Office of Cultural Affairs.

#### ALHH's cost per tourist:

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

ALHH typically asks for \$65,000 in ATAX funds. We are asking for \$75,000 for our 2023 ATAX request. The additional \$10,000 would go toward the increase in costs to operate. Marketing and advertising costs are increasing from supply costs to design hourly work rates. Additionally, our \$10,000 increase would cover ads in Plein Air Magazine. Digital and print advertising for workshops by nationally known guest instructors is an excellent investment for our ATAX dollars. Even in 2021, a pandemic-affected year, our classes and workshops brought in 234 individuals from 27 states (CA, CO, CT, DC, DE, FL, GA, IA, IL, IN, MA, MD, ME, MI, MN, MT, NC, NJ, NY, OH, OR, PA, SC, TX, VA, WA, & WI).

#### C. FUNDING:

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

60% of our funding comes from our operations - art sales, class tuition, exhibition fees, membership drives, and collaborative fundraisers with other organizations. The remaining funds are from the government, individual and corporate donations, and grants.

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

Private Contributions,

Government Sources

5.0% and Grants

Corporate 1.5% Sponsors	Support,	12.9%	Membership, Du Subscriptions	es,
Ticket Salo 46.2% and Service	es, or Sales ces	.6%	Other	
3. Has the organization other public source Yes X No If so, please list top	s or organization	ns?	·	ding from
•	othy Donnelley f			\$10,000.00
South Carolina	ı Arts Commissi	on		\$21,868.00
D. FINANCIAL INFORMATE Fiscal Year Disclosure: Financial Statement Re	Start Month: <u>J</u>	anuary_	End Month: De	ecember_
1. The upcoming year	's <b>operating b</b> เ	ı <b>dget</b> for	the organization.	
Budget Years	Provided:			
2023				
<ol><li>The previous two y organization.</li></ol>	ears and curren	t year <b>pr</b>	ofit and loss rep	oorts for the
Profit and Los	s Years Provide	d:		
2020 2021 First Half	of 2022			

3. The previous two years and current year **balance sheets**.

Balance Sheet Years Provided:

2020

2021

First Half of 2022

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

IRS Form 990 or 990T Years Provided:

2019

2021

2020

#### 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 expenditue of ATAX grant funds.
  - Follow Town procurement guidelines
  - Utilize and follow organization's own procurement guidelines
  - Our organization does not have or follow procurement guidelines

#### F. MEASURING EFFECTIVENESS:

If you received 2021 or 2022 HHI ATAX funds

1. List any ATAX award amounts received in 2021 and/or 2022.

2019	\$65,000.00
2020	\$65,000.00
2021	\$65,000.00
2022	\$95,000.00
2018	\$65,000.00

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

#### **ATAX** Funds were used for:

- Print and digital distribution of monthly exhibition information
- Print and digital direct mail campaign
- Expanded use of Social Media. Hired a social media contractor in 2022 as part of our increased ATAX award.
- Paid Advertising of Facebook & Instagram postings reached 60,013 users in 2021. Our Facebook Page likes increased 13% from 2020 to 2021 YoY.
- Our digital marketing company, Local IQ, reported that from January 1 - December 31, 2021, our campaign resulted in 1,980,819 impressions, 2,740 clicks, and a click-through rate of .14%. The click-through rate is up .04% YoY.
- Increased number of advertisements and placed additional national ads in Plein Air Magazine.
- A deposit was made for the 50th Anniversary Gala video to interview key longtime members to preserve our history for the next 50 years. Variations of these interviews will be placed on our website, social media, and other various venues.

Our objectives were achieved. The board was very happy with how ALHH survived and adapted to the challenges presented in 2021.

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 that of the island's natives, the beautiful landscapes, or the awe-inspiring waterways.

With the marketing dollars provided by ATAX, ALHH continues to be a nationally recognized arts organization. We are bringing in more nationally-known instructors than ever to teach at the Academy. Our juried show received record numbers of entries in 2021 from 40 states. These funds allow tourists to be made aware of the unique art and culture opportunities available on HHI. Over 30,000 users viewed our website in 2021 from all across the US and several other countries.

We were steadily increasing our art sales and tuition. The COVID-19 Pandemic highly affected ALHH in 2020 and in 2021. 2022 sales and tuition so far indicate organizational recovery.

Our membership remains strong, with new community members joining and finding their niche here. ALHH satisfies the desire tourists have 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 to determine areas of improvement and provides guidance for the expansion of class types and instructors.

One indicator of success is the retention and increase in exhibiting artists. We professionally present art in our galleries for maximum visual impact. This quality of presentation increases sales, which increases our exhibiting membership.

Following and meeting goals from our strategic plan also keep our organization on track. We will be working with SCORE in early 2023 to write a new 5-year plan as our current plan expires at year-end.

Signature: Kristen McIntosh

Title/Position: General Manager

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

Email Address: admin@artleaguehhi.org

Office Phone Number: 843-681-5060

Home Phone Number: 843-816-7084

#### ATAX EFFECTIVENESS MEASUREMENT

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

TOPIC	THE PLAN	BUDGET	AC	TUAL SPENT	RESULTS  When possible, provide planned results vs. actual results, and/or current year vs. prior year results .
Online Marketing	We continued our relationships with Chamber of Commerce, LocalIQ, FirstPage SEO Marketing, Carolina Arts, Facebook and Trip Advisor to expand our digital audience and response rates.	\$ 25,000.00	\$	24,706.73	Chamber - Visitors to all ALHH ads are up 158.4% YoY resulting in 93,743 impressions and 601 clicks in 2021 LocallQ (January 1 - December 31, 2021) 1,980,819 impressions, 2740 clicks, and a click-through rate of .14% Facebook ads in 2021 resulted in 200,198 impressions. Facebook "Likes" increased 13% from August 2020 to August 2021 & another 17% from August 2021 to August 2022. #29 of things to do in HHI on Trip Advisor
Total		\$ 25,000.00	\$	24,706.73	
Print Advertising	Place ads in HHI and Bluffton publications that are readily available to residents and tourists.	\$ 12,500.00	\$	13,741.25	We have retained our members throughout the Pandemic and have kept the community and tourists notified of our many exhibitions, classes, art opportunities and special events.
Total		\$ 12,500.00	\$	13,741.25	
				•	
Additional Advertising	50th Anniversary Video Deposit & Special Ads	\$ 6,000.00	\$	6,805.00	Hired a videographer to film a historical video for ALHH to premiere at our 50th Gala. Purchased special ads in USA Today, 55+ Guide, Plein Air Workshop Guide, RX Bag Ads and national Call for Entry Ads.
	wнні тv	\$ 1,800.00	\$	1,800.00	
Total		\$ 7,800.00	\$	8,605.00	
Design Fees	Design digital and print material	\$ 6,875.00	\$	7,284.75	Brand recognition is very important. We continue to work with our designers to provide strong brand consistency and awareness.
Website	Hosting Fees	\$ 1,000.00	\$	959.88	Hosting fees keep our website continually running and operating without any error
Total	1	\$ 8,000.00	\$	8,244.63	

#### ATAX EFFECTIVENESS MEASUREMENT

TOPIC	THE PLAN	BUDGET	AC	TUAL SPENT	RESULTS
					When possible, provide planned results vs. actual
					results, and/or current year vs. prior year results .
Printing & Postage	Continued printing brochures, membership drive material, exhibition postcards, class schedules, signage	\$ 11,700.00	\$	·	Paper mailings are a fantastic tool for certain advertisement techniques. However, we have lowered this to started focusing more on digital marketing to reach individuals both near and far and save on paper consumption.
Total	•	\$ 11,700.00	\$	9,751.80	
Total Budget to Actua	I	\$ 65,000.00	\$	65,049.41	

Minutes of Board Meeting- August 17, 2022-Zoom Format

Present: Pat Batten, Janice Gray, Bob Sefton, Fanoula Sevastos, Kristen McIntosh, Debi West, Jan Ross, and Judy Blahut.

Judy Blahut, the Current Vice-President, called the meeting to order at 1:35. The agenda was revised to add Jan Ross's watercolor workshop on 9/27-9/28 to the Academy Report. Pat Batten made the motion the agenda be accepted, which Jan seconded.

Janice Gray gave the Treasurer's report. She and Amy are working with the calendar. Judy indicated she spoke with Bob and the budget looks good. Pat made the motion to accept the budget. Fanoula seconded. Votes were all in favor of the budget.

All Board Members voted in favor of Kristen McIntosh being designated to represent the ALHH in ATAX 2023 matters. Kristen will be completing the 2023 ATAX application and presentation.

Gala update: Plans are going well. An e-mail will be sent to all members requesting original art donations. Janice asked for restaurant gift certificates, tickets to sporting events, and other events to raffle at the Gala. Amy obtained an \$800 Belfair Golf gift certificate. All members were invited to stuff envelopes with the invitations for the Gala, on Monday, August 22, at the Art Academy.

Pat spoke about the Nomination report. Current members, Cindy Strickland, Delane Marynowski, and Fanoula Sevastos will continue on the Board, as their terms are to expire. New members will be: Art Cornell, LouAnne Barrett, Maria Berliner and Donna Simmons. Pat indicated we can have up to 19 members for the Board.

Bob has served as Treasurer for the ALHH Board of Directors for 6 years and is ready to turn the job over to someone else. Janice Gray will complete Bob's term.

The President's Report regarding NIBCAA indicates next year's Gullah Celebration Art Exhibition will be the same as in 2021. Exhibiting standards will remain the same with the Art League receiving 20% commission on sales, the Featured Artist section of the gallery will display Gullah works. Last year's show went extremely well!

Michael Waters will be working with ALHH on a 5-year strategic plan in 2023.

Discussion ensued regarding Art League Instructors teaching the exact same class at SOBA. The Board agreed instructors may teach at both studios, but the classes must be different, ie. Stained glass at the Art League Academy could feature flowers, while the SOBA could have birds. We want to work with SOBA without deterring students from attending our classes at the Art Academy.

December 10: Historic Holiday Art Market on the Hilton Head USC Campus, will have a Market for Heritage Day.

Kristen stated 40 artists submitted work for consideration for display at Hampton Hall beginning on September 7.

Debi West and Jan Ross along with a few other Art Instructors will work on the Scholarship Committee. We need to make sure all the high schools with eligible students receive our Scholarship Info. Teachers are overwhelmed with e-mail, info in general, so it's easy for our information to be lost or disposed of without reading. Perhaps the new Coordinator for Beaufort Arts, Chris Kratser (sp?) can assist with this.

A past members special exhibit will be held September 27 – October 1. A reception will be held on 9/28.

No other new business was presented. The meeting was concluded after a motion by Judy Blahut and seconded by Pat Batten at 3:00.

Respectfully submitted, Jan Ross Board Member Acting Secretary

Daily Log		Date:	
Name:			
Gallery Shift Time:			
Day Shift Pre-Show	Reception		
Gallery Attendance:	_		
Daytime: The total number of tally mo	arks should be equal to the total zip cod ker, no zip codes are required.	es below.	Total:
Customer Zip Code Tracke	er:		

Artist Name	Piece Sold	Price	Artist Notified	Item Inventoried
nal Notes:				
cement Artwork – List all nev	w works; must have two Change	of Show Forms.		T
Artist Name	Piece Title & Media Pric		Price	Inventoried & entered in RAIN?

### **Art League of Hilton Head** Profit & Loss Budget Overview January through December 2023

	Jan - Dec 23
Ordinary Income/Expense	
Income	
Art Sales all Locations	215,000.00
Classes & Workshops	100,000.00
Donations	12,000.00
Grants	
ATAX-Town of Hilton head	75,000.00
GDDF	10,000.00
SC Arts Commission	21,868.00
Total Grants	106,868.00
Membership Dues	51,000.00
x Auction Sales	10,000.00
x Other Types of Income	16,000.00
Total Income	510,868.00
Gross Profit	510,868.00
Expense	
Advertising /Promo /Mailing	75,000.00
Artist Commissions	150,500.00
Awards	5,000.00
Credit Card & Bank Fees	10,000.00
Instructors Fees	55,000.00
Insurance	2,600.00
Legal & Accounting	2,400.00
Miscellaneous	1,000.00
Payroll Expenses	143,400.00
Reception expense	4,000.00
Rent	41,700.00
Repairs & Maintenance	2,000.00
Scholarship	2,000.00
Supplies	4,000.00
Taxes & Licenses	200.00
Travel and Meetings	500.00
Utilities	9,000.00
Total Expense	508,300.00
Net Ordinary Income	2,568.00
Net Income	2,568.00

1:01 PM 09/01/22 Accrual Basis	Art League of Hilton Head Balance Sheet As of June 30, 2022 Jun 30, 22		
ASSETS			
Current Assets Checking/Savings	100,361.38		
Accounts Receivable	56,317.90		
Other Current Assets	30,317.90		
Prepaid Postage	543.26		
Undeposited Funds	985.86		
Total Other Current Assets	1,529.12		
Total Current Assets	158,208.40		
Fixed Assets	1,016.41		
Other Assets	1,010.11		
Security Deposits Asset	2,500.00		
Total Other Assets	2,500.00		
TOTAL ASSETS	161,724.81		
LIABILITIES & EQUITY			
Liabilities			
<b>Current Liabilities</b>			
<b>Accounts Payable</b>	17,096.14		
Credit Cards	-3,648.75		
Other Current Liabilities			
Gift Certificates	1,080.00		
Prepaid Class Tuition	•		
Rental Deposits	500.00		
Total Other Current Liabi	-,		
Total Current Liabilities	27,328.39		
Total Liabilities	27,328.39		
Equity			
Restricted Funds	2,050.00		
Unrestricted Net Assets	121,162.28		
Net Income	11,184.14		
Total Equity	134,396.42		
TOTAL LIABILITIES & EQUITY	161,724.81		

10:14 AM 04/20/22 **Accrual Basis** 

### **Art League of Hilton Head** Balance Sheet Prev Year Comparison As of December 31, 2021

	Dec 31, 21
ASSETS	
Current Assets	
Checking/Savings	
Checking, First Federal	127,180.67
Money Market, First Federal	0.00
PayPal Banking	0.00
Petty Cash - Academy	100.00
Petty Cash - Gallery	300.00
Total Checking/Savings	127,580.67
Accounts Receivable	30,550.43
Other Current Assets	
Prepaid Misc Expenses	0.00
Prepaid Postage	1,862.70
Undeposited Funds	13,478.12
<b>Total Other Current Assets</b>	15,340.82
Total Current Assets	173,471.92
Fixed Assets	
Furniture and Equipment	45,364.41
Leasehold Improvements	10,000.00
Less Accumulated Depreciation	-54,348.00
Total Fixed Assets	1,016.41
Other Assets	2,500.00
TOTAL ASSETS	176,988.33
LIABILITIES & EQUITY	
Liabilities	
Current Liabilities	
Accounts Payable	11,042.95
Credit Cards	61.18
Other Current Liabilities	
Gift Certificates	1,503.00
Prepaid Exhibition Fees	0.00
Prepaid Fees & Dues	28,645.00
Prepaid Membership Fees	0.00
Rental Deposits	500.00
Sales Tax Payable	0.00
Unearned Tuition	11,119.00
Total Other Current Liabilities	41,767.00
Total Current Liabilities	52,871.13
Total Liabilities	52,871.13
Equity	
Restricted Funds	
Low Income Educ Fund	850.00
Restricted for Hanging System	1,192.70
Total Restricted Funds	2,042.70

10:14 AM 04/20/22 Accrual Basis

# Art League of Hilton Head Balance Sheet Prev Year Comparison

As of December 31, 2021

	Dec 31, 21
<b>Unrestricted Net Assets</b>	87,208.96
Net Income	34,865.54
Total Equity	124,117.20
TOTAL LIABILITIES & EQUITY	176,988.33

1:09 PM 09/01/22 Accrual Basis

## Art League of Hilton Head Profit & Loss

January through June 2022 Jan - Jun 22

•	Jan - Jun 22
Ordinary Income/Expense	
Income	
Art Sales	122,725.46
Classes & Workshops	54,045.00
Donations	24,896.54
Grants	62,000.00
Membership Dues	49,941.66
Special Events	8,300.00
x Other Types of Income	4,075.07
Total Income	325,983.73
Gross Profit	325,983.73
Expense	
Advertising /Promo /Mailing	
Advertising	
1 Online Marketing	26,319.45
2 Print Advertising	10,396.55
Additional Advertising	3,140.89
WHHI TV	300.00
Total Advertising	40,156.89
Design	6,126.13
Postage	1,997.82
Printing	9,952.63
Website	480.74
Total Advertising /Promo /Mailing	58,714.21
Artist Commissions	87,114.17
Credit Card & Bank Fees	6,677.67
Instructors Fees	33,948.76
Insurance	210.00
Legal & Accounting	1,845.00
Miscellaneous	2,003.43
Payroll Expenses	68,791.09
Reception expense	6,728.35
Rent	20,340.00
Repairs & Maintenance	11,374.16
Supplies	9,037.12
Telephone & Internet	1,210.00
Travel and Meetings	569.40
Utilities	6,236.23
Total Expense	314,799.59
Net Ordinary Income	11,184.14
Net Income	11,184.14

6:19 AM 05/15/21 Accrual Basis

# Art League of Hilton Head Balance Sheet As of December 31, 2020

	Dec 31, 20
ASSETS	
Current Assets	
Checking/Savings	91,917.88
Accounts Receivable	30,236.15
Other Current Assets	9,519.50
Total Current Assets	131,673.53
Fixed Assets	
Furniture and Equipment	45,364.41
Leasehold Improvements	10,000.00
Less Accumulated Depreciation	-52,308.01
Total Fixed Assets	3,056.40
Other Assets	2,500.00
TOTAL ASSETS	137,229.93
LIABILITIES & EQUITY	
Liabilities	
Current Liabilities	
Accounts Payable	6,839.50
Credit Cards	2,410.81
Other Current Liabilities	,
Gift Certificates	840.00
Prepaid Exhibition Fees	2,095.00
Prepaid Membership Fees	33,290.00
Rental Deposits	1,000.00
Sales Tax Payable	634.96
Unearned Tuition	518.00
<b>Total Other Current Liabilities</b>	38,377.96
Total Current Liabilities	47,628.27
Total Liabilities	47,628.27
Equity	
Restricted Funds	
Low Income Educ Fund	850.00
Restricted for Hanging System	1,542.70
Total Restricted Funds	2,392.70
Unrestricted Net Assets	75,348.33
Net Income	11,860.63
Total Equity	89,601.66
TOTAL LIABILITIES & EQUITY	137,229.93
	,

## Art League of Hilton Head Profit & Loss

January through December 2021

Sandary through	Jan December 20
- · · · · · · · · · · · · · · · · · · ·	Jan - Dec 21
Ordinary Income/Expense	
Income	54.004.00
Academy Sales	54,331.00
Art Sales	150,980.69
Donations	19,927.03
Grants	144,276.08
Membership Dues	59,785.00
Miscellaneous Revenue	2,588.98
Special Events	9,150.00
Total Income	441,038.78
Gross Profit	441,038.78
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	47,052.98
Design	7,284.75
Postage	
Postage - Class Schedule	93.75
Postage - Misc	124.43
Postage - Postcards	1,579.32
Total Postage	1,797.50
Printing	
Printing - Brochures	1,243.21
Printing - Cards/Poster/Vinyl	5,718.35
Printing - Class Schedule	620.38
Printing - Membership	372.36
Total 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	7,543.75
Depr and Amort - Allowable	2,039.99
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	
Fees - ADP	4,099.57
· -	,

10:08 AM 04/20/22 Accrual Basis

## Art League of Hilton Head Profit & Loss

January through December 2021

•	Jan - Dec 21
Payroll Taxes	9,341.60
Wages	119,113.06
Total Payroll Expenses	132,554.23
Reception expense	1,386.39
Rent	38,910.00
Repairs & Maintenance	8,611.20
Scholarship	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	429,717.02
Net Ordinary Income	11,321.76
Other Income/Expense	
Other Income	
Interest-Savings, Short-term CD	112.78
P/R Protection Program	23,431.00
Total Other Income	23,543.78
Net Other Income	23,543.78
Net Income	34,865.54

6:23 AM 05/15/21 Accrual Basis

# Art League of Hilton Head Profit & Loss

January through December 2020

	Jan - Dec 20
Income	
Academy Sales	76,548.00
Art Sales	124,084.65
Donations	22,901.34
Exhibit Fees	20,035.00
Grants	99,388.00
Membership Dues	35,380.00
Total Income	378,336.99
Expense	
Advertising /Promo /Mailing	65,840.17
Artist Commissions	68,488.05
Awards	3,000.00
Credit Card & Bank Fees	11,587.43
Events/Lecture/Stipends	1,905.00
Instructors Fees	41,263.79
Insurance	3,095.00
Legal & Accounting	7,200.00
Miscellaneous	2,671.09
Model Expense	210.00
Payroll Expenses	125,290.03
Reception expense	1,254.65
Rent	37,430.00
Repairs & Maintenance	5,334.74
Scholarship	2,000.00
Supplies	6,527.47
Taxes & Licenses	112.48
Telephone & Internet	4,874.64
Utilities	3,927.00
Total Expense	392,011.54
Other Income	
Interest-Savings, Short-term CD	83.36
P/R Protection Program	25,435.00
Sales Tax Discount	16.82
<b>Total Other Income</b>	25,535.18
Net Income	11,860.63

#### 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	ig or rear		_	62,690
Revenue				
Contributions		272,854		^
Program service revenue		272,854 217,051		/) (
Investment income		113		11 2 100
Capital gain / loss			C)	aco muco
Fundraising / Gaming:	-		-	of meal
Gross revenue			1/00	of mecal
Direct expenses			Julia	(
Net income				tole !
Other income		0		1
Total revenue			490,018	June -
Expenses		V. 200.		0 113/22
Program services		347,730		2/11
Management and general		61,169		
Fundraising		19,349		
Total expenses			428,248	
Excess / (deficit)				61,770
				-352
Changes			-	104 100
Changes  Net Asset / Fund Bala	nce at End of Year		=	124,108
			Reconciliation of E	
Net Asset / Fund Bala Reconciliation of Rev		Total expense	Reconciliation of Es	xpenses
Net Asset / Fund Bala  Reconciliation of Rev  Total revenue per financial statements		Total expense Less:		xpenses
Net Asset / Fund Bala  Reconciliation of Rev  otal revenue per financial statements			s per financial statement	xpenses
Net Asset / Fund Bala  Reconciliation of Rev  otal revenue per financial statements ess:		Less: Donated s	s per financial statement	xpenses
Net Asset / Fund Bala  Reconciliation of Rev  otal revenue per financial statements  ess:  Unrealized gains		Less: Donated s	s per financial statement ervices	xpenses
Net Asset / Fund Bala  Reconciliation of Rev  otal revenue per financial statements  ess:  Unrealized gains  Donated services		Less: Donated s Prior year	s per financial statement ervices	xpenses
Reconciliation of Rev  Total revenue per financial statements  Less:  Unrealized gains  Donated services  Recoveries  Other		Less: Donated s Prior year Losses	s per financial statement ervices	xpenses
Reconciliation of Rev  Total revenue per financial statements  Less:  Unrealized gains  Donated services  Recoveries  Other		Less: Donated s Prior year Losses Other Plus: Investmen	s per financial statement ervices	xpenses
Reconciliation of Rev  Total revenue per financial statements  Less:  Unrealized gains  Donated services  Recoveries  Other  Plus: Investment expenses  Other	enue	Less: Donated s Prior year Losses Other Plus: Investmen	s per financial statement ervices adjustments t expenses	Expenses
Reconciliation of Rev  Total revenue per financial statements  .ess:  Unrealized gains  Donated services  Recoveries  Other  Plus:  Investment expenses		Less: Donated s Prior year Losses Other Plus: Investmen	s per financial statement ervices adjustments	xpenses
Reconciliation of Rev  Total revenue per financial statements  Less:  Unrealized gains  Donated services  Recoveries  Other  Plus: Investment expenses  Other	enue	Less: Donated s Prior year Losses Other Plus: Investmen Other Total	s per financial statement ervices adjustments t expenses	Expenses
Reconciliation of Rev  Total revenue per financial statements Less: Unrealized gains Donated services Recoveries Other  Plus: Investment expenses Other	490,018	Less: Donated s Prior year Losses Other Plus: Investmen Other Total	s per financial statement ervices adjustments t expenses expenses per return	Expenses
Reconciliation of Rev  Total revenue per financial statements Less:  Unrealized gains Donated services Recoveries Other  Plus: Investment expenses Other  Total revenue per return	490,018 Beginning	Less: Donated s Prior year Losses Other Plus: Investmen Other Total  Balance Sheet Ending	s per financial statement ervices adjustments t expenses	Expenses
Reconciliation of Rev Total revenue per financial statements  Less:  Unrealized gains Donated services Recoveries Other Plus: Investment expenses Other Total revenue per return  Assets	490,018  Beginning 135,753	Less: Donated s Prior year Losses Other Plus: Investmen Other Total  Balance Sheet Ending 176,979	s per financial statement ervices adjustments t expenses expenses per return	Expenses
Reconciliation of Rev  Total revenue per financial statementsess:  Unrealized gains Donated services Recoveries Other  Plus: Investment expenses Other  Total revenue per return	490,018 Beginning	Less: Donated s Prior year Losses Other Plus: Investmen Other Total  Balance Sheet Ending	s per financial statement ervices adjustments t expenses expenses per return	428,248

Amended return

Return / extended due date  $05/16/2\overline{2}$ 

Failure to file penalty

Form 8879-TF

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

20

2021

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

For calendar year 2021, or fiscal year beginning Do not send to the IRS. Keep for your records.

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

EIN or SSN

ART LEAGUE OF HILTON HEAD INC. 57-1061135 Name 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. 490,018 b Total revenue, if any (Form 990, Part VIII, column (A), line 12) 1a Form 990 check here Total revenue, if any (Form 990-EZ, line 9) 2b 2a Form 990-EZ check here b Total tax (Form 1120-POL, line 22) 3b 3a Form 1120-POL check here 4a Form 990-PF check here b Tax based on investment income (Form 990-PF, Part VI, line 5) 4b 5b 5a Form 8868 check here b Balance due (Form 8868, line 3c) b Total tax (Form 990-T, Part III, line 4) 6b 6a Form 990-T check here 7b 7a Form 4720 check here Total tax (Form 4720, Part III, line 1) FMV of assets at end of tax year (Form 5227, Item D) 8b 8a Form 5227 check here 9a Form 5330 check here b Tax due (Form 5330, Part II, line 19) 9b Amount of credit payment requested (Form 8038-CP, Part III, line 22) 10a Form 8038-CP check here Declaration and Signature Authorization of Officer or Person Subject to Tax Under penalties of perjury, I declare that |X| I am a person subject to tax with respect to (name I am an officer of the above entity or and that I have examined a copy of the of entity) . (EIN) 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 JUNECPA to enter my PIN as my signature I authorize 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. 05/11/22 Signature of officer or person subject to tax Certification and Authentication ERO's EFIN/PIN. Enter your six-digit electronic filing identification 57175462291 number (EFIN) followed by your five-digit self-selected PIN. 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. 05/11/22

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

MARK N JUNE, CPA

ERO's signature

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)

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.

2021 Open to Public Inspection

Department of the Treasury Internal Revenue Service

В	Check if applicable: Address change	C Name of organization	, and ending			D Employe	r identificati	on number
-		Doing bulginger as						35
Face of	Name change Initial return	Number and street (or P.O. box if mail is not de P.O. BOX 22834	livered to street address)		E Telephone number 843-681-5060			
	Final return/	City or town, state or province, country, and ZIF	or foreign postal code					
	terminated	HILTON HEAD ISLAND	SC 29925			G Gross rec	eipts\$	490,018
	Amended return	F Name and address of principal officer:			Southwest Sto	A.V. A.V.	E CONTROL A	T. V.
	Application pending	LINDA SAYLOR 29 PERCHERON LN. HILTON HEAD ISLAND			H(a) Is this a ground H(b) Are all substitution of "No."		uded?	Yes No
	Tax-exempt status:		◀ (insert no.) 4947(a)(1) or	527			4.	
		WW.ARTLEAGUEHHI.ORG			H(c) Group exer			
	Form of organization:		Other >	L Ye	ear of formation: 1	911	M State o	f legal domicile: SC
_		ummary escribe the organization's mission or mo	Later the second second second					
Activities & Governance	2 Check th	is box ▶ if the organization discont	inued its operations or disposed			ts.		
čo		of voting members of the governing bod		************	00 YO - 0 YO - 0 YO - 0 XX	. 3	15 15	
ties		of independent voting members of the g		less test tres tess to			7	
tívi	The second second	mber of individuals employed in calenda				5	56	
Ac		mber of volunteers (estimate if necessar	The second secon			6	36	0
		related business revenue from Part VIII,		1) (11-61-15-11-10-11-11-11-11-11-11-11-11-11-11-11-		7a	_	0
_	b Net unrel	lated business taxable income from For	m 990-T, Part I, line 11		Prior Yea	7b		urrent Year
0.1	8 Contribut	tions and grants (Part VIII line 1h)				7,669		272,854
Revenue	8 Contributions and grants (Part VIII, line 1h) 9 Program service revenue (Part VIII, line 2g)					,685	-	217,051
ve	9 Program service revenue (Part VIII, line 2g)  10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)					83		113
Re		venue (Part VIII, column (A), lines 5, 6d,						0
6		enue – add lines 8 through 11 (must eq	The second secon		378	3,437		490,018
7	13 Grants at	nd similar amounts paid (Part IX, column	n (A) lines 1–3)			2,000		2,000
	14 Benefits	paid to or for members (Part IX, column	(A), line 4)	C S C S N i S - S .				0
co.		other compensation, employee benefits		))	121	1,069		128,454
Expenses		onal fundraising fees (Part IX, column (A	\\ line 11e\					0
be		draising expenses (Part IX, column (D),	line 25) ▶ 19	349				
ŵ	17 Other exp	penses (Part IX, column (A), lines 11a-			269	,855		297,794
	18 Total exp	penses. Add lines 13-17 (must equal Pa	art IX, column (A), line 25)		392	2,924		428,248
	19 Revenue	less expenses. Subtract line 18 from lin	ne 12			1,487		61,770
s or	35.65v			1	Beginning of Curr		E	nd of Year
Net Assets or Fund Balances	20 Total ass		***	o cio cio exe		753		176,979
et A	21 Total liab	ollities (Part X, line 26)	**G***********	V1/1-1-1		3,063		52,871
		ts or fund balances. Subtract line 21 fro	m line 20	000000000000	02	2,690		124,108
		gnature Block perjury, I declare that I have examined this re	eturn, including accompanying sche	dules and statemen	ts, and to the bes	t of my know	wiedge an	d belief, it is
tru	ie, correct, and co	omplete. Declaration of preparer (other than	officer) is based on all information of	f which preparer ha	s any knowledge.		11/15/11/1	
			-					
Sig	100	Signature of officer		CENTRE	20/4	Date		
Hei		PAT BATTEN		PRESII	ENT			
		Type or print name and title	Leading to the case.		i soo	1	r sala	T/N1
Det		e preparer's name	Preparer's signature		Date	Check		TIN
Paid	narer	JUNE, CPA	MARK N JUNE, CPA			22 self-em		4046338
	parer Firm's na		am.		Fi	rm's EIN	20-	4046229
U36		99 MAIN STREE		6			012	842-6500
NA	Firm's ad			0	Ph	none no.	043	
_		s this return with the preparer shown ab action Act Notice, see the separate instruc-				********		Yes No Form 990 (2021)

orm 990 (2021) ART LEAGUE OF	HILTON HEAD INC.	57-1061135	Page 2
Part III Statement of Program	n Service Accomplishments ontains a response or note to an	ny line in this Part III	
1 Briefly describe the organization's miss	ion:		
ARTS EDUCATION AND PR	ROMOTION.		
5110 (m) - 131 (132 m) - 14 (17 m) - 14 (17 m)			
1,041-111-111-14-19-19-19-19-19-19-19-19-19-19-19-19-19-	** * * * * * * * * * * * * * * * * * * *		
2 Did the organization undertake any sign	nificant program services during the year	ar which were not listed on the	
prior Form 990 or 990-EZ?			Yes X No
If "Yes," describe these new services of	The state of the s		
3 Did the organization cease conducting,		conducts, any program	
services?			Yes X No
If "Yes," describe these changes on Sc	hedule O.		
4 Describe the organization's program se	rvice accomplishments for each of its th	hree largest program services, as measure	ed by
		t the amount of grants and allocations to o	thers,
the total expenses, and revenue, if any	, for each program service reported.		
4a (Code: ) (Expenses \$	347,730 including grants	of \$ 2,000 ) (Reven	ue \$ 217,051)
ART GALLERY - PROVIDE PURCHASED BY THE PUB		Y TO EXHIBIT ARTWORK	THAT CAN BE
ART ACADEMY - OFFERS PURPOSE IS TO NOT ON		S TO THE GENERAL PUBL EVELOP TALENT.	IC. THE
THE REPORT OF THE PARTY OF THE	VIDES SPONSORSHIPS I	FOR SPECIAL EVENTS, LE	CTURES, SPACE
RENTAL ETC.	AND THE RESERVE OF THE PROPERTY OF THE PROPERT		( ( ( ( ( ( ( ( ( ( ( ( ( ( ( ( ( ( (
(4,447)(416)(414)(4116)(4116)(414)(414)(414)(4			AND THE PROPERTY OF THE PROPERTY OF THE
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4b (Code: ) (Expenses \$	including grants	of \$ ) (Rever	nue \$)
N/A			
			(a) (a) (a, , , , , , , , , )
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4c (Code: ) (Expenses \$	including grants	of \$) (Rever	nue \$
N/A	*************************		*************************
	5.5,12.5,12.2,12.2,2.2,2.3,2.3,2.6,2.4,2.2,2.4,2.4,2.4,2.4,2.4,2.4,2.4,2.4	$(x_1x_2,x_3) + (x_1x_3) + (x_1x_4) + (x_1x_3) + (x_1x_4) + (x_1x$	14 ) - ( X ( + ) X ( +
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4d Other program services (Describe on	Schedule O.)	14.31.2	
(Expenses \$	including grants of \$	) (Revenue \$	)
4e Total program service expenses ▶	347,730		F 990 /202

**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," X 1 complete Schedule A X 2 Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to X 3 candidates for public office? If "Yes," complete Schedule C, Part I Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) X election in effect during the tax year? If "Yes," complete Schedule C, Part II 4 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, X 5 assessments, or similar amounts as defined in Rev. Proc. 98-197 If "Yes," complete Schedule C, Part III 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 X 6 "Yes," complete Schedule D, Part I Did the organization receive or hold a conservation easement, including easements to preserve open space, 7 X the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," X 8 complete Schedule D. Part III Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or X 9 debt negotiation services? If "Yes," complete Schedule D, Part IV Did the organization, directly or through a related organization, hold assets in donor-restricted endowments 10 X 10 or in quasi endowments? If "Yes," complete Schedule D, Part V If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII. VIII. IX. or X. as applicable. Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," 11a X complete Schedule D, Part VI Did the organization report an amount for investments—other securities in Part X, line 12, that is 5% or more X 11b of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII c Did the organization report an amount for investments—program related in Part X, line 13, that is 5% or more X 11c of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII d Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets 11d X reported in Part X, line 16? If "Yes," complete Schedule D, Part IX X 11e e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses X 11f the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete 122 X Schedule D, Parts XI and XII Was the organization included in consolidated, independent audited financial statements for the tax year? If X "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional 12b X 13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E 13 X 14a 14a Did the organization maintain an office, employees, or agents outside of the United States? 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 X foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV 14b Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or 15 X 15 for any foreign organization? If "Yes," complete Schedule F, Parts II and IV Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other X 16 assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on 17 X 17 Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions Did the organization report more than \$15,000 total of fundraising event gross income and contributions on 18 X 18 Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? X 19 If "Yes," complete Schedule G, Part III X 20a 20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H 20b b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or 21 X domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II

Form 990 (2021)

Checklist of Required Schedules (continued) Yes No Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on X 22 Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the 23 organization's current and former officers, directors, trustees, key employees, and highest compensated X 23 employees? If "Yes," complete Schedule J 24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b X 24a through 24d and complete Schedule K. If "No," go to line 25a 24b b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? Did the organization maintain an escrow account other than a refunding escrow at any time during the year 24c 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? 24d Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit 25a X transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I 25a is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? X 25b If "Yes." complete Schedule L. Part 1 Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current 26 or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% X controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II 26 Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key 27 employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these X 27 persons? If "Yes," complete Schedule L, Part III Was the organization a party to a business transaction with one of the following parties (see the Schedule L, 28 Part IV, instructions for applicable filing thresholds, conditions, and exceptions): A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If X 28a "Yes," complete Schedule L, Part IV X 28b A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If X 28c "Yes," complete Schedule L, Part IV X Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M 29 29 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified 30 X 30 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 31 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," 32 X 32 complete Schedule N, Part II Did the organization own 100% of an entity disregarded as separate from the organization under Regulations 33 X 33 sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, 34 X 34 or IV, and Part V, line 1 X 35a 35a Did the organization have a controlled entity within the meaning of section 512(b)(13)? If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 35b Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable 36 X 36 related organization? If "Yes," complete Schedule R, Part V, line 2 Did the organization conduct more than 5% of its activities through an entity that is not a related organization 37 and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI X 37 Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 38 X 38 19? Note: All Form 990 filers are required to complete Schedule O. Statements Regarding Other IRS Filings and Tax Compliance Part V Check if Schedule O contains a response or note to any line in this Part V Yes No 50 1a Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 0 1b 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?

Form 990 (2021) ART LEAGUE OF HILTON HEAD INC.

57	-11	161	1	32

_	irt V Statements Regarding Other IRS Filings and Tax Compliance (contin	Tueu)			res	NO
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax		7		137	
	Statements, filed for the calendar year ending with or within the year covered by this return	2a		2b	x	
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns the second of the			20		
5	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. See instructions.					
3a						
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule		us, seekseepee ook ook oo	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other			4a		x
	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?					
þ	If "Yes," enter the name of the foreign country	A coour	c (EDAD)	200		
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial	Account	a (LDAN).	5a		x
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	otion?		5b		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction for the first state of the first s	MOIL		5c		
C	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		epond on all the state of the	- 00		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did to	IC		6a		X
	organization solicit any contributions that were not tax deductible as charitable contributions?	nne or	¥**1 ** >1 ** -1 ** -1 **	- 02		-
b	If "Yes," did the organization include with every solicitation an express statement that such contribution	JIIS UI		6b		
	gifts were not tax deductible?	1,4-1,1-10	[	- 00		
7	Organizations that may receive deductible contributions under section 170(c).	annde				
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for	goods		7a		
	and services provided to the payor?  If "Yes," did the organization notify the donor of the value of the goods or services provided?	1100.000	esimmen) 11 - 1 - 12	7b	-	
b	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it w	26		100		-
C		as		7c		
	required to file Form 8282?	7d	Vienienne reinige			
d	If "Yes," indicate the number of Forms 8282 filed during the year  Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit of	_	7	7e		
e	Did the organization receive any turids, directly or indirectly, to pay premiums on a personal benefit contribution, during the year, pay premiums, directly or indirectly, on a personal benefit contribution.		**************************************	7f		
f	If the organization received a contribution of qualified intellectual property, did the organization file Fr	orm 889	99 as required?	7g		4
g	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization	ation file	a Form 1098-C?	7h		
h	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintain	ned by t	he			
8	sponsoring organization have excess business holdings at any time during the year?			8		
	Sponsoring organizations maintaining donor advised funds.	-11 1	at to axions so.			
9	Did the sponsoring organization make any taxable distributions under section 4966?			9a		
a	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	SEED STOP		9b		i I
10	Section 501(c)(7) organizations. Enter:	retomo (	111110000000000000000000000000000000000			
	Initiation fees and capital contributions included on Part VIII, line 12	10a				
a b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	108				
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	17				
-	against amounts due or received from them.)	111				
12a	Fig. 5 to 1 to	m 1041	?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	121				
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	0.5	A.			
	the organization is licensed to issue qualified health plans	13t				1
c	Enter the amount of reserves on hand	130				
14a	Did the organization receive any payments for indoor tanning services during the tax year?	l che trois	oto oto oto a sea e s	14a		X
b	Control of the second of the s	ile O	10-11-1-1-1	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuni			110		20
	excess parachute payment(s) during the year?			15		X
	If "Yes," see instructions and file Form 4720, Schedule N.			100		5.7
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment	nt incom	e?	16		X
	If "Yes," complete Form 4720, Schedule O.				1	
17	Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage	in		1115		
	activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953?		and a distribution from	17		
	If "Yes," complete Form 6069.				L.,	0 /2021

Form 990 (2021) ART LEAGUE OF HILTON HEAD INC. 57-1061135 Page 6 Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" Part VI response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions. X Check if Schedule O contains a response or note to any line in this Part VI Section A. Governing Body and Management No Yes 15 1a Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O. 15 1b Enter the number of voting members included on line 1a, above, who are independent Did any officer, director, trustee, or key employee have a family relationship or a business relationship with 2 X 2 any other officer, director, trustee, or key employee? Did the organization delegate control over management duties customarily performed by or under the direct X supervision of officers, directors, trustees, or key employees to a management company or other person? 3 X 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? X 5 Did the organization become aware during the year of a significant diversion of the organization's assets? Did the organization have members or stockholders? 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint X 7a one or more members of the governing body? Are any governance decisions of the organization reserved to (or subject to approval by) members, X 7b stockholders, or persons other than the governing body? Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: X 8a The governing body? a X 86 Each committee with authority to act on behalf of the governing body? Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at X the organization's mailing address? If "Yes," provide the names and addresses on Schedule O Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Yes No X 10a 10a Did the organization have local chapters, branches, or affiliates? If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? 10b X 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11a Describe on Schedule O the process, if any, used by the organization to review this Form 990. b X 12a 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 x Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12b Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," X 12c describe on Schedule O how this was done 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 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? X 15a The organization's CEO, Executive Director, or top management official 15b Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions. 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement X 16a with a taxable entity during the year? 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 SC List the states with which a copy of this Form 990 is required to be filed > 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. Another's website X Upon request Other (explain on Schedule O) Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and 19

ROBERT SEFTON

financial statements available to the public during the tax year.

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

14 SHELTER COVER LANE

SC 29928

843-842-5738

20

#### 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.

X 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	bo	x, unl	Pos check ess pe	rson	than o	an	(D) Reportable compensation from the	(E) (F)  Reportable Estimated amo of other from related compensation compensation	
	(flist any hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/ 1099-MISC/ 1099-NEC)	organizations (W-2/ 1099-MISC/ 1099-NEC)	from the organization and related organizations
(1) PAT BATTEN	0.00	T						1		
	3.00	-								
PRESIDENT	0.00	X		X		-	-	0	0	0
(2) JUDY BLAHUT	0.00	+7								
Autoritation and the state of the con-	2.00									
COMMITTEE MEMBER	0.00	X	-		_	-	-	0	0	0
(3) LINDA BLOOM	0.00									
For the Commence of the Commen	2.00								4	4
COMMITTEE MEMBER	0.00	X	_	_			-	0	0	0
(4) JANICE GRAY		1				- 1				
	3.00					Ш		- 2		2
PAST PRESIDENT	0.00	X		X			_	0	0	0
(5) GABRIELE HOFFMAN	Market Company of the									
	2.00	**	11				- 1			
MEMBER-AT-LARGE	0.00	X			_		-	0	0	0
(6) REBECCA JEFFRIES					П					
Face and the Control of the Control	2.00					1 1				
MEMBER-AT-LARGE	0.00	X			_		_	0	0	0
(7) ROSALYN LESTER	3.00		M					1.		
SECRETARY	0.00	X	1	X				0	0	0
(8) DELANE MARYNOWS			Ш					71		
	2.00		Ш.,							
MEMBER-AT-LARGE	0.00	X	112					0	0	0
(9) JAN ROSS		H								
A trade of the last standard and the standard st	2.00		H							
MEMBER-AT-LARGE	0.00	X				_		0	0	0
(10) LINDA SAYLOR			1							
	2.00									
VICE PRESIDENT	0.00	x	Щ	X				0	0	0
(11) ROBERT SEFTON	T-, -,-1		H							
	3.00									
TREASURER	0.00	X		х				0	0	0

(A) Name and title	(B) Average hours	bo	x, unle	Pos heck ess pe	rson	than o	an	(D) Reportable compensation from the	(E) Reportable compensation from related	(final Estimate of o compe	d amount ther	
	per week (list any hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key emplayee	Highest compensated employee	Former	organization (W-2/ 1099-MISC/ 1099-NEC)	organizations (W-2/ 1099-MISC/ 1099-NEC)	from	the ition and	ıs
(12) FANOULA SEVAS	5.00 0.00	x						0	0			0
(13) CINDY STRICKS VOLUNTEER CHAIR	2.00 0.00	x						0	0			c
(14) PEG WESCHKE	2.00	x				17	11	0	0			0
MEMBERSHIP CHAIR (15) DEBI WEST	2.00	x						0	0			0
COMMITTEE MEMBER	0.00	^										
10011=3343011=01(-00(-	. 1=01/801080 (8)								20			
1 (100010) (10) (10) (10)												
1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -	\$											
1b Subtotal c Total from continuation sho	eets to Part VII,	Sect	ion	Α			A A A					
d Total (add lines 1b and 1c)  Total number of individuals (i reportable compensation from	ncluding but not	limite	d to	thos	e lis	ted a	bove	) who received more than \$1	00,000 of		Yes	No
<ul> <li>Did the organization list any f employee on line 1a? If "Yes,</li> <li>For any individual listed on line organization and related organization.</li> </ul>	" complete Sche ne 1a, is the sum	dule of re	J for	suci	om com	lividu pens	al atior	and other compensation fro	m the	3		x
individual  Did any person listed on line for services rendered to the or	1a receive or acc	crue	comp	ens	atio	fron	any	unrelated organization or in		5		x
Section B. Independent Contract  Complete this table for your f compensation from the organ	ive highest comp	ensa	ited i	nde	oenc	lent o	ontra	ar year ending with or within	the organization's tax year			
	(A) nd business address							Description	(B) in of services		(C) Compens	ation
											-	
Total number of independent received more than \$100,000	t contractors (inc	ludin	g but	not	limit	ed to	thos	se listed above) who	0		orm 99	

-	_	Check	II SCI	ledule O col	ntains a	a respo	nse or note	to any line in this	s Part VIII	of more management and a contract of the	1981-1981-7181-211
								(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
nts	2 1	a Federated cam	paigns		1a						
Srai	3	b Membership du		4 8 9 9 9 9 9 9 9 9 9 9 9 9	1b		59,785				
s, c		c Fundraising eve		100 - 20 - 1 - 100 - 1 to	1c		27,73				
Sift	5	d Related organiz			1d						
S, C	,	e Government grants (o		The state of the s	1e		133,354				
ion	2	f All other contributions	, gifts, gr	ants,	10						
pri	2	and similar amounts r  Noncash contributions	not includ	ed above	1f		79,715				
Ę	,			in - (3 1-330) (0	1g	\$					
Contributions, Gifts, Grants	1	h Total. Add lines	1a-1	*031-080310	L.g			272,854			
						January Cons.	Business Code	2/2,034			
a	28	ART SALES					Business Code	150,981	150,981		
Program Service		ART ACADEM	ſΥ	137-181111-111	00 1 20 TO	\$-0-0-0-0-0		54,331	54,331		
Se		SPECIAL EV	DOM: N	111111111111111111111111111111111111111	*****	2007128		9,150	9,150		
ram		MISC	VALUE OF THE	d	8:088:X8X	110000000		2,589	2,589		
60		* American entre constant		GAS BANCAMATANA	X 3 - (X 9 + 2	13111381		2,303	2,369		
о.		f All other program	m serv	ice revenue	113517446						
	0						•	217,051			
4	3	Investment inco						217,031			
		other similar am			,	oci, and	•	113		1	110
	4	Income from inv			ot bond n	roceeds		113			113
	5	Royalties	2000	in or tax oxomi	ot bolla p	locceus	13 8 11 0 1 0				
	1			(i) Real		(ii) F	Personal				
	6a	Gross rents	6a	(7		1.7.					
	b		6b								
	c		6c								
	d			1991							
	7a	Gross amount from		(i) Securitie	s	(ii)	Other				
		sales of assets other than inventory  7a			17	3.55					
e	b	Less: cost or other									
enr		basis and sales exps.	7b					1			
Sev	c	Gain or (loss)	7c								
Other Revenue		Net gain or (loss									
Ē		Gross income from		sing events							
		(not including \$			1 1		4.000	1	- 1		
		of contributions rep		line			- 11		1	111	
		1c). See Part IV, lin		****************	8a						
	b	Less: direct expe	10.0	100010000000000000000000000000000000000	8b				- 1		
- 1		Net income or (lo		m fundraising			Y •				
- 1		Gross income fro				201111-120					
		activities. See Pa			9a						
- 1	b	Less: direct expe		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	9b						
		Net income or (lo		m gaming activ	- 10						
		Gross sales of in			T						
	3	returns and allow			10a				1		
	b	Less: cost of goo		8 ( - 1 - 1 -	10b	_					
		Net income or (lo									
0						~1455414	Business Code				
venue	11a										
Revenue	b	4.000000P01111-11	1 5110	* 1 8 1 1 1 8 1 4 7 7 7 1 1 7 7	000000000000000000000000000000000000000						
976	C		1×10-110	*(*) = ( 1 = -, 1 , 2 , 2 , 2							
nœ.		All other revenue	cian-i-			.,					
		Total. Add lines			x+x+x+x-	(×0+0×0= L					
-	3.77	Total revenue.				*******		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, (A) Total expenses (B) (C) Management and (D) Fundraising Program service 8b, 9b, and 10b of Part VIII. expenses ganeral expenses expenses Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 Grants and other assistance to domestic individuals. See Part IV, line 22 2,000 2,000 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) 119,113 66,703 Other salaries and wages 36,925 15,485 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) Other employee benefits 9,341 5,231 10 Payroll taxes 2,896 1,214 Fees for services (nonemployees): Management b Legal 1,300 C Accounting 1,300 Lobbying Professional fundraising services. See Part IV, line 17 Investment management fees Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.) 12 Advertising and promotion 65,049 65,049 13 Office expenses Information technology 14 15 Royalties 57,347 16 Occupancy 57,347 17 Travel Payments of travel or entertainment expenses for any federal, state, or local public officials 19 Conferences, conventions, and meetings 20 Payments to affiliates 21 22 Depreciation, depletion, and amortization 572 572 3,132 23 Insurance 2,819 313 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.) COMMISSIONS 96,323 96,323 INSTRUCTOR FEES 30,190 b 30,190 SUPPLIES 13,169 9,877 3,292 c 9,444 MISCELLANEOUS 5,677 1,117 2,650 21,268 e All other expenses 11,074 10,194 25 Total functional expenses. Add lines 1 through 24e 428,248 347,730 61,169 19,349 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 ▶ 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 Cash-non-interest-bearing 91,918 1 127,581 Savings and temporary cash investments 2 3 Pledges and grants receivable, net Accounts receivable, net 30,236 30,550 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons 5 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) 6 Notes and loans receivable, net 7 Inventories for sale or use 8 Prepaid expenses and deferred charges 9 10a Land, buildings, and equipment; cost or other basis. Complete Part VI of Schedule D 55,364 10a b Less: accumulated depreciation 54,357 1,579 10b 1,007 10c 11 Investments—publicly traded securities 11 12 Investments-other securities. See Part IV, line 11 12 13 Investments-program-related. See Part IV, line 11 13 14 Intangible assets 14 Other assets. See Part IV, line 11 15 12,020 17,841 15 Total assets. Add lines 1 through 15 (must equal line 33) 16 135,753 176,979 16 10,725 17 Accounts payable and accrued expenses 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 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 Unsecured notes and loans payable to unrelated third parties 24 24 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 40,264 25 Total liabilities. Add lines 17 through 25 73,063 52,871 Organizations that follow FASB ASC 958, check here > X Net Assets or Fund Balances and complete lines 27, 28, 32, and 33. Net assets without donor restrictions 60,297 122,065 27 Net assets with donor restrictions 28 2,393 28 2,043 Organizations that do not follow FASB ASC 958, check here and complete lines 29 through 33. 29 Capital stock or trust principal, or current funds 29 Paid-in or capital surplus, or land, building, or equipment fund 30 30 Retained earnings, endowment, accumulated income, or other funds 31 32 Total net assets or fund balances 62,690 124,108 32 33 Total liabilities and net assets/fund balances 135,753 176,979

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)  2 Total expenses (must equal Part IX, column (A), line 25)  3 Revenue less expenses. Subtract line 2 from line 1  4 Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))  5 Net unrealized gains (losses) on investments  6 Donated services and use of facilities  7 Investment expenses  8 Prior period adjustments  9 Other changes in net assets or fund balances (explain on Schedule O)  10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line)	1 2 3 4 5 6 7 8 9	4	62,	
Total revenue (must equal Part VIII, column (A), line 12)  Total expenses (must equal Part IX, column (A), line 25)  Revenue less expenses. Subtract line 2 from line 1  Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))  Net unrealized gains (losses) on investments  Donated services and use of facilities  Investment expenses  Prior period adjustments  Other changes in net assets or fund balances (explain on Schedule O)	2 3 4 5 6 7 8 9	4	28, 61, 62,	248 770 690
Total expenses (must equal Part IX, column (A), line 25)  Revenue less expenses. Subtract line 2 from line 1  Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))  Net unrealized gains (losses) on investments  Donated services and use of facilities  Investment expenses  Prior period adjustments  Other changes in net assets or fund balances (explain on Schedule O)	2 3 4 5 6 7 8 9	4	28, 61, 62,	248 770 690
Revenue less expenses. Subtract line 2 from line 1  Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))  Net unrealized gains (losses) on investments  Donated services and use of facilities  Investment expenses  Prior period adjustments  Other changes in net assets or fund balances (explain on Schedule O)	3 4 5 6 7 8 9		61, 62,	770 690
Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))  Net unrealized gains (losses) on investments  Donated services and use of facilities  Investment expenses  Prior period adjustments  Other changes in net assets or fund balances (explain on Schedule O)	4 5 6 7 8 9	1	62,	690
Net unrealized gains (losses) on investments  Donated services and use of facilities  Investment expenses  Prior period adjustments  Other changes in net assets or fund balances (explain on Schedule O)	5 6 7 8 9	1		
6 Donated services and use of facilities 7 Investment expenses 8 Prior period adjustments 9 Other changes in net assets or fund balances (explain on Schedule O)	6 7 8 9	1		352
7 Investment expenses 8 Prior period adjustments 9 Other changes in net assets or fund balances (explain on Schedule O)	7 8 9	1	-2	352
Prior period adjustments     Other changes in net assets or fund balances (explain on Schedule O)	8 9	1	- 2	352
Other changes in net assets or fund balances (explain on Schedule O)	9	1	- 2	352
		1		
The lassets of fully paralless at end of year. Compline lines 3 infouding (must edual Part A. line	10	1		
32, column (B))			24,	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: Cash X Accrual Other		11	1	
If the organization changed its method of accounting from a prior year or checked "Other," explain on		-		
Schedule O.				
2a Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X
If "Yes," check a box below to indicate whether the financial statements for the year were compiled or				
reviewed on a separate basis, consolidated basis, or both:				
Separate basis Consolidated basis Both consolidated and separate basis				-
b Were the organization's financial statements audited by an independent accountant?		2b		X
If "Yes," check a box below to indicate whether the financial statements for the year were audited on a				
separate basis, consolidated basis, or both:		1		
Separate basis Consolidated basis Both consolidated and separate basis				
c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of			1 7	
the audit, review, or compilation of its financial statements and selection of an independent accountant?		2c		
If the organization changed either its oversight process or selection process during the tax year, explain on 🖣				
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?		3a		
b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the				
required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b	990	

#### SCHEDULE A (Form 990)

Public Charity Status and Public Support

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

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

2021

Open to Public Inspection

Internal Revenue Service

Name of the organization

Department of the Treasury

ART LEAGUE OF HILTON HEAD INC.

Employer identification number 57-1061135

The	orga	nization is not	t a private foundation becar	use it is: (For lines 1 through 12	check only	one box.)				
1		A church, co	nvention of churches, or as	ssociation of churches describe	d in section	170(b)(1)(	A)(i).			
2				)(A)(ii). (Attach Schedule E (Fo		245.65				
3		A hospital or	a cooperative hospital ser	vice organization described in s	section 170	(b)(1)(A)(iii	).			
4		A medical re	search organization operat	ted in conjunction with a hospital	al described	in section	170(b)(1)(A)(iii), Enter the h	ospital's name,		
		city, and stat								
5		An organizat	tion operated for the benefi	t of a college or university owner	ed or operat	ed by a gov	ernmental unit described in	Y1 (11-11- 11)-,		
	1		(b)(1)(A)(iv). (Complete Pa							
6	-			governmental unit described in						
7	X	described in	section 170(b)(1)(A)(vi). (			rnmental ur	nit or from the general public			
8				170(b)(1)(A)(vi). (Complete Pa						
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 organizat	activities related to its exe	1) more than 33 1/3% of its sup mpt functions, subject to certain	n exceptions	s: and (2) no	more than 331/3% of its	S-		
		acquired by t	the organization after June	and unrelated business taxable 30, 1975. See section 509(a)(	2) (Comple	to Part III \	11 tax) from businesses			
11				d exclusively to test for public s			21/41			
12	П			d exclusively for the benefit of, t				es of		
		one or more	publicly supported organiza	ations described in section 509 escribes the type of supporting	(a)(1) or se	ction 509(a	)(2). See section 509(a)(3).	Check		
	a			perated, supervised, or controll				a		
		the supp	orted organization(s) the po	ower to regularly appoint or elections A	ct a majority	of the direc	tors or trustees of the			
	b			supervised or controlled in conn		its supporte	d organization(s), by having			
		control o	r management of the supportion(s), You must complete	orting organization vested in the te Part IV, Sections A and C.	e same pers	ons that cor	ntrol or manage the supporte			
	C	Type III i	functionally integrated. A rted organization(s) (see in	supporting organization operal structions). You must comple	ted in conne te Part IV,	ection with, a Sections A,	and functionally integrated wi D, and E.	th,		
	d	that is no	t functionally integrated. Th	ed. A supporting organization on the organization generally must to must complete Part IV, Section	satisfy a dis	tribution req	uirement and an attentivenes	n(s) ss		
	е	Check th	is box if the organization re	ceived a written determination on functionally integrated support	from the IRS	that it is a				
	f		nber of supported organiza		nung organi	zation.				
				the supported organization(s).	-1	** a = a ** a * a ** a * a				
(i)	at W.T.	of supported	(ii) EIN	(iii) Type of organization	(iv) Is the	organization	(v) Amount of monetary	(vi) Amount of		
		anization		(described on lines 1-10		ur governing	support (see	other support (see		
				above (see instructions))	docu	ment?	instructions)	instructions)		
.54					Yes	No				
(A)										
(B)					100					
(C)										
(D)	10									
(E)										
Total										
or P	aperv	vork Reduction	n Act Notice, see the Instruc	tions for Form 990 or 990-EZ.				Schedule A (Form 990) 2021		

Schedule A (Form 990) 2021

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.)

Se	ction A. Public Support							
Cale	ndar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total	
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	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	
Sec	tion B. Total Support						7	
Cale	ndar 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. (s	ee instructions)			1 X 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -	12	1,037,158	
13	First 5 years. If the Form 990 is for the organization, check this box and stop here	anization's first, sec	ond, third, fourth, o	r fifth tax year as a	a section 501(c)(3)			
Sec	tion C. Computation of Public Su	pport Percenta	ae		estation nineri en re	(a)	aritaria (S	
14	Public support percentage for 2021 (line 6, c			f)γ		14	99.92%	
15	Public support percentage from 2020 Scheo	lule A. Part II. line 1	4	W 18 1-00 1 00	00 (00 000-00-00-00-00-00-00-00-00-00-00-00-	15	99.91%	
16a	33 1/3% support test-2021. If the organiz	ation did not check	the box on line 13.	and line 14 is 33	1/3% or more, che	ck this	33,31 10.	
	box and stop here. The organization qualifi-						▶ X	
b	33 1/3% support test—2020. If the organiz this box and stop here. The organization qu	ation did not check	a box on line 13 or	16a, and line 15	s 33 1/3% or more	, check	•	
17a	10%-facts-and-circumstances test—2021				or 16b, and line 14	4 is		
	10% or more, and if the organization meets							
	Part VI how the organization meets the facts organization	s-and-circumstance		The second second	Administration .		TINT.	
b	10%-facts-and-circumstances test—2020 15 is 10% or more, and if the organization m	. If the organization	did not check a bo	ox on line 13, 16a,	16b, or 17a, and li	ne		
	in Part VI how the organization meets the fa						W. Cher	
18	organization  Private foundation. If the organization did	not check a box on	line 13, 16a, 16b,	17a, or 17b, check	this box and see	8-1-1-1-1-1-1-1-1		
	instructions	. 112-112-19						

#### 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.)

	ction A. Public Support							
	ndar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 202	21	(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	15 - 10						
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.)							
	tion B. Total Support							
	ndar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 202	1	(f) Total
9	Amounts from line 6	L						
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.)			7 = 1				
14	First 5 years. If the Form 990 is for the organization, check this box and stop here		econd, third, fourth,	or fifth tax year as	a section 501(c)(3	3)		\$ m
Sec	tion C. Computation of Public Su	CONTRACTOR PROPERTY.	tage		TATE TO THE OWNER OF THE PARTY			L.
15	Public support percentage for 2021 (line 8,			n (f))			15	%
16	Public support percentage from 2020 Scheo						16	%
	tion D. Computation of Investmen							,,,
17	Investment income percentage for 2021 (lin			column (f))			17	%
18	Investment income percentage from 2020 S		the state of the s	Den		0 0115-115-	18	%
19a	33 1/3% support tests—2021. If the organ		CS CF CHILY UNI	14, and line 15 is r	more than 33 1/3%	, and line		
	17 is not more than 33 1/3%, check this box							<b>&gt;</b>
b	33 1/3% support tests—2020. If the organ line 18 is not more than 33 1/3%, check this	ization did not che	eck a box on line 14	or line 19a, and li	ine 16 is more than	33 1/3%, a	nd	
20	Private foundation. If the organization did							

#### Schedule A (Form 990) 2021 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. A	III S	Supporting	O	rganizations
		· - · · · · · ·	-	guinzations

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

Yes	No
	H
1 1 7	

Par	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	1		
	11c below, the governing body of a supported organization?	11a		
b	A family member of a person described on line 11a above?	11b		
C	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c,			
	provide detail in Part VI.	11c		
Secti	on B. Type I Supporting Organizations			
			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or			
	more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers,			
	directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s)	1 9		
	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	10		
	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported		11	
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part	1 1		
	VI how providing such benefit carried out the purposes of the supported organization(s) that operated,	100	1	
•	supervised, or controlled the supporting organization.	2		
Sect	on C. Type II Supporting Organizations		Yes	No
			res	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors	11		
	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	4		1 0
Cont	the supported organization(s). on D. All Type III Supporting Organizations			
Seci	on D. All Type in Supporting Organizations		Yes	No
4	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the		100	1,0
1	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
•	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported	1.3		
2	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how		10 - 15	4
	the organization maintained a close and continuous working relationship with the supported organization(s).	2	1 1	
3	By reason of the relationship described on line 2, above, did the organization's supported organizations have			
3	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		1	-
	supported organizations played in this regard.	3		
Sect	on 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)			
а	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
c	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instru	uctions).		
2	Activities Test. Answer lines 2a and 2b below.	T.	Yes	No
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,	1		
	how the organization was responsive to those supported organizations, and how the organization determined	201		
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described on line 2a, above, constitute activities that, but for the organization's			
	involvement, one or more of the organization's supported organization(s) would have been engaged in? If			
	"Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would		(41)	
	have engaged in these activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer lines 3a and 3b below.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or	- A-S		
	trustees of each of the supported organizations? If "Yes" or "No," provide details in Part VI.	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each	50		
	of its supported organizations? If "Yes." describe in Part VI the role played by the organization in this regard.	3b		

1 Check here if the organization satisfied.	ally Integrated 509(a)(3) Supporting sfied the Integral Part Test as a qualifying trush infunctionally integrated supporting organization	t on Nov. 20, 197	0 (explain in Part VI). S	ee
Section A – Adjusted Net Income	-tunctionally integrated supporting organization	ons must complet	(A) Prior Year	(B) Current Year (optional)
1 Net short-term capital gain		11		(optional)
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 of gross income or for management, of property held for production of income	conservation, or maintenance of	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	(B) Current Year (optional)			
<ol> <li>Aggregate fair market value of all non- instructions for short tax year or assets</li> </ol>				
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 othe (explain in detail in Part VI):	er factors			
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. En see instructions).	ter 0.015 of line 3 (for greater amount,	4		
5 Net value of non-exempt-use assets (s	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 t	o line 6)	8		
Section C - Distributable Amount	Current Year			
1 Adjusted net income for prior year (from	n Section A, line 8, column A)	1		
2 Enter 0.85 of line 1.	Y Y W W	2		
3 Minimum asset amount for prior year (	rom 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 emergency temporary reduction (see in		6		

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

Schedule A (Form 990) 2021

(see instructions).

Par	t V Type III Non-Functionally Integrated 509(a	a)(3) Supporting Organiza	tions (continued)	
Sect	tion D – Distributions			Current Year
1	Amounts paid to supported organizations to accomplish exempt	purposes		
2	Amounts paid to perform activity that directly furthers exempt pur 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—provid	de 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 organizations to which the organizations.	ganization is responsive		
9	Distributable amount for 2021 from Section C, line 6			
10	Line 8 amount divided by line 9 amount			
10	Line o amount divided by line 9 amount	m m	011	
Sect	ion 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			
а	From 2016			
b	From 2017			
С	From 2018	1		
	From 2019			
е	From 2020			
f	Total of lines 3a through 3e		~	
g	Applied to underdistributions of prior years			
h	Applied to 2021 distributable amount			
i	Carryover from 2016 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4	Distributions for 2021 from Section D, line 7: \$			
а	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			
	Excess from 2018			
	Excess from 2019			
	Excess from 2020		~	
е	Excess from 2021			

Schedule A (For	m 990) 2021	ART	LEAGUE	OF	HILTON	HEAD	INC.	57-3	1061135	Page 8
Part VI	Supplemental II III, line 12; Part I' B, lines 1 and 2; 3a, and 3b; Part lines 2, 5, and 6.	nformation V, Section Part IV, Se V, line 1; P	<ol> <li>Provide t</li> <li>A, lines 1, 2</li> <li>ection C, line</li> <li>Part V, Section</li> </ol>	he ex 2, 3b, e 1; f ion B	xplanations , 3c, 4b, 4c, Part IV, Sec s, line 1e; Pa	required 5a, 6, 9 ction D, li art V, Se	by Part I a, 9b, 9c nes 2 an ction D, I	I, line 10; Part I , 11a, 11b, and d 3; Part IV, Se ines 5, 6, and 8	I, line 17a or 11c; Part IV, ction E, lines ; and Part V,	17b; Part Section 1c, 2a, 2b,
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#### Schedule B (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

ART LEAGUE OF HILTON HEAD INC.

#### Schedule of Contributors

► Attach to Form 990 or Form 990-PF.

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

OMB No. 1545-0047

2021

Employer identification number

57-1061135

Organization type (check one): Filers of: Section: Form 990 or 990-EZ X 501(c)( 3 ) (enter number) organization 4947(a)(1) nonexempt charitable trust not treated as a private foundation 527 political organization Form 990-PF 501(c)(3) exempt private foundation 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundation Check if your organization is covered by the General Rule or a Special Rule. Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule, See instructions. General Rule For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a

#### Special Rules

contributor's total contributions.

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 Pa	art I if additional space is no	eeded.	
(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 X Payroll Noncash (Complete Part II for noncash contributions.)	
(a)	(b)	(c)	(d)	
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution	
2	GAYLORD & DOROTHY DONNELLY FOUNDATIO 4 NORTH ATLANTIC WHARF, SUITE 100 CHARLESTON SC 29401	s 10,000	Person X Payroll Noncash (Complete Part II for noncash contributions.)	
(a)	(b)	(c)	(d)	
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution	
3	SC ARTS COMMISSION 1026 SUMTER STREET COLUMBIA SC 29201	\$ 19,488	Person X Payroll Noncash (Complete Part II for noncash contributions.)	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution	
4	STATE OF SC 1200 SENATE STREET, SUITE 214 COLUMBIA SC 29201	s 49,788	Person X Payroll Noncash (Complete Part II for noncash contributions.)	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution	
	(	\$	Person Payroll Noncash (Complete Part II for noncash contributions.)	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution	
		\$,	Person Payroll Noncash (Complete Part II for noncash contributions.)	

#### SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

#### Supplemental Financial Statements

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

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

OMB No. 1545-0047 Open to Public

Inspection 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. (a) Donor advised funds (b) Funds and other accounts Total number at end of year Aggregate value of contributions to (during year) Aggregate value of grants from (during year) Aggregate value at end of year 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? Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of land for public use (for example, recreation or education) Preservation of a historically important land area Protection of natural habitat Preservation of a certified historic structure Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year. Held at the End of the Tax Year a Total number of conservation easements 2a b Total acreage restricted by conservation easements 2b c Number of conservation easements on a certified historic structure included in (a) 2c d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the Number of states where property subject to conservation easement is located > Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? No Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements. Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8. 1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public

- service, provide in Part XIII the text of the footnote to its financial statements that describes these items.
- b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:
  - (i) Revenue included on Form 990, Part VIII, line 1
  - (ii) Assets included in Form 990, Part X
- 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:
- Revenue included on Form 990, Part VIII, line 1
- Assets included in Form 990, Part X

Schedule D (Form 990) 2021

Part III Organizations Maintaini	ng Collections of			ner Simila	r Assets	(contin		age z
3 Using the organization's acquisition, access collection items (check all that apply):						1		
a Public exhibition	d 🗍	Loan or exchange pr	ogram					
b Scholarly research	Property.							
c Preservation for future generations								
4 Provide a description of the organization's	collections and explain	how they further the	organization's exempt	t purpose in	Part			
XIII.								
5 During the year, did the organization solicit							-	
assets to be sold to raise funds rather than		art of the organization	n's collection?			Ye	s	No
Part IV Escrow and Custodial A Complete if the organizati 990, Part X, line 21.		" on Form 990, P	art IV, line 9, or re	eported ar	amount	on Forn	a	
1a Is the organization an agent, trustee, custo included on Form 990, Part X?			or other assets not			Ye	es	No
b If "Yes," explain the arrangement in Part XI	II and complete the foll	owing table:		_				
						Amoun	t	
c Beginning balance					1c			_
d Additions during the year		99755750 0		-	1d			ابت
e Distributions during the year		0.003103001000000	000 DOLLOGO DOS ECONOC		1e			_
f Ending balance  2a Did the organization include an amount on				L	1f	Tilac		1
b If "Yes," explain the arrangement in Part XI				¢	-XYY	Ye	S	No
Part V Endowment Funds.	II. Check here if the ex	planation has been p	rovided on Part Alli			121-01-1		
Complete if the organization	on answered "Yes"	on Form 990. P	art IV. line 10.					
	(a) Current year	(b) Prior year	(c) Two years back	(d) Thre	e years back	(e) Fou	r years t	back
1a Beginning of year balance						1 -		
b Contributions								
c Net investment earnings, gains, and losses								
d Grants or scholarships								
<ul> <li>Other expenditures for facilities and programs</li> </ul>								
f Administrative expenses								
g End of year balance								
2 Provide the estimated percentage of the cual Board designated or quasi-endowment ▶ b Permanent endowment ▶ % c Term endowment ▶ % The percentages on lines 2a, 2b, and 2c st 3a Are there endowment funds not in the poss	% nould equal 100%.							
organization by:	ossion of the organization	uon maraje nelu anu	administrated for the				Yes	No
(IV I I resident assessments as						3a(i)	100	110
(ii) Related organizations				C-00+ 10+00+ 1++00+-0	**************************************	3a(ii)	7 =	
b If "Yes" on line 3a(ii), are the related organi	zations listed as requir	ed on Schedule R?				3b		
4 Describe in Part XIII the intended uses of the	ne organization's endov	wment funds.				74.7		
Part VI Land, Buildings, and Eq Complete if the organization		on Form 990, P	art IV, line 11a. S	ee Form 9	90, Part	X, line 1	0.	
Description of property	(a) Cost or other b (investment)		r other basis (d	c) Accumulated depreciation		(d) Book	value	
1a Land								
b Buildings								
c Leasehold improvements								
d Equipment								
e Other	townal Farm 000 Ded	V solver (D) the 4	55,364	54,	357			007
	THE PARTY OF THE P	A COUNTY IN THE T	n - 1				10.00	4000

	Investments – Other Securities. Complete if the organization answered ")	es" on Form 990 Part IV line 1	1h See Form 000 Dest	V line 10
	(a) Description of security or category	(b) Book value	(c) Method of valuat	
74V =	(including name of security)		Cost or end-of-year mark	et value
(1) Financial				
(3) Other	eld equity interests			
(A)	$(1.1) \times (1.7 \times 1.7 \times 1.13 \times $	(A) = (A) (S)		
(B)	\$1.18-1-\$\$\text{\$\texitt{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\tex{	000000		
(C)				
(D)	0.000000000000000000000000000000000000	999.00		
(E)	**************************************	4-14-4		
(F)	Control Control of the Control of th	(a = 7 ) (a > - 1		
(G)	11010 (x)100 (010) (100)			
(H)	KONTONIO A CONTRA LA LA CONTRACTOR CONTRACTOR DE LA CONTR	= m'y (= -1 -		
Total. (Colum	nn (b) must equal Form 990, Part X, col. (B) line 12.)	· · · · · ·		
Part VIII	Investments - Program Related.			
	Complete if the organization answered "Y	es" on Form 990, Part IV, line 1	1c. See Form 990 Part X	line 13
	(a) Description of investment	(b) Book value	(c) Method of valuation	
			Cost or end-of-year market	et value
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)	- //L)			
Part IX	n (b) must equal Form 990, Part X, col. (B) line 13.) Other Assets.			
I dit ix		on" on Farm 000 Bart N/ 15 4		5 at 1 A 4
	Complete if the organization answered "Y		id. See Form 990, Part X	
(1)	UNDEPOSITED FUNDS	pidi		(b) Book value
(2)	SECURITY DEPOSITS			13,478
(3)	PREPAID POSTAGE			2,500 1,863
(4)				1,863
(5)				
(6)				
(6) (7)				
157.4				
(7) (8) (9)				
(7) (8) (9) Total. (Column	n (b) must equal Form 990, Part X, col. (B) line 15.)			17,841
(7) (8) (9)	Other Liabilities.	-1141 (14261 - 2 staženo praviži jakovičio - 1144		
(7) (8) (9) Total. (Column	Other Liabilities. Complete if the organization answered "Ye	es" on Form 990, Part IV, line 11		
(7) (8) (9) Total. (Column Part X	Other Liabilities. Complete if the organization answered "Ye line 25.	es" on Form 990, Part IV, line 11		
(7) (8) (9) Fotal. (Column Part X	Other Liabilities. Complete if the organization answered "Ye line 25.  (a) Description of liability	es" on Form 990, Part IV, line 11		
(7) (8) (9) Fotal. (Column Part X	Other Liabilities. Complete if the organization answered "Ye line 25.  (a) Description of liability income taxes	es" on Form 990, Part IV, line 11		Part X,
(7) (8) (9)  Fotal. (Column Part X  (1) Federal (2) PREPA	Other Liabilities. Complete if the organization answered "Ye line 25.  (a) Description of liability income taxes AID MEMBERSHIP FEES	es" on Form 990, Part IV, line 11		Part X,  (b) Book value  28,645
(7) (8) (9) Fotal. (Column Part X  (1) Federal (2) PREPA (3) UNEAR	Other Liabilities. Complete if the organization answered "Ye line 25.  (a) Description of liability income taxes IID MEMBERSHIP FEES ENED TUITION	es" on Form 990, Part IV, line 11		Part X,  (b) Book value  28,645 11,119
(7) (8) (9) Fotal. (Column Part X  (1) Federal (2) PREPA (3) UNEAR (4) RENTA	Other Liabilities. Complete if the organization answered "Ye line 25.  (a) Description of liability income taxes AID MEMBERSHIP FEES	es" on Form 990, Part IV, line 11		Part X,  (b) Book value  28,645 11,119
(7) (8) (9) Fotal. (Column Part X  (1) Federal (2) PREPA (3) UNEAR (4) RENTA	Other Liabilities. Complete if the organization answered "Ye line 25.  (a) Description of liability income taxes IID MEMBERSHIP FEES ENED TUITION	es" on Form 990, Part IV, line 11		Part X,  (b) Book value  28,645 11,119
(7) (8) (9) Fotal. (Column Part X  (1) Federal (2) PREPA (3) UNEAF (4) RENTA (5) (6)	Other Liabilities. Complete if the organization answered "Ye line 25.  (a) Description of liability income taxes IID MEMBERSHIP FEES ENED TUITION	es" on Form 990, Part IV, line 11		Part X,  (b) Book value  28,645 11,119
(7) (8) (9)  Fotal. (Column Part X  (1) Federal (2) PREPA (3) UNEAR (4) RENTA (5) (6) (7)	Other Liabilities. Complete if the organization answered "Ye line 25.  (a) Description of liability income taxes IID MEMBERSHIP FEES ENED TUITION	es" on Form 990, Part IV, line 11		Part X,  (b) Book value  28,645 11,119
(7) (8) (9) Fotal. (Column Part X  (1) Federal (2) PREPA (3) UNEAR (4) RENTA (5) (6) (7) (8)	Other Liabilities. Complete if the organization answered "Ye line 25.  (a) Description of liability income taxes IID MEMBERSHIP FEES ENED TUITION	es" on Form 990, Part IV, line 11		Part X,  (b) Book value  28,645 11,119
(7) (8) (9)  Fotal. (Column Part X  (1) Federal (2) PREPA (3) UNEAR (4) RENTA (5) (6) (7) (8) (9)	Other Liabilities. Complete if the organization answered "Ye line 25.  (a) Description of liability income taxes IID MEMBERSHIP FEES ENED TUITION	es" on Form 990, Part IV, line 11		

Part XIII Supplemental Information (continued)	57-1061135	Page 5
- arexin - Supplemental information (continued)		
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#### SCHEDULE O (Form 990)

Supplemental Information to Form 990 or 990-EZ

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

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

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

ART LEAGUE OF HILTON HEAD INC.	Employer identification number 57–1061135
FORM 990, PART VI, LINE 11B - ORGANIZATION'S PROCESS TO R A COPY OF THE RETURN WAS REVIEWED BY THE TREASURER PRIOR COPY WILL BE REVIEWED BY THE ENTIRE BOARD AT THE NEXT BOA	TO SUBMISSION. A
FORM 990, PART VI, LINE 19 - GOVERNING DOCUMENTS DISCLOSU DOCUMENTS ARE AVAILABLE UPON REQUEST.	
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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

chment uence No. 17

Identifying number ART LEAGUE OF HILTON HEAD INC. 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) 1,050,000 1 2 Total cost of section 179 property placed in service (see instructions) 2 Threshold cost of section 179 property before reduction in limitation (see instructions) 3 2,620,000 3 Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-4 Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions 5 6 (a) Description of property (b) Cost (business use only) Listed property. Enter the amount from line 29 7 Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7 8 8 9 Tentative deduction. Enter the smaller of line 5 or line 8 9 Carryover of disallowed deduction from line 13 of your 2020 Form 4562 10 10 Business income limitation. Enter the smaller of business income (not less than zero) or line 5. See instructions 11 11 Section 179 expense deduction. Add lines 9 and 10, but don't enter more than line 11 12 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. Special Depreciation Allowance and Other Depreciation (Don't include listed property. See instructions.) Special depreciation allowance for qualified property (other than listed property) placed in service 14 during the tax year. See instructions 14 15 Property subject to section 168(f)(1) election 15 Other depreciation (including ACRS) 16 Part III MACRS Depreciation (Don't include listed property. See instructions.) Section A 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 Section B—Assets Placed in Service During 2021 Tax Year Using the General Depreciation System (b) Month and year (c) Basis for depreciation (d) Recovery (a) Classification of property (business/investment use (e) Convention (f) Method (g) Depreciation deduction period service only-see instructions) 19a 3-year property b 5-year property 7-year property 10-year property 15-year property 20-year property 25-year property 25 yrs. S/L Residential rental 27.5 yrs. MM S/L property 27.5 yrs. MM SI Nonresidential real 39 yrs. MM S/L property MM S/L Section C—Assets Placed in Service During 2021 Tax Year Using the Alternative Depreciation System 20a Class life 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 Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter 22 here and on the appropriate lines of your return. Partnerships and S corporations—see instructions 22 572 For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs 23

## ARTLEA Art League of Hilton Head Inc. 57-1061135 Federal Asset Report Form 990, Page 1

05/12/2022

Asset	Description	Date In Service	Cost	Bus Sec <u>%</u> 179Bonus	Basis for Depr	PerConv Meth	Prior	Current
Prior 1	MACRS:							
1	Computer	3/09/95	3,424		3,424	7 HY 200DB	3,424	0
	Fire Ext	9/05/97	515		515	3 HY 200DB	515	0
	Computer/Software	1/31/00	3,466		3,466	7 HY 200DB	3,466	0
	Office Furn & Equip Computer H/W & S/W	1/31/01	718		718	7 HY 200DB	718	0
0-2	Carpet W & S/ W	1/31/01 1/30/01	2,299 6,363		2,299	7 HY 200DB	2,299	0
	Furn & Fixtures	1/31/01	3,103		6,363 3,103	7 HY 200DB 7 HY 200DB	6,363	0
8	Leasehold Improvements	1/31/01	17,715		17,715	7 HY 200DB	3,103 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	Ö
	Printing Press	2/28/11	800	X	0	7 HY 200DB	800	0
100	Computer Desk	12/31/11	564	X	0	5 HY 200DB	564	0
	Shelving	12/31/11 9/20/11	321 772	XX	0	7 HY 200DB	321	0
	Computer	1/01/19	2,205	X	2 205	7 HY 200DB	772	0
	Lockers	1/01/19	851		2,205 851	5 HY 200DB 7 HY 200DB	1,147 330	423 149
			45,364	1	42,391	/ H1 200DB _	43,785	572
Othor	Depreciation:	_		-		-		
15	Leasehold Improvements	1/01/11	10,000		10,000	5 MO S/L	10,000	Ö
	Total Other Depreciation	-	10,000		10,000	- 1110 0/2		
	void other Depreciation	-	10,000		10,000	-	10,000	0
	Total ACRS and Other Depr	eciation	10,000		10,000		10,000	0
	Grand Totals		55,364		52,391		53,785	572
	Less: Dispositions and Trans	fers	0		0		03,762	0
	Less: Start-up/Org Expense		0		Ö		Ö	ő
	Net Grand Totals	-	55,364	1	52,391	-	53,785	572

ARTLEA Art League of Hilton Head Inc.

57-1061135

SC Asset Report
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	C
2	Fire Ext	9/05/97	515	515	515	0	0	C
3	Computer/Software	1/31/00	3,466	3,466	3,466	0	0	C
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	. (
6	Carpet	1/30/01	6,363	6,363	6,363	0	0	(
7	Furn & Fixtures	1/31/01	3,103	3,103	3,103	0	0	
8	Leasehold Improvements	1/31/01	17,715	17,715	17,715	0	0	- (
9	Desk/Filing Cab	1/31/00	1,732	1,732	1,732	0	0	
10	HP Computer	12/29/10	516	516	516	0	0	(
11	Printing Press	2/28/11	800	800	800	0	0	(
12	Computer	12/31/11	564	564	564	0	0	(
13 14	Desk	12/31/11	321	321	321	0	0	Ç
16	Shelving	9/20/11	772	772	772	0	0	Ç
17	Computer Lockers	1/01/19 1/01/19	2,205 851	2,205 851	1,147 330	423	423	(
17	LOCKEIS	1/01/19				149	149	0
		-	45,364	45,364	43,785	572	572	0
Other	Depreciation:							
15	Leasehold Improvements	1/01/11	10,000	10,000	10,000	0	0	0
	Total Other Depreciation	-	10,000	10,000	10,000	0	0	0
	Total Other Depreciation	_	10,000	10,000	10,000	<u> </u>	V.	
	Total ACRS and Other Depr	eciation _	10,000	10,000	10,000	0	0	0
	0.15.1		. 22.222			2-2	2.1	
	Grand Totals		55,364	55,364	53,785	572	572	C
	Less: Dispositions		0	0	0	0	0	0
	Less: Start-up/Org Expense	-	0	0	0	0	0	
	Net Grand Totals		55,364	55,364	53,785	572	572	0

## ARTLEA Art League of Hilton Head Inc. 57-1061135 Bonus Depreciation Report FYE: 12/31/2021 Form 990, Page 1

05/12/2022

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

FYE: 12/31/2021

### ARTLEA Art League of Hilton Head Inc. 57-1061135 Depreciation Adjustment Report

**All Business Activities** 

Form Unit Asset

Description

Tax

AMT

AMT Adjustments/ Preferences

05/12/2022

There are no assets that meet the criteria of this report

FYE: 12/31/2021

ARTLEA Art League of Hilton Head Inc.
57-1061135 Future Depreciation Report FYE: 12/31/22

Form 990, Page 1

05/12/2022

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

05/12/2022

#### ARTLEA Art League of Hilton Head Inc. 57-1061135 SC Future Depreciation Report

FYE: 12/31/22

FYE: 12/31/2021

Form 990, Page 1

sset	Description	Date In Service	Cost	SC
rior N	IACRS:			
1 2 3 4 5 6 7 8 9 10 11 12 13 14 16 17	Computer Fire Ext Computer/Software Office Furn & Equip Computer H/W & S/W Carpet Furn & Fixtures Leasehold Improvements Desk/Filing Cab HP Computer Printing Press Computer Desk Shelving Computer Lockers	3/09/95 9/05/97 1/31/00 1/31/01 1/31/01 1/30/01 1/31/01 1/31/01 1/31/00 12/29/10 2/28/11 12/31/11 12/31/11 1/01/19 1/01/19	3,424 515 3,466 718 2,299 6,363 3,103 17,715 1,732 516 800 564 321 772 2,205 851 45,364	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0
	Depreciation:	101/11	10.000	
15	Leasehold Improvements  Total Other Depreciation	1/01/11	10,000	0
	Total ACRS and Other Depreciation		10,000	0
	Grand Totals		55,364	360

Form 990

32. Number of employees

33. Number of volunteers

#### Two Year Comparison Report

ending

56

For calendar year 2021, or tax year beginning

2020 & 2021

ART L	EAGUE OF HILTON HEAD INC.			57-10	dentification Number
		7 - 1	2020	2021	Differences
1. Con	tributions, gifts, grants	1.	37,901	79,715	41,814
2. Men	nbership dues and assessments	2.	35,380	59,785	24,40
	ernment contributions and grants	3.	84,388	133,354	48,96
4. Prog	gram service revenue	4.	220,685	217,051	-3,63
5. Inve	stment income	5.	83	113	30
6. Proc	ceeds from tax exempt bonds	6.			
7. Net	gain or (loss) from sale of assets other than inventory	7.			
	income or (loss) from fundraising events	8.			
9. Net	income or (loss) from gaming	9.			
	gain or (loss) on sales of inventory	10.			
11. Othe	er revenue	11.			
12. Tota	al revenue. Add lines 1 through 11	12.	378,437	490,018	111,581
13. Gran	nts and similar amounts paid	13.	2,000	2,000	
14. Ben	efits paid to or for members	14.			
15. Com	pensation of officers, directors, trustees, etc.	15.			
16. Sala	ries, other compensation, and employee benefits	16.	121,069	128,454	7,385
	essional fundraising fees	17.			
18. Othe	er professional fees	18.	7,200	1,300	-5,900
19. Occ	upancy, rent, utilities, and maintenance	19.	51,566	57,347	5,781
20. Dep	reciation and Depletion	20.	914	572	-342
21. Othe	er expenses	21.	210,175	238,575	28,400
22. Tota	Il expenses. Add lines 13 through 21	22.	392,924	428,248	35,324
23. Exc	ess or (Deficit). Subtract line 22 from line 12	23.	-14,487	61,770	76,257
24. Tota	l exempt revenue	24.	378,437	490,018	111,581
25. Tota	I unrelated revenue	25.			
26. Tota 27. Tota 28. Tota 29. Reta 30. Num	l excludable revenue	26.	220,768	217,164	-3,604
27. Tota	l assets	27.	135,753	176,979	41,226
28. Tota	l liabilities	28.	73,063	52,871	-20,192
29. Reta	ined earnings	29.	62,690	124,108	61,418
30. Num	ber of voting members of governing body	30.	20	15	
31. Num	ber of independent voting members of governing body	31.	20	15	
00 11	7. CONTROL OF THE PROPERTY OF			-	

32.

33.

56

	I AY NO	lax hetuill History			1202
Name ART LEAGUE O	OF HILTON HEAD INC.			Employer 57-1	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		
Depreciation and depletion		563	4	572	
Other expenses	-	278,827	210,175	238,575	
Total expenses	-	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	3				
Total excludable revenue	290,395	309,459	220,768	217,164	
Total Assets	145,006		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	

ARTLEA Art League of Hilton Head Inc. 5/12/2022 **Federal Statements** 57-1061135 FYE: 12/31/2021 Taxable Interest on Investments Description Unrelated Exclusion Postal Acquired after Business Code Code 6/30/75 US Amount Obs (\$ or %) 14 113 TOTAL 113

## Federal Statements

ARTLEA Art League of Hitton Head Inc. 57-1061135 FYE: 12/31/2021

Description	Ex	Total Expenses	По	Program Service	Man	//anagement & General		Fund
BANK FEES AWARDS PAYROLL FEES TAXES & LICENSES RECEPTION EXPESE EVENTS TRAVEL & MEETINGS	w	7,544 5,250 4,100 1,595 1,386 600 443	es-	3,395 5,250 1,386 600 443	w	4,149 4,100 1,595 350	vo-	
TOTAL	⟨s}	21,268	\$	11,074	·ss-	10,194	(s)	0

# Federal Statements

ARTLEA Art League of Hilton Head Inc. 57-1061135 FYE: 12/31/2021

# Schedule A, Part II, Line 1(e)

Ochequie A, Fait II, Lille 1(e)	
Description	Amount
MEMBERSHIP DUES LOW INCOME EDUCATION FUND P/R PROTECTIONS PROGRAM DONATIONS	\$ 59,785
TOWN OF HILTON HEAD CASH CONTRIBUTION	13,92
GAYLORD & DOROTHY DONNELLY FOUNDATIO CASH CONTRIBUTION SC ARTS COMMISSION	10,000
CASH CONTRIBUTION STATE OF SC	19,488
CASH CONTRIBUTION	49,788
TOTAL	\$ 272,854
Schedule A, F	Schedule A, Part II, Line 8(e)
Description	Amount
TOTAL	\$ 113 \$ 113
Schedule A, Part II,	Schedule A, Part II, Line 12 - Current year
Description	Amount
ART SALES ART ACADEMY RENTALS	\$ 150,981 54,331
MISC SPECIAL EVENTS	2,589
TOTAL	\$ 217,051

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.

2020 Open to Public

> Yes No Form 990 (2020)

OMB No. 1545-0047

Firm's address

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

For Paperwork Reduction Act Notice, see the separate instructions.

Department of the Treasury Inspection ► Go to www.irs.gov/Form990 for instructions and the latest information. and ending For the 2020 calendar year, or tax year beginning D Employer identification number C Name of organization Check if applicable: Address change ART LEAGUE OF HILTON HEAD INC. 57-1061135 Doing business as Name change Room/suite Number and street (or P.O. box if mail is not delivered to street address) 843-681-5060 P.O. BOX 22834 Initial return City or town, state or province, country, and ZIP or foreign postal code Final return/ terminated 378,437 HILTON HEAD ISLAND G Gross receipts \$ Amended return Name and address of principal officer H(a) Is this a group return for subordinates? Application pending LINDA SAYLOR 29 PERCHERON LN. H(b) Are all subordinates included? If "No " attach a list. See instructions HILTON HEAD ISLAND SC 29926 **X** 501(c)(3) 501(c) ( Tax-exempt status: ) (insert no.) WWW.ARTLEAGUEHHI.ORG H(c) Group exemption number ▶ Website: Year of formation: 1977 X Corporation Trust Form of organization: Part I Summary 1 Briefly describe the organization's mission or most significant activities: ARTS EDUCATION AND PROMOTION. Activities & Governance 2 Check this box ▶ if the organization discontinued its operations or disposed of more than 25% of its net assets. 20 3 Number of voting members of the governing body (Part VI, line 1a) 20 4 Number of independent voting members of the governing body (Part VI, line 1b) 4 5 5 5 Total number of individuals employed in calendar year 2020 (Part V, line 2a) 56 6 Total number of volunteers (estimate if necessary) 6 7a 7a Total unrelated business revenue from Part VIII, column (C), line 12 **b** Net unrelated business taxable income from Form 990-T, Part I, line 11. **Current Year** 157,669 139,811 8 Contributions and grants (Part VIII, line 1h) 309,279 220,685 9 Program service revenue (Part VIII, line 2g) 180 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 449,270 378,437 Total revenue – add lines 8 through 11 (must equal Part VIII, column (A), line 12) 2,000 2,000 13 Grants and similar amounts paid (Part IX, column (A), lines 1–3) 14 Benefits paid to or for members (Part IX, column (A), line 4) 121,069 122,092 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10) 16a Professional fundraising fees (Part IX, column (A), line 11e) b Total fundraising expenses (Part IX, column (D), line 25) ▶ 269,855 340,996 17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e) 392,924 465,088 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) -15,818-14,48719 Revenue less expenses. Subtract line 18 from line 12 **Beginning of Current Year** End of Year 135,753 126,745 20 Total assets (Part X, line 16) 49,113 73,063 21 Total liabilities (Part X, line 26) 62,690 77,632 22 Net assets or fund balances. Subtract line 21 from line 20 Signature Block Part II 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 PRESIDENT PAT BATTEN Here Type or print name and title Preparer's signature Check Print/Type preparer's name 09/08/21 self-employed P00630869 Paid MARK N JUNE, CPA MARK N JUNE, CPA 20-4046229 Firm's EIN ▶ JUNECPA Preparer Firm's name Use Only 99 MAIN STREET 843-842-6500 29926 HILTON HEAD ISLAND,

DAA

m 990 (2020) ART LEAGUE OF	HILTON HEAD INC.	57-1061135	Page
	Service Accomplishments		
		y line in this Part III	
Briefly describe the organization's mission ARTS EDUCATION AND PR			
ARIS EDUCATION AND PR	OMOTION.		
***************************************			
Did the organization undertake any sign	ificant program services during the yea	r which were not listed on the	
			Yes X No
If "Yes," describe these new services or			
Did the organization cease conducting,	or make significant changes in how it co	onducts, any program	
services?			Yes X No
If "Yes," describe these changes on Sch	edule O.		
		ree largest program services, as measured by	
		the amount of grants and allocations to others,	
the total expenses, and revenue, if any,	for each program service reported.		
	177 220	2 000 \ /D	82,937
(Code: ) (Expenses \$	177,228 including grants of	of \$ 2,000 ) (Revenue \$ 7 TO EXHIBIT ARTWORK THAT	CAN BE
PURCHASED BY THE PUBL		TO EMILDIT ARTWORK TIME	<u> </u>
ORCHASED BI THE FOBI			
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2			
*			
b (Code: ) (Expenses \$	97,340 including grants		76,548
			THE
PURPOSE IS TO NOT ONI	LY EDUCATE BUT TO DE	EVELOP TALENT.	
00 0 1 100 1			
****************************			
*			توسنس نستسنس
6			
***************************************			
	42 402 is alredian arranta	of \$ ) (Revenue \$	56,464
(Code: ) (Expenses \$	42,402 including grants	FOR SPECIAL EVENTS, LECTURE	
RENTAL ETC.	TDES SPONSORSHIES I	OR SPECIAL EVENIE, EDGIORE	
RENIAL EIC.		<u></u>	
		<u> </u>	
		<u></u>	
***************************************			
d Other program services (Describe on S	chedule O.)		
(Expenses \$	including grants of \$	) (Revenue \$	)
e Total program service expenses	316,970		9
total program contice expenses			

Form **990** (2020)

**Checklist of Required Schedules** 

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

Form **990** (2020)

	checklist of Required Schedules (continued)							
22	Did the organization report more than \$5,000 of groups or other assistance to the consistance of the consist						Yes	No
	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individue Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	als on	1					
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the					22	-	X
	organization's current and former officers, directors, trustees, key employees, and highest compensa	(1						
	employees? If "Yes," complete Schedule J	ted						
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more that					23	-	X
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lin	1 04	n.					
	through 24d and complete Schedule K. If "No," go to line 25a	1es 24	łD					
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?				*******	24a		X
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the				** * *** * *** * * * * * * * * * * * * *	24b		+
	to defease any tax-exempt bonds?	e year						18
d		 )	714 V I			24c		-
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an exce	ee bo				24d		+
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	33 DE	ше	IIL		05-		37
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in	a pri				25a	+	X
	year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 9	00 E7	72					
	If "Yes," complete Schedule L, Part I	30 <b>-</b> LZ	- 1			051		37
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any		nt.			25b	-	X
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%	Curre	2111					
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II					200		v
27	Did the organization provide a grant or other assistance to any current or former officer, director, trusto	 e ke				26	-	X
	employee, creator or founder, substantial contributor or employee thereof, a grant selection committee	30, NO	y					
	member, or to a 35% controlled entity (including an employee thereof) or family member of any of these	, 20						
	persons? If "Yes," complete Schedule L, Part III	,,,				27		x
28	Was the organization a party to a business transaction with one of the following parties (see Schedule	I Pa	 art		*****	- 21		A
	IV instructions, for applicable filing thresholds, conditions, and exceptions):	, _, , а	411					
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contribute	or? If						
	"Yes," complete Schedule L, Part IV	51 . <i>n</i>				28a		x
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV		1		* ** * * * ** * * * * * * *	28b	<b></b>	X
С	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b?		* ***			200		- 22
	"Yes," complete Schedule L, Part IV					28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedu.	le M	8.69			29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified	d						
	conservation contributions? If "Yes," complete Schedule M					30	2 1 4	x
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedu	ıle N. I	 Pa	rt I		31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes."	,		titrest				
	complete Schedule N, Part II					32		x
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regu	lation	is.					
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I					33		Х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part	11, 111,						
	or IV, and Part V, line 1					34		X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?					35a		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a				1			
	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	2				35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitab	le						
27	related organization? If "Yes," complete Schedule R, Part V, line 2			een reen gig		36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization.	zation	1					
20	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, P.	art VI				37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 1	lb and	t					
D٠	19? Note: All Form 990 filers are required to complete Schedule O.  Int V Statements Regarding Other IRS Filings and Tax Compliance					38	X	
Г	3							
	Check if Schedule O contains a response or note to any line in this Part V		<u></u>	<u> </u>				
10	Enter the number reported in Pay 2 of Farm 4000 Father 0 Warring in the same of the same o	1	ı	2.4	To the state of th		Yes	No
1a h	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a	_	34				
b c	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b		0				
U	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?							
	reperses garning (garnening) winnings to prize williers?					1c	1	X

Statements Regarding Other IRS Filings and Tax Compliance (continued) Yes No Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return If at least one is reported on line 2a, did the organization file all required federal employment tax returns? X b 2b Note: If the sum of lines 1a and 2a is greater than 250, you may be required to *e-file* (see instructions) 3a Did the organization have unrelated business gross income of \$1,000 or more during the year? X 3a If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O b 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)? X If "Yes," enter the name of the foreign country ▶ See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? X 5a Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? b 5b C If "Yes" to line 5a or 5b, did the organization file Form 8886-T? 5c Does the organization have annual gross receipts that are normally greater than \$100,000, and did the 6a X organization solicit any contributions that were not tax deductible as charitable contributions? If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 6b Organizations that may receive deductible contributions under section 170(c). Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? 7a If "Yes," did the organization notify the donor of the value of the goods or services provided? 7b Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? If "Yes," indicate the number of Forms 8282 filed during the year d Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7e Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? 7f If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? q 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. Did the sponsoring organization make any taxable distributions under section 4966? Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? b 9b 10 Section 501(c)(7) organizations. Enter: Initiation fees and capital contributions included on Part VIII, line 12 .... 10a Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b Section 501(c)(12) organizations. Enter: a Gross income from members or shareholders Gross income from other sources (Do not net amounts due or paid to other sources b against amounts due or received from them.) 11b Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 12a 12a If "Yes," enter the amount of tax-exempt interest received or accrued during the year ..... Section 501(c)(29) qualified nonprofit health insurance issuers. Is the organization licensed to issue qualified health plans in more than one state? 13a Note: See the instructions for additional information the organization must report on Schedule O. Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans Enter the amount of reserves on hand 13c X 14a Did the organization receive any payments for indoor tanning services during the tax year? 14a If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O 14b b Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or 15 excess parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N. 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.

Form 990 (2020) ART LEAGUE OF HILTON HEAD INC. 57-1061135 Page 6 Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI Section A. Governing Body and Management Yes No 1a Enter the number of voting members of the governing body at the end of the tax year 20 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. 20 b Enter the number of voting members included on line 1a, above, who are independent Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?  $\mathbf{x}$ 2 Did the organization delegate control over management duties customarily performed by or under the direct X supervision of officers, directors, trustees, or key employees to a management company or other person? Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4 Did the organization become aware during the year of a significant diversion of the organization's assets? Did the organization have members or stockholders? 6 X Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? X Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? X 7b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: X The governing body? X Each committee with authority to act on behalf of the governing body? d8 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at X the organization's mailing address? If "Yes," provide the names and addresses on Schedule O . . . . Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Yes No 10a Did the organization have local chapters, branches, or affiliates? 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 b Describe in Schedule O the process, if any, used by the organization to review this Form 990. X 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 12a Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12b Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done 12c Did the organization have a written whistleblower policy? 13 13 Did the organization have a written document retention and destruction policy? 14 14 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? The organization's CEO, Executive Director, or top management official X 15a X Other officers or key employees of the organization 15b If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? 16a 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 16h organization's exempt status with respect to such arrangements? Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed ▶ SC 17 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c) 18 (3)s only) available for public inspection. Indicate how you made these available. Check all that apply. Own website Another's website X Upon request Other (explain on Schedule O) Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and 19 financial statements available to the public during the tax year.

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

14 SHELTER COVER LANE

SC 29928

843-842-5738 Form 990 (2020)

ROBERT SEFTON

HILTON HEAD ISLAND

#### Form 990 (2020) ART LEAGUE OF HILTON HEAD INC. 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

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.

X 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	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)			s both ar	n )	(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 below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee			related organizations		
(1) DONNA BARNAKO	0.00									
COMMITTEE MEMBER	2.00	x					3	0	o	0
(2) LOUANNE BARRETT	0.00	122								
(2) = 0 = = = = = = = = = = = = = = = = =	2.00								19	
EDUCATION COMM CHAIR	0.00	X						0	0	0
(3) PAT BATTEN										
PRESIDENT	2.00	x		x	(e le			0	0	0
(4) JUDY BLAHUT										
	2.00							2 20		2 4 4
COMMITTEE MEMBER	0.00	X						0	0	0
(5) LINDA BLOOM	0 00									
COLOGE PER MEMORIA	2.00	x						o	0	0
COMMITTEE MEMBER (6) BILL BOSLEY	0.00	Λ						0		
COMMITTEE MEMBER	2.00	x						0	0	0
(7) JANICE GRAY										
	2.00							c <sub>y</sub> s s		
PAST PRESIDENT	0.00	X		X	<u></u>			0	0	0
(8) BILLY HOWE										
	2.00	x						0	0	0
FACILITIES CHAIR (9) JULIANA KIM	0.00	A		-	ļ	+		0	0	0
(9) DOLIANA KIM	2.00									
COMMITTEE MEMBER	0.00	x						0	0	0
(10) DENNIS LAKE				<u> </u>						
	2.00									
COMMITTEE MEMBER	0.00	X						0	0	0
(11) ROSALYN LESTER	2.00									
VICE PRESIDENT	0.00	X		x				0	0	0

Form 990 (2020) ART LEAGU Part VII Section A. Officers								57-106		Page <b>8</b>
(A) Name and title	(B) Average hours per week (list any	(d bo	o not o	Pos check ess pe	c) ition more	than on is both a or/truste	ie an	(D) Reportable compensation from the organization	(E) Reportable compensation from related organizations	(F) Estimated amount of other compensation from the
	hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(W-2/1099-MISC)	(W-2/1099-MISC)	organization and related organizations
(12) IRIS MAGIDSON	2.00							7		,
MKTG & COMM CHAIR (13) PAT MCGUIRE	0.00	X						0	0	0
VOLUNTEER CHAIR	2.00	x						0	0	0
(14) JAN ROSS	2.00	22								
MEMBER-AT-LARGE (15) LINDA SAYLOR	0.00	X						0	0	0
(15) LINDA SAYLOR SECRETARY	2.00	x		x				0	0	0
(16) ROBERT SEFTON		22		Λ					0	0
TREASURER (17) FANOULA SEVAS	0.00	x		x				0	0	0
COMMITTEE CHAIR	2.00	x						0	0	0
(18) CINDY STRICKI		Λ					1.00		0	0
MEMBER-AT-LARGE	0.00	x						0	0	0
(19) PEG WESCHKE	2.00	x						0	0	0
MEMBERSHIP CHAIR  1b Subtotal		1101				]	<b>&gt;</b>	0		0
c Total from continuation she d Total (add lines 1b and 1c)							<u> </u>			
Total number of individuals (in reportable compensation from				hose	e list	ed ab	ove	e) who received more than :	\$100,000 of	Vac   Na
3 Did the organization list any for employee on line 1a? If "Yes,"										Yes No
4 For any individual listed on line organization and related organ	e 1a, is the sum	of re	porta	ble o	com	pensa	tion	n and other compensation f	rom the	4 X
<ul><li>individual</li><li>5 Did any person listed on line 1 for services rendered to the or</li></ul>		rue c	omp	ensa	ation	from	any	unrelated organization or	individual	5 X
Section B. Independent Contractor  1 Complete this table for your fix	ors								nan \$100 000 of	
compensation from the organi	zation. Report co (A) I business address	ompe	ensat	ion f	or th	ne cale	end	ar year ending with or withi	n the organization's tax yea  (B)  tion of services	ar. (C) Compensation
Name and	d business address							Descrip	otion of services	Compensation
				-				3		
	2	0				2		, and the second		
2 Total number of independent received more than \$100,000	contractors (inclu	uding	but	not l	imite	ed to the	hos	e listed above) who	0	
DAA	c. compensation	01	0	Jigi	n. 116-1					Form <b>990</b> (2020)

Part VIII Statement of Revenue Check if Schedule O contains a response or note to any line in this Part VIII (C) Unrelated (D) Revenue excluded (B) Related or exempt Total revenue function revenue business revenue from tax under sections 512-514 1a Federated campaigns 1a 35,380 **b** Membership dues 1b c Fundraising events 1c d Related organizations 1d e Government grants (contributions) 84,388 1e f All other contributions, gifts, grants, and similar amounts not included above 37,901 1f g Noncash contributions included in lines 1a-1f .... 1g |\$ 157,669 h Total. Add lines 1a-1f Business Code 124,085 124,085 2a ART SALES 76,548 76,548 ART ACADEMY 20,035 HANGING FEES 20,035 17 d f All other program service revenue 220,685 g Total. Add lines 2a-2f Investment income (including dividends, interest, and 83 other similar amounts) Income from investment of tax-exempt bond proceeds 5 Royalties ..... (i) Real (ii) Personal 6a Gross rents 6a 6b b Less: rental expenses. Rental inc. or (loss) 6c Net rental income or (loss) Gross amount from (ii) Other sales of assets 7a other than inventory 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 ... c Net income or (loss) from fundraising events 9a Gross income from gaming activities. See Part IV, line 19 b Less: direct expenses 9b c Net income or (loss) from gaming activities 10a Gross sales of inventory, less returns and allowances 10a b Less: cost of goods sold 10b c Net income or (loss) from sales of inventory **Business Code** scellaneous 11a d All other revenue ...... Total. Add lines 11a-11d 378,437 220,685 83 Total revenue. See instructions

#### Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A). Check if Schedule O contains a response or note to any line in this Part IX Do not include amounts reported on lines 6b, (A) Total expenses (B) Program service (D) Fundraising Management and 7b, 8b, 9b, and 10b of Part VIII. expenses general expenses expenses Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 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 Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Other salaries and wages 112,465 62,866 34,492 15,107 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) Other employee benefits 10 Payroll taxes 8,604 4,809 2,639 1,156 Fees for services (nonemployees): Management b Legal Accounting 7,200 С 7,200 Lobbying Professional fundraising services. See Part IV, line 17 е Investment management fees ..... f Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.) Advertising and promotion 65,840 12 65,840 13 Office expenses Information technology 15 Royalties 16 Occupancy 51,566 51,582 -16 17 Payments of travel or entertainment expenses for any federal, state, or local public officials Conferences, conventions, and meetings 19 20 Payments to affiliates 21 Depreciation, depletion, and amortization 22 914 914 23 3,095 2,785 310 Other expenses. Itemize expenses not covered 24 above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.) COMMISSIONS 68,488 68,488 а INSTRUCTOR FEES 41,264 b 41,264 BANK FEES 11,587 c 5,058 6,529 SUPPLIES 6,526 4,747 d 1,779 e All other expenses 13,375 7,531 5,277 567 316,970 392,924 Total functional expenses. Add lines 1 through 24e 59,124 16,830 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 following SOP 98-2 (ASC 958-720)

ance	Sheet
	ance

				<b>(A)</b> Beginning of year		(B) End of year
1	Cash—non-interest-bearing			52,053	1	91,918
2	Savings and temporary cash investments				2	32/320
3	Pledges and grants receivable, net	*********			3	
4	Accounts receivable, net	*************		64,084		30,236
5	Loans and other receivables from any current or former	officer, director,	******************	<u> </u>	7	30,230
	trustee, key employee, creator or founder, substantial co	ntributor, or 35°	%			
	controlled entity or family member of any of these person	20			5	
6	Loans and other receivables from other disqualified pers	ons (as defined	d			
ts	under section 4958(f)(1)), and persons described in sect	ion 4958(c)(3)(I	в)		6	
Assets	Notes and loans receivable, net			1444	7	
⋖   8	Inventories for sale or use				8	
9	Prenaid evnenses and deferred charges				9	A
10	Land, buildings, and equipment: cost or other	1			3	
	basis. Complete Part VI of Schedule D	10a	55,364			
1	Less: accumulated depreciation		53,785	2,493	10c	1 570
11	Investments—nublicly traded securities			2/100	11	1,579
12	Investments—other securities, See Bort 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		the series to the control of the series of t	8,115	15	12,020
16	Total assets. Add lines 1 through 15 (must equal line 33	0		126,745	16	135,753
17	Accounts payable and accrued expenses	7		11,886	17	10,725
18	Grants payable	11,000	18	10,725		
19	Deferred revenue			19		
20	Tay-exempt hand liabilities				20	
21	Escrow or custodial account liability. Complete Part IV of	Schedule D			21	
တ္က 22	Loans and other payables to any current or former officer	director			41	
≝	trustee, key employee, creator or founder, substantial co		6			
Liabilities	controlled entity or family member of any of these person		l**		22	
□ <sub>23</sub>	Secured mortgages and notes payable to unrelated third	narties			23	
24	Unsecured notes and loans payable to unrelated third pa	rtion			24	
25	Other liabilities (including federal income tax, payables to		*******		24	
	parties, and other liabilities not included on lines 17-24).					
	of Schedule D	oomploto r art /	`	37,227	25	62 330
26				49,113	26	62,338 73,063
	Organizations that follow FASB ASC 958, check here	▶ X		20 / 113	20	75,005
or Fund Balances 22 28 29	and complete lines 27, 28, 32, and 33.					
E 27	Not accets without donor rootriotions			74,782	27	60 297
28	Net assets with donor restrictions		to be already to be to the be to provide a set of	2,850	28	60,297 2,393
₽	Organizations that do not follow FASB ASC 958, che	ck here ▶		2/000	20	2,393
2	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			30		
2 31	Retained earnings, endowment, accumulated income, or	other funds				
30 31 32	Total makes as a few of the least of the lea		25 100 05 05 000	77,632	31	62 600
33	Total liabilities and net assets/fund balances			126,745	33	62,690 135,753
	The second secon			120,120	33	Eorm 990 (2020)

	n 990 (2020) ART LEAGUE OF HILTON HEAD INC. 57-1061135			Pa	age <b>1</b> 2
Pa	art XI Reconciliation of Net Assets				.30
	Check if Schedule O contains a response or note to any line in this Part XI				
1	rotal revenue (must equal Part VIII, column (A), line 12)	1	3	78.	437
2	Total expenses (must equal Part IX, column (A), line 25)	2			924
3	Nevertide less expenses. Subtract line 2 from line 1	3			487
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4			632
5	Net uffeatized 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				100
	32, column (B))	10		62	690
Pa	rt XII Financial Statements and Reporting				030
	Check if Schedule O contains a response or note to any line in this Part XII				
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other				140
	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?		2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or				
	reviewed on a separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b		х
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a				
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of				
	the audit, review, or compilation of its financial statements and selection of an independent accountant?		2c		
	If the organization changed either its oversight process or selection process during the tax year, explain on		20		
	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

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

Single Audit Act and OMB Circular A-133?

Form **990** (2020)

Part VII Section A. Officers	, Directors, Tru	stee	s, K	ey E	mpl	oyee	s, a	and Highest Compensated	Employees (continued)			
(A) Name and title	(B) Average hours per week (list any	bo	x, unle	Pos check ess pe	rson	than o	an	(D) Reportable compensation from the organization	(E) Reportable compensation from related organizations	Estimate of compe	(F) ed amour other ensation n the	nt
	hours for related organizations below dotted line)	or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(W-2/1099-MISC)	(W-2/1099-MISC)		ation and	
(20) DEBI WEST	2.00								-			
COMMITTEE MEMBER	0.00	x						0	0			0
									,			
											***************************************	
					9							
									v	4 '		
											90	
								1 1 1 9 9 1 4 19	e 100 - 0 10 0 0	1		
1b Subtotal		Sect	ion A	١			<ul><li> </li><li> </li></ul>				•	
Total number of individuals (in reportable compensation from	cluding but not li	mite					oove	e) who received more than \$	\$100,000 of		25	
3 Did the organization list any fo employee on line 1a? If "Yes,"	complete Sched	ule .	l for	such	indi	vidua	al			3	Yes	No
<ul> <li>For any individual listed on line organization and related organ individual</li> <li>Did any person listed on line 1</li> </ul>	nizations greater	than	\$15	0,00	0? <i>If</i>	"Yes	s," c	omplete Schedule J for suc	h	4		
for services rendered to the or	ganization? <i>If "Y</i> o									5		
Section B. Independent Contractor  1 Complete this table for your five	e highest compe											
compensation from the organiz	zation. Report co (A) business address	mpe	nsat	ion f	or th	e ca	end		n the organization's tax yea (B) tion of services		(C) Compens	ation
	***************************************											
r												
2 Total number of independent or received more than \$100,000								se listed above) who		-	orm 99	0 (2020)
										,	J.III 00	(2020)

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

Department of the Treasury Internal Revenue Service

Name of the organization

### **Public Charity Status and Public Support**

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

▶ Attach to Form 990 or Form 990-EZ.

OMB No. 1545-0047

2020

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

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

□ Inspection
□ Employer identification number

ART LEAGUE OF HILTON HEAD INC. 57-1061135 Reason for Public Charity Status. (All organizations must complete this part.) See instructions. Part I The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).) A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). 3 A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, 4 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). X An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 331/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 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. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization. Enter the number of supported organizations Provide the following information about the supported organization(s). (i) Name of supported (ii) EIN (iii) Type of organization (iv) Is the organization (v) Amount of monetary (vi) Amount of organization (described on lines 1-10 listed in your governing support (see other support (see above (see instructions)) document? instructions) instructions) (A) (B) (C) (D) (E) Total

Schedule A (Form 990 or 990-EZ) 2020

Part II Support Sched

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

Sec	tion A. Public Support						
Caler	ndar year (or fiscal year beginning in)	(a) 2016	<b>(b)</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	,			2		
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
Sec	tion B. Total Support	N X		н			
Caler	ndar year (or fiscal year beginning in)	(a) 2016	<b>(b)</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.)		with the second				
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 org	ganization's first, se	econd, third, fourth	, or fifth tax year as	s a section 501(c)(3	3)	
	organization, check this box and stop here						
Sec	tion C. Computation of Public Sเ						
14	Public support percentage for 2020 (line 6			ı (f))		14	99.91%
15	Public support percentage from 2019 Sche						99.91%
16a	33 1/3% support test—2020. If the organ	ization did not ched	ck the box on line 1	13, and line 14 is 3	3 1/3% or more, ch	eck this	
	box and <b>stop here.</b> The organization qual						▶ X
b	33 1/3% support test—2019. If the organ				5 is 33 1/3% or mo	re, check	. —
	this box and <b>stop here.</b> The organization of						
17a	10%-facts-and-circumstances test—202						
	10% or more, and if the organization meet						
	Part VI how the organization meets the "fa	cts-and-circumstar	ices" test. The orga	anization qualifies	as a publicly suppo	orted	
	organization						▶ 📗
b	10%-facts-and-circumstances test—20°	-					
	15 is 10% or more, and if the organization	meets the "facts-a	nd-circumstances"	test, check this bo	x and <b>stop here.</b> E	Explain	
	in Part VI how the organization meets the '	facts-and-circums	ances" test. The o	rganization qualifie	es as a publicly sup	ported	
	organization						<b>&gt;</b>
18	Private foundation. If the organization did						
	instructions						▶ ∐
						Schedule A (Form 9	90 or 990 E7\ 2020

Schedule A (Form 990 or 990-EZ) 2020

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

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II.)

If the organization fails to qualify under the tests listed below. please complete Part II.)

Sec	tion A. Public Support	quiently annual a	TO LOCIO HOLOGIA	olow, picace o	ompiete i art ii	.)	
Cale	ndar year (or fiscal year beginning in)	(a) 2016	<b>(b)</b> 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")					(0) 2020	(i) rotar
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						
	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from line 6.) tion B. Total Support						
		T					
	ndar year (or fiscal year beginning in)	(a) 2016	<b>(b)</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		- x , g48				
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975			0			
С	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.)	22		9			
13	<b>Total support.</b> (Add lines 9, 10c, 11, and 12.)	,					
14	First 5 years. If the Form 990 is for the org	anization's first, se	econd third fourth	or fifth tax year as	a section 501(c)(3	8)	
	organization, check this box and stop here						•
Sec	tion C. Computation of Public Su	ipport Percent	tage				
15	Public support percentage for 2020 (line 8,	column (f), divided	by line 13, column	(f))		15	%
16	Public support percentage from 2019 Sche	edule A, Part III, line	€ 15			16	%
Sec	tion D. Computation of Investme						
17	Investment income percentage for 2020 (lin	ne 10c, column (f),	divided by line 13,	column (f))		17	%
18	Investment income percentage from 2019 S	Schedule A, Part III	, line 17			18	%
19a	33 1/3% support tests—2020. If the organ						
-	17 is not more than 33 1/3%, check this bo						▶ □
b	33 1/3% support tests—2019. If the organ						. —
20	line 18 is not more than 33 1/3%, check this						
20	Private foundation. If the organization did	not check a box o	n line 14, 19a, or 1	9b, check this box	and see instruction	าร	

#### Part IV **Supporting Organizations**

Schedule A (Form 990 or 990-EZ) 2020

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

Section A. All Supporting Organizations

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

	Yes	No
1		
2 3a		
3b		
3c		
4a		
4b		
75		
4c		
5a		
5b 5c		
6		and the second
7		
8		
00		
9a 9b		
9c		
10a		
10b		
10b	or 990-	EZ) 20

	ule A (Form 990 or 990-EZ) 2020 ART LEAGUE OF HILTON HEAD INC. 57-1063  rt IV Supporting Organizations (continued)	L135		Page 5
га	rt IV Supporting Organizations (continued)			
11	Heatha arganization asserted a sift was a life of the sign of the		Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in lines 11b and 11c below, the governing body of a supported organization?			
b		11a		-
	A 35% controlled entity of a person described in line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide	11b		
	detail in <b>Part VI.</b>	44-		
Sect	ion B. Type I Supporting Organizations	11c		
-			Van	Na
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or		Yes	No
	more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers,			
	directors, or trustees at all times during the tax year? If "No," describe in <b>Part VI</b> 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	1		
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part			
	VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Sect	ion C. Type II Supporting Organizations	2		<u> </u>
•			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors		162	INO
	or trustees of each of the organization's supported organization(s)? <i>If "No," describe in Part VI how control</i>			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	4		
Secti	ion D. All Type III Supporting Organizations			L
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the		103	140
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported	-		
	organization(s) or (ii) serving on the governing body of a supported organization? <i>If "No," explain in Part VI how</i>			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in line 2, above, did the organization's supported organizations have	-		
	a significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		
Secti	on 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 instruction	(s).		
а	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
С	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see ins	tructions).		
2	Activities Test. Answer lines 2a and 2b below.	ĺ	Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described 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? If "Yes," explain in			
	Part VI the reasons for the organization's position that its supported organization(s) would have engaged in			
	these activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer lines 3a and 3b below.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
	trustees of each of the supported organizations? If "Yes" or "No," provide details in Part VI.	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		
DAA		A (Form 990	or 990.	FZ) 2020

	art V Type III Non-Eunctionally Integrated 500(a)(2) Symptotic	INC.	57-1061	L135 Page 6
1	Type in Non-1 unctionally integrated 509(a)(3) Supporting Or	ganiza	tions	
,	and the mile organization satisfied the integral Part Test as a qualifying trust on N	ov. 20, 1	970 (explain in <b>Part VI</b> ). S	ee
	instructions. All other Type III non-functionally integrated supporting organizations mu	ust comp	ete Sections A through E.	
Se-	ction A – Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1		1		(Optional)
2	The second 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		3
7		7		
8		8		
Sec	etion B – Minimum Asset Amount	- 0		(D) 0
	tion B = Willimum Asset Amount		(A) Prior Year	(B) Current Year
1	Aggregate fair market value of all non-exempt-use assets (see			(optional)
	instructions for short tax year or assets held for part of year):			
	Average monthly value of securities	4.5		
	b Average monthly cash balances	1a		
	Fair market value of other non-exempt-use assets	1b		
	d Total (add lines 1a, 1b, and 1c)	1c		
	e Discount claimed for blockage or other factors	1d		
	(explain in detail in <b>Part VI</b> ):			
2				
3	Subtract line 2 from line 1d.	2	2	
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,	3		
	see instructions).			
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	4		
6	Multiply line 5 by 0.035.	5		
7	Recoveries of prior-year distributions	6		
8	Minimum Asset Amount (add line 7 to line 6)	7		
		8		
Sec	tion C – Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)			
2	Enter 0.85 of line 1.	1		
3	Minimum asset amount for prior year (from Section B, line 8, column A)	2		
4	Enter greater of line 2 or line 3.	3		
5	Income tax imposed in prior year	4		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to	5		
_	emergency temporary reduction (see instructions).			
7		6		
•	Check here if the current year is the organization's first as a non-functionally integrated T	ype III sı	upporting organization	

D				
Par	t V Type III Non-Functionally Integrated 509(a)(3)	Supporting Organiza	ntions (continued)	
Sect	ion D – Distributions			Current Year
1	Amounts paid to supported organizations to accomplish exempt purpo			
2	Amounts paid to perform activity that directly furthers exempt purpose	s of supported		5
	organizations, in excess of income from activity		· ·	
3	Administrative expenses paid to accomplish exempt purposes of supp	oorted organizations		
4	Amounts paid to acquire exempt-use assets	Mark Mark State Control of the Contr		
5	Qualified set-aside amounts (prior IRS approval required—provide de	etails in <b>Part VI</b> )		
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 organizations	cation is responsive		
	(provide details in Part VI). See instructions.			- management
9	Distributable amount for 2020 from Section C, line 6			
10	Line 8 amount divided by line 9 amount		_	
_		(i)	(ii)	(iii)
Sect	ion E – Distribution Allocations (see instructions)	Excess Distributions	Underdistributions	Distributable
			Pre-2020	Amount for 2020
	Distributable amount for 2020 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2020			
	(reasonable cause required–explain in <b>Part VI</b> ). See instructions.			
3	Excess distributions carryover, if any, to 2020			
	From 2015			
	From 2016			The state of the s
	From 2017			
	From 2018			
	From 2019			
	Total of lines 3a through 3e			
	Applied to underdistributions of prior years			
	Applied to 2020 distributable amount			
i	Carryover from 2015 not applied (see instructions)			
	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:			
	Excess from 2016			
	Excess from 2017			
	Excess from 2018		27-27-27-27	
	Excess from 2019			
0	Excess from 2020			

Schedule A (Forn	n 990 or 990-EZ) 202	O ART	LEAGUE (	OF HILTON	HEAD	INC.	57-1061135	Page 8
Part VI	III, line 12; Par B, lines 1 and	I Information It IV, Section . 2; Part IV, Se art V, line 1; P	n. Provide the A, lines 1, 2, ection C, line art V, Sectio	e explanations 3b, 3c, 4b, 4c 1; Part IV, Se n B, line 1e; F	s required c, 5a, 6, 9a ection D, lin Part V, Sec	by Part II, line a, 9b, 9c, 11a nes 2 and 3; I ction D, lines	e 10; Part II, line 17a or , 11b, and 11c; Part IV, Part IV, Section E, lines 5, 6, and 8; and Part V.	17b; Part Section 1c. 2a. 2b.
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#### SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service Name of the organization

Supplemental Financial Statements

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

► Attach to Form 990.

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

OMB No. 1545-0047

Open to Public Inspection

Employer identification number

	RT LEAGUE OF HILTON HEAD INC.		57-1	1061135
P	Organizations Maintaining Donor Advised Fur Complete if the organization answered "Yes" on F	nds or Other Similar Funds or A	Accoun	ts.
		(a) Donor advised funds	-	(b) Funds and other accounts
1	Total number at end of year			3 100
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	53800401	
	funds are the organization's property, subject to the organization's exclu	sive legal control?		Yes No
6	Did the organization inform all grantees, donors, and donor advisors in v	vriting that grant funds can be used		
	only for charitable purposes and not for the benefit of the donor or dono	advisor, or for any other purpose		
-	conferring impermissible private benefit?			Yes No
Pa	rt II Conservation Easements.  Complete if the organization answered "Yes" on F			
1	Purpose(s) of conservation easements held by the organization (check a	all that apply).		Control Contro
	Preservation of land for public use (for example, recreation or education		mportant	land area
	Protection of natural habitat	Preservation of a certified his		
	Preservation of open space			
2	Complete lines 2a through 2d if the organization held a qualified conservation	ation contribution in the form of a conserv	ation	
	easement on the last day of the tax year.			Held at the End of the Tax Year
а	Total number of conservation easements		2a	
b	Total acreage restricted by conservation easements		2h	
С	Number of conservation easements on a certified historic structure inclu-	ded in (a)	2c	
d	Number of conservation easements included in (c) acquired after 7/25/0	6, and not on a		
	historic structure listed in the National Register		2d	
3	Number of conservation easements modified, transferred, released, exti	nguished, or terminated by the organizatio	n during	the
	tax year ▶			
4	Number of states where property subject to conservation easement is local			
5	Does the organization have a written policy regarding the periodic monitor	oring, inspection, handling of		
	violations, and enforcement of the conservation easements it holds?			Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting, handling of	violations, and enforcing conservation eas	sements	during the year
D				
7	Amount of expenses incurred in monitoring, inspecting, handling of viola	tions, and enforcing conservation easeme	nts durin	g the year
•	<b>&gt;</b> \$			
8	Does each conservation easement reported on line 2(d) above satisfy the	e requirements of section 170(h)(4)(B)(i)		
•	and section 170(h)(4)(B)(ii)?			Yes No
9	In Part XIII, describe how the organization reports conservation easemer	its in its revenue and expense statement a	and	
	balance sheet, and include, if applicable, the text of the footnote to the organization's accounting for conservation easements.	ganization's financial statements that des	cribes the	е
Pa		Historical Transverse as Other C		A (
	Complete if the organization answered "Yes" on F	orm 990, Part IV, line 8.		
1a	If the organization elected, as permitted under FASB ASC 958, not to rep	oort in its revenue statement and balance s	sheet wo	rks
	of art, historical treasures, or other similar assets held for public exhibitio		f public	
	service, provide in Part XIII the text of the footnote to its financial stateme			
D	If the organization elected, as permitted under FASB ASC 958, to report	in its revenue statement and balance shee	et works	of
	art, historical treasures, or other similar assets held for public exhibition,	education, or research in furtherance of po	ublic serv	rice,
	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	in the organization received or field works of art, historical treasures, or of	ther similar assets for financial gain, provi	de 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			\$
For F	Assets included in Form 990, Part X apperwork Reduction Act Notice, see the Instructions for Form 990.		<u> </u>	\$
DAA	aportrona reduction Act Notice, see the instructions for Form 990.			Schedule D (Form 990) 2020

3а	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?	3b				
4	Describe in Part XIII the intended uses of the organization's endowment funds.					

Part VI Land, Buildings, and Equipment.

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

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 (b) Cost or other basis (c) Accumulated (d) Book value (investment) (other) depreciation 1a Land **b** Buildings c Leasehold improvements d Equipment 55,364 ,579 53,785 e Other

Schedule D (Form 990) 2020

Part VII	Investments – Other Securities.	Tarma 000 Davi IV I	in - 44h O - Farra 000 D	raye c
3	Complete if the organization answered "Yes" on I			
	(including name of security)	(b) Book value	(c) Method of value	
(1) Financial of			Cost or end-of-year ma	arket value
3 3				i and a second
	ld equity interests	7.70		
(3) Other				
(A)				***************************************
(B)				
(C)	ananan			
(D)				
(E)				***************************************
(F)	· · · · · · · · · · · · · · · · · · ·			
(G)				the second secon
(H)	- // / /			
	n (b) must equal Form 990, Part X, col. (B) line 12.)	2		
Part VIII	Investments – Program Related.	- 000 D ( N/ )		
***************************************	Complete if the organization answered "Yes" on F			
	(a) Description of investment	(b) Book value	(c) Method of valu	
	· · · · · · · · · · · · · · · · · · ·		Cost or end-of-year ma	rket value
(1)				
(2)				
(3)				
(4)		77774		
(5)		AND RESIDENCE OF THE PARTY OF T		
<u>(6)</u>				THE RESIDENCE OF THE PARTY OF T
(8)				and the second s
(9)				
	(b) must equal Form 990, Part X, col. (B) line 13.)			
Part IX	Other Assets.			
	Complete if the organization answered "Yes" on F	orm 990, Part IV, I	ine 11d. See Form 990, Part	
	(a) Description			(b) Book value
(1)	PREPAID MISC EXPENSES			4,948
(2)	UNDEPOSITED FUNDS	Note that the second se		3,095
(3)	SECURITY DEPOSITS			2,500
(4)	PREPAID POSTAGE			1,477
(5)				
(6)				
_(7)				
(8)				
(9)				10.000
	(b) must equal Form 990, Part X, col. (B) line 15.)			12,020
Part X	Other Liabilities.	- 000 B ( N / II		
	Complete if the organization answered "Yes" on F	orm 990, Part IV, II	ine 11e or 11f. See Form 99	0, Part X,
	line 25.			
1.	(a) Description of liability			(b) Book value
	ncome taxes			
	ID MEMBERSHIP FEES			33,290
(3) PPP L				25,435
	ID EXHIBITION FEES			2,095
	L DEPOSITS			1,000
	NED TUITION			518
(7)	POWER PROPERTY.			4
(8)		***************************************		
(9)	92.	a a constant of the constant o		
	(b) must equal Form 990, Part X, col. (B) line 25.)		<b>&gt;</b>	62,338
	uncertain tax positions. In Part XIII, provide the text of the footno			
organization's I	iability for uncertain tax positions under FASB ASC 740. Check	here if the text of the foo	otnote has been provided in Part XII	1

chedule D (Form 990) 2020 ART LEAGUE OF HILTON HEAD	TNC 57	-1061135	<b>D</b>
Part XI Reconciliation of Revenue per Audited Financial S	tatements With Pover	NO DOE BOTHER	Page 4
Complete if the organization answered "Yes" on Form	000 Part IV line 12a	iue per Keturn.	
1 Total revenue, gains, and other support per audited financial statements	550, Fait IV, IIIIe 12a.		
2 Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
a Net unrealized gains (losses) on investments	2a		
b Donated services and use of facilities	2b		
C Recoveries of prior year grapts	20		
c Recoveries of prior year grants	2c		
d Other (Describe in Part XIII.)	2d		
e Add lines 2a through 2d  3 Subtract line 2e from line 1		2e	
<ul> <li>3 Subtract line 2e from line 1</li> <li>4 Amounts included on Form 990, Part VIII, line 12, but not on line 1:</li> </ul>		3	
a Investment expenses not included on Form 990, Part VIII, line 7b			
h Other (Describe in Part XIII.)	4a		
b Other (Describe in Part XIII.) c Add lines 4a and 4b			
5 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		4c	
Part XII Reconciliation of Expenses per Audited Financial S	totomonto With Fores	5	
The state of the s	otatements with Expe	nses per Return.	
Complete if the organization answered "Yes" on Form 1  Total expenses and losses per audited financial statements			
2 Amounts included on line 1 but not on Form 990, Part IX, line 25:		1	
2 Donated convices and use of facilities	1 - 1		
a Donated services and use of facilities	2a		
b Prior year adjustments	2b		
c Other losses	2c		
d Other (Describe in Part XIII.)	2d		
e Add lines 2a through 2d	***********	2e	
Subtract line 2e from line 1		3	
4 Amounts included on Form 990, Part IX, line 25, but not on line 1:			
a Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b Other (Describe in Part XIII.)	4b		
c Add lines 4a and 4b		4c	-
5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	)	5	
Part XIII Supplemental Information.			
rovide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; F	Part IV, lines 1b and 2b; Part	V, line 4; Part X, line	
Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to pro-	ovide any additional informati	ion.	
<u> </u>	o		
		******	
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		30.	

Schedule D (F	orm 990) 2020	ART I	LEAGUE C	F HILTON	HEAD	INC.	57-1061135	Page <b>5</b>
Part XIII	Supplemen	tal Infor	mation (cor	F HILTON atinued)				
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#### SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

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

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

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

Open to Public Inspection

Name of the organization	Employer identification number
ART LEAGUE OF HILTON HEAD INC.	57-1061135
FORM 990, PART VI, LINE 11B - ORGANIZATION'S PROCI	ESS TO REVIEW FORM 990
A COPY OF THE RETURN WAS REVIEWED BY THE TREASURED	R PRIOR TO SUBMISSION. A
COPY WILL BE REVIEWED BY THE ENTIRE BOARD AT THE 1	VEXT BOARD MEETING
4	
TORK OOO TORK TORK	
FORM 990, PART VI, LINE 19 - GOVERNING DOCUMENTS I	DISCLOSURE EXPLANATION
DOCUMENTS ARE AVAILABLE UPON REQUEST.	
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Form 990 (Rev. January 2020) Department of the Treasury Internal Revenue Service

### **Return of Organization Exempt From Income Tax**

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

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

2019 Open to Public Inspection

OMB No. 1545-0047

<u>A</u>	For the	e 2019 calendar year, or tax year beginning	, and ending			
В	Check if a	applicable: C Name of organization	D Employer	ridentification number		
	Address c	change ART LEAGUE				
П	Name cha	Doing business as		061135		
П		Number and street (or P.O. box if mail is not delivered to	Room/suite	E Telephone	e number 681-5060	
	Initial returning		ian partal ando		043-	001-2000
Ш	terminated	d I			i	
	Amended		SC 29925		G Gross rece	eipts \$ 449,270
$\overline{\Box}$	Application	The property of the second sec		H(a) Is this a gr	oup return for su	ubordinates? Yes X No
	Аррисацо	TITIDEL DILLION		programmer arrests		F. F.
		29 PERCHERON LN.	~~ 0000 <i>c</i>	H(b) Are all sul		ш. П
-		HILTON HEAD ISLAND	SC 29926	II "No	," attach a list. (	see instructions)
1_			nsert no.) 4947(a)(1) or 527			
<u>J</u>	Website			H(c) Group exe		
	************	organization: X Corporation Trust Association	Other ►	L Year of formation: 1	.977	M State of legal domicile: SC
	art I	Summary				
	1 1	Briefly describe the organization's mission or most sign	nificant activities:			
Φ	10	ARTS EDUCATION AND PROMOTION.				
anc	274					
Activities & Governance						
9	2 (	Check this box ▶ ☐ if the organization discontinued				
5		Number of voting members of the governing body (Par				19
SS	4 1	Number of independent voting members of the govern	ing body (Part VI, line 1b)		4	19
itie	5 -	Total number of individuals employed in calendar year	2010 (Part V. line 2a)		5	5
cţį		T-t-1 (t /t / /				75
A			(O) line 10	***************		0
	/a	Total unrelated business revenue from Part VIII, colum	in (C), line 12		7a	0
-	DI	Net unrelated business taxable income from Form 990	-1, line 39	Prior Ye	7b	Current Year
	9 (	Contributions and grants (Part VIII line 1h)			6,518	139,811
ne	0 0	Contributions and grants (Part VIII, line 1h)	*****************************	. 20	0,143	309,279
/en	9 1	Program service revenue (Part VIII, line 2g)	29			
Revenue	10 1	Investment income (Part VIII, column (A), lines 3, 4, ar		252	180	
		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9			0	
_		Total revenue – add lines 8 through 11 (must equal Pa		6,913	449,270	
	13 (	Grants and similar amounts paid (Part IX, column (A),	* *	2,500	2,000	
	14 E	Benefits paid to or for members (Part IX, column (A), li	ne 4)	100		0
S				10	5,817	122,092
Expenses	16a F	Salaries, other compensation, employee benefits (Part Professional fundraising fees (Part IX, column (A), line Total fundraising expenses (Part IX, column (D), line 2	11e)	::	rr-salvra, di-25	0
be	b b	Total fundraising expenses (Part IX, column (D), line 2	5) ▶ 15,413			
Ж	17 (	Other expenses (Part IX, column (A), lines 11a-11d, 1	1f-24e)	33	2,056	340,996
	18	Total expenses. Add lines 13–17 (must equal Part IX,	column (A) line 25)		0,373	465,088
		Revenue less expenses. Subtract line 18 from line 12	oolaimi ( y, iiio 20)		3,460	-15,818
70	3	12. State 1000 expenses, odditaot line to from line 12	*****************	Beginning of Cu		End of Year
ets (	20	Total assets (Part X, line 16)		14	5,006	126,745
Ass	21	T + 14" 1 ''''			1,556	49,113
Net Assets or	22 1	Net assets or fund balances. Subtract line 21 from line			3,450	77,632
	art II	***************************************	-20		0 / 100	,
-		nalties of perjury, I declare that I have examined this return, in	saluding assembaning sahadulas and states	anta and to the heat	of my knowles	dae and halief it is
		ect, and complete. Declaration of preparer (other than officer)			n my knowied	ige and belief, it is
_				processing out and an experience		
C:		Signature of officer			Date	
Sig		The appearance of the second s	DDE	CIDEN	Date	
He	re	PAT BATTEN	PRE	SIDENT		
-		Type or print name and title	_			
D-:	al .	Print/Type preparer's name	Preparer's signature	Date	Check	if PTIN
Pai			MARK N JUNE, CPA	09/08	3/20 self-em	
	parer	Firm's name > JUNECPA			Firm's EIN >	20-4046229
Use	e Only	99 MAIN STREET				
		Firm's address	AND, SC 29926		Phone no.	843-842-6500
May	y the IR	S discuss this return with the preparer shown above?	(see instructions)			Yes No
		ork Reduction Act Notice, see the separate instructions.				Form 990 (2019)
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rm 990 (2019) ART LEAGUE O	F HILTON HEAD INC.	57-1061135	Page 2
	m Service Accomplishments		
Check if Schedule O	contains a response or note to any	line in this Part III	
Briefly describe the organization's miss			
ARTS EDUCATION AND E	PROMOTION.		
**************************************			
***************************************			
way and the figures of the first and the first of the fir	nificant program services during the year v		
prior Form 990 or 990-EZ?			Yes X No
If "Yes," describe these new services of	on Schedule O.		
3 Did the organization cease conducting	, or make significant changes in how it con	ducts, any program	
			Yes X No
If "Yes," describe these changes on So	chedule O.		
		e largest program services, as measured by	
expenses. Section 501(c)(3) and 501(	c)(4) organizations are required to report th	e amount of grants and allocations to others,	
the total expenses, and revenue, if any	, for each program service reported.		
			mental was the same of the sam
4a (Code: ) (Expenses \$ ART GALLERY - PROVID PURCHASED BY THE PUB		\$ 2,000 ) (Revenue \$ TO EXHIBIT ARTWORK THAT	175,409) F CAN BE
FUNCHASED BY THE FUL	DITC.		
*************			
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• • • • • • • • • • • • • • • • • • • •			
Example of the contract of the			
\$3\$\$\$9\$			
EX-EX-EX-EX-EX-EX-EX-EX-EX-EX-EX-EX-EX-E		***************************************	
*******************************	(xxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxx	*************	
4b (Code: ) (Expenses \$	116,558 including grants o	\$ ) (Revenue \$	81,237
**************************************			
4c (Code: ) (Expenses \$ SPECIAL EVENTS - PRO RENTAL ETC.	71,908 including grants o	\$ ) (Revenue \$ OR SPECIAL EVENTS, LECTU	52,633) RES, SPACE
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	***********	**********************************	***************************************
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Ad Other program conjuce (Describe es	Schedula ()		
4d Other program services (Describe on		) (Revenue \$	
(Expenses \$	including grants of \$	) (Revenue \$	)
		) (Revenue \$	) Form <b>990</b> (2019

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Po	Checklist of Required Schedules			
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"			
	complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to	1		NAME OF THE PERSON OF
	candidates for public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)			1996
	election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,			
	assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors			
	have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If			
	"Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			
	complete Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a			
	custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or			
	debt negotiation services? If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,			
	VII, VIII, IX, or X as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"			
	complete Schedule D, Part VI	11a	X	
b				
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
С	Did the organization report an amount for investments—program related in Part X, line 13, that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	- 프로바닷크로 보이트로 이렇게 보고 있는데 보고 있는데 보고 있는데 본 프로그램 이렇게 보고 있는데 보고 있는데 본 프로그램 보고 있는데 보 되었다면 보고 있는데			
	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	х	
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
1100	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		X
12a				
	Schedule D. Parts XI and XII	12a		x
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If			
1.100	"Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	100.000	X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,			
~	fundraising, business, investment, and program service activities outside the United States, or aggregate			
	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or			
13	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other	-10		
10	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		x
17		10		
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on	17		х
10	Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		-22
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on	18		x
10	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	10		- 27
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?	10		x
00	If "Yes," complete Schedule G, Part III	19		X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			v
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	00/	X (2019)
DAA		For	m 33(	(2019)

					Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals					
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III			22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the					
	organization's current and former officers, directors, trustees, key employees, and highest compensated			23		x
240	employees? If "Yes," complete Schedule J  Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than		*****	23		21
24a	이 아이들이 아이들이 가게 하는 것이 아이들이 가는 이 아이들이 가는 사람이 되는 것이다. 그렇게 되는 것이 되었다면 하는 것이 없다는 것이 없는 것이 없는데 그렇게 되었다면 하는데 없다면 하는데 그렇게 되었다면 하는데 없다면	216				
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines			24a		x
b	through 24d and complete Schedule K. If "No," go to line 25a  Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?			24b		
C	Did the organization maintain an escrow account other than a refunding escrow at any time during the year.			240		
Ū	to defeace any tay exempt hands?			24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?			24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess					
				25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a					
	year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-	EZ?				
	If "Yes," complete Schedule L, Part I			25b		X
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any cu					
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%					
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II			26		X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee,	key				
	employee, creator or founder, substantial contributor or employee thereof, a grant selection committee					
	member, or to a 35% controlled entity (including an employee thereof) or family member of any of these			7,5950		
	persons? If "Yes," complete Schedule L, Part III			27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L,	Part				
	IV instructions, for applicable filing thresholds, conditions, and exceptions):					<b></b>
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor's			28a		x
h	"Yes," complete Schedule L, Part IV  A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV			28b		X
c	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If		**********	202		
•	"Yes," complete Schedule L, Part IV			28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule	И		29	Later Vision	X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified					
	conservation contributions? If "Yes," complete Schedule M			30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule	N, Par	t I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"					1
	complete Schedule N, Part II			32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regula	tions				
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I			33	_	X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II,	III,				
	or IV, and Part V, line 1			34		X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?			35a	-	X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a			051		8.
	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2			35b		-
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable			36		x
07	related organization? If "Yes," complete Schedule R, Part V, line 2			30	-	22
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, Par			37		x
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b			- 01		1
30	19? <b>Note:</b> All Form 990 filers are required to complete Schedule O.	und		38	x	
Pa	art V Statements Regarding Other IRS Filings and Tax Compliance					<u></u>
200700	Check if Schedule O contains a response or note to any line in this Part V					
		1	r		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a	69			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b	0			
C	Did the organization comply with backup withholding rules for reportable payments to vendors and					
	reportable gaming (gambling) winnings to prize winners?			1c		X
DAA				Fo	rm 99	0 (2019)

Pa	rt V Statements Regarding Other IRS Filings and Tax Compliance (continue	ed)												
					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		х									
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)													
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			3b	-	_								
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other auth			1 .	1									
-	a financial account in a foreign country (such as a bank account, securities account, or other financial account, securities account, or other financial account in a foreign country (such as a bank account, securities account, or other financial account in a foreign country (such as a bank account, securities account, or other financial account in a foreign country (such as a bank account, securities account, or other financial account in a foreign country (such as a bank account, securities account, or other financial account in a foreign country (such as a bank account, securities account, or other financial account in a foreign country (such as a bank account, securities account, or other financial account in a foreign country (such as a bank account, securities account, securities account, securities account in a foreign country (such as a bank account in a foreign country (such as a bank account in a foreign country (such as a bank account in a foreign country (such as a bank account in a foreign country (such as a bank account in a foreign country (such as a bank account in a foreign country (such as a bank account in a foreign country (such as a bank account in a foreign country (such as a bank account in a foreign country (such as a bank account in a foreign country (such as a bank account in a foreign country (such	count)	?	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).  Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?													
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	?		A STATE OF THE PARTY OF THE PAR	-	X								
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?			<u>5c</u>	-									
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the					37								
55				<u>6a</u>		X								
b	If "Yes," did the organization include with every solicitation an express statement that such contributions of	or												
_	gifts were not tax deductible?			6b										
7	Organizations that may receive deductible contributions under section 170(c).	•000												
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for good	is		<u> </u>										
1921	and services provided to the payor?			7a										
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?			7b	-	-								
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			1	1									
	required to file Form 8282?		1	7c										
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d		70										
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contra			7e										
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		e required?	SECTION AND SECTION ASSESSMENT	1									
<ul> <li>g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?</li> <li>h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?</li> </ul>														
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.			8										
а	Piddle			9a	*********									
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?			*******										
10	Section 501(c)(7) organizations. Enter:													
а	Initiation fees and capital contributions included on Part VIII, line 12	10a	1											
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:	HANNE STATE												
а	Gross income from members or shareholders	11a	1											
b	Gross income from other sources (Do not net amounts due or paid to other sources													
	against amounts due or received from them.)	11b	Co. Lineage Co. Co. Co.											
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 10	041?		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?			13a										
	Note: See the instructions for additional information the organization must report on Schedule O.	fatater auto												
b	Enter the amount of reserves the organization is required to maintain by the states in which		e e											
	the organization is licensed to issue qualified health plans	13b												
С	Enter the amount of reserves on hand	13c												
14a	Did the averagination variety and an expense for indeed temping convince the tay 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	on or				3933								
	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	ome?		16		X								
	If "Yes," complete Form 4720, Schedule O.													

Form 990 (2019) ART LEAGUE OF HILTON HEAD INC. 57-1061135 Page 6 Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" Part VI response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions. X Check if Schedule O contains a response or note to any line in this Part VI Section A. Governing Body and Management Yes No 19 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. 19 Enter the number of voting members included on line 1a, above, who are independent 1b Did any officer, director, trustee, or key employee have a family relationship or a business relationship with X anv other officer, director, trustee, or key employee? Did the organization delegate control over management duties customarily performed by or under the direct 3 X supervision of officers, directors, trustees, or key employees to a management company or other person? 3 X Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? X Did the organization become aware during the year of a significant diversion of the organization's assets? 5 5 X Did the organization have members or stockholders? 6 6 Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? X 7a Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? X 7b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: X 8a The governing body? a X Each committee with authority to act on behalf of the governing body? 8b Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at X the organization's mailing address? If "Yes," provide the names and addresses on Schedule O Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Yes No X 10a Did the organization have local chapters, branches, or affiliates? If "Yes," did the organization have written policies and procedures governing the activities of such chapters, b affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? 10b Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11a 11a Describe in Schedule O the process, if any, used by the organization to review this Form 990. b X 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 12a X Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12b Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," C X describe in Schedule O how this was done 12c X 13 13 Did the organization have a written whistleblower policy? Did the organization have a written document retention and destruction policy? X 14 Did the process for determining compensation of the following persons include a review and approval by 15 independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? X 15a The organization's CEO, Executive Director, or top management official X 15b Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement X 16a with a taxable entity during the year? 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 16b organization's exempt status with respect to such arrangements? Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed ▶ Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c)

Own website

18

(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. Another's website X Upon request Other (explain on Schedule O)

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

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

ROBERT SEFTON

14 SHELTER COVER LANE

843-842-5738

SC 29928

HILTON HEAD ISLAND

# 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.

X 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	bo	x, unle	ess pe	ition more rson i	than one s both a r/trustee	n	(D) Reportable compensation from the organization	(E) Reportable compensation from related organizations	(F) Estimated amount of other compensation from the
	hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(W-2/1099-MISC)	(W-2/1099-MISC)	organization and related organizations
(1) DONNA BARNAKO										
	1.00									
COMMITTEE MEMBER	0.00	X						0	0	0
(2) LOUANNE BARRETT	1 00									
EDVICATION COMA CUATO	1.00	x						0	0	0
EDUCATION COMM CHAIR (3) PAT BATTEN	0.00			_		$\vdash$	-		0	0
(3) FAI BAITEN	5.00									
PRESIDENT	0.00	x		x				0	0	0
(4) JUDY BLAHUT										
	1.00									
COMMITTEE MEMBER	0.00	X						0	0	0
(5) LINDA BLOOM										
:3.4000000000000000000000000000000000000	1.00								le:	2
COMMITTEE MEMBER	0.00	X					-	0	0	0
(6) JANICE GRAY	- 00									
	5.00	37		37				0	0	0
PAST PRESIDENT (7) BILLY HOWE	0.00	X	-	X	_	$\vdash$		0	0	
(/) BILLII HOWE	2.00									
FACILITIES CHAIR	0.00	x						0	0	0
(8) JULIANA KIM	0.00		_			$\Box$				
7404 9 12 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	1.00								,	
COMMITTEE MEMBER	0.00	X						0	0	0
(9) DENNIS LAKE										
	1.00								Valer	.02.0
COMMITTEE MEMBER	0.00	X				Ш		0	0	0
(10) ROSALYN LESTER										
	2.00								^	
VICE PRESIDENT	0.00	X		X		-	_	0	0	0
(11) IRIS MAGIDSON	5.00									
MKTG & COMM CHAIR	0.00	x						0	0	0

DAA

orm 990 (2019) ART LEAGU.	Directors, Trus	tees	, Ke	y En	nplo	yees	, and	d Highest Compensated I	Employees (continued)	
Part VII Section A. Officers,  (A)  Name and title	(B) Average hours per week (list any	(do	not c	Posi heck i ss per	tion more rson i	than or s both a r/truste	ie an e)	(D) Reportable compensation from the organization	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and
	hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(W-2/1099-MISC)	(W-2/1099-WIGO)	related organizations
(12) PAT MCGUIRE	3.00			140						
VOLUNTEER CHAIR	0.00	X						0	0	0
(13) JAN ROSS	101 212									
	1.00	37						0	0	0
MEMBER-AT-LARGE (14) LINDA SAYLOR	0.00	X	-			-				
(14) LINDA SAYLOR	3.00									
SECRETARY	0.00	X		X				0	0	0
(15) ROBERT SEFTON										
	3.00			-					0	0
TREASURER CEVA	0.00	X	-	X	+	+	-			
(16) FANOULA SEVAS	2.00									
COMMITTEE CHAIR	0.00	X						C	0	0
(17) CINDY STRICK										
	1.00									o
MEMBER-AT-LARGE	0.00	X	-	+	+	+	+		,	
(18) PEG WESCHKE	5.00									
MEMBERSHIP CHAIR	0.00	X						(	0	0
(19) DEBI WEST										
	1.00									0
COMMITTEE MEMBER	0.00	X		_		1	_			
1b Subtotal		Sect	ion /	Δ			•	7		
J. Tatal (add lines th and 1s)										
2 Total number of individuals (ir	ncluding but not l	limite	d to	thos	e list	ted at	ove	e) who received more than \$	100,000 of	
reportable compensation from	the organization	n 🏲	U							Yes No
<ul> <li>Did the organization list any for employee on line 1a? If "Yes,</li> <li>For any individual listed on line</li> </ul>	" complete Scho	dulla	I for	CHICK	n inc	INIMI	3/			з Х
organization and related orga	nizations greate	r thar	1 \$15	0,00	10?	T Yes	s, C	omplete Schedule o for such	,	4 X
5 Did any person listed on line for services rendered to the c										
Castian B. Indonondent Contract	ors									
Complete this table for your f compensation from the organ	ive highest comp nization. Report of	oensa comp	ated ensa	inde ition	pend for t	dent c	ontr		nan \$100,000 of n the organization's tax yeal (B) cription of services	r. (C) Compensation
Name a	(A) and business address						+	Des	cription of services	Compensation
2.										
-				-						
2 Total number of independen	t contractors (inc	cludir	ng bu	t not	limi	ited to	tho	se listed above) who	0	
received more than \$100,00	0 of compensati	on fro	om th	e or	gani	zation	1		-	Form <b>990</b> (20

Pa	t VI	Check if	Sche	dule O conta	ains a	respons	se or note	to any line in this	Part VIII		
		CHOSKI	00,10					(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 campa	aigns		1a						
					1b	WE:	31,327				
	С	Membership dues Fundraising events			1c						
ar /	d	I Related organizations									
ıs, (	е	Government grants (cor	tributions	5)	1e		81,250				
rtion er S	f	All other contributions, g									
Sth		and similar amounts not			1f		27,234				
nd (		Noncash contributions in			1g §			120 011			
a C	h	Total. Add lines	1a-1f					139,811			
ner l	20	ADM CATES					Business Code	175,409	175,409		
Program Service Revenue	2a b	ART SALES						81,237	81,237		
Ser	c	HANGING FEE						20,705	20,705		
am	d							17,166	17,166		
rogr	е	RENTALS						14,762	14,762		
۵	f	All other program									
	g	Total. Add lines	2a-2f			.,,,,,,,		309,279			
	3	Investment incon	ne (inc	uding dividends	, interes	st, and					400
		other similar amounts)						180		¥	180
	4	Income from inve	estmen	t of tax-exempt	bond pr	oceeds .					i comment
	5	Royalties			·····						
	1000-101	_		(i) Real	-	(ii) F	Personal				
		Gross rents	6a		-						
		Less: rental expenses	6b								
		Rental inc. or (loss)	6c	50)							
		Net rental income Gross amount from	or (io	(i) Securities	VIRONOMO HEND		Other				
		sales of assets	7a	(,, 0000111101		(-)					
ه	h	other than inventory  Less: cost or other	74								
Revenue	~	basis and sales exps.	7b								
Seve	С	Gain or (loss)	7c		-						
ther F		Net gain or (loss)	)								
Oth Oth		Gross income from									
		(not including \$									
		of contributions rep									
		See Part IV, line 18	·		8a						
		Less: direct expe			8b						
		Net income or (Id			vents						
	9a	Gross income from									
		See Part IV, line 19			9a						
	9.00	Less: direct expe			9b		•				
	15505	Net income or (lo			ities						
	iva	Gross sales of in returns and allow		200 00 D D0 00 D0 D0	10a						
	h	Less: cost of goo			10b						
		Net income or (lo		7.50							
			- 27				Business Code				
sno.	11a	2 17 418 17 17 17 17 17 17 17 17 17 17 17 17 17				A 100 May 100					
ane	b	**************************************					100				
Miscellaneous Revenue	С										
Mis	d	All other revenue									
2000		Total. Add lines	11a-1	1d			▶			-	400
	12	Total revenue.	See ins	structions			<b>&gt;</b>	449,270	309,279	0	180

Form 990 (2019) ART LEAGUE OF HILTON HEAD INC.

Part IX Statement of Functional Expenses

	Check if Schedule O contains a response	-0.00	art IX (B)	(c) T	(D)
	t include amounts reported on lines 6b, o, 9b, and 10b of Part VIII.	(A) Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21				
	Grants and other assistance to domestic				
	individuals. See Part IV, line 22	2,000	2,000		
	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			T.	
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	113,415	66,705	32,765	13,945
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes	8,677	5,103	2,507	1,067
11	Fees for services (nonemployees):				
	Management				
b					
0	Legal	2,400		2,400	
ن	Accounting				
d	Lobbying Professional fundraising services. See Part IV, line 17				
e	Investment management fees				
- 1	Other. (If line 11g amount exceeds 10% of line 25, column				
g	(A) amount, list line 11g expenses on Schedule O.)				
10	1000	67,462	67,462		
12	Advertising and promotion	07/2012			
13	Office expenses				
14	Information technology				
15	Royalties	59,206	59,193	13	
16	Occupancy	33,200			
17	Travel				
18					
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates	563		563	
22	Depreciation, depletion, and amortization	2,591	2,332	259	
23	Insurance	2,391	2,332		
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.)	117 (22	117,622		
а	***************************************	117,622			
b	INSTRUCTOR FEES	46,447	46,447 5,333	7,822	
С	BANK FEES	13,155		2,854	
d	SUPPLIES	9,388	6,534	4,428	
е		22,162	17,333	53,611	
25	Total functional expenses. Add lines 1 through 24e	465,088	396,064	33,611	10,41
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   following SOP 98-2 (ASC 958-720) if				Form <b>990</b> (20

Retained earnings, endowment, accumulated income, or other funds

Total net assets or fund balances

Total liabilities and net assets/fund balances ......

Form 990 (2019) 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 52,053 96,966 1 Cash—non-interest-bearing Savings and temporary cash investments 2 Pledges and grants receivable, net 3 34,263 64,084 Accounts receivable, net 4 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons 5 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) 6 Notes and loans receivable, net 7 8 Inventories for sale or use Prepaid expenses and deferred charges 9 10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D 55,364 10a b Less: accumulated depreciation 10b 2,493 52,871 10c Investments—publicly traded securities 11 11 Investments—other securities. See Part IV, line 11 12 12 Investments—program-related. See Part IV, line 11 13 13 14 Intangible assets 13,777 8,115 Other assets. See Part IV, line 11 15 126,745 145,006 Total assets. Add lines 1 through 15 (must equal line 33) 16 16 18,911 11,886 Accounts payable and accrued expenses \_\_\_\_\_ 17 17 Grants payable 18 18 19 Deferred revenue 19 Tax-exempt bond liabilities 20 20 21 Escrow or custodial account liability. Complete Part IV of Schedule D Loans and other payables to any current or former officer, director, iabilities trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons 22 Secured mortgages and notes payable to unrelated third parties 23 Unsecured notes and loans payable to unrelated third parties 24 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X 32,645 37,227 of Schedule D 25 49,113 51,556 Total liabilities. Add lines 17 through 25 ...... Organizations that follow FASB ASC 958, check here ▶ X **Net Assets or Fund Balances** and complete lines 27, 28, 32, and 33. 91,300 74,782 Net assets without donor restrictions 27 2,850 2,150 Net assets with donor restrictions Organizations that do not follow FASB ASC 958, check here and complete lines 29 through 33. Capital stock or trust principal, or current funds 29 30 Paid-in or capital surplus, or land, building, or equipment fund

126,745 Form 990 (2019)

77,632

31

32

93,450

145,006

32

Schedule O.

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

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

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.

Single Audit Act and OMB Circular A-133?

3a

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

**Public Charity Status and Public Support** 

ART LEAGUE OF HILTON HEAD INC.

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

OMB No. 1545-0047 2019

Open to Public

Department of the Treasury Internal Revenue Service

Name of the organization

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

			ART LEAGUE	OF HILTON	HEAD I	NC.		57-106	61135
P	art l	Reas	son for Public Char	ity Status (All org	ganizations	must co	mplete t	his part.) See instruction	ns.
The	orga	nization is not	a private foundation beca	ause it is: (For lines 1 t	hrough 12, ch	neck only o	ne box.)		
1			nvention of churches, or a					W(i).	
2			scribed in section 170(b)					**************************************	
3			a cooperative hospital se						
4	П							70(b)(1)(A)(iii). Enter the hos	nital's name
		city, and stat	е.					7 (2)(1)(1 )(m)1 Enter the flee	pharo namo,
5				fit of a college or unive	ersity owned o	or operated	by a gove	rnmental unit described in	*************************
	_		(b)(1)(A)(iv). (Complete F			, oporano	, a go . c	minoritar anti decembed in	
6			ate, or local government of		escribed in se	ction 170	(b)(1)(A)(v	l.:	
7	X	An organizat	ion that normally receives	a substantial part of i				t or from the general public	
		described in	section 170(b)(1)(A)(vi).	(Complete Part II.)				· · · · · · · · · · · · · · · · · · ·	
8	Ц		rtrust described in <b>sectio</b>						
9	Ш	An agricultur	al research organization o	described in section 1	70(b)(1)(A)(i	x) operate	d in conjunc	ction with a land-grant college	
	_	or university university:		ge of agriculture (see i			ame, city, a	and state of the college or	
10		An organizat	ion that normally receives	: (1) more than 33 1/3	% of its suppo	ort from co	ntributions,	membership fees, and gross	
		receipts from	activities related to its ex	empt functions—subj	ect to certain e	exceptions	, and (2) no	more than 33 1/3% of its	
		support from	gross investment income he organization after June	and unrelated busine	ss taxable inc	come (less	section 51	1 tax) from businesses	
11			on organized and operate					1/41	
12	Н							of, or to carry out the purposes	
		of one or mor	re publicly supported orga	inizations described in	section 509	(a)(1) or s	ection 509	(a)(2). See section 509(a)(3)	
		Check the bo	x in lines 12a through 12a	d that describes the ty	pe of supporti	ng organiz	ation and c	complete lines 12e, 12f, and 12	2g.
	a							nization(s), typically by giving	
		the supp	orted organization(s) the	power to regularly app	oint or elect a	majority o	f the direct	ors or trustees of the	
			ng organization. You mus						
	b							organization(s), by having	
		control of	r management of the sup	porting organization ve	ested in the sa	ame perso	ns that con	trol or manage the supported	
	•		tion(s). You must comple			•n.roana.populano			
	С	its suppo	rted organization(s) (see	A supporting organiza instructions). <b>You mu</b>	tion operated st complete i	Part IV. S	tion with, at	nd functionally integrated with,	
	d							th its supported organization(s	8)
		that is no	t functionally integrated.	The organization gene	rally must sati	isfy a distri	bution requ	irement and an attentiveness	2.
			ent (see instructions). Yo						
	е	Check th	is box if the organization i	eceived a written dete	ermination from	m the IRS	that it is a T	ype I, Type II, Type III	
	f		Ily integrated, or Type III in the nber of supported organized		ated supportin	ng organiza	ation.		Comment of the Commen
	g		ollowing information about		zation(e)			*******************	
(1	22.77	e of supported	(ii) EIN	(iii) Type of or		(iv) to the	organization	(v) Amount of monetary	6.0 4
٧.		ganization	(ii) Liiv	(described on			ur governing	support (see	(vi) Amount of other support (see
				above (see ins	structions))	docu	ment?	instructions)	instructions)
	-					Yes	No		
(A)									
152.535									
(B)									
123									
(C)									
(D)	-					-			
(D)									
(E)									
ota									
J.(1)							0.0000000000000000000000000000000000000		

Schedule A (Form 990 or 990-EZ) 2019

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.)

	tion A. Public Support	T					
Cale	ndar year (or fiscal year beginning in)	(a) 2015	<b>(b)</b> 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	111,668	118,178	122,688	146,518	139,811	638,863
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	111,668	118,178	122,688	146,518	139,811	638,863
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						638,863
Sec	tion B. Total Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
7	Amounts from line 4	111,668	118,178	122,688	146,518	139,811	638,863
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	18	77	57	252	180	584
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						639,447
12	Gross receipts from related activities, etc. (s	see instructions)				12	599,422
13	First five years. If the Form 990 is for the o		econd, third, fourth	or fifth tax year as	a section 501(c)(3		
100-00	organization, check this box and stop here					~~	▶ □
Sec	tion C. Computation of Public Su	pport Percenta	ge				
14	Public support percentage for 2019 (line 6,	column (f) divided by	line 11, column (f	))		14	99.91%
15						The second secon	99.92%
16a	33 1/3% support test—2019. If the organization	zation 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 qualifi						▶ X
b	33 1/3% support test-2018. If the organize	zation did not check	a box on line 13 or				**************************************
	this box and stop here. The organization qu	ualifies as a publicly	supported organiza	ation			▶ □
17a		9. If the organization	did not check a bo	ox on line 13, 16a, o	or 16b, and line 14	is	
	10% or more, and if the organization meets	the "facts-and-circu	mstances" test, ch	eck this box and st	op here. Explain in		
	Part VI how the organization meets the "fac	ts-and-circumstance	s" test. The organi	zation qualifies as a	a publicly supported	i	
	organization				S S 33150		▶ □
b	10%-facts-and-circumstances test—201	8. If the organization	did not check a bo	ox on line 13, 16a,	16b, or 17a, and lin	е	
	15 is 10% or more, and if the organization n	the same and the same of the s		[HT 1866 - HT 1866 -	n [일일][[16][[16] [16][[16][[16][[16][[16][[16		
	Explain in Part VI how the organization mee				[전경 [일어] 고입에 프라고기 보기를 다 [요] [1]	r i	
							▶ □
18	Private foundation. If the organization did	not check a box on I	ine 13, 16a, 16b, 1	7a, or 17b, check t	his box and see		
	instructions			1			<b>D</b>

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

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

Sec	tion A. Public Support							
Caler	ndar year (or fiscal year beginning in)	(a) 2015	<b>(b)</b> 2016	(c) 2017	(d) 2018	(e) 2019	-ws-k	(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					1.2		
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	562 - 654 541 541 541 541 541 541 541 541 541 5							
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year							
С	Add lines 7a and 7b							
8	Public support. (Subtract line 7c from							
500	tion B. Total Support							
	ndar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	-1	(f) Total
9	Amounts from line 6	(a) 2015	(b) 2010	(0) 2017	(u) 2018	(6) 2019	-	(i) Total
							$\neg$	
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		e7					
С	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							(7 = 141104
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 five years. If the Form 990 is for the o	rganization's first.	second, third, fourt	h, or fifth tax year a	s a section 501(c)	(3)		Sec. 11
V	organization, check this box and stop here							
Sec	tion C. Computation of Public Su	pport Percent	age					
15	Public support percentage for 2019 (line 8,	column (f), divided	by line 13, column	(f))			15	%
16	Public support percentage from 2018 Sched					4144444444	16	%
Sec	tion D. Computation of Investmen							
17	Investment income percentage for 2019 (lin						17	%
18	Investment income percentage from 2018 S						18	%
19a	33 1/3% support tests—2019. If the organ							
h	17 is not more than 33 1/3%, check this box	A STATE OF THE PARTY OF THE PAR						🕨 🗀
b	33 1/3% support tests—2018. If the organ line 18 is not more than 33 1/3%, check this							<b>b</b>
20	Private foundation. If the organization did							
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### Part IV Supporting Organizations

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

# Section A. All Supporting Organizations

- Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) 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 12a or 12b in Part I, answer (b) and (c) 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.
- Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) 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?
- Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7?
  If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- b Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI.
- c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 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.)

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10h				106
ו עטו				10b

Schedule A (Form 990 or 990-EZ) 2019

Pa	irt IV Supporting Organizations (continued)	
		Yes No
11	Has the organization accepted a gift or contribution from any of the following persons?	
a		
	below, the governing body of a supported organization?	11a
b	The state of the s	11b
C	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c
Seci	tion B. Type I Supporting Organizations	
		Yes No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to	
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the	
	tax year? If "No," describe in <b>Part VI</b> 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 directors or trustees were allocated among the supported	1
2	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.	2
Sect	tion C. Type II Supporting Organizations	
-	tion of Type it deporting organizations	Yes No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors	1.00
•	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control	
	or management of the supporting organization was vested in the same persons that controlled or managed	
	the supported organization(s).	1
Sec	tion D. All Type III Supporting Organizations	
		Yes No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the	
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax	
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the	
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported	
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how	
	the organization maintained a close and continuous working relationship with the supported organization(s).	2
3	By reason of the relationship described in (2), did the organization's supported organizations have a	
	significant voice in the organization's investment policies and in directing the use of the organization's	
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's	
^	supported organizations played in this regard.	3
	tion E. Type III Functionally-Integrated Supporting Organizations	<u> </u>
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instruction	(S).
a	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
b		uctions)
С	The organization supported a governmental entity. Describe in Part VI now you supported a government entity (see insite	delloris).
2	Activities Test. Answer (a) and (b) below.	Yes No
a		
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify	
	those supported organizations and explain how these activities directly furthered their exempt purposes,	
	how the organization was responsive to those supported organizations, and how the organization determined	
	that these activities constituted substantially all of its activities.	2a
b	b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more	
~	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the	
	reasons for the organization's position that its supported organization(s) would have engaged in these	
	activities but for the organization's involvement.	2b
3	Parent of Supported Organizations. Answer (a) and (b) below.	
а		
	trustees of each of the supported organizations? Provide details in Part VI.	3a
b	b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each	
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b
DAA	Sched	ule A (Form 990 or 990-EZ) 2019

Schedule A (Form 990 or 990-EZ) 2019 ART LEAGUE OF HILTON HEA	AD TNC	F7 10C	1125
Part V Type III Non-Functionally Integrated 509(a)(3) Supporting	Organizatio	57-1061	Page 6
1 Check here if the organization satisfied the Integral Part Test as a qualifying trust of	on Nov. 20, 1970	(explain in Part VII) Con	
instructions. All other Type III non-functionally integrated supporting organization	s must complete	Sections A through E	
Section A - Adjusted Net Income		100 - 100 -	(B) Current Year
,		(A) Prior Year	(optional)
1 Net short-term capital gain	1		(optional)
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)
Aggregate fair market value of all non-exempt-use assets (see			(optional)
instructions for short tax year or assets held for part of year):			
a Average monthly value of securities	1a		-77
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		-0
d Total (add lines 1a, 1b, and 1c)	1d		
e Discount claimed for blockage or other	100		
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 1-1/2% 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 .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		To the state of th
2 Enter 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		

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

5

6

Schedule A (Form 990 or 990-EZ) 2019

5 Income tax imposed in prior year

instructions).

emergency temporary reduction (see instructions).

6 Distributable Amount. Subtract line 5 from line 4, unless subject to

S-4000 000	tion D - Distributions			Current Year
1	Amounts paid to supported organizations to accomplish exempt pu	rposes		
2	Amounts paid to perform activity that directly furthers exempt purpo	oses of supported		
2	organizations, in excess of income from activity			
4	Administrative expenses paid to accomplish exempt purposes of su	upported organizations		
5	Amounts paid to acquire exempt-use assets			
6	Qualified set-aside amounts (prior IRS approval required)			
NA.	Other distributions (describe in Part VI). See instructions.	The second secon	45.200	
7 8	Total annual distributions. Add lines 1 through 6.			
0	Distributions to attentive supported organizations to which the organizations to which the organizations are supported organizations.	nization is responsive		
9	(provide details in Part VI). See instructions.			
0	Distributable amount for 2019 from Section C, line 6			
	Line 8 amount divided by line 9 amount			
	Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2019	(iii) Distributable
1	Distributable amount for 2019 from Section C, line 6		F16-2019	Amount for 2019
2	Underdistributions, if any, for years prior to 2019			
	(reasonable cause required-explain in Part VI). See			
	instructions.			
3	Excess distributions carryover, if any, to 2019			
a	From 2014			
b	From 2015			
	From 2016			
d	From 2017			
	From 2018			
	Total of lines 3a through e			
	Applied to underdistributions of prior years			
	Applied to 2019 distributable amount			
	Carryover from 2014 not applied (see instructions)			
	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
	Distributions for 2019 from			
	Section D, line 7: \$			
	Applied to underdistributions of prior years			
	Applied to 2019 distributable amount			
	Remainder. Subtract lines 4a and 4b from 4.			
	Remaining underdistributions for years prior to 2019, if			
	any. Subtract lines 3g and 4a from line 2. For result			
	greater than zero, explain in Part VI. See instructions.			
	Remaining underdistributions for 2019. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
	Excess distributions carryover to 2020. Add lines 3j			
	and 4c.			
- 10	Breakdown of line 7:			
	Excess from 2015			
	Excess from 2016			
	Excess from 2017			
	Excess from 2018			
e I	Excess from 2019			

Schedule A (Forn	990 or 990-EZ) 2019	ART	LEAGUE	OF	HILTON	HEAD	INC.		57-1061135	Page 8
Part VI	III, line 12; Part IVB, lines 1 and 2;	V, Section A Part IV, Se V, line 1; P	A, lines 1, 2 ction C, line art V, Secti	2, 3b, e 1; F on B	3c, 4b, 4c, Part IV, Sec , line 1e; Pa	5a, 6, 9 tion D, li art V, Se	a, 9b, 9c, nes 2 and ction D, li	, 11a, 11b d 3; Part l' ines 5, 6,	Part II, line 17a or, and 11c; Part IV, V, Section E, lines and 8; and Part V, ctions.)	17b; Part Section 1c, 2a, 2b,
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DAA						> <del></del>			Schedule A (Form	990 or 990-EZ) 2019

## 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 2019 Open to Public Inspection

Name of the organization

Employer identification number

Pa	RT LEAGUE OF HILTON HEAD INC.		1061135
	Organizations Maintaining Donor Advised Funds or Other Similar Funds or A	ccoun	ts.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 6.		
	(a) Donor advised funds		(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in writing that the assets held in donor advised		77-98-1
	funds are the organization's property, subject to the organization's exclusive legal control?		☐ Yes ☐ N
6	Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used		🗀 ,00 🗀 ,
	only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose		
	conferring impermissible private benefit?		Yes N
Ρa	art II Conservation Easements.	******	163 1
******	Complete if the organization answered "Yes" on Form 990, Part IV, line 7.		
1	Purpose(s) of conservation easements held by the organization (check all that apply).	7,000	
8			Claud
		100	
	E Proposition of a softmod line	toric stru	cture
•	Preservation of open space	22	
2	Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation on the last day of the tax year.	tion	WI
8			Held at the End of the Tax Ye
a		2a	
b		2h	
С		20	
d	(7) 414 (10) 614 (10) 614		
	historic structure listed in the National Register		
3	Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization	during t	ne
	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 easi		Yes N
	<b>&gt;</b>		
7	<b>•</b>	ements d	uring the year
	Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements  \$ \\$	ements d	uring the year
	Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements.  **Note: The image is a second of the image. The image is a second of the image is a second of the image is a second of the image. The image is a second of the image is a second of the image is a second of the image. The image is a second of the image is a second of the image. The image is a second of the image is a second of the image is a second of the image. The image is a second of the image is a second of the image is a second of the image. The image is a second of the image is a second of the image is a second of the image. The image is a second of the image is a sec	ements d	uring the year
7	Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements  \$\Bigslant \$  Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i)	ements d	uring the year the year
7	Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements  \$ 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)?	ements d	uring the year the year
7	Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easement  \$ Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(ii) and section 170(h)(4)(B)(iii)?  In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement as	ements during	the year  Yes N
7	Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements.  Solvent in the section of the section	ements during	the year  Yes N
7 8 9	Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements.  Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements.  Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?  In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement a balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that desconganization's accounting for conservation easements.	ements during nd ribes the	the year  Yes N
7 8 9	Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements.  Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements.  Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?  In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement a balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that descorganization's accounting for conservation easements.  Organizations Maintaining Collections of Art, Historical Treasures, or Other States.	ements during nd ribes the	the year  Yes N
7 8 9	Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements.  Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements.  Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(ii) and section 170(h)(4)(B)(ii)?  In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement a balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that descorganization's accounting for conservation easements.  Organizations Maintaining Collections of Art, Historical Treasures, or Other School Complete if the organization answered "Yes" on Form 990, Part IV, line 8.	ements during nd ribes the	the year  Yes N  Assets.
7 8 9	Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements.  Shart III  Organizations Maintaining Collections of Art, Historical Treasures, or Other Stromplete if the organization answered "Yes" on Form 990, Part IV, line 8.  If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance statement and balance statements.	ements during  ts during  nd ribes the	the year  Yes N  Assets.
7 8 9	Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements.  Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?  In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement a balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that descorganization's accounting for conservation easements.  Organizations Maintaining Collections of Art, Historical Treasures, or Other Scomplete if the organization answered "Yes" on Form 990, Part IV, line 8.  If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance so fart, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of	ements during  ts during  nd ribes the	the year  Yes N  Assets.
7 8 9 Pa	Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easement   \$  Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?  In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement a balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that described accounting for conservation easements.  Organizations Maintaining Collections of Art, Historical Treasures, or Other Section 2007. Complete if the organization answered "Yes" on Form 990, Part IV, line 8.  If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance so of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of service, provide in Part XIII the text of the footnote to its financial statements that describes these items.	ements during  nd ribes the  Similar  heet work public	the year  Yes N  Assets.
7 8 9 Pa	Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easement   \$  Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?  In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement a balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that described accounting for conservation easements.  Organizations Maintaining Collections of Art, Historical Treasures, or Other Complete if the organization answered "Yes" on Form 990, Part IV, line 8.  If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance service, provide in Part XIII the text of the footnote to its financial statements that describes these items.  If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet.	ements during  nd ribes the  Similar  heet work public	the year  Yes N  Assets.
7 8 9 Pa	Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements.  Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?  In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement a balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that descorganization's accounting for conservation easements.  Organizations Maintaining Collections of Art, Historical Treasures, or Other Section Complete if the organization answered "Yes" on Form 990, Part IV, line 8.  If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance so fart, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of service, provide in Part XIII the text of the footnote to its financial statements that describes these items.  If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of put art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of put art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of put art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of put art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of put art.	ements during  nd ribes the  Similar  heet work public	the year  Yes N  Assets.
7 8 9 Pa	Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements.  Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(ii) and section 170(h)(4)(B)(iii)?  In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement abalance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that descorganization's accounting for conservation easements.  Organizations Maintaining Collections of Art, Historical Treasures, or Other States Complete if the organization answered "Yes" on Form 990, Part IV, line 8.  If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance so fart, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of service, provide in Part XIII the text of the footnote to its financial statements that describes these items.  If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of puprovide the following amounts relating to these items:	ements during  nd ribes the  Similar  heet work public  t works o	the year  Yes N  Assets.
7 8 9 Pa	Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easement   \$  Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?  In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement a balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes accounting for conservation easements.  Organizations Maintaining Collections of Art, Historical Treasures, or Other Scomplete if the organization answered "Yes" on Form 990, Part IV, line 8.  If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance so fart, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of service, provide in Part XIII the text of the footnote to its financial statements that describes these items.  If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of purpovide the following amounts relating to these items:  (i) Revenue included on Form 990, Part VIII, line 1	ements de	the year  The year  Yes N  Assets.
7 8 9 Pa 1a	Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easement   \$  Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?  In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement a balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that descroganization's accounting for conservation easements.  Organizations Maintaining Collections of Art, Historical Treasures, or Other Scomplete if the organization answered "Yes" on Form 990, Part IV, line 8.  If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sof art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of service, provide in Part XIII the text of the footnote to its financial statements that describes these items.  If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheer art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of puprovide the following amounts relating to these items:  (i) Revenue included on Form 990, Part X VIII, line 1  (ii) Assets included in Form 990, Part X	ements during  nd ribes the  Similar  heet work public  t works of	the year  The year  Yes N  Assets.
7 8 9 Pa 1a	Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements.  Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?  In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement a balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that descroganization's accounting for conservation easements.  Organizations Maintaining Collections of Art, Historical Treasures, or Other Scomplete if the organization answered "Yes" on Form 990, Part IV, line 8.  If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sof art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of service, provide in Part XIII the text of the footnote to its financial statements that describes these items.  If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of purpovide the following amounts relating to these items:  (i) Revenue included on Form 990, Part VIII, line 1	ements during  nd ribes the  Similar  heet work public  t works of	the year  The year  Yes N  Assets.
7 8 9 1a b	Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easement.  **Note: *	ements during  nd ribes the  Similar  heet work public  t works of blic servi	the year  Yes N  Assets.
7 8 9 Pa 1a b	Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easement   \$  Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?  In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement a balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that descripanization's accounting for conservation easements.  Organizations Maintaining Collections of Art, Historical Treasures, or Other Scomplete if the organization answered "Yes" on Form 990, Part IV, line 8.  If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance so fart, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of service, provide in Part XIII the text of the footnote to its financial statements that describes these items.  If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheer art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of purpovide the following amounts relating to these items:  (i) Revenue included on Form 990, Part X III, line 1  (ii) Assets included in Form 990, Part X III the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following are set for financial gain, provide the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following are set for financia	ements de de de la composition della composition	the year  The year  Yes N  Assets.

Pa	rt III Organizations Maintaining	Collections of	Art, Historical 7	reasures, o	or Other Sim	ilar As	sets (co	ontinu	ed)	
3	Using the organization's acquisition, accession collection items (check all that apply):	n, and other records,	check any of the folk	owing that mak	e significant use	of its				
а	Public exhibition	d	Loan or exchange pr	ogram						
b	Scholarly research									
С	b Scholarly research e Other c Preservation for future generations									
4	Provide a description of the organization's colle	ections and explain h	now they further the o	rganization's e	xempt purpose in	Part				
	XIII.		on any nation and o	· gar maaron o o	Actinpt parpood ii					
5	During the year, did the organization solicit or	receive donations of	art historical treasur	es or other sim	nilar					
170	assets to be sold to raise funds rather than to							Ye		No
Pε	ert IV Escrow and Custodial Arra		tor the organization	o conconorr.					3	110
	Complete if the organization 990, Part X, line 21.	3 5 1 7 3 1 5 1 5 1 5 1 5 1 5 1 5 1 5 1 5 1 5 1	on Form 990, P	art IV, line 9	), or reported	an am	ount on	Form		
1a	Is the organization an agent, trustee, custodian	n or other intermedia	ry for contributions or	other assets n	not					
	included on Form 990, Part X?							Ye	s	No
b	If "Yes," explain the arrangement in Part XIII a	nd complete the follo	wing table:							
								Amount		2-50
С	Beginning balance					1c				C=17.
d	Additions during the year					1d			W	
е	Distributions during the year				,,,,,,,,,,,,,,,,,,,	1e				-
f	Ending balance					1f				
2a	Did the organization include an amount on For	m 990. Part X. line 2	1. for escrow or custo	odial account lia	ability?			Ye	s	No
	If "Yes," explain the arrangement in Part XIII. (									
2.1.1.1.1.1.1.1.1.1.1	rt V Endowment Funds.	THOUGHT IN THE ONE	idilation nao boon pi	rided oil i dit						
0000000	Complete if the organization	answered "Yes"	on Form 990. P	art IV. line 1	0.					
		(a) Current year	(b) Prior year	(c) Two year		Three years	s back	(e) Four	vears b	ack
1a	Beginning of year balance	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	127	10,,	(4)		-	(7)	,	2
h	Contributions			1						
	Net investment earnings, gains, and									
C	A STATE OF THE STA									
4	losses			+						
	Grants or scholarships							21.50-3.4-0.4-0.4		
е	Other expenditures for facilities and									
	programs							-,02.1-32		
	Administrative expenses									
g	End of year balance								0.0	
2	Provide the estimated percentage of the current		(line 1g, column (a)) l	neld as:						
a	Board designated or quasi-endowment	%								
	Permanent endowment ▶  %									
С	Term endowment ▶  %									
	The percentages on lines 2a, 2b, and 2c should	and the second s								
3a	Are there endowment funds not in the possess	sion of the organization	on that are held and a	administered fo	or the				-	
	organization by:							$\overline{}$	Yes	No
	(i) Unrelated organizations							3a(i)		
	(ii) Related organizations							3a(ii)		
b	If "Yes" on line 3a(ii), are the related organization	ons listed as required	d on Schedule R?					3b		
4	Describe in Part XIII the intended uses of the o		ment funds.							
Pa	rt VI Land, Buildings, and Equip									
	Complete if the organization	answered "Yes"	on Form 990, P	art IV, line 1	1a. See Forn	n 990,	Part X, I	ine 10	)	
	Description of property	(a) Cost or other b	pasis (b) Cost of	r other basis	(c) Accumula	ated		(d) Book	<i>v</i> alue	
		(investment)	(0	ther)	depreciation	on				
1a	Land									746
b	Buildings									
C	Leasehold improvements			10,000	1	0,00	0			
	Equipment			45,364	4.	2,87	1		2,4	193
	Other					11.25-521				
	. Add lines 1a through 1e. (Column (d) must eq	ual Form 990, Part X	, column (B), line 10	;.)					2,4	193

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n /	_	Uni	- 1	35	6

Schedule D (Form 990) 2019

ART LEAGUE OF HILTON HEAD INC. Schedule D (Form 990) 2019 Page 3 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 (b) Book value (c) Method of valuation: (including name of security) Cost or end-of-year market value (1) Financial derivatives (2) Closely held equity interests Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.) 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 SECURITY DEPOSITS (1) 2,500 UNDEPOSITED FUNDS (2) 2,489 (3)PREPAID MISC EXPENSES 2,050 PREPAID POSTAGE (4) 1,076 (5) (6)(7)(8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) 8,115 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 PREPAID MEMBERSHIP FEES (2)21,095 PREPAID EXHIBITION FEES (3) 12,855 UNEARNED TUITION (4)(5) (6)(7)(8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) 2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII DAA

Sche	dule D (Form 990) 2019 ART LEAGUE OF HILTON HEAD INC		57-1061135	Page 4
Pa	rt XI Reconciliation of Revenue per Audited Financial Stateme	ents With Re	venue per Return.	
-	Complete if the organization answered "Yes" on Form 990, P	art IV, line 12	2a.	
1	Total revenue, gains, and other support per audited financial statements		1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:	E3		
a b	Net unrealized gains (losses) on investments	2a		
C	Donated services and use of facilities	2b		
d	Recoveries of prior year grants	2c 2d		
	Other (Describe in Part XIII.) Add lines 2a through 2d	20		
3	Add lines 2a through 2d Subtract line 2e from line 1		2e	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	· · · · · · · · · · · · · · · · · · ·		
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
	Add lines 4a and 4b		4c	
_ 5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		5	
Pa	rt XII Reconciliation of Expenses per Audited Financial Statem	ents With E	xpenses per Return.	
	Complete if the organization answered "Yes" on Form 990, P	art IV, line 12	2a.	
1	Total expenses and losses per audited financial statements		1	
	Amounts included on line 1 but not on Form 990, Part IX, line 25:	т т		
a	Donated services and use of facilities	2a		
b	Prior year adjustments	2b		
C	Other losses	2c		
d	Other (Describe in Part XIII.)	2d		
е 3	Add lines 2a through 2d		2e	
4	Subtract line 2e from line 1  Amounts included on Form 990, Part IX, line 25, but not on line 1:		3	
	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
С	Add lines 4a and 4b		4c	
	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)		5	
	rt XIII Supplemental Information.			——————————————————————————————————————
Provid	de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lin	nes 1b and 2b; P	Part V, line 4; Part X, line	
2; Par	t XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any	additional inforr	mation.	
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	D (Form 990) 20		LEAGUE	OF E	ILTON	HEAD	INC.		57-106113	5	Page <b>5</b>
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SCHEDULE O (Form 990 or 990-EZ) 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.

2019

Department of the Treasury Internal Revenue Service ▶ Attach to Form 990 or 990-EZ.
 ▶ Go to www.irs.gov/Form990 for the latest information.

Open to Public Inspection

OMB No. 1545-0047

Name of the organization Employer identification number ART LEAGUE OF HILTON HEAD INC. 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. 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.

### **EXHIBIT "K"**

### **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

and, Inc. Telephone N umber: 877-829-5500

NT 1

Fax Number:

513-263-3756

→ Federal Identification Number:

57-1061135

Art League of Hilton Head Island, Inc. P. O. Box 3083 Hilton Head, SC 29928-0083

## 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 <u>August 1977 granted your organization</u> 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).

## EXHIBIT "K" (continued)

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.

Your organization is not required to file federal income tax returns unless it is subject to the tax on related 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

Robert C. Padilla